

## Measures Under Consideration for Calendar Year 2012

### Overview

Section 3014 of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (P.L. 111-148 and P.L. 111-152) requires the establishment of a federal “pre-rulemaking process” for the selection of quality and efficiency measures for specific qualifying programs within the Department of Health and Human Services (HHS). This process includes:

1. Making publicly available, by December 1st annually, a list of measures currently under consideration by HHS for qualifying programs within the Department, including measures suggested by the public;
2. Providing the opportunity for multi-stakeholder groups to review and provide input by February 1st annually to HHS on the measures under consideration, and for HHS to consider this input;
3. Publishing the rationale for the selection of any quality and efficiency measures that are not endorsed by the National Quality Forum (NQF); and
4. Assessing the impact of endorsed quality and efficiency measures at least every three years (the first report due to the public by March 1, 2012).

### CMS is working to streamline quality measures

CMS is issuing this list in fulfillment of a statutory requirement to publicly present measures it is considering for adoption in the following year, including measures suggested by the public. Accordingly, it is a much larger list than will ultimately be adopted for optional or mandatory reporting programs in Medicare, Medicaid, and the Children’s Health Insurance Program.

CMS will continue its goal of aligning measures across programs, including establishing “core” measure sets using existing program measures for new programs (e.g., establishing a core hospital measure set for the Hospital Value-based Purchasing Program using measures that were previously implemented in the Hospital Inpatient Quality Reporting Program). Similarly, CMS will also work to align across core sets (e.g., for meaningful use and other programs) when possible within statutory requirements.

Further, CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate provider participation (for example, the PQRS and the Medicare and Medicaid EHR Incentive Program, which together include the bulk of the measures under consideration included in this list (284 measures), are included at the request of physician specialty groups to allow their full participation in the programs).

### Fulfilling Multi-Stakeholder Group Input Requirements

The attached list of measures and its submission and posting on the National Quality Forum’s (NQF) Measure Applications Partnership (MAP) website ([www.qualityforum.org/MAP/](http://www.qualityforum.org/MAP/)) are in response to the first and second requirements of the multi-stakeholder group input process articulated above. Additionally, CMS will establish a webpage ([www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput](http://www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput)) that describes this process and the submission of this measures list to the NQF MAP.

### Included Measures

The Centers for Medicare and Medicaid Services has compiled an ACA 3014 measures list that identifies the quality and efficiency measures under consideration by the HHS Secretary as described in Section 1890(b)(7)(B). Applicable quality and efficiency measures include:

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1. Measures implemented through the federal rulemaking process and measure sets listed specifically in Section 1890(b)(7)(B)(i)(I) of the Social Security Act (or);
2. Measures implemented through the federal rulemaking process and used for reporting quality and efficiency performance data to the public (or);
3. Measures implemented through the federal rulemaking process and for use in health care programs other than for use under the Social Security Act.

"Measures under consideration" for calendar year 2012 are those measures that have not been finalized in previous rules and regulations for a particular CMS program, and that CMS is considering for adoption in calendar year 2012, including measures suggested by the public.

The following programs have been identified to meet the criteria listed above. Accordingly, measures from these programs are included in the ACA 3014 Measures List.

1. Ambulatory Surgical Center Quality Reporting
2. CMS Nursing Home Quality Initiative and Nursing Home Compare Measures
3. e-Rx Incentive Program
4. End Stage Renal Disease Quality Improvement
5. Home Health Quality Reporting
6. Hospice Quality Reporting
7. Hospital Inpatient Quality Reporting
8. Hospital Outpatient Quality Reporting
9. Hospital Value-Based Purchasing
10. Inpatient Psychiatric Facility Quality Reporting
11. Inpatient Rehabilitation Facility Quality Reporting
12. Long-term Care Hospital Quality Reporting
13. Medicare and Medicaid EHR Incentive Program for Eligible Professionals
14. Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs
15. Medicare Shared Savings Program
16. Measures Physician Quality Reporting System
17. Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting

The following programs are additionally included by CMS for multi-stakeholder input. CMS believes that recognizing these programs will foster alignment of the measures with the programs listed above, harmonization of the measures across other settings, reduction of provider reporting burden, and alignment of the measures with the National Quality Strategy.

1. Children's Health Insurance Program Reauthorization Act Quality Reporting
2. Health Insurance Exchange Quality Reporting
3. Initial Core Set of Health Care Quality Measures For Medicaid-Eligible Adults
4. Medicare Part C Plan Rating- Quality and Performance Measures
5. Medicare Part D Plan Rating- Quality and Performance Measures

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### 6. Physician Feedback/Value-Based Modifier Program<sup>1</sup>

Note: if a program does not have any measures included in this list, this indicates that the program is not currently considering adopting new measures in calendar year 2012. However, CMS welcomes multi-stakeholder group measures recommendations for all 23 CMS programs.

#### Measures List Highlights

Through publication of this document for calendar year 2012, CMS will make publicly available and seek multi-stakeholder group input on 367 new measures under consideration across the above referenced 23 CMS programs.

We note several important points to consider and highlight:

- The measures list includes those measures currently under consideration. Inclusion of a measure does not require CMS to select the measure for the identified program. Similarly, although this list contains all measures currently under consideration, CMS may adopt other measures that are not included in this list if necessary.
- There are 23 CMS programs involved.
- CMS categorized 60 new quality and efficiency “measures under consideration” as likely to be included in 2012 in the referenced 23 CMS programs.
- Over 95% of the measures are supported by external stakeholders who suggested the measures, or are measures endorsed by multi-stakeholder groups such as NQF.
- The vast majority of the new measures under consideration will not be required for reporting; instead the measures will be optional for providers who choose to report.
- CMS will continue its goal of aligning measures across programs, including establishing “core” measure sets using existing program measures for new programs (e.g., establishing a core hospital measure set for the Hospital Value-based Purchasing Program using measures that were previously implemented in the Hospital Inpatient Quality Reporting Program). Similarly, CMS will also work to align across core sets (e.g., for meaningful use and other programs) when possible.
- CMS has an obligation, by statute for some programs, to provide measures applicable to all providers if possible. As such, CMS sought to be comprehensive in its inclusion of new measures in the ACA 3014 Measures List and to be responsive to stakeholder feedback (e.g., 153 measures recommended by stakeholders for the Physician Quality Reporting System (PQRS) were included in the list), but anticipates only a subset of measures will actually be adopted for its programs.
- Similarly, particular CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate provider participation (e.g., PQRS and the Medicare and Medicaid EHR Incentive Program, which together include the bulk of proposed measures (284 measures)).

#### Table Legend

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<sup>1</sup> The Physician Feedback /Value-Based Modifier Program has 2 components:

- *Physician Quality and Resource Use Report* - This component includes quality measures reported from the Physician Quality Reporting System, and the Value-Based Payment Modifier which includes 4 Prevention Quality Indicators (PQI) and 1 cost measure. Therefore, measures in this component are only listed in the Physician Quality Reporting System and Value- Based Payment Modifier and are not duplicated in the ACA 3014 Measures list.
- *Value-Based Payment Modifier* - This component includes a subset of the Physician Quality and Resource Use Report measures, ambulatory sensitive condition measures, and cost measures. The measures in this component are included in the ACA 3014 Measures List.

## Measures Under Consideration for Calendar Year 2012

A list of terms used in the ACA 3014 Measures List is included for clarity and consistency.

Status: “Measure under Consideration” refers to those measures that have not been finalized in previous rules and regulations, and that CMS is considering for calendar year 2012.

Category: Each measure includes a category assignment, which is provided as guidance for MAP review in prioritizing their level of requested input and review. The category assignment represents a descending priority by which CMS suggests the MAP should focus its attention in providing feedback to CMS.

- “Category 1” – High Priority for MAP Review; not currently in any other CMS program.
- “Category 2” – Medium Priority for MAP Review; not currently in any other CMS program.
- “Category 3” – Low Priority for MAP Review; currently included in one or more CMS programs, but under consideration for another CMS program.

CMS Program: List of all the programs included in the ACA 3014 Measures List where the measures are or will be implemented.

Measure: Title of the measure, including the name of the organization proposing the measure, where applicable.

Description: Description of the measure

NQF ID: The NQF number for endorsed measures

NQF Endorsed Status: Describes the status of the measure along the NQF endorsement continuum: “Endorsed” – refers to measures that are formally endorsed by NQF through the Consensus Development Process (CDP); “Time Limited Endorsed (TLE)” – refers to measures that meet all of NQF’s endorsement criteria with the exception of field testing and are critical to advancing quality improvement and are granted this two-year endorsement during which the measure developers must test the measure and return results to NQF within the two-year window of time-limited endorsement; “Not NQF Endorsed” – refers to measures that have not been formally endorsed by the NQF. “Endorsement Maintenance” – refers to measures that are undergoing the NQF CDP for review and/or re-evaluation to ensure currency of its evidence and specifications.

NQSP: Refers to the National Quality Strategy Priority (ies) that a measure addresses. (Short description)

1. Making care safer by reducing harm caused in the delivery of care. (Safety)
2. Ensuring that each person and his or her family members are engaged as partners in a care plan. (Person and Family Centered Care)
3. Promoting effective communication and coordination of care. (Communication and care coordination).
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease. (Effective prevention and treatment of illnesses)
5. Working with communities to promote wide use of best practices to enable healthy living. (Best practices for healthy living)
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models. (Affordable care)

Measure Steward: Refers to the primary (and secondary, if applicable) responsible party responsible for updating and maintaining a measure.

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Condition: Refers to the topic or condition under which the measure can be classified.

Sub-condition: Refers to the sub-topic or sub-condition under which the measure can be classified.

**Measures Under Consideration for Calendar Year 2012**

CMS PROGRAM	NO. OF MEASURES UNDER CONSIDERATION	MEASURES UNDER CONSIDERATION WITH CATEGORY	MEASURES UNDER CONSIDERATION WITH CATEGORY	MEASURES UNDER CONSIDERATION WITH CATEGORY
		1	2	3
Ambulatory Surgical Center Quality Reporting	0	0	0	0
CMS Nursing Home Quality Initiative and Nursing Home Compare Measures	0	0	0	0
End Stage Renal Disease Quality Improvement	5	5	0	0
e-Rx Incentive Program	0	0	0	0
Home Health Quality Reporting	0	0	0	0
Hospice Quality Reporting	6	0	6	0
Hospital Inpatient Quality Reporting	22	4	16	2
Hospital Outpatient Quality Reporting	0	0	0	0
Hospital Value-Based Purchasing	13	1	0	12
Inpatient Psychiatric Facility Quality Reporting	6	6	0	0
Inpatient Rehabilitation Facility Quality Reporting	8	3	0	5
Long-Term Care Hospital Quality Reporting	8	3	0	5
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	92	18	30	44
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	39	9	4	26
Medicare Shared Savings Program	0	0	0	0
Physician Quality Reporting System	153	0	153	0
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	5	5	0	0
Children's Health Insurance Program Reauthorization Act Quality Reporting	0	0	0	0
Health Insurance Exchange Quality Reporting	0	0	0	0
Initial Core Set of Health Care Quality Measures For Medicaid-Eligible Adults	0	0	0	0
Medicare Part C Plan Rating - Quality and Performance Measures	0	0	0	0
Medicare Part D Plan Rating - Quality and Performance Measures	0	0	0	0
Physician Feedback/Value-Based Modifier Program				
a. Physician Quality and Resource Use Report <sup>2</sup>	see footnote	see footnote	see footnote	see footnote
b. Value-Based Payment Modifier	10	6	2	2
<b>Total</b>	<b>367</b>	<b>60</b>	<b>211</b>	<b>96</b>

<sup>2</sup> Physician Quality and Resource Use Report includes quality measures reported from the Physician Quality Reporting System, and the Value-Based Payment Modifier which includes 4 Prevention Quality Indicators (PQI) and 1 cost measure. Therefore, measures in this component are only listed in the Physician Quality Reporting System and Value-Based Payment Modifier and are not duplicated in the ACA 3014 Measures list.

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC1	Measure under consideration	1	End Stage Renal Disease Quality Improvement	Minimum spKt/V for pediatric hemodialysis patients	1423	Endorsed	Percentage of all pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the Urea Kinetic Modeling (UKM) or Daugirdas II formula) was a spKt/V =1.2	Number of patients in the denominator whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V >=1.2	Number of pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly.	Patients on home hemodialysis, patients on hemodialysis <90 days, patients receiving dialysis <3x/week or greater than 4x/week, patients not in the facility for the entire calendar month.	Effective prevention and treatment of illnesses	CMS	Renal & Genitourinary	ESRD

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MUC2	Measure under consideration	1	End Stage Renal Disease Quality Improvement	Proportion of patients with hypercalcemia	1454	Endorsed	Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL	Number of patients in the denominator with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL	Number of adult (greater than or equal to 18 years old) in-center hemodialysis, home hemodialysis, or peritoneal dialysis patients under the care of the dialysis facility for at least 30 days who have been on dialysis for greater than 90 days with at least one calcium measurement during the prior 90 days	None	Effective prevention and treatment of illnesses	CMS	Renal & Genitourinary	ESRD
MUC3	Measure under consideration	1	End Stage Renal Disease Quality Improvement	National Healthcare Safety Network (NHSN) Bloodstream Infection Measure	1460	Endorsed	Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months	The number of new positive blood culture events based on blood cultures drawn as an outpatient or within 1 calendar day after a hospital admission. A positive blood culture is considered a new event and counted only if it occurred 21 days or more after a previous positive blood culture in the same patient.	Number of maintenance hemodialysis patients treated in the outpatient hemodialysis unit on the first 2 working days of the month.	Patients receiving inpatient hemodialysis are excluded	Safety	CDC	Patient Safety	Health Care-Associated Infections

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MUC4	Measure under consideration	1	End Stage Renal Disease Quality Improvement	Kt/V Dialysis Adequacy Measure (NQF #0249 and #0318)	0249, 0318	Endorsed	NQF 0249: Percentage of all adult patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly whose average delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a $spKt/V \geq 1.2$ during the study period. NQF 0318: Percentage of all adult ( $\geq 18$ years old) PD patients whose delivered peritoneal dialysis dose was a weekly Kt/V urea of at least 1.7 (dialytic + residual) during the 4-month reporting period.	NQF 0249: Number of patients in denominator whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a $spKt/V \geq 1.2$ . NQF 0318: The delivered peritoneal dialysis dose was a weekly Kt/V of at least 1.7 (dialytic + residual) during the four month study period	NQF 0249: All adults ( $\geq 18$ years old) patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly. NQF 0318: All adult ( $\geq 18$ years old) peritoneal dialysis patients who have been on peritoneal dialysis for at least 90 days.	NQF 0249: Patients on HD less than 6 months. NQF 0318: None	Effective prevention and treatment of illnesses	CMS	Renal & Genitourinary	ESRD

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC5	Measure under consideration	1	End Stage Renal Disease Quality Improvement	Vascular Access Infection		Not NQF Endorsed	The measure reports the rate of hemodialysis access-related bacteremia. It uses the V8 HCPCS modifier on monthly Medicare dialysis facility claims. The measure is calculated by dividing the number of hemodialysis patients with an access-related bacteremia documented and treated by the number of eligible hemodialysis patients, resulting in a monthly rate of bacteremia reports per patient. The number is then converted to a rate per 1000 hemodialysis days (a common reporting convention).	Number of hemodialysis patients with an access-related bacteremia documented and treat	Number of eligible hemodialysis patients	Pediatric patients (patients <18 years of age) and peritoneal dialysis patients are excluded from the calculation of the measure.	Safety	CMS	Patient Safety	Health Care-Associated Infections

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These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC6	Measure under consideration	2	Hospice Quality Reporting	Family Evaluation of Hospice Care (FEHC)	0208	Endorsed	Percentage of family members of all patients enrolled in a hospice program who give satisfactory answers to the survey instrument	Responses to survey instrument	Family members of all patients enrolled in a hospice program. This tool is only for family members of patients who died following care.	Exclude patients who are not enrolled in a hospice program or have disenrolled from a hospice program. Live discharges are excluded.	Person and Family Centered Care	National Hospice and Palliative Care Organization	Health Services Administration	Patient Experience
MUC7	Measure under consideration	2	Hospice Quality Reporting	Hospice and Palliative Care -- Dyspnea Screening		Not NQF Endorsed	Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation / palliative care initial encounter.	Patients who are screened for the presence or absence of dyspnea and its severity during the hospice admission evaluation / initial encounter for palliative care.	Patients enrolled in hospice for 7 or more days OR patients receiving hospital-based palliative care for 1 or more days.	Patients with length of stay < 7 days in hospice, or < 1 day in palliative care.	Effective prevention and treatment of illnesses	University of North Carolina	Chronic & Elder Care	Palliative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC8	Measure under consideration	2	Hospice Quality Reporting	Hospice and Palliative Care -- Dyspnea Treatment		Not NQF Endorsed	Percentage of patients who screened positive for dyspnea who received treatment within 24 hours of screening.	Patients who screened positive for dyspnea who received treatment within 24 hours of screening.	Patients enrolled in hospice for 7 or more days OR patients receiving palliative care who report dyspnea when dyspnea screening is done on the admission evaluation / initial encounter.	Palliative care patients with length of stay < 1 day or hospice patients with length of stay < 7 days, patients who were not screened for dyspnea, and/or patients with a negative screening.	Effective prevention and treatment of illnesses	University of North Carolina	Chronic & Elder Care	Palliative Care
MUC9	Measure under consideration	2	Hospice Quality Reporting	Hospice and Palliative Care -- Pain Assessment		Not NQF Endorsed	Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.	Patients who received a comprehensive clinical assessment to determine the severity, etiology and impact of their pain within 24 hours of screening positive for pain.	Patients enrolled in hospice OR receiving palliative care who report pain when pain screening is done on the admission evaluation / initial encounter.	Patients with length of stay < 1 day in palliative care or < 7 days in hospice, patients who were not screened for pain.	Effective prevention and treatment of illnesses	University of North Carolina	Chronic & Elder Care	Palliative Care

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC10	Measure under consideration	2	Hospice Quality Reporting	Hospice and Palliative Care -- Pain Screening		Not NQF Endorsed	Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation / palliative care initial encounter.	Patients who are screened for the presence or absence of pain and its severity, if present, during the admission evaluation for hospice / initial encounter for palliative care.	Patients enrolled in hospice for 7 or more days OR patients receiving hospital-based palliative care for 1 or more days.	Patients with length of stay < 7 days in hospice, or < 1 day in palliative care.	Effective prevention and treatment of illnesses	University of North Carolina	Chronic & Elder Care	Palliative Care
MUC11	Measure under consideration	2	Hospice Quality Reporting	Patients Treated with an Opioid who are Given a Bowel Regimen		Not NQF Endorsed	Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed	Patients from the denominator that are given a bowel regimen or there is documentation as to why this was not needed	Vulnerable adults who are given a new prescription for an opioid	None	Effective prevention and treatment of illnesses	RAND	Chronic & Elder Care	Palliative Care

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MUC12	Measure under consideration	2	Hospital Inpatient Quality Reporting	3-item Care Transition Measure	0228	Endorsed	<p>Uni-dimensional self-reported survey that measures the quality of preparation for care transitions. Namely:</p> <ol style="list-style-type: none"> <li>1. Understanding one's self-care role in the post-hospital setting</li> <li>2. Medication management</li> <li>3. Having one's preferences incorporated into the care plan</li> </ol>	<p>The 15-item and the 3-item CTM share the same set of response patterns: Strongly Disagree; Disagree; Agree; Strongly Agree (there is also a response for Don't Know; Don't Remember; Not Applicable). Based on a subject's response, a score can be assigned to each item as follows:</p> <ul style="list-style-type: none"> <li>- Strongly Disagree = 1</li> <li>- Disagree = 2</li> <li>- Agree = 3</li> <li>- Strongly Agree = 4</li> </ul> <p>Next, the scores can be aggregated across either the 15 or 3 items, and then transformed to a scale ranging from 0 to 100. Thus the denominator is 100 and the numerator can range from 0 to 100. Time Window = recommended within 30 days of event</p>	None listed	None listed	Communication and care coordination	University of Colorado Health Sciences Center	Health Services Administration	Patient Experience

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MUC13	Measure under consideration	2	Hospital Inpatient Quality Reporting	AMI 30-day Post Discharge Transition Composite Measure	0698	Endorsed	<p>This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits and evaluation and management (E&amp;M) services.</p> <p>These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase I project's call for measures (ED and E&amp;M) or is already approved by NQF (readmissions). Each of these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-</p>	<p>The numerator is the weighted sum of the three deviations from their expected values for the individual measures comprising the component measure. The question of appropriate weights on the deviations is difficult and would probably lead to a wide variation in opinion. The weights of -4, -2, and 1 are selected to represent order of magnitude differences in seriousness of the three outcomes, which most would agree to (that is to say: readmission is more important than ED which is more important in a negative way than E &amp; M service is in a positive way). The idea of not using weights was also considered, but this was noted to be itself a de facto weight scheme (with all weights the same), and as such, a weight scheme that was less appropriate than the one chosen.</p>	<p>The composite measure is the weighted sum of three individual measures. Thus, the denominator is one.</p>	N/A	Effective prevention and treatment of illnesses	CMS	Readmission	

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							adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.							
MUC14	Measure under consideration	3	Hospital Inpatient Quality Reporting	Heart failure: Beta Blocker Therapy for LVSD	0083	Endorsed	Percentage of patients with HF who also have LVSD who were prescribed beta-blocker therapy.	Patients who were prescribed beta blocker therapy (drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a> ) Or CPT-II code: 4006F Beta-blocker therapy prescribed.	All HF patients > 18 years of age with LVEF < 40% or with moderately or severely depressed left ventricular systolic function Patient Selection: ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9 And [CPT procedure codes for LVF assessment testing: 78414, 78468, 78472, 78473, 78480, 78481,	Documentation of medical reason(s) for not prescribing beta-blocker therapy: Documentation of bradycardia < 50 bpm (without beta-blocker therapy) on two consecutive readings, history of Class IV (congestive) heart failure, history of second- or third-degree atrioventricular (AV) block without permanent pacemaker ICD-9-CM exclusion codes: 493.00-493.92,	Effective prevention and treatment of illnesses	AMA-PCPI	Cardiovascular	Heart Failure

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These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
									78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543 And Additional individual medical record review must be completed to identify patients who had documentation of an ejection fraction < 40% (use most recent value) or moderately or severely depressed left ventricular systolic function] Or [CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function; 3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function] And Patient's age is > 18 years of age		458.0, 458.1, 458.21, 458.29, 458.8-458.9, 426.0 without V45.01, 426.12 without V45.01, 426.13 without V45.01, 427.81, 427.89 Or Other medical reason(s) documented by the practitioner for not prescribing beta blocker therapy; Or CPT-II code w/modifier: 4006F 1P Documentation of patient reason(s) (e.g., economic, social, religious) Or CPT-II code w/modifier: 4006F 2P Documentation of system reason(s) for not prescribing beta blocker therapy OR CPT II code w/modifier 4006F 3P				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC15	Measure under consideration	2	Hospital Inpatient Quality Reporting	Heart Failure: Combination Medical Therapy for LVSD		Not NQF Endorsed	TBD	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American College of Cardiology/ American Heart Association and American Medical Association	Cardiovascular	Heart Failure

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC16	Measure under consideration	2	Hospital Inpatient Quality Reporting	Heart Failure: Counseling Regarding ICD for Patients with LVSD		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of heart failure with current LVEF < 35% despite ACE inhibitor/ARB and beta-blocker therapy for at least three months who were counseled regarding ICD implantation as a treatment option for the prophylaxis of sudden death	Patients who were counseled* regarding ICD implantation as a treatment option for the prophylaxis of sudden death  *Counseling should be specific to each individual patient and include documentation of a discussion regarding the risk of sudden and nonsudden death AND the efficacy, safety and risks of an ICD. This will allow patients to be informed of the risks and benefits of ICD implantation and better able to make decisions based on the valuation of sudden cardiac death vs other risks.	All patients aged 18 years and older with a diagnosis of heart failure with current LVEF £ 35% despite ACE inhibitor/ARB and beta-blocker therapy for at least three months	Documentation of medical reasons for not counseling regarding ICD implantation as a treatment option for the prophylaxis of sudden death (eg, patients with an ICD or CRT-D device, multiple or significant comorbidities, limited life expectancy)	Communication and care coordination	American College of Cardiology/ American Heart Association and American Medical Association	Cardiovascular	Heart Failure

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC17	Measure under consideration	2	Hospital Inpatient Quality Reporting	Heart failure: Symptom and Activity Assessment	0077	Endorsed	Percentage of patient visits or patients with HF with assessment of activity level.	<p>Patient visits with assessment of current level of activity OR documentation of standardized scale or completion of assessment tool*</p> <p>Medical record must include: Documentation of the current level of activity Or Documentation that a standardized scale or assessment tool was used Or CPT-II code: 1003F Level of activity assessed</p> <p>*Standardized scale or assessment tools may include the New York Heart Association Functional Classification of Congestive Heart Failure (level of activity only); Kansas City Cardiomyopathy Questionnaire; Minnesota Living with Heart Failure Questionnaire; or Chronic Heart Failure Questionnaire (Guyatt).</p>	<p>All patient visits for patients aged &gt;18 years with HF Patient Selection: ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9 And CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404 And Patient age is &gt; 18 years</p>	None	Effective prevention and treatment of illnesses	AMA-PCPI	Cardiovascular	Heart Failure

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC18	Measure under consideration	2	Hospital Inpatient Quality Reporting	Heart failure: Symptom Management		Not NQF Endorsed	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of heart failure and with quantitative results of an evaluation of both level of activity AND clinical symptoms documented in which patient symptoms have improved or remained consistent with treatment goals since last assessment OR patient symptoms have demonstrated clinically important deterioration since last assessment with a documented plan of care	Patient visits in which patient symptoms have improved or remained consistent with treatment goals since last assessment* OR patient symptoms have demonstrated clinically important deterioration since last assessment* with a documented plan of care** *As assessed and determined by: • New York Heart Association (NYHA) Class OR • a valid, reliable, disease-specific instrument [eg, Kansas City Cardiomyopathy Questionnaire (clinically important deterioration can be classified as a 5 point reduction in the overall summary score), Minnesota Living with Heart Failure Questionnaire (clinically important deterioration can be classified as a 10 point increase in the total score), Chronic Heart Failure Questionnaire (clinically important deterioration is dependent on dimension and can be	All patient visits for those patients aged 18 years and older with a diagnosis of heart failure and with quantitative results of an evaluation of both level of activity AND clinical symptoms documented	None	Effective prevention and treatment of illnesses	American College of Cardiology/ American Heart Association and American Medical Association	Cardiovascular	Heart Failure

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								classified as a 4 point reduction in the score for dyspnea, a 3 point reduction in the score for fatigue, or a 5 point reduction in the score for emotional function <sup>31</sup> ) Note: There is not a well-established single number for defining clinically meaningful deterioration in the Minnesota Living with Heart Failure and Chronic Heart Failure questionnaires. The thresholds included in the measure are intended to serve as a general guide in recognizing clinically important deterioration. **A documented plan of care may include one or more of the following: reevaluation of medical therapy including uptitration of doses, consideration of electrical device therapy, recommended lifestyle modifications (eg, salt restriction, exercise training), initiation of palliative care, referral for more advanced therapies						

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								(eg, transplant, ventricular assist device), or referral to disease management programs						
MUC19	Measure under consideration	2	Hospital Inpatient Quality Reporting	HF 30-day Post Discharge Transition Composite Measure	0699	Endorsed	<p>This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of heart failure for three types of events: readmissions, ED visits and evaluation and management (E&amp;M) services.</p> <p>These events are relatively common, measurable using readily available administrative data, and associated with effective coordination of care after discharge. The input for this score is the result of measures for each of these three events that are being submitted concurrently under the Patient Outcomes Measures Phase I project's call for measures (ED and E&amp;M) or is already approved by NQF (readmissions). Each of</p>	<p>The numerator is the weighted sum of the three deviations from their expected values for the individual measures comprising the component measure. The question of appropriate weights on the deviations is difficult and would probably lead to a wide variation in opinion. The weights of -4, -2, and 1 are selected to represent order of magnitude differences in seriousness of the three outcomes, which most would agree to (that is to say: readmission is more important than ED which is more important in a negative way than E &amp; M service is in a positive way). The idea of not using weights was also considered, but this was noted to be itself a de facto weight scheme (with all weights the same), and as such, a weight scheme that was less appropriate</p>	<p>The composite measure is the weighted sum of three individual measures. Thus, the denominator is one.</p>	N/A	Effective prevention and treatment of illnesses	CMS	Readmission	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							these individual measures is a risk-adjusted, standardized rate together with a percentile ranking. This composite measure is a weighted average of the deviations of the three risk-adjusted, standardized rates from the population mean for the measure across all patients in all hospitals. Again, the composite measure is accompanied by a percentile ranking to help with its interpretation.	than the one chosen.						

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC20	Measure under consideration	1	Hospital Inpatient Quality Reporting	Hip/Knee Complication		Not NQF Endorsed	Hospital-specific, risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	This outcome measure does not have a traditional numerator and denominator like a core process measure (e.g., percentage of adult patients with diabetes aged 18-75 years receiving one or more hemoglobin A1c tests per year); thus, we are using this field to define the outcome (i.e. adverse events) following THA and/or TKA procedures. The composite complication is a binary outcome (yes for any complication(s); no for no complications). Therefore, if a patient experiences 1 or more complications, the outcome variable will get coded as a "yes." Complications are counted in the measure only if they occur during the index hospital admission or during a readmission. The complications captured in the numerator are identified during the index admission or associated with a readmission up to 90 days post date of index admission, depending on	The target population for this measure includes admissions for patients at least 65 years of age undergoing elective primary THA and/or TKA procedures.	<ol style="list-style-type: none"> <li>1. Patients with hip fractures</li> <li>2. Patients undergoing revision procedures (with or without a concurrent THA/TKA)</li> <li>3. Patients undergoing partial hip arthroplasty procedures (with or without a concurrent THA/TKA)</li> <li>4. Patients undergoing resurfacing procedures (with or without a concurrent THA/TKA)</li> <li>5. Patients who are transferred in to the index hospital</li> <li>6. Patients who leave the hospital against medical advice (AMA)</li> <li>7. Patients with more than two THA/TKA procedure codes during the index hospitalization</li> <li>8. Patients with multiple admissions for THA/TKA in the 12 months studied; one hospitalization per patient was randomly selected for inclusion after applying the other exclusion criteria</li> </ol>	Safety	CMS	Patient Safety	Complications

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								the complication. The follow-up period for complications from date of index admission is as follows: 1) Mechanical complications - 90 days 2) Periprosthetic joint infection (PJI) - 90 days 3) Wound infection - 90 days 4) Surgical site bleeding - 30 days 5) Pulmonary embolism - 30 days 6) Death - 30 days 7) AMI - 7 days 8) Pneumonia - 7 days 9) Sepsis/septicemia - 7days						

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC21	Measure under consideration	1	Hospital Inpatient Quality Reporting	Hip/Knee Readmission: 30-day all-cause readmission measure.		Not NQF Endorsed	Hospital-specific, risk-standardized, all-cause, 30-day readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	This outcome measure does not have a traditional numerator and denominator like a core process measure (e.g., percentage of adult patients with diabetes aged 18-75 years receiving one or more hemoglobin A1c tests per year); thus, we are using this field to define readmissions. The outcome for this measure is a readmission to any acute care hospital, for any reason occurring within 30 days of the discharge date of the index hospitalization. We do not count planned readmissions in the outcome (see numerator details).	The target population for this measure includes admissions for patients at least 65 years of age undergoing primary THA and/or TKA procedures.	<ol style="list-style-type: none"> <li>1. Patients with hip fractures</li> <li>2. Patients undergoing revision procedures (with or without a concurrent THA/TKA)</li> <li>3. Patients undergoing partial hip arthroplasty procedures (with or without a concurrent THA/TKA)</li> <li>4. Patients undergoing resurfacing procedures (with or without a concurrent THA/TKA)</li> <li>5. Patients without at least 30-days post-discharge enrolment in Medicare</li> <li>6. Patients who are transferred in to the index hospital</li> <li>7. Patients who were admitted for the index procedure and subsequently transferred to another acute care facility</li> <li>8. Patients who leave against medical advice (AMA)</li> <li>9. Patients with more than two THA/TKA procedures codes during the index hospitalization</li> <li>10. Patients who die</li> </ol>	Communication and care coordination	CMS	Readmission	

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										during the index admission Additional otherwise qualifying THA and/or TKA admissions that occurred within 30 days of discharge date of an earlier index admission are not considered as index admission. They are considered as potential readmissions. Any THA and/or TKA admission is either an index admission or a potential readmission, but not both.				
MUC22	Measure under consideration	1	Hospital Inpatient Quality Reporting	Hospital-wide Readmission		Not NQF Endorsed	Hospital-wide, all-cause, risk standardized readmission rate (RSRR) following hospitalization for all conditions and procedures (except those excluded)	(Note: This outcome measure does not have a traditional numerator and denominator like a core process measure (e.g., percentage of adult patients with diabetes aged 18-75 years receiving one or more hemoglobin A1c tests per year); thus, we use this field to define the measure outcome.) The outcome for this measure is unplanned all-cause 30-day readmission. We defined a readmission as an inpatient admission to any	The target population for this measure as currently specified is admissions to acute care facilities for patients 65 and older. The measure is now being tested in an all-payer population of patients aged 18 years or older.	We exclude from the measure all admissions for which full data are not available or for which 30-day readmission by itself cannot reasonably be considered a signal of quality of care. Exclusions: 1. Admissions for patients without 30 days of post-discharge enrollment in FFS Medicare Rationale: This is necessary in order to identify the outcome (readmission) in the	Communication and care coordination	CMS	Readmission	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								acute care facility which occurs within 30 days of the discharge date of an earlier, eligible index admission. All readmissions are counted as outcomes except those that are considered planned.		dataset. 2. Admissions for patients not continuously enrolled in FFS Medicare for the 12 months prior to the index admission Rationale: This is necessary to capture historical data for risk adjustment. 3. Admissions for patients discharged against medical advice (AMA) Rationale: Hospital had limited opportunity to implement high quality care. 4. Admissions for patients to a PPS-exempt cancer hospital Rationale: These hospitals care for a unique population of patients that is challenging to compare to other hospitals. 5. Admissions for patients with medical treatment of cancer (See Table 3 in Section 2a1.9) Rationale: These admissions have a very different mortality and readmission profile than				

**Measures Under Consideration For CY 2012 Rulemaking**

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										the rest of the Medicare population, and outcomes for these admissions do not correlate well with outcomes for other admissions. (Patients with cancer who are admitted for other diagnoses or for surgical treatment of their cancer remain in the measure). 6. Admissions for primary psychiatric disease (see Table 4 in Section 2a1.9) Rationale: Patients admitted for psychiatric treatment are typically cared for in separate psychiatric or rehabilitation centers which are not comparable to acute care hospitals. 7. Admissions for "rehabilitation care; fitting of prostheses and adjustment devices" Rationale: These admissions are not for acute care or to acute care hospitals.				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC23	Measure under consideration	2	Hospital Inpatient Quality Reporting	Pneumonia 30-day Post Discharge Transition Composite Measure	0707	Endorsed	This measure scores a hospital on the incidence among its patients during the month following discharge from an inpatient stay having a primary diagnosis of PNA for three types of events: readmissions, ED visits, and evaluation and management (E&M) services.	The numerator is the weighted sum of the three deviations from their expected values for the individual measures comprising the component measure. The question of appropriate weights on the deviations is difficult and would probably lead to a wide variation in opinion. The weights of -4, -2, and 1 are selected to represent order of magnitude differences in seriousness of the three outcomes, which most would agree to (that is to say: readmission is more important than ED, which is more important in a negative way than E & M service is in a positive way). The idea on not using weights was also considered, but this was noted to be itself a de facto weight scheme (with all weights the same), and as such, a weight scheme that was less appropriate than the one chosen.	N/A The composite measure is the weighted of three individual measures. Thus, the denominator is one.	None	Effective prevention and treatment of illnesses	CMS	Readmission	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC24	Measure under consideration	1	Hospital Inpatient Quality Reporting	Safe Surgery Checklist		Not NQF Endorsed	This measure assesses the adoption of a Safe Surgery Checklist that assesses whether effective communication and safe practices are performed during three distinct perioperative periods: 1) the period prior to the administration of anesthesia; 2) the period prior to skin incision; 3) the period of the closure of incision and prior to the patient leaving the operating room.	TBD	TBD	TBD	Safety	CMS	Surgery	Perioperative Care
MUC25	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-1 Tobacco Use Screening		Not NQF Endorsed	Hospitalized patients who are screened during the hospital stay for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days.	The number of patients who were screened for tobacco use status	The number of hospitalized inpatients 18 years of age and older	Patients less than 18 years of age; Patients who are cognitively impaired; Patients who have a duration of stay less than or equal to one day and greater than 120 days	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Tobacco Use

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC26	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-2 Tobacco Use Treatment Provided or Offered		Not NQF Endorsed	<p>TOB-2 Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay</p> <p>TOB-2a Patients who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication.</p> <p>The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment. The Provided or Offered rate (TOB-2), describes patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the hospital stay.</p>	<p>TOB-2: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications. TOB-2a: The number of patients who received practical counseling to quit AND received FDA-approved cessation medications.</p>	The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.	<p>Patients less than 18 years of age; Patients who are cognitively impaired; Patients who are not current tobacco users; Patients who refused or were not screened for tobacco use during the hospital stay; Patients who have a duration of stay less than or equal to one day and greater than 120 days</p>	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Tobacco Use

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							The Tobacco Use Treatment (TOB-2a) rate describes only those who received counseling AND medication as well as those who received counseling and had reason for not receiving the medication. Those who refused are not included.							
MUC27	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-3 Tobacco Use Treatment Management at Discharge		Not NQF Endorsed	<p>TOB-3 Patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.</p> <p>TOB-3a Patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication. The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided, or</p>	<p>TOB-3: The number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge.</p> <p>TOB-3a: The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge.</p>	The number of hospitalized inpatients 18 years of age and older identified as current tobacco users.	Patients less than 18 years of age; Patient who are cognitively impaired; Patients who are not current tobacco users; Patients who refused or were not screened for tobacco use status during the hospital stay; Patients who have a duration of stay less than or equal to one day and greater than 120 days; Patients who expired; Patients who left against medical advice; Patients discharged to another hospital; Patients discharged to another health care facility; Patients discharged to home for hospice care; Patients who do not reside in the United	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Tobacco Use

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
							<p>offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. The Provided or Offered rate (TOB-3) describes patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge. The Tobacco Use Treatment at Discharge (TOB-3a) rate describes only those who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication upon discharge as well as those who were referred to outpatient counseling and had reason for not receiving a prescription for medication. Those who refused are not included.</p>			States					

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC28	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-4 Tobacco Use: Assessing Status after Discharge		Not NQF Endorsed	Discharged patients who are identified through the screening process as having used tobacco products (cigarettes, smokeless tobacco, pipe, and cigars) within the past 30 days who are contacted within 30 days after hospital discharge and follow-up information regarding tobacco use status is collected.	The number of discharged patients who are contacted within 30 days after hospital discharge and follow-up information regarding tobacco use status is collected.	The number of discharged patients 18 years of age and older identified as current tobacco users.	Patients less than 18 years of age; Patient who are not current tobacco users; Patients who expired; Patients who have a duration of stay less than or equal to one day; Patients with a length of stay greater than 120 days; Patients discharged to a detention facility, jail or prison	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Tobacco Use
MUC29	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-5 Alcohol Use Screening		Not NQF Endorsed	Hospitalized patients who are screened during the hospital stay using a validated screening questionnaire for unhealthy alcohol use.	The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking.	The number of hospitalized inpatients 18 years of age and older	Patients less than 18 years of age; Patients who are cognitively impaired; Patients who have a duration of stay less than or equal to one day and greater than 120 days	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Alcohol Use

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC30	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-6 Alcohol Use Brief Intervention Provided or Offered		Not NQF Endorsed	<p>SUB-2 Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.</p> <p>SUB-2a Patients who received the brief intervention during the hospital stay.</p> <p>The measure is reported as an overall rate which includes all patients to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included.</p>	<p>SUB-2: The number of patients who received or refused a brief intervention.</p> <p>SUB-2a: The number of patients who received a brief intervention.</p>	The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).	<p>Patients less than 18 years of age; Patient who are cognitively impaired; Patients who refused or were not screened for alcohol use during the hospital stay; Patients who have a duration of stay less than or equal to one day and greater than 120 days</p>	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Alcohol Use

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC31	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-7 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge		Not NQF Endorsed	<p>SUB-3 Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.</p> <p>SUB-3a Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.</p> <p>The measure is reported as an overall rate which includes all patients to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge. The Provided or Offered rate (SUB-3) describes patients who are identified with alcohol or drug use disorder</p>	<p>SUB-3: The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.</p> <p>SUB-3a: The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.</p>	The number of hospitalized inpatients 18 years of age and older identified with alcohol or drug use disorder.	<p>Patients less than 18 years of age; Patient drinking at unhealthy levels who do not meet criteria for an alcohol use disorder; Patients who are cognitively impaired; Patients who expire; Patients discharged to another hospital; Patients who left against medical advice; Patients discharged to another healthcare facility; Patients discharged to home for hospice care; Patients who have a duration of stay less than or equal to one day and greater than 120 days; Patients who do not reside in the United States</p>	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Alcohol Use

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							who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Those who refused are not included.							

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MUC32	Measure under consideration	2	Hospital Inpatient Quality Reporting	TAM-8 Alcohol and Drug Use: Assessing Status After Discharge		Not NQF Endorsed	Discharged patients who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug disorder during their inpatient stay, who are contacted within 30 days after hospital discharge and follow-up information regarding their alcohol or drug use status post discharge is collected.	The number of discharged patients that are contacted within 30 days after hospital discharge and follow-up information regarding alcohol or drug use status is collected.	The number of discharged patients 18 years of age and older who screened positive for unhealthy alcohol use or who received a diagnosis of alcohol or drug use disorder during their hospital stay.	Patients less than 18 years of age; Patient who expired; Patients who have a duration of stay less than or equal to one day greater than 120 days; Patients who do not screen positive for unhealthy alcohol use; Patients discharged to another hospital; Patients who left against medical advice; Patients discharged to another health care facility; Patients discharged to home for hospice care; Patients who do not reside in the United States; Patients who do not have a phone or cannot provide any contact information; Patients discharged to a detention facility, jail, or prison	Best practices for healthy living	The Joint Commission	Mental Health Care & Substance-related Care	Alcohol Use

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MUC367	Measure under consideration	3	Hospital Inpatient Quality Reporting	Elective Delivery Prior to 39 Completed Weeks Gestation Description: Percentage of babies electively delivered prior to 39 completed weeks gestation	0469	Endorsed	Percentage of babies electively delivered prior to 39 completed weeks gestation	Any baby electively delivered prior to 39 completed weeks gestation	All babies delivered at term (>or equal to 37 completed weeks gestation)	None listed	Best practices for healthy living	Hospital Corporation of America	Population Characteristics	Maternal & Child Health
MUC33	Measure under consideration	3	Hospital Value-Based Purchasing	Air Embolism		Not NQF Endorsed	Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': • 998.4 • 998.7	Number of acute inpatient FFS discharges during time period.	Hospital Inclusion/Exclusions: CMS is calculating and publicly reporting HAC Measures for hospitals that are paid under the IPPS only because these measures rely on Present on Admission (POA) coding, which is only required of IPPS hospitals. Non-IPPS hospitals are excluded from the measure calculation	Safety	AHRQ	Patient Safety	Complications
MUC34	Measure under consideration	3	Hospital Value-Based Purchasing	AMI-10 Statin Prescribed at Discharge	0439	Endorsed	Acute myocardial infarction (AMI) patients who are prescribed a statin at hospital discharge.	AMI patients who are prescribed a statin medication at hospital discharge	AMI patients	None	Effective prevention and treatment of illnesses	The Joint Commission	Cardiovascular	Acute Myocardial Infarction

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MUC35	Measure under consideration	3	Hospital Value-Based Purchasing	Blood Incompatibility		Not NQF Endorsed	Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products.	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': • 999.65	Number of acute inpatient FFS discharges during time period.	<ul style="list-style-type: none"> <li>• Non-FFS discharges (MCOPDSW=-1-)</li> <li>• Discharges in which a provider indicated it was exempt from POA coding rules (a terminal POA character of -X-)</li> <li>• Discharges with a missing or invalid POA indicator for any non-missing secondary diagnosis (diagnoses 2 to 9).</li> <li>• Discharges that failed internal consistency checks specific to the SAF data sets.</li> </ul>	Safety	AHRQ	Patient Safety	Complications
MUC36	Measure under consideration	3	Hospital Value-Based Purchasing	Catheter-Associated Urinary Tract Infection (UTI)		Not NQF Endorsed	None listed. See numerator and denominator description	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': • 996.64	Number of acute inpatient FFS discharges during time period.	<ul style="list-style-type: none"> <li>• Non-FFS discharges (MCOPDSW=-1-)</li> <li>• Discharges in which a provider indicated it was exempt from POA coding rules (a terminal POA character of -X-)</li> <li>• Discharges with a missing or invalid POA indicator for any non-missing secondary diagnosis (diagnoses 2 to 9).</li> <li>• Discharges that failed internal consistency checks specific to the SAF data sets.</li> </ul>	Safety	AHRQ	Patient Safety	Health Care-Associated Infections

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MUC37	Measure under consideration	3	Hospital Value-Based Purchasing	Central Line-Associated Blood Stream Infection (CLABSI)	0139	Endorsed	The CLABSI Healthcare Associated Infection (HAI) measure assesses the rate of laboratory-confirmed cases of bloodstream infection among adult, pediatric and neonatal intensive care unit (ICU) patients.	Number of central line-associated blood stream infections (laboratory-confirmed bloodstream infection or clinical sepsis) x 1,000 Number of umbilical and central line-associated blood stream infections (laboratory-confirmed bloodstream infection or clinical sepsis) x 1,000	Number of central line-days for ICU patients. Reported by type of ICU (coronary, cardiothoracic, medical, medical-surgical (major teaching and all others), neurosurgical, pediatric, surgical, trauma, burn, and respiratory) Number of central-line days for HRN patients	None	Safety	CDC	Patient Safety	Health Care-Associated Infections

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MUC38	Measure under consideration	1	Hospital Value-Based Purchasing	Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock)		Not NQF Endorsed	All documented patient falls with an injury level of minor (2) or greater.	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim), with a POA code of 'N' or 'U', and designated as a 2010 Complication or Comorbidity (CC) or Major Complication or Comorbidity (MCC): <ul style="list-style-type: none"> <li>• Fracture 800–829 (CC/MCC)</li> <li>• Dislocation 830–839 (CC/MCC)</li> <li>• Intracranial injury 850–854 (CC/MCC)</li> <li>• Crushing injury 925–929 (CC/MCC)</li> <li>• Burn 940–949 (CC/MCC)</li> <li>• Electric shock 991–994 (CC/MCC)</li> </ul>	Number of acute inpatient FFS discharges during time period.	<ul style="list-style-type: none"> <li>• Non-FFS discharges (MCOPDSW=--1--)</li> <li>• Discharges in which a provider indicated it was exempt from POA coding rules (a terminal POA character of --X--)</li> <li>• Discharges with a missing or invalid POA indicator for any non-missing secondary diagnosis (diagnoses 2 to 9).</li> <li>• Discharges that failed internal consistency checks specific to the SAF data sets.</li> </ul>	Safety	AHRQ	Patient Safety	Complications
MUC39	Measure under consideration	3	Hospital Value-Based Purchasing	IQI 91 Mortality for Selected Medical Conditions (Composite)	0530	Endorsed	A composite measure of in-hospital mortality indicators for selected conditions. IQI #15 Acute Myocardial Infarction (AMI) Mortality Rate; IQI #16 Congestive Heart Failure (CHF) Mortality Rate; IQI #17 Acute Stroke Mortality Rate; IQI #18 Gastrointestinal Hemorrhage Mortality Rate; IQI #19 Hip Fracture Mortality Rate; IQI #20 Pneumonia Mortality Rate	Number of in-hospital deaths	Number of eligible discharges (all indicators are limited to the adult population)	Indicator specific	Safety	AHRQ	Mortality	

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MUC40	Measure under consideration	3	Hospital Value-Based Purchasing	Manifestations of Poor Glycemic Control		Not NQF Endorsed	None listed. See numerator and denominator description	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': <ul style="list-style-type: none"> <li>• 249.10–249.11</li> <li>• 249.20–249.21</li> <li>• 250.10–250.13</li> <li>• 250.20–250.23</li> <li>• 251.0</li> </ul>	Number of acute inpatient FFS discharges during time period.	<ul style="list-style-type: none"> <li>• Non-FFS discharges (MCOPDSW=--1--)</li> <li>• Discharges in which a provider indicated it was exempt from POA coding rules (a terminal POA character of --X--)</li> <li>• Discharges with a missing or invalid POA indicator for any non-missing secondary diagnosis (diagnoses 2 to 9).</li> <li>• Discharges that failed internal consistency checks specific to the SAF data sets.-</li> </ul>	Safety	AHRQ	Patient Safety	Complications
MUC41	Measure under consideration	3	Hospital Value-Based Purchasing	Medicare Spending Per Beneficiary		Not NQF Endorsed	Sum of all adjusted Medicare Part A and Part B payments divided by the total number of Medicare Spending per Beneficiary episodes for a hospital.	Sum of all adjusted Medicare Part A and Part B payments	Total number of Medicare Spending per Beneficiary episodes	Beneficiaries not enrolled in both Medicare Part A and Medicare Part B, for the 90 days prior to the episode Geographic payment rate differences Differential additional spending that results from the use of the Hospital-Specific Rates.	Affordable care	CMS	Health Services Administration	Cost

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MUC42	Measure under consideration	3	Hospital Value-Based Purchasing	Pressure Ulcer Stages III & IV		Not NQF Endorsed	None listed. See numerator and denominator description	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': • 707.23 • 707.24	Number of acute inpatient FFS discharges during time period.	-The following exclusions were applied: • Non-FFS discharges (MCOPDSW=-1-) • Discharges in which a provider indicated it was exempt from POA coding rules (a terminal POA character of -X-) • Discharges with a missing or invalid POA indicator for any non-missing secondary diagnosis (diagnoses 2 to 9). • Discharges that failed internal consistency checks specific to the SAF data sets.-	Safety	AHRQ	Chronic & Elder Care	Pressure Ulcer
MUC43	Measure under consideration	3	Hospital Value-Based Purchasing	PSI 90 Complication/patient safety for selected indicators (Composite)	0531	Endorsed	A composite measure of potentially preventable adverse events for selected indicators	Number of potentially preventable adverse events	Number of eligible discharges (all indicators limited to the adult population)	Indicator specific	Safety	AHRQ	Patient Safety	Complications

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MUC44	Measure under consideration	3	Hospital Value-Based Purchasing	SCIP-Inf-10 Surgery Patients Preoperative Temperature Management	0452	Endorsed	Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8° Fahrenheit/36° Celsius recorded within the 30 minutes immediately prior to or the 15 minutes immediately after Anesthesia End Time.	Surgery patients for whom either active warming was used intraoperatively for the purpose of maintaining normothermia or who had at least one body temperature equal to or greater than 96.8° Fahrenheit/36° Celsius recorded within the 30 minutes immediately prior to or the fifteen minutes immediately after Anesthesia End Time.	All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration	Patients who have a Length of Stay greater than 120 days Patients whose ICD-9-CM principal procedure occurred prior to the date of admission Patients whose length of anesthesia was less than 60 minutes Patients who did not have general or neuraxial anesthesia Patients with physician/APN/PA documentation of Intentional Hypothermia for the procedure performed	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care

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MUC45	Measure under consideration	3	Hospital Value-Based Purchasing	Vascular Catheter-Associated Infections		Not NQF Endorsed	None listed. See numerator and denominator description	Number of occurrences of the following diagnosis codes as a secondary diagnosis (diagnoses 2-9 on a claim) with a POA code of 'N' or 'U': • 999.31	Number of acute inpatient FFS discharges during time period.	<ul style="list-style-type: none"> <li>• Non-FFS discharges (MCOPDSW=-1--)</li> <li>• Discharges in which a provider indicated it was exempt from POA coding rules (a terminal POA character of --X--)</li> <li>• Discharges with a missing or invalid POA indicator for any non-missing secondary diagnosis (diagnoses 2 to 9).</li> <li>• Discharges that failed internal consistency checks specific to the SAF data sets.-</li> </ul>	Safety	AHRQ	Patient Safety	Health Care-Associated Infections
MUC46	Measure under consideration	1	Inpatient Psychiatric Facility Quality Reporting	HBIPS-2: Hours of physical restraint use	0640	Endorsed	The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint	The total number of hours that all psychiatric inpatients were maintained in physical restraint	Number of psychiatric inpatient days	Exclusions: Total leave days	Safety	The Joint Commission	Patient Safety	
MUC47	Measure under consideration	1	Inpatient Psychiatric Facility Quality Reporting	HBIPS-3: Hours of seclusion use	0641	Endorsed	The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion	The total number of hours that all psychiatric inpatients were held in seclusion	Number of psychiatric inpatient days	Exclusions: Total leave days	Safety	The Joint Commission	Mental Health Care & Substance-related Care	

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MUC48	Measure under consideration	1	Inpatient Psychiatric Facility Quality Reporting	HBIPS-4: Patients discharged on multiple antipsychotic medications	0552	Endorsed	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications	Psychiatric inpatient discharges Inclusions: Patients with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders discharged on one or more routinely scheduled antipsychotic medications	Exclusions: Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients with an unplanned departure resulting in discharge due to failing to return from leave	Safety	The Joint Commission	Mental Health Care & Substance-related Care	
MUC49	Measure under consideration	1	Inpatient Psychiatric Facility Quality Reporting	HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification	0560	Endorsed	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications	Exclusions: Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients with an unplanned departure resulting in discharge due to failing to return from leave Patients with a length of stay < or = 3 days	Safety	The Joint Commission	Mental Health Care & Substance-related Care	

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MUC50	Measure under consideration	1	Inpatient Psychiatric Facility Quality Reporting	HBIPS-6: Post discharge continuing care plan created	0557	Endorsed	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created	Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations	Psychiatric inpatient discharges Inclusions: Patients referred for next level of care with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders	Exclusions: Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients or their guardians who refused aftercare Patients or guardians who refused to sign authorization to release information Patients with an unplanned departure resulting in discharge due to failing to return from leave	Communication and care coordination	The Joint Commission	Mental Health Care & Substance-related Care	

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MUC51	Measure under consideration	1	Inpatient Psychiatric Facility Quality Reporting	HBIPS-7: Post discharge continuing care plan transmitted to next level of care provider upon discharge	0558	Endorsed	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity	Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care	Psychiatric inpatient discharges Inclusions: Patients referred for next level of care with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders	Exclusions: Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients or their guardians who refused aftercare Patients or guardians who refused to sign authorization to release information Patients with an unplanned departure resulting in discharge due to failing to return from leave	Communication and care coordination	The Joint Commission	Mental Health Care & Substance-related Care	
MUC52	Measure under consideration	1	Inpatient Rehabilitation Facility Quality Reporting	Functional Outcome Measure (change from)		Not NQF Endorsed	Achievement of Functional Improvement and Maintenance. This measure would evaluate patient functional improvement or maintenance in comparison to what was set by patient/clinician as a goal for the individual patient by the time of discharge.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	CMS	Chronic & Elder Care	Functional Status
MUC53	Measure under consideration	1	Inpatient Rehabilitation Facility Quality Reporting	Functional Outcome Measure (change in mobility)		Not NQF Endorsed	Change in mobility score at discharge as compared to admission	TBD	TBD	TBD	Effective prevention & treatment of illness	CMS	Chronic & Elder Care	Functional Status

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MUC54	Measure under consideration	1	Inpatient Rehabilitation Facility Quality Reporting	Functional Outcome Measure (change in self-care)		Not NQF Endorsed	Change in mobility score at discharge as compared to admission	TBD	TBD	TBD	Effective prevention & treatment of illness	CMS	Chronic & Elder Care	Functional Status
MUC55	Measure under consideration	3	Inpatient Rehabilitation Facility Quality Reporting	Incidence of venous thromboembolism (VTE), potentially preventable	0376	Endorsed	Assesses number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date	Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date	Patients who confirmed VTE during hospitalization. This includes patients who confirmed VTE during hospitalization, discharges with an ICD-9-CM Other Diagnosis Codes of VTE	<ul style="list-style-type: none"> <li>• Patients less than 18 years of age</li> <li>• Patients who have a length of stay &gt; 120 days</li> <li>• Patients with Comfort Measures Only documented</li> <li>• Patients enrolled in clinical trials</li> <li>• Patients with ICD-9-CM Principal Diagnosis Code of VTE as defined in Appendix A, Table 7.03 or 7.04</li> <li>• Patients with VTE Present on Arrival</li> <li>• Patients with reasons for not administering mechanical and pharmacologic prophylaxis</li> <li>• Patients without VTE confirmed by diagnostic testing</li> </ul>	Safety	CMS (The Joint Commission)	Cardiovascular	Venous Thromboembolism

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MUC56	Measure under consideration	3	Inpatient Rehabilitation Facility Quality Reporting	Pain management	0675	TLE	Percent of patients on a scheduled pain management regimen on admission who report a decrease in pain intensity or frequency	The numerator is the number of patients/residents discharge assessment, who can self-report and who are on a scheduled pain medication regimen, reporting a defined reduction in pain when compared to their earlier assessment. Reduced pain is indicated, when compared to the prior assessment, there is a decrease in pain frequency or a decrease in pain intensity (with 10 being the worst pain you can imagine).	The denominator is the total of all short-stay residents in the nursing facility who have an assessment and a discharge assessment; who have been on a scheduled pain medication regimen and who do not meet the exclusion criteria.	Denominator exclusions: A patient/resident is excluded from the denominator if there are missing data in the relevant assessment items	Effective prevention and treatment of illnesses	CMS	Pain	

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MUC57	Measure under consideration	3	Inpatient Rehabilitation Facility Quality Reporting	Patient Immunization for Influenza	0680	Endorsed	Percent of patients/residents who were assessed and appropriately given the seasonal influenza vaccine during the flu season	Persons are counted if they are short-stay patients/residents, defined as those whose length of stay is less than or equal to 100 days. Short-stay persons are counted if they meet any of the following criteria on the most recent assessment (which may be an admission or discharge assessment during the 12-month reporting period: (1) have an up-to-date Influenza vaccination status; or (2) were offered and declined the vaccine ; or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).	Short-stay patients/residents are defined as those whose length of stay is less than or equal to 100 days. The short stay influenza vaccination sample includes residents who are assessed and are found to need the Influenza vaccination have (1) a Prospective Payment System (PPS) admission assessment with assessment reference date during the 12- month target period; or (2) a discharge assessment with discharge date during the 12-month target period AND the preceding assessment is a PPS admissions assessment) with assessment reference date before the target period and the discharge date minus the assessment reference date is 45 days or less.	No person-level exclusions	Best practices for healthy living	CMS	Immunizations	

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MUC58	Measure under consideration	3	Inpatient Rehabilitation Facility Quality Reporting	Patient Immunization for Pneumonia	0682	Endorsed	Percent of patients/residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the target assessment during the 12-month reporting period.	The numerator will be harmonized with NQF-endorsed measures. Persons are counted if they are short-stay patients/residents, defined as those whose length of stay is less than or equal to 100 days. Short-stay persons are counted if they meet any of the following criteria on the most recent assessment (which may be an admission or discharge assessment during the 12-month reporting period: (1) have an up-to-date PPV status; or (2) were offered and declined the vaccine ; or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).	The denominator consists of all short-stay patients/residents in the pneumococcal vaccination sample with an assessment or discharge assessment within the 12-month period.	None	Best practices for healthy living	CMS	Immunizations	

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These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC59	Measure under consideration	3	Inpatient Rehabilitation Facility Quality Reporting	Staff immunization	0431	TLE	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.	<p>HCP in the denominator population who, during the time from when the vaccine became available through March 31:</p> <p>(a) received an influenza vaccination administered at the healthcare facility or reported having received influenza vaccination elsewhere (computed separately);</p> <p>(b) were determined to have a medical contraindication for receiving the vaccination (computed separately); or</p> <p>(c) declined the vaccination (computed separately).</p>	<p>Number of persons who are working in the healthcare facility between October 1 and March 31 who meet the CDC definition of healthcare personnel (HCP)*</p> <p>- For each influenza season, influenza vaccination coverage among HCP should be measured at the overall facility level (e.g., hospital, nursing home).</p> <p>- Additional stratification is recommended: component facility, ward, unit, and specialty; occupational group (e.g., nurse, physician, student/trainee); and HCP who perform direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring).</p> <p>*The term HCP refers to all paid and unpaid persons working in healthcare settings and might include (but is not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy</p>	None listed	Best practices for healthy living	CDC	Immunizations	Adult Immunization

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP					
MUC60	Measure under consideration	1	Long-Term Care Hospital Quality Reporting	Functional Outcome Measure (change in mobility)		Not NQF Endorsed	Change in mobility score at discharge as compared to admission	TBD	TBD	TBD	Effective prevention & treatment of illness	CMS	Chronic & Elder Care	Functional Status
MUC61	Measure under consideration	1	Long-Term Care Hospital Quality Reporting	Functional Outcome Measure (change in self-care)		Not NQF Endorsed	Change in mobility score at discharge as compared to admission	TBD	TBD	TBD	Effective prevention & treatment of illness	CMS	Chronic & Elder Care	Functional Status

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC62	Measure under consideration	3	Long-Term Care Hospital Quality Reporting	Pain management	0675	TLE	Percent of patients on a scheduled pain management regimen on admission who report a decrease in pain intensity or frequency	The numerator is the number of patients/residents discharge assessment, who can self-report and who are on a scheduled pain medication regimen, reporting a defined reduction in pain when compared to their earlier assessment. Reduced pain is indicated, when compared to the prior assessment, there is a decrease in pain frequency or a decrease in pain intensity (with 10 being the worst pain you can imagine).	The denominator is the total of all residents in the nursing facility who have an assessment and a discharge assessment; who have been on a scheduled pain medication regimen and who do not meet the exclusion criteria.	Denominator exclusions: A patient/resident is excluded from the denominator if there are missing data in the relevant assessment items	Effective prevention and treatment of illnesses	CMS	Pain	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC63	Measure under consideration	3	Long-Term Care Hospital Quality Reporting	Patient Immunization for Influenza	0680	Endorsed	Percent of patients/residents who were assessed and appropriately given the seasonal influenza vaccine during the flu season	Persons are counted if they are short-stay patients/residents, defined as those whose length of stay is less than or equal to 100 days. Short-stay persons are counted if they meet any of the following criteria on the most recent assessment (which may be an admission or discharge assessment during the 12-month reporting period: (1) have an up-to-date influenza vaccination status; or (2) were offered and declined the vaccine ; (3) were offered and received the vaccine or (4) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).	Short-stay patients/residents are defined as those whose length of stay is less than or equal to 100 days. The short stay influenza vaccination sample includes residents have (1) a Prospective Payment System (PPS) admission assessment with assessment reference date during the 12- month target period; or (2) a discharge assessment with discharge date during the 12-month target period AND the preceding assessment is a PPS admissions assessment with assessment reference date before the target period and the discharge date minus the assessment reference date is 45 days or less.	No person-level exclusions	Best practices for healthy living	CMS	Immunizations	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC64	Measure under consideration	3	Long-Term Care Hospital Quality Reporting	Patient Immunization for Pneumonia	0682	Endorsed	Percentage of short-stay nursing facility patients/residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the target assessment during the 12-month reporting period.	The numerator will be harmonized with NQF-endorsed measures. Persons are counted if they are short-stay patients/residents, defined as those whose length of stay is less than or equal to 100 days. Short-stay persons are counted if they meet any of the following criteria on the most recent assessment (which may be an admission or discharge assessment during the 12-month reporting period: (1) have an up-to-date PPV status; or (2) were offered and declined the vaccine ; or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).	The denominator consists of all short-stay patients/residents in the pneumococcal vaccination sample with an assessment or discharge assessment within the 12-month period.	None	Best practices for healthy living	CMS	Immunizations	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC65	Measure under consideration	3	Long-Term Care Hospital Quality Reporting	Restraint Use	0687	Endorsed	The measure is based on data from the assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing facilities with an annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the selected quarter (3-month period) who were physically restrained daily during the 7 days prior to the MDS assessment (which may be annual, quarterly, significant change, or significant correction MDS 3.0 assessment).	The numerator is the number of long-stay residents (those who have been in the facility for over 100 days) who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments during the selected time window and who have experienced restraint usage during the 7 days prior to the assessment, as indicated by MDS 3.0, Section P, Item 100, sub items b (P0100B – Trunk restraint used in bed), c (P0100C – Limb restraint used in bed), e (P0100E – Trunk restraint used in chair or out of bed), f (P0100F – limb restraints used in chair or out of bed), or g (P0100G – Chair prevents rising).	The denominator is the total of all long-stay residents in the nursing facility who have received an annual, quarterly, significant change or significant correction MDS 3.0 assessment during the quarter and who do not meet the exclusion criteria.	A resident is excluded from the denominator if the selected MDS 3.0 assessment was conducted within 14 days of admission or if there is missing data in the responses to the relevant questions in the MDS.	Safety	CMS	Patient Safety	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC66	Measure under consideration	3	Long-Term Care Hospital Quality Reporting	Staff immunization	0431	TLE	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.	<p>HCP in the denominator population who, during the time from when the vaccine became available through March 31:</p> <p>(a) received an influenza vaccination administered at the healthcare facility or reported having received influenza vaccination elsewhere (computed separately);</p> <p>(b) were determined to have a medical contraindication for receiving the vaccination (computed separately); or</p> <p>(c) declined the vaccination (computed separately).</p>	<p>Number of persons who are working in the healthcare facility between October 1 and March 31 who meet the CDC definition of healthcare personnel (HCP)*</p> <p>- For each influenza season, influenza vaccination coverage among HCP should be measured at the overall facility level (e.g., hospital, nursing home).</p> <p>- Additional stratification is recommended: component facility, ward, unit, and specialty; occupational group (e.g., nurse, physician, student/trainee); and HCP who perform direct patient care (i.e., hands on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring).</p> <p>*The term HCP refers to all paid and unpaid persons working in healthcare settings and might include (but is not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy</p>	None listed	Best practices for healthy living	CDC	Immunizations	Adult Immunization

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP					

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC67	Measure under consideration	1	Long-Term Care Hospital Quality Reporting	Ventilator bundle	0302	Endorsed	<p>Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are:</p> <ul style="list-style-type: none"> <li>• Head of bed (HOB) elevation 30 degrees or greater;</li> <li>• Daily "sedation interruption" and daily assessment of readiness to extubate;</li> <li>• SUD (peptic ulcer disease) prophylaxis</li> <li>• DVT prophylaxis</li> </ul>	<p>Number of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are:</p> <ul style="list-style-type: none"> <li>• Head of bed (HOB) elevation 30 degrees or greater;</li> <li>• Daily "sedation interruption" and daily assessment of readiness to extubate;</li> <li>• SUD (peptic ulcer disease) prophylaxis</li> <li>• DVT prophylaxis</li> </ul>	Total number of intensive care unit patients on mechanical ventilation.	Patients less than 18 years of age at the date of ICU admission.	Safety	Institute for Healthcare Improvement	Respiratory	
MUC68	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Acute Otitis Externa: Systematic antimicrobial therapy - Avoidance of inappropriate use	0654	Endorsed	Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy	Patients who were not prescribed systemic antimicrobial therapy	All patients aged 2 years and older with a diagnosis of AOE	Documentation of medical reason(s) for prescribing systemic antimicrobial therapy (eg, coexisting diabetes, immune deficiency)	Affordable care	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC69	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Acute Otitis Externa: Topical therapy	0653	Endorsed	Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.	Patients who were prescribed topical preparations	All patients aged 2 years and older with a diagnosis of AOE	Documentation of medical reason(s) for not prescribing topical preparations (eg, coexisting acute otitis media, tympanic membrane perforation) Documentation of patient reason(s) for not prescribing topical preparations (eg, patient refusal)	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	
MUC70	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	0108	Endorsed	<p>a. Initiation Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for and ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Continuation and Maintenance (C&amp;M) Phase: Percentage of children 6 - 12 years of age as of the Index Prescription Episode Start Date with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in</p>	<p>a. Patients with documentation of at least one ambulatory setting follow-up visit with a practitioner with prescribing authority within 30 days after the Index Prescription Start Date. Do not count the Index Prescription Start Date visit as the initiation follow-up visit. Emergency room visits do not count toward the numerator.</p> <p>b. Patients who were compliant for the Initiation Phase AND had at least two follow-up visits with a practitioner from 31 through 300 days after the Index Prescription Start Date. One of these visits may be conducted on the</p>	<p>a. Children 6 -- 12 years of age with an ambulatory ADHD prescription dispensed. The following steps should be followed to identify the eligible population: Step 1: identify all children 6 years of age as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were dispensed an ADHD medication during the 12-month Intake Period. Step 2: For each child identified in Step 1; test each ADHD prescription date in the Intake Period for a Negative Medication History. The Index Prescription Episode Start Date is the prescription date</p>	Patients diagnosed with narcolepsy (ICD-9-CM Code: 347) should be excluded from the denominators.	Effective prevention and treatment of illnesses	NCQA	Mental Health Care & Substance-related Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							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.	telephone with either a non-mental health or mental health practitioner. Do not count the Initiation Phase follow-up visit toward C&M follow-up visits. Emergency visits do not count toward the numerator.	of the earliest ADHD prescription in the Intake Period with a Negative Medication History. Step 3: Exclude patients who had an acute mental health or substance abuse inpatient stay during the 30 days after the Index Prescription Start Date.  b. Children 6 -- 12 years of age who during the 12-month Intake Period had at least one dispensing event for an ADHD medication (drug list above). Follow the steps below to identify the eligible population for the C&M Phase.  Step 1: Identify all patients who meet the eligible patient population criteria for the Initiation Phase rate. Step 2: For each patient identified in Step 1, the continuous medication treatment definition allows gaps in medication treatment up to a total of 90 days during the 300-day (10 month) period. This period spans the Initiation Phase (1 month) and the C&M Phase (9months). Allowable medication					

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									changes or gaps include: - washout <sup>2</sup> period gaps to change medication - treatment <sup>2</sup> gaps to refill the same medication - drug holidays <sup>2</sup> from stimulant medication - Regardless of the number of gaps, the total gap may be no more than 90 days. Any combination of gaps may be counted (e.g. 1 washout gap of 14 days and numerous weekend drug holidays). Step 3: Exclude patients who had an acute mental health or substance abuse inpatient stay during the 300 days after the Index Prescription Start Date.					
MUC71	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Adult Kidney Disease: Blood Pressure Management		Not NQF Endorsed	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving RRT) and proteinuria with a blood pressure < 130/80 mmHg or ≥ 130/80 mmHg with documented plan of care.	Patient visits with blood pressure < 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care	All patient visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4 or 5, not receiving RRT) and proteinuria	None	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	Chronic Kidney Disease

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC72	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) -Hemoglobin Level > 12.0 g/dL		Not NQF Endorsed	Percentage of calendar months within a 12-month period during which a hemoglobin (Hgb) is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or ESRD (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy have a hemoglobin (Hgb) level > 12.0 g/dL.	Calendar months during which patients have a hemoglobin level > 12.0 g/dL	All calendar months during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving RRT) or ESRD (who are on hemodialysis or peritoneal dialysis) who are also receiving ESA therapy	None	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	Chronic Kidney Disease
MUC73	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Antibiotic Treatment for Adults with Acute Bronchitis:	0058	Endorsed	Percentage of adults ages 18 through 64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or within 3 days of the initial date of service.	Documentation in the medical record must include, at a minimum, a note indicating the patient having received a prescription for antibiotic medications on or within 3 days after the First Eligible Episode date.	All patients 18 years as of January 1 of the year prior to the measurement year to 64 years as of December 31 of the measurement year who during the Intake Period had a claim/encounter with any diagnosis of acute bronchitis and an outpatient visit code. (The Intake Period is between January 1-December 24 of the measurement year.)	Exclusion for competing diagnoses is built into the denominator specifications.	Effective prevention and treatment of illnesses	NCQA	Respiratory	Acute Bronchitis
MUC74	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	1525	Endorsed	Percentage of patients aged 18 years and older with nonvalvular AF or atrial flutter at high risk for thromboembolism, according to CHADS2 risk stratification, who were	All patients with nonvalvular atrial fibrillation or atrial flutter at high risk of thromboembolism (i.e., those with any high-risk factor or	Patients with nonvalvular AF or atrial flutter for whom assessment of the specified thromboembolic risk factors documented one or more high-risk factor or more than	Patients with valvular AF, specifically those with prosthetic heart valves or mitral stenosis.-Patients at low risk for thromboembolism (i.e.,	Effective prevention and treatment of illnesses	AMA-PCPI (American College of Cardiology and American Hospital	Cardiovascular	Venous Thromboembolism

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							prescribed warfarin or another anticoagulant drug this is FDA approved for the prevention of thromboembolism during the 12 month reporting period.	more than 1 moderate-risk factor) for whom warfarin was prescribed. Low risk: No risk factors; Aspirin 81 to 325 mg daily Intermediate risk: One moderate-risk factor; Aspirin 81 mg to 325 mg daily or warfarin (INR 2.0 to 3.0, target 2.5) High risk: Any high risk-factor or more than 1 moderate-risk factor; Warfarin (INR 2.0 to 3.0, target 2.5)	one moderate-risk factor.	those with none of the risk factors listed above). Patients with only one moderate risk factor. Postoperative patients. Patients with transient or reversible causes of AF (e.g., pneumonia or hyperthyroidism). Patients who are pregnant. Medical reason(s) documented by a physician, nurse practitioner, or physician assistant for not prescribing warfarin. Examples of medical reasons for not prescribing warfarin include, but are not limited to: Allergy Risk of bleeding Documentation of patient reason(s) for not prescribing warfarin (e.g., economic, social, and/or religious impediments, noncompliance or other reason for refusal to take warfarin)		Association )		

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC75	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Back Pain: Initial Visit	0322	Endorsed	The percentage of patients with a diagnosis of back pain who have had medical record documentation of all of the following on the date of the initial visit to the physician. 1. Pain assessment 2. Functional status 3. Patient history, including notation of presence or absence of "red flags". 4. Assessment of prior treatment and response 5. Employment status	<p>Patients with a diagnosis of back pain who have medical record documentation of all of the following on the date of the initial visit to the physician.</p> <p>Frequency: On the date of the initial visit to the physician. (Initial visit = The date of the earliest encounter with the applicant for an eligible diagnosis.)</p> <p>FACTOR 1: PAIN ASSESSMENT The number of patients with documentation of assessment of pain on the date of the initial visit with the physician.</p> <p>Documentation requirements: - Date of assessment. - Use of any of the following assessment tools will satisfy the pain assessment requirement. -- SF-36 -- Oswestry Low Back Pain Disability Questionnaire -- Roland-Morris Disability Questionnaire</p>	The total patient sample.	None listed	Effective prevention and treatment of illnesses	NCQA	Pain	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
								-- Quebec Pain Disability Scale -- Sickness Impact Profile -- Multidimensional Pain Inventory - If there is no evidence of any of the above tools in the medical record, documentation of any of the following pain scales is acceptable. -- McGill Pain Questionnaire -- Visual analog scale -- Brief pain inventory -- Chronic pain grade -- Neuropathic pain scale -- Numerical rating scale (e.g., pain intensity 1--10) -- Verbal descriptive scale (e.g., pt. report: burning, shooting, stabbing) -- Faces pain scale -- Other FACTOR 2: Functional Status The number of patients with documentation of assessment of functional status on the date of the initial visit with the physician.  Documentation requirements: - Date of assessment. - Use of any of the							

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition		
								following assessment tools will satisfy the functional assessment requirement. -- SF-36 -- Oswestry Low Back Pain Disability Questionnaire -- Roland-Morris Disability Questionnaire -- Quebec Pain Disability Scale -- Sickness Impact Profile -- Multidimensional Pain Inventory -- Other - If there is no evidence of any of the above tools in the medical record, there must be documentation that activities of daily living (ADL) were assessed. Assessment of all of the following ADLs must be documented. -- Eating -- Bathing -- Using the toilet -- Dressing -- Getting up from bed or a chair _____ _____ _____ FACTOR 3: Patient History The number of patients with documentation of a								

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								<p>patient history that notes absence or presence of red flags as listed below on the date of the initial visit with the physician.</p> <p>Definition -- REDFLAGS::</p> <ul style="list-style-type: none"> <li>- History of cancer</li> <li>-- Unexplained weight loss</li> <li>- Current infection</li> <li>-- Immunosuppression</li> <li>- Fracture or suspected fracture</li> <li>-- Motor vehicle accident or industrial injury with suspicion of fracture</li> <li>-- Major fall with suspicion of fracture</li> <li>- Cauda equina syndrome or progressive neurologic deficit</li> <li>-- Saddle anesthesia</li> <li>-- Recent onset bladder dysfunction (urine retention, increased frequency, overflow incontinence)</li> <li>-- Recent onset fecal incontinence (loss of bowel control)</li> <li>-- Major motor weakness</li> </ul> <p>Documentation requirements:</p> <ul style="list-style-type: none"> <li>- Date of the patient history.</li> <li>- Documentation</li> </ul>						

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition		
								necessary to satisfy assessment for red flags can include the following. -- Indication/notation of presence or absence of red flags Notation of specific symptoms that may indicate the presence of red flags (examples noted above)  FACTOR 4: ASSESSMENT OF PRIOR TREATMENT AND RESPONSE The number of patients with documentation of assessment of their previous history of back pain treatment and response, if applicable, on the date of the initial visit with the physician.  Documentation requirements: - Date of the assessment. - Clear notation that the patient has been queried about back pain episode(s), treatment and response. - Notation could include the following. -- No prior back pain -- Diagnosis and dates of								

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition		
								<p>back pain reports for the previous two years, or as far back as the patient is able to provide information</p> <p>-- Report from referring physician with summary of back pain history</p> <p>- Patient report of history and attempted treatments, including</p> <p style="padding-left: 20px;">diagnostic tests (e.g., imaging)</p> <p>FACTOR 5: EMPLOYMENT STATUS</p> <p>The number of patients with assessment of employment status on the date of the initial visit with the physician.</p> <p>Documentation Requirements:</p> <p>- Date of assessment.</p> <p>- Evidence of use of either of the following assessment tools will satisfy this requirement.</p> <p>-- Sickness Impact Profile</p> <p>-- Multidimensional Pain Inventory</p> <p>- If there is no evidence of either of the above tools in the medical record, variables of an employment assessment</p>								

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								can count. These variables must include documentation of at least one of the following. -- Type of work, including job tasks that may affect back pain management -- Work status (e.g., out of work, part-time work, work with or without limitations) -- If patient is not working or limited in work capacity, length of time for work limitations Workers' compensation or litigation involvement						

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC76	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	0110	Endorsed	Percentage of Patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Documented assessment for use of alcohol and chemical substance use; to include at least one of the following: - Clinician documentation regarding presence or absence of alcohol and chemical substance use - Patient completed history/assessment form that addresses alcohol and chemical substance use that is documented as being acknowledged by clinician performing the assessment - Use of screening tools that address alcohol and chemical substance use AND Timeframe for chart documentation of the assessment for alcohol/chemical substance use must be present prior to, or concurrent with, the visit where the treatment plan is documented as being initiated	UNIPOLAR DEPRESSION Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression AND Documentation of a diagnosis of depression; to include at least one of the following: - Codes 296.2x; 296.3x. 300.4 or 311 (ICD9CM or DSM-IV-TR) documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms such as a problem list. OR Diagnosis or Impression or working diagnosis documented in chart indicating depression OR Use of a screening/assessment tool for depression with a score or conclusion that patient is depressed and documentation that this information is used to establish or substantiate the diagnosis  BIPOLAR DISORDER	None listed	Effective prevention and treatment of illnesses	Center for Quality Assessment and Improvement in Mental Health	Mental Health Care & Substance-related Care	Substance Use

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									Patients 18 years of age or older with an initial or new episode of bipolar disorder AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following: - Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms OR - Diagnosis or Impression or working diagnosis documented in chart indicating bipolar disorder OR - Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis					

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC77	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Bipolar Disorder: Monitoring change in level-of-functioning	0112	Endorsed	Percentage of patients aged 18 years and older with an initial diagnosis or new episode/presentation of bipolar disorder.	Documentation of monitoring the patient's level-of-functioning in one of the following ways: - Patient self-report documented by clinician in record OR - Clinician documented review of patient-completed monitoring form/diary/tool OR - Documentation in patient chart of the use of ONE level-of-functioning monitoring tool, examples are as follows: o SOFAS: Social and Occupational Functioning Assessment Scale o GARF: Global Assessment of Relationship Functioning o GAF: Global Assessment of Functioning o WASA: Workload and Social Adjustment Assessment o PDS: Progressive Deterioration Scale (functional impairment; activities of daily living) o PHQ-9: Question 2 (How difficult has it been for you!.) o SF 12 or SF 36 AND	Patients 18 years of age or older with an initial or new episode of bipolar disorder AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following: - Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms - Diagnosis or Impression or working diagnosis documented in chart indicating bipolar disorder - Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis AND Documentation of treatment for bipolar disorder with pharmacotherapy; mood stabilizing agent and/or an antipsychotic agent.	None listed	Effective prevention and treatment of illnesses	Center for Quality Assessment and Improvement in Mental Health	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
								<p>Timeframe for numerator chart documentation</p> <p>Documentation of assessment of level-of-functions at time of initial assessment and within 12 weeks of initiating treatment for bipolar disorder</p> <p>(Note: While the acute phase of treatment varies per individual, it is during this period that the clinician attempts to closely monitor the patient progress and has the opportunity to interact with the patient to assess level-of-functioning. This acute phase has been defined by the Project's content experts as having the possibility of lasting through the first 3 months of treatment/therapy; thus the 12 week period)</p>	<p>New diagnosis or a new episode, is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician.</p>						

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC78	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	0565	TLE	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.	Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery	All patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the visual outcome of surgery	Patients with comorbid conditions that impact the visual outcome of surgery (see Denominator Exclusions spreadsheet)	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Eyes/Vision	
MUC79	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	0564	TLE	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.	Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	All patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the surgical complication rate	Patients with any of the following comorbid conditions impacting the surgical complication rate (see Denominator Exclusions spreadsheet)	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Eyes/Vision	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC80	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	1365	Endorsed	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Patient visits with an assessment for suicide risk	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder	None	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC81	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Children who have dental decay or cavities	1335	Endorsed	Assesses if children aged 1-17 have had tooth decay or cavities in the past 6 months	Whether child had cavities or decayed teeth in past 6 months.	Children and adolescents age 1-17 years	Children are excluded from denominator if they do not fall in target population age range (1-17 years)	Effective prevention and treatment of illnesses	Maternal and Child Health Bureau, Health Resources & Services Administration	Dental	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC82	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	0102	Endorsed	Percentage of symptomatic patients aged 18 years and older with a diagnosis of COPD who were prescribed an inhaled bronchodilator.	Symptomatic patients > or = 18 years who were prescribed an inhaled bronchodilator	All patients aged = or > 18 years with the diagnosis of COPD who have FEV1/FVC < 70 % and have symptoms  Patient Selection: Documentation in the medical record of a diagnosis of COPD OR ICD-9-CM codes for COPD: 491, 491.1, 491.2, 491.21, 491.22, 491.9, 492, 492.8, 496 AND CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99383-99385, 99393-99395, 99401-99404 AND Documentation in the medical record of FEV1/FVC < 70 % AND Documentation in the medical record of COPD symptoms (synonyms available) There must be documentation of the presence of at least one of the following: dyspnea, cough/sputum, or wheezing. OR ICD-9 codes for dyspnea: 786.00, 786.01, 786.02,	Documentation of medical reason(s) for not prescribing an inhaled bronchodilator (allergy, drug interaction, contraindication, other medical reasons)  Documentation of patient reason(s) for not prescribing an inhaled bronchodilator (economic, social, religious, other patient reasons)	Effective prevention and treatment of illnesses	AMA-PCPI	Respiratory	Chronic Obstructive Pulmonary Disease

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									786.05, 786.09, 493.2 OR ICD-9 codes for cough: 786.2, 491.0 OR ICD-9 codes for sputum: 786.3, 786.4 OR ICD-9 codes for wheezing: 786.07 AND Patient's age is > or = to 18 years of age  Note: Documentation of FEV1/FVC and COPD symptoms do not have to occur during the same office visit.					
MUC83	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Chronic Wound Care: Patient education regarding long term compression therapy		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12-month reporting period.	Patients who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period	All patients aged 18 years and older with a diagnosis of venous ulcer	None	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC84	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Chronic Wound Care: Use of wet to dry dressings in patients with chronic skin ulcers (overuse measure)		Not NQF Endorsed	Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings.	Patient visits without a prescription or recommendation to use wet to dry dressings	All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer	Denominator exception: Documentation of medical reason(s) for prescribing/recommending the use of wet to dry dressings (eg, presence of necrotic tissue requiring debridement, highly exudative wound that is unlikely to dry out between dressing changes)	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Chronic & Elder Care	
MUC85	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Chronic Wound Care: Patient education regarding diabetic foot care		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period.	Patients who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period	All patients aged 18 years and older with a diagnosis of diabetes and foot ulcer	None	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC86	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Communication of Diagnostic Imaging Findings		Not NQF Endorsed	Percentage of final reports for diagnostic imaging studies for which timely transmission of the report to (or receipt by) the referring physician, other relevant health care providers, and the patient (where appropriate) is achieved	TBD	TBD	TBD	Communication and care coordination	CMS	Diagnostic Imaging	
MUC87	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Functional status assessment for complex chronic conditions		Not NQF Endorsed	Percentage of patients aged 65 years and older with heart failure and two or more high impact conditions who completed baseline and follow-up (patient-reported) functional status assessments	TBD	TBD	TBD	Best practices for healthy living	CMS	Chronic & Elder Care	
MUC88	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Closing the referral loop: receipt of specialist report		Not NQF Endorsed	Percentage of patients regardless of age with a referral from a primary care provider for whom a report from the provider to whom the patient was referred was received by the referring provider	TBD	TBD	TBD	Communication and care coordination	CMS	Health Services Administration	Patient Care Management

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC89	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	0066	Endorsed	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease within a 12 month period who also have diabetes or a current or prior LVEF < 40% who were prescribed ACE or ARB therapy	Patients who were prescribed ACE inhibitor or ARB therapy (drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a> ) Or CPT-II code: 4009F ACE inhibitor or ARB therapy prescribed	All patients with CAD > 18 years of age who also have diabetes and/or LVSD Patient Selection: [ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82; Or CPT codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-33523, 33533-33536] And [ICD-9-CM codes for diabetes: 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04] Or [CPT procedure codes for testing LVSD: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543 And Additional individual medical record review must be completed to identify patients who had documentation of an ejection fraction <40% (use most recent value)]	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB therapy: Allergy or intolerance to ACE inhibitor or ARB; Or ACE inhibitor contraindications including angioedema, anuric renal failure, moderate or severe aortic stenosis or pregnancy ICD-9-CM exclusion codes: 440.1, V56.0, V56.8, 39.95, 54.98, 788.5, 586, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 584.5-584.9, , 585.5, 585.6, 395.0, 395.2, 396.0, 396.2, 396.8, 425.1, 747.22, V22.0-V23.9, 277.6; Or Other medical reason documented by the practitioner for not prescribing ACE inhibitor or ARB therapy; Or CPT-II code w/modifier: 4009F 1P Other Patient reason	Effective prevention and treatment of illnesses	AMA-PCPI	Cardiovascular	Coronary Artery Disease /Ischemic Heart Disease

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									Or With an active anti diabetic medication* prescribed (drug list available) Or [CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function;3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function] And Patient's age is > 18 years	(e.g., economic, social, religious) Or CPT-II code w/ modifier 4009F 2P OR Other system reason for not prescribing ACE inhibitor or ARB therapy CPT II Code w/modifier 4009F 3P				

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC90	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Dementia: Caregiver Education and Support		Not NQF Endorsed	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12-month period.	Patients whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	Denominator exception: Documentation of medical reason(s) for not providing the caregiver with education on disease management and health behavior changes or referring to additional sources for support (eg, patient does not have a caregiver, other medical reason)	Effective prevention and treatment of illnesses	American Academy of Neurology/ American Geriatrics Society/ American Medical Directors Association /American Psychiatric Association /PCPI	Chronic & Elder Care	
MUC91	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Dementia: Cognitive Assessment		Not NQF Endorsed	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.	Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	All patients, regardless of age, with a diagnosis of dementia	None	Effective prevention and treatment of illnesses	American Academy of Neurology/ American Geriatrics Society/ American Medical Directors Association /American Psychiatric Association /PCPI	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC92	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Dementia: Counseling Regarding Risks of Driving		Not NQF Endorsed	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period.	Patients or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	Denominator exception: Documentation of medical reason(s) for not counseling regarding the risks of driving (eg, patient is no longer driving, other medical reason)	Effective prevention and treatment of illnesses	American Academy of Neurology/ American Geriatrics Society/ American Medical Directors Association /American Psychiatric Association /PCPI	Chronic & Elder Care	
MUC93	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Dementia: Counseling Regarding Safety Concerns		Not NQF Endorsed	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12-month period.	Patients or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	Denominator exception: Documentation of medical reason(s) for not counseling regarding safety concerns (eg, patient at end of life, other medical reason)	Effective prevention and treatment of illnesses	American Academy of Neurology/ American Geriatrics Society/ American Medical Directors Association /American Psychiatric Association /PCPI	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC94	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Dementia: Functional Status Assessment		Not NQF Endorsed	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period.	Patients for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	Denominator exception: Documentation of medical reason(s) for not assessing functional status (eg, patient is severely impaired and caregiver knowledge is limited, other medical reason)	Effective prevention and treatment of illnesses	American Academy of Neurology/ American Geriatrics Society/ American Medical Directors Association /American Psychiatric Association /PCPI	Chronic & Elder Care	
MUC95	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Dementia: Staging of Dementia		Not NQF Endorsed	Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate, or severe at least once within a 12-month period.	Patients whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	None	Effective prevention and treatment of illnesses	American Academy of Neurology/ American Geriatrics Society/ American Medical Directors Association /American Psychiatric Association /PCPI	Chronic & Elder Care	

## Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC96	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Depression Remission at Six Months	0711	Endorsed	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine.	Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC97	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Depression Remission at Twelve Months	0710	Endorsed	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine.	Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC98	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Depression screening and follow-up assessment using patient self-reported process		Not NQF Endorsed	This measure seeks to incorporate patient reported data. For all adults patient age 18 and older who complete a self-reported screening survey (PHQ-2), this measure will assess the percentage of patients who subsequently complete a follow-up assessment (PHQ-9).	TBD	TBD	TBD	Best practices for healthy living	CMS	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC99	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Depression Utilization of the PHQ-9 Tool	0712	Endorsed	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4	Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Mental Health Care & Substance-related Care	Depression & Mood Disorders

## Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC100	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care	0519	Endorsed	Percentage of short term home health episodes of care during which diabetic foot care and education were included in the physician-ordered plan of care and implemented for patients with diabetes.	Number of home health episodes where at end of episode, diabetic foot care and education specified in the care plan had been implemented.  Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.  Details: Number of patient episodes where at end of episode: - (M0100) Reason for Assessment = 6 or 7 (transfer to inpatient) or 9(discharge) AND: - (M1095)Diabetic Foot Care Plan implemented = 1 (yes)	Number of home health episodes where diabetic foot care had been specified in the care plan and episode is not covered by denominator exclusions (Q6).  Time Window: Current CMS systems report data on episodes that start and end within a rolling 12 month period, updated quarterly.	All episodes where -the patient is not diabetic OR the patient is a bilateral amputee (M1095=NA) OR -diabetic foot care was not included in the care plan (M1095=NA); OR - the episode did not have a discharge or transfer to inpatient facility assessment because the episode of care ended in death at home - OR -patients who receive a recertification (RFA 04) OASIS assessment between SOC/ROC (01/03) to Discharge OASIS.	Effective prevention and treatment of illnesses	CMS	Diabetes	Foot Care
MUC101	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	0106	Endorsed	Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-IV-TR or DSM-PC criteria.	Number of medical records of newly diagnosed attention deficit hyperactivity disorder (ADHD) patients with documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC)	Total number of medical records of newly diagnosed attention deficit hyperactivity disorder (ADHD) patients reviewed*  *ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Newly diagnosed is defined as documented	None	Effective prevention and treatment of illnesses	Institute for Clinical Systems Improvement	Mental Health Care & Substance-related Care	

### Measures Under Consideration For CY 2012 Rulemaking

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								<p>criteria being addressed*</p> <p>*Documented is defined as any evidence in the medical record that DSM-IV or DSM-PC criteria were addressed. DSM-IV or DSM-PC criteria include evaluation for:</p> <ul style="list-style-type: none"> <li>- symptoms</li> <li>- onset</li> <li>- duration</li> <li>- pervasiveness</li> <li>- impairment</li> </ul> <p>Staff note: the supporting ICSI clinical practice guideline provides a list of symptoms and specifies that six or more of the symptoms must be present for at least 6 months to a degree that is maladaptive and inconsistent with developmental level in order to qualify as ADHD</p>	ADHD in past 6 months and no documentation of ADHD codes in the previous 6 to 12 months.					
MUC102	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Diagnostic Imaging Reports		Not NQF Endorsed	Percentage of diagnostic imaging studies for which a final report, including interpretation by a qualified Radiologist, is generated and archived	TBD	TBD	TBD	Effective prevention and treatment of illnesses	CMS	Diagnostic Imaging	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC103	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Use of High-Risk Medications in the Elderly	0022	Endorsed	Percentage of patients 65 years and older who received at least one high-risk medication. Percentage of patients 65 years and older who received at least two different high-risk medications	a: at least one prescription for any drug to be avoided in the elderly in the measurement year. b: At least two different drugs to be avoided in the elderly in the measurement year.	All patients ages 65 years and older as of December 31 of the measurement year.	None listed	Safety	NCQA	Patient Safety	Medication Management
MUC104	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute	0321	Endorsed	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a Kt/V >= 1.7 per week measured every 4 months	Patients who have a total Kt/V > or = 1.7 per week measured once every 4 months  Definition: Total Kt/V includes residual kidney function and equals peritoneal dialysate Kt/V plus renal Kt/V	All patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis	None	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD
MUC105	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Adult Kidney Disease: Hemodialysis Adequacy: Solute	0323	Endorsed	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis three times a week have a spKt/V >= 1.2	Calendar months during which patients have a spKt/V > or = 1.2	All calendar months during which patients aged 18 years and older with a diagnosis of ESRD are receiving hemodialysis three times a week	Documentation of medical reason(s) for patient not having a spKt/V > or = 1.2 (eg, patient has residual kidney function, other medical reasons)	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC106	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Falls: Plan of Care		Not NQF Endorsed	Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.	Patients with a plan of care for falls documented within 12 months	Patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)	Denominator exception: Documentation of medical reason(s) why a plan of care is not documented	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Chronic & Elder Care	Falls
MUC107	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Falls: Risk Assessment		Not NQF Endorsed	Percentage of patients aged 65 years and older who had a risk assessment for falls completed within 12 months.	Patients who had a risk assessment for falls completed within 12 months	All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)	Denominator exception: Patients who have documentation of medical reason(s) for not completing a risk assessment for falls (e.g., patient is not ambulatory)	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Chronic & Elder Care	Falls

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC108	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Falls: Screening for Falls Risk	0101	TLE	Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months	Patients who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months  Definition: A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force (Tinetti).	All patients aged 65 years and older	Documentation of medical reason(s) for not screening for future fall risk (e.g., patient is not ambulatory)  Exclude patients for whom patient was not an eligible candidate for fall risk screening by reason of medical exclusion.	Safety	NCQA (AMA-PCPI)	Chronic & Elder Care	Falls
MUC109	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Glaucoma Screening in Older Adults		Not NQF Endorsed	Percentage of patients 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye-care professional for early identification of glaucomatous conditions.	Patients who received one or more eye exams for glaucoma by an eye care professional (i.e., ophthalmologist or optometrist) during the measurement year or year prior to the measurement year	Patients aged 67 years and older	Denominator exclusion: Patients with a prior diagnosis of glaucoma or glaucoma suspect	Effective prevention and treatment of illnesses	NCQA	Eyes/Vision	

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MUC110	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	HIV/AIDS: Patients with HIV/AIDS Who are Prescribed Potent Antiretroviral Therapy	0406	Endorsed	Percentage of patients with HIV/AIDS who were prescribed potent antiretroviral therapy	<p>Patients who were prescribed potent antiretroviral* therapy</p> <p>*Potent antiretroviral therapy is described as any antiretroviral therapy that has demonstrated optimal efficacy and results in durable suppression of HIV as shown by prior clinical trials*</p>	<p>A. All patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two medical visits during the measurement year with at least 60 days between each visit, who have a history of a nadir** CD4+ count below 350/mm<sup>3</sup>; and B. All patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two medical visits during the measurement year with at least 60 days between each visit, who have a history of an AIDS-defining illness, regardless of CD4+ count; and</p> <p>C. All patients with a diagnosis of HIV/AIDS, with at least two medical visits during the measurement year with at least 60 days between each visit, who are pregnant, regardless of CD4+ count or age.</p> <p>**Nadir (lowest ever) CD4 count may be the present count</p> <p>***Conditions included in the 1993 AIDS surveillance case definition: Candidiasis of bronchi, trachea, or lungs; candidiasis,</p>	None	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Communicable Diseases	HIV/AIDS

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									esophageal; cervical cancer, invasive; coccidiomycosis, disseminated or extrapulmonary; cryptococcosis, extrapulmonary; cryptosporidiosis, chronic intestinal (greater than 1 month's duration); cytomegalovirus disease (other than liver, spleen, or nodes); cytomegalovirus retinitis (with loss of vision); encephalopathy, HIV-related; herpes simplex: chronic ulcer(s) (greater than 1 month's duration); or bronchitis, pneumonitis, or esophagitis; histoplasmosis, disseminated or extrapulmonary; isosporiasis, chronic intestinal (greater than 1 month's duration); Kaposi's sarcoma; lymphoma, Burkitt's (or equivalent term); lymphoma, immunoblastic (or equivalent term); lymphoma, primary, of brain; mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary; mycobacterium tuberculosis, any site								

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									(pulmonary or extrapulmonary); mycobacterium, other species or unidentified species, disseminated or extrapulmonary; pneumocystis carinii pneumonia; pneumonia, recurrent; progressive multifocal leukoencephalopathy; salmonella septicemia, recurrent; toxoplasmosis of brain; wasting syndrome due to HIV. (NYSDOH, 2007) Note: For potent antiretroviral therapy recommendations refer to current DHHS guidelines available at <a href="http://www.aids.gov">www.aids.gov</a>					
MUC111	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Functional Status assessment for knee and hip replacement		Not NQF Endorsed	Percentage of patients age 18 years and older with primary total knee arthroplasty (TKA) or total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	TBD	TBD	TBD	Best practices for healthy living	CMS	Chronic & Elder Care	Functional Status

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MUC112	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Heart Failure (HF): Left Ventricular Function Assessment	0079	Endorsed	Percentage of patients with HF with quantitative or qualitative results of left ventricular function (LVF) assessment recorded.	<p>Patients with quantitative or qualitative results of LVF assessment recorded</p> <p>[CPT codes: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543, And Medical record must include documentation of quantitative or qualitative results of LVF assessment] Or CPT-II code: 3020F Left ventricular function (LVF) assessment (e.g., echocardiography, nuclear test, or ventriculography) documented in the medical record)</p>	<p>All patients with heart failure &gt; 18 years of age</p> <p>Patient Selection: ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9 And Patient's age is &gt; 18 years</p>	None	Effective prevention and treatment of illnesses	AMA-PCPI (American College of Cardiology)	Cardiovascular	Heart Failure

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MUC113	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hemoglobin A1c Test for Pediatric Patients	0060	Endorsed	Percentage of pediatric patients with diabetes with a HbA1c test in a 12-month measurement period.	The number of patients in the sample who have documentation of date and result for the most recent HbA1c test during the 12-month abstraction period. The following are not acceptable documentation of HbA1c results: fructosamine, Hgb, hemoglobin, Hb and Hg without reference to either glycated, glycosylated and A1c or A1c and findings reported on progress notes or other non-laboratory documentation	A systematic sample of patients, age 5-17 years old with a diagnosis of diabetes and/or notation of prescribed insulin or oral hypoglycemics/antihyperglycemics for at least 12 months who has been under the care of the physician or physician group for at least 12 months. This is defined by documentation of a face-to-face visit for diabetes care between the physician and the patient that predates the most recent visit by at least 12 months.  Codes and Descriptions to Identify a Patient With a Diagnosis of Diabetes: ICD-9 Codes: 250 or 648.0- The need for diet management, insulin or oral hypoglycemic agent, report of home urine or home blood glucose testing or the presence of an insulin pump anywhere in the medical record. Synonyms: Type I: Insulin-dependent diabetes mellitus (IDDM), Type II: non-insulin dependent diabetes (NIDDM), DM, AODM, sugar diabetes, maturity onset diabetes, diet controlled diabetes.	None listed	Effective prevention and treatment of illnesses	NCQA	Diabetes	HbA1c Management

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									357.2- Any mention of a diagnosis of diabetic polyneuropathy in the medical record. Synonyms: Neuropathy or peripheral neuropathy, decreased or altered sensation, extremity numbness or tingling, paresthesia in the lower extremity, foot ulcers, distal symmetric polyneuropathy, loss of sensation (vibration/touch) in the feet, loss of ankle reflexes, Charcot's joints, malperforans ulcer, loss of light touch and pin prick, knife-like or burning pain of feet, sensory loss or pain in hands, or mononeuropathy. 362.0- Any mention of a diagnosis of diabetic retinopathy in the medical record. Synonyms: Diabetic eye changes: proliferative diabetic retinopathy, new vessels on the disc (NVD) (new vessels elsewhere in iris or retina, preretinal or vitreous hemorrhage, fibrosis rubeosis diabetic retinal changes, macular lesion, background retinopathy, preproliferative retinopathy, venous beading/looping, large retinal blot					

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									hemorrhages, multiple cotton wool spots, multi-preintoretinal microvascular abnormalities, diabetic macular edema, nonproliferative diabetic retinopathy, microaneurysms, blot hemorrhage, hard exudates, 1-2 soft exudates. 366.41- Any mention of a diagnosis of diabetic cataract in the medical record. Descriptions to Identify Patients with Notation of Prescribed Insulin or Oral Hypoglycemics/Antihyperglycemics: Insulin- Any mention of routine insulin use during the past 12 months in the medical record. Synonyms: Any insulin, including regular insulin, insulin pump, insulin pen, 70/30, CSII (continuous subcutaneous infusion of insulin), Humalog, Humulin, Lente, Lispro, MDI (multiple daily injections), Novolog, Novolin, Novolin Penfill, NPH Novo Nordisk, Semilente, Ultralente, Velosulin. Oral hypoglycemics/					

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									antihyperglycemics- Any mention of oral hypoglycemic or antihyperglycemic use during the past 12 months in the medical record. Synonyms: Acarbose, Acetohexamide, Amaryl, Chlorpropamide, Diabeta, Diabinese, Dymelor, Glipizide, Glipizide XL, Glucamide, Glucophage, Glucotrol, Glucotrol XL, Glyburide, Glynase, Metformin, Micronase, Orinase, Orimide, Prandin (Repaglinide), Precose, Tolazamide, Tolamide, Tolbutamide, Tolinase, Troglitazone.					
MUC114	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hepatitis B Vaccination	0412	Endorsed	Percentage of Patients, regardless of age, with a diagnosis of HIV/AIDS who have received at least one hepatitis B vaccination, or who have documented immunity.	Patients who have received at least one hepatitis B vaccination, or who have documented immunity	All patients, regardless of age, with a diagnosis of HIV/AIDS with at least two visits in the measurement year, with at least 60 days in between each visit.	Documentation of patient reason(s) for not receiving Hepatitis B vaccination --Append modifier to CPT Category II code-XXXXF-2P  Documentation of system reason(s) for not not receiving Hepatitis B vaccination - -Append modifier to CPT Category II code-XXXXF-3P	Best practices for healthy living	NCQA	Communicable Diseases	Hepatitis B

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MUC115	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	0401	TLE	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled regarding the risks of alcohol consumption at least once within the 12 month reporting period.	Patients who were counseled* about the risks of alcohol use at least once in the 12 month reporting period  *Definition - counseling may include documentation of a discussion regarding the risks of alcohol, or notation to decrease or abstain from alcohol intake	All patients aged 18 years and older with a diagnosis of hepatitis C	None	Effective prevention and treatment of illnesses	AMA-PCPI	Communicable Diseases	Hepatitis C
MUC116	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hepatitis C: Hepatitis A Vaccination in Patients with HCV	0399	TLE	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A.	Patients who have received at least one injection of hepatitis A vaccine, or who have documented immunity to Hepatitis A	All patients aged 18 years and older with a diagnosis of hepatitis C	Documentation of medical reason(s) for not receiving at least one injection of hepatitis A vaccine	Effective prevention and treatment of illnesses	AMA-PCPI	Communicable Diseases	Hepatitis C
MUC117	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hepatitis C: Hepatitis B Vaccination in Patients with HCV	0400	Endorsed	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B.	Patients who have received at least one injection of Hepatitis B vaccine, or who have documented immunity to Hepatitis B	All patients aged 18 years and older with a diagnosis of hepatitis C	Documentation of medical reason(s) for not receiving at least one injection of hepatitis B vaccine.	Effective prevention and treatment of illnesses	AMA-PCPI	Communicable Diseases	Hepatitis C

### Measures Under Consideration For CY 2012 Rulemaking

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MUC118	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hypertension: Blood Pressure Management		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period with a blood pressure <140/90 mm Hg OR patients with a blood pressure ≥140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit.	Patients with a blood pressure < 140/90 mm Hg OR patients with a blood pressure ≥ 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit	All patients aged 18 years and older with a diagnosis of hypertension seen within a 12 month period	Denominator exceptions: Documentation of medical reason(s) for not prescribing 2 or more anti-hypertensive medications (eg, allergy, intolerant, postural hypotension)  Documentation of patient reason(s) for not prescribing 2 or more anti-hypertensive medications (eg, patient declined)  Documentation of system reason(s) for not prescribing 2 or more anti-hypertensive medications (eg, financial reasons)	Effective prevention and treatment of illnesses	AMA-PCPI	Cardiovascular	Hypertension
MUC119	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Preventive Care and Screening: Cholesterol -- Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL		Not NQF Endorsed	Percentage of patients aged 20 through 79 whose risk factors * have been assessed and a fasting LDL test has been performed	TBD	TBD	TBD	Effective prevention and treatment of illnesses	CMS	Cardiovascular	Cholesterol Screening & Management

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MUC120	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Lower Back Pain: Repeat Imaging Studies	0312	Endorsed	Percentage of patients with back pain who received inappropriate imaging studies in the absence of red flags or progressive symptoms (overuse measure, lower performance is better)	<p>The number of patients with inappropriate imaging studies (as defined below).</p> <p>Documentation requirements:</p> <ul style="list-style-type: none"> <li>- Include all imaging studies ordered or documented from the date of the initial visit to the end of the eligible episode.</li> <li>- The following types of imaging studies should be counted toward the numerator of this measure, unless otherwise specified below.</li> <li>--Plain x-ray</li> <li>--Bone scan</li> <li>--MRI</li> <li>--Myleography</li> <li>--Discograpghy</li> <li>--CT scan</li> <li>- Determine if more than one imaging study has been ordered or if a report is present during the eligible episode. If the patient has been under the care of another physician, there should be documentation that the patient was asked about prior imaging studies and attempts made to get those studies/reports.</li> <li>--Patients with one</li> </ul>	Patients with more than one imaging study and patients with only one imaging study and no documentation in medical record of physician asking about prior imaging.	Patients with red flags or worsening/progressive signs.	Effective prevention and treatment of illnesses	NCQA	Pain	

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
								<p>imaging study or no documentation of assessing for prior studies count toward the numerator</p> <p>--Include imaging studies in the numerator and denominator if they have been ordered by the applicant or if there are imaging reports from another provider.</p> <p>- Do not include CT scan or MRI toward the numerator if the first imaging study is a plain x-ray.</p> <p>- If the patient is a surgical patient, the following rules apply.</p> <p>-- Do not count an imaging study (MRI, CT scan, myelography only) as a repeat in the numerator if it occurs in the 12 weeks prior to the surgical date</p> <p>-- If the surgical procedure was instrumented fusion or disc replacement, do not count plain, post-operative x-rays toward the numerator</p> <p>-- Do not count an imaging study toward the numerator that occurs post-operatively as a</p>							

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								repeat if there is documentation of surgical complications - Exclude patients from the denominator with evidence or notation of any of the following in their medical record in the seven-day (one week) period preceding the second imaging study. -- Red flags (e.g., history of cancer, current infection, fracture or suspected fracture, cauda equina syndrome) -- Worsening/progressive signs (e.g., objective findings of progressive neurologic symptoms such as new sciatica; new or worsening numbness or weakness; or physical exam findings indicating new missing reflex or worsening weakness) Note: Failure to respond to treatment is not an indication of worsening symptoms.						

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC121	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Major Depressive Disorder (MDD): Diagnostic Evaluation	0103	Endorsed	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period.	Patients with documented evidence that they met the DSM-IV criteria [at least 5 elements (must include: 1) depressed mood or 2) loss of interest or pleasure) with symptom duration of two weeks or longer] during the visit in which the new diagnosis or recurrent episode was identified	All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD	There are no denominator exceptions for this measure.	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC122	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Major Depressive Disorder (MDD): Suicide Risk Assessment	0104	Endorsed	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.	Patients who had suicide risk assessment completed at each visit	All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD	There are no denominator exceptions for this measure.	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Suicide

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC123	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	0107	Endorsed	Percentage of patients treated psychostimulant with medication for the diagnosis of ADHD whose medical record contains documentation of a follow-up visit at least twice a year.	Number of patients with ADHD on psycho-stimulant medication whose medical record contains documentation of a follow-up visit at least twice a year.  *Documented is defined as any evidence in the medical record that a follow-up visit occurs in the past 12 months. A follow-up visit for ADHD includes documentation of the following twice a year: height, weight, a discussion of medication, a discussion of school progress, and a care plan should be identified.	Number of patients with ADHD on psycho-stimulant medication whose medical records are reviewed.  ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Diagnosed is defined as documented ADHD in the past 6 to 12 months. First-line medications include: methylphenidate (Ritalin), dextroamphetamine (Dexedrine), and atomoxetine (Strattera).	None	Effective prevention and treatment of illnesses	Institute for Clinical Systems Improvement	Mental Health Care & Substance-related Care	
MUC124	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Maternal depression screening	1401	Endorsed	The percentage of children who turned 6 months of age during the measurement year who had documentation of a maternal depression screening for the mother	Children who had documentation in the medical record of a maternal depression screening for the mother at least once between 0 and 6 months of life.	Children with a visit who turned 6 months of age in the measurement year.	None	Best practices for healthy living	NCQA	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC125	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Measure of adverse drug event (ADE) reporting		Not NQF Endorsed	This measure would assess reporting practices of physicians with respect to ADEs. There would be no threshold for this measure, except that the numerator should not be zero for physicians who regularly prescribe medications. The readiness of this measure for Meaningful Use Stage 2 depends on the widespread availability of the functionality. An ADE reporting system may alternatively be considered for a meaningful use objective under population and public health.	TBD	TBD	TBD	Safety	CMS	Patient Safety	Medication Management
MUC126	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Hypertension: Improvement in Blood Pressure		Not NQF Endorsed	Percentage of patients aged 18 years and older with hypertension whose blood pressure improved during the measurement period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	CMS	Cardiovascular	Hypertension

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC127	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	HIV/AIDS Medical Visits	0403	Endorsed	Percentage of patients regardless of age, with HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit.	<p>Patients with at least one medical visit* in each 6 month period with a minimum of 60 days between each visit</p> <p>*Definition of Medical Visit - any visit with a health care professional who provides routine primary care for the patient with HIV/AIDS (may be a primary care physician, ob/gyn, pediatrician or infectious diseases specialist)</p>	All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period	Documentation of patient reason for not having at least two medical visits in each 6 month period with a minimum of 60 days between each visit (eg, patient is incarcerated for more than a third of the year, patient moves out of the country).	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Communicable Diseases	HIV/AIDS

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC128	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Medication Reconciliation Post-Discharge	0097	Endorsed	Percentage of discharges from January 1-December 1 of the measurement year for patients 66 years of age and older for whom medications were reconciled on or within 30 days of discharge.	<p>Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented</p> <p>The medical record must indicate that the physician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of an inpatient facility discharge medication.</p>	All patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care	None listed	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Health Services Administration	Patient Care Management

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC129	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Melanoma: Coordination of Care	0561	Endorsed	Percentage of patient visits, regardless of patient age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis	<p>Patients who have a treatment plan* documented in the chart that was communicated to the physician(s) providing continuing care within a month of diagnosis</p> <p>*A treatment plan should include the following elements: diagnosis, tumor thickness, and plan for surgery or alternate care.</p>	All patients diagnosed with a new occurrence of melanoma	Documentation of patient reason(s) for not communicating treatment plan (eg, patient asks that treatment plan not be communicated with physician(s) providing continuing care); Documentation of system reason(s) for not communicating treatment plan to the primary care provider(s) (eg, patient does not have a primary care provider or referring physician)	Communication and care coordination	AMA-PCPI (NCQA)	Cancer	Skin
MUC130	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Overutilization of Imaging Studies in Melanoma	0562	Endorsed	Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma at any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.	<p>Patients with stage 0 or IA melanoma, without signs or symptoms, for whom no diagnostic imaging studies* were ordered</p> <p>*Diagnostic imaging studies include CXR, CT, Ultrasound, MRI, PET, and nuclear medicine scans</p>	All patients with stage 0 or IA melanoma	Documentation of medical reason(s) for ordering diagnostic imaging studies (e.g., patient has signs or symptoms that justify imaging studies); Documentation of system reason(s) for ordering diagnostic imaging studies (e.g., requirement for clinical trial enrollment, ordered by another provider)	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Cancer	Skin

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC131	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Oncology: Measure Pair: Medical and Radiation Oncology - Plan of Care for Pain	0383	TLE	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	<p>Patient visits that included a documented plan of care* to address pain</p> <p>*A documented plan of care may include: use of opioids, Nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.</p>	All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain	None	Effective prevention and treatment of illnesses	AMA-PCPI	Cancer	
MUC132	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Oncology: Measure Pair: Medical and Radiation Oncology – Pain Intensity Quantified	0384	TLE	Percentage of patients, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	All visits for patients with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	None	Effective prevention and treatment of illnesses	AMA-PCPI	Cancer	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC133	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Oncology: Radiation Dose Limits to Normal Tissues	0382	TLE	Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues.	Patients who had documentation in medical record that normal tissue dose constraints were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues	All patients, regardless of age, with a diagnosis of pancreatic or lung cancer who receive 3D conformal radiation therapy	None	Effective prevention and treatment of illnesses	AMA-PCPI	Cancer	
MUC134	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Osteoarthritis (OA): Function and Pain Assessment	0050	Endorsed	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with assessment for function and pain.	Patient visits with assessment for function and pain documented Medical record must include documentation of the patient's satisfaction or dissatisfaction with function and pain Or Documentation of the use of a standardized scale or completion of an assessment questionnaire (eg, SF-36, AAOS Hip & Knee Questionnaire) Or CPT-II code: 1006F Osteoarthritis symptoms and functional status assessed	All visits for patients with OA > 21 years of age Patient Selection: ICD-9-CM codes for OA: 715.00-715.98 And CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404 And Patient's age is > 21 years	None listed	Effective prevention and treatment of illnesses	AMA-PCPI	Musculoskeletal	Osteoarthritis

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC135	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Osteoarthritis: Assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications	0051	Endorsed	Percentage of patient visits for patients aged 21 years and older with a diagnosis of OA with an assessment for use of anti-inflammatory or analgesic OTC medications.	Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications documented (drug list is available) Assessment may include: Documentation of current medications, continue same medications, change in medication dose, documentation indicating that the patient was asked about OTC medication use Or CPT-II code: 1007F Use of anti-inflammatory or analgesic over-the-counter (OTC) medications assessed	All visits for patients with OA > 21 years of age: Patient Selection: ICD-9-CM codes for OA: 715.00-715.98 And CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404 And Patient's age is > 21 years	None listed	Effective prevention and treatment of illnesses	AMA-PCPI	Musculoskeletal	Osteoarthritis

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC136	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Osteoporosis: Communication with the Physician Managing Ongoing Care Post-Fracture	0045	Endorsement Maintenance	Percentage of patients aged 50 years and older treated for a hip, spine, or distal radial fracture with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis.	Patients with documentation of communication with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis	All patients aged 50 years and older treated for hip, spine or distal radial fracture	Documentation of medical reason(s) for not communicating with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis  Documentation of patient reason(s) for not communicating with the physician managing the patient's on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis  Exclude patients for whom post-fracture communication was not documented by reason of appropriate denominator exclusion	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Musculoskeletal	Osteoporosis

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC137	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Osteoporosis: Management Following Fracture of Hip, Spine or Distal radius for Men and Women Aged 50 Years and Older	0048	Endorsement Maintenance	Percentage of patients aged 50 years or older with fracture of the hip, spine or distal radius that had a central dual-energy X-ray absorptiometry measurement ordered or performed or pharmacologic therapy prescribed.	Patients who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed	All patients aged 50 years and older with a fracture of the hip, spine or distal radius	Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy Exclude patients for whom central DXA measurement was not ordered or performed or pharmacologic therapy was not prescribed by reason of appropriate denominator exclusion If using electronic data, exclude patients using the following codes: Append a modifier (1P, 2P or 3P) to one of the CPT Category II codes to report patients with	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Musculoskeletal	Osteoporosis

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										documented circumstances that meet the denominator exclusion criteria. 1P: Documentation of medical reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis 2P: Documentation of patient reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis 3P: Documentation of system reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than				

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										minerals/vitamins) for osteoporosis If using the medical record or hybrid methodologies, exclude patients who have documentation in the medical record of: Documentation of medical reason for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy Documentation of patient reason for not ordering or performing central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy Documentation of system reason for not ordering or performing central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy If using the EHR methodology, exclude patients using the codes listed in the electronic data				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										collection methodology or who have documentation in the medical record of the appropriate denominator exclusions.				

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC138	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Osteoporosis: Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	0046	Endorsement Maintenance	Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months.	Patients who had a central DXA measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months	All female patients aged 65 years and older	<p>Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Exclude patients for whom central DXA measurement was not ordered or performed and pharmacologic therapy was not prescribed by reason of appropriate denominator exclusion</p>	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Musculoskeletal	Osteoporosis

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC139	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Otitis Media with Effusion: Antihistamines or decongestants - Avoidance of inappropriate use	0655	Endorsed	Percentage of Patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed or recommended to receive either antihistamines or decongestants	Patients who were not prescribed or recommended to receive either antihistamines or decongestants	All patients aged 2 months through 12 years with a diagnosis of OME	Documentation of medical reason(s) for prescribing or recommending to receive either antihistamines or decongestants	Affordable care	AMA-PCPI	Ears, Nose, and Throat	
MUC140	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Otitis Media with Effusion (OME): Systemic corticosteroids - Avoidance of inappropriate use	0656	Endorsed	Percentage of Patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids	Patients who were not prescribed systemic corticosteroids	All patients aged 2 months through 12 years with a diagnosis of OME	Documentation of medical reason(s) for prescribing systemic corticosteroids	Affordable care	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC141	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	0405	Endorsed	Percentage of patients with HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.	A. Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months B. Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months C. Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	A. All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/ mm3 who had at least two visits during the measurement year, with at least 60 days in between each visit; and, B. All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/ mm3 who had at least two visits during the measurement year, with at least 60 days in between each visit; and, C. All patients aged 1 month through 12 months with a diagnosis of HIV or who are HIV indeterminate who had at least two visits during the measurement year, with at least 60 days in between each visit	None	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Communicable Diseases	HIV/AIDS

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC142	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	0271	TLE	Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time.	Non-cardiac surgical patients who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time  Numerator Instructions: There must be documentation of order (written order, verbal order, or standing order/protocol) specifying that prophylactic antibiotic is to be discontinued within 24 hours of surgical end time OR specifying a course of antibiotic administration limited to that 24-hour period (e.g., to be given every 8 hours for three doses) OR documentation that prophylactic antibiotic was discontinued within 24 hours of surgical end time.	All non-cardiac surgical patients undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic	Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC143	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (when indicated in ALL patients)	0239	TLE	Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis given within 24 hours prior to incision time or 24 hours after surgery end time.	Surgical patients, who had an order for VTE prophylaxis (low molecular weight heparin (LMWH), low-dose unfractionated heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis) to be given within 24 hours prior to incision time or within 24 hours after surgery end time.	All surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients.	Documentation of medical reason(s) for patient not receiving any accepted form of VTE prophylaxis (LMWH, LDUH, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis) within 24 hours prior to incision time or 24 hours after surgery end time  Exclude patients for whom VTE prophylaxis was not ordered by reason of appropriate denominator exclusion. If using electronic data, exclude patients using the following code: Append a modifier (1P) to the CPT Category II code to report patients with documented circumstances that meet the denominator exclusion criteria.	Safety	AMA-PCPI (NCQA)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC144	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Pregnant women that had HBsAg testing	0608	Endorsed	This measure identifies pregnant women who had a HBsAg (hepatitis B) testing during their pregnancy	Did the patient have HBsAg testing (code set PR0149, LC0014, LC0025) during the following time period: 280 days prior to delivery (PRE-EPIS)?  Time Window: 280 days prior to a claim for a delivery procedure (code set PR0140, PR0141) AND the diagnosis is Full Term Delivery (code set DX0209)	See attached -Pregnancy Management ebm Algorithm for member demographics, build event, and member enrollment  Time Window: 365 days prior to the common report period end date	Patients with a diagnosis of hepatitis B are excluded from this measure if there is no claims-based evidence that the HBsAg test was done.	Effective prevention and treatment of illnesses	Ingenix	Population Characteristics	Maternal & Child Health
MUC145	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Preventive Care and Screening: Screening for High Blood Pressure		Not NQF Endorsed	Proportion of Adults 18 years and older who had their blood pressure measured within the preceding two years	TBD	TBD	TBD	Effective prevention and treatment of illnesses	CMS	Cardiovascular	Hypertension

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC146	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Primary Caries Prevention Intervention of Part of Well/III Child Care as Offered by Primary Care Medical Providers	1419	Endorsed	The measure will a) track the extent to which the PCMP or clinic (determined by the provider number used for billing) applies FV as part of the EPSDT examination and b) track the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year (more children varnished and more children receiving FV four times a year according to ADA recommendations for high-risk children).	The number of EPSDT examinations done with FV.	All high-risk children (Medicaid/CHIP-eligible) who receive an EPSDT examination from a provider (PCMP or clinic).	None	Best practices for healthy living	University of Minnesota	Population Characteristics	Maternal & Child Health
MUC147	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Prostate Cancer: Three Dimensional (3D) Radiotherapy	0388	TLE	Percentage of Patients, regardless of age with a diagnosis of clinically localized prostate cancer receiving external beam radiotherapy as a primary therapy to the prostate with or without nodal irradiation (no metastases; no salvage therapy) who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (MRT)	Patients who receive three-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT)	All patients with prostate cancer receiving external beam radiotherapy to the prostate only (no metastases)	None	Effective prevention and treatment of illnesses	AMA-PCPI	Cancer	Prostate

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC148	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	0510	Endorsed	Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time.	Final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	All final reports for procedures using fluoroscopy	None listed	Safety	AMA-PCPI (NCQA)	Diagnostic Imaging	
MUC149	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	0508	TLE	Percentage of final reports for screening mammograms that are classified as - "probably benign"-.	Final reports classified as ☐probably benign☐  Definition of probably benign☐ classification: MQSA assessment category of probably benign☐; BI-RADS® category 3; or FDA-approved equivalent assessment category*  *See enclosed document, -Crosswalk of Mammogram Assessment Categories,- for a list of equivalent categories	All final reports for screening mammograms	None listed	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Diagnostic Imaging	
MUC150	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Rheumatoid Arthritis (RA): Functional Status Assessment		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of RA for whom a functional status assessment was performed at least once within 12 months.	Patients for whom a functional status assessment was performed at least once within 12 months	All patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA)	None	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Musculoskeletal	Rheumatoid Arthritis

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC151	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Risk Assessment during Annual Wellness Visit		Not NQF Endorsed	Percentage of patients aged 65 years and older with during an annual wellness visit who underwent evidence-based assessment of risk for prevention or early detection of chronic disease.	TBD	TBD	TBD	Best practices for healthy living	CMS	Chronic & Elder Care	
MUC152	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Risk management resulting from Annual Wellness Visit		Not NQF Endorsed	Percentage of patients aged 65 years and older with an annual wellness visit whose risk was addressed during the measurement year based on evidence-based guidelines.	TBD	TBD	TBD	Best practices for healthy living	CMS	Chronic & Elder Care	
MUC153	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Screening for Clinical Depression	0418	Endorsed	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented.	Patient's screening for clinical depression is documented and follow up plan is documented.	All patients aged 12 years and older	A patient is not eligible if one or more of the following conditions exist: Patient refuses to participate Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status Situations where the patient's motivation to improve may impact the accuracy of results of nationally recognized standardized	Effective prevention and treatment of illnesses	CMS	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										depression assessment tools. For example: certain court appointed cases Patient was referred with a diagnosis of depression Patient has been participating in ongoing treatment with screening of clinical depression in a preceding reporting period Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example: cases such as delirium or severe cognitive impairment, where depression cannot be accurately assessed through use of nationally recognized standardized depression assessment tools.				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC154	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Stenosis Measurement in Carotid Imaging Studies	0507	Endorsed	Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.	Final carotid imaging study reports that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement  Definition: Direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement includes direct angiographic stenosis calculation based on the distal lumen as the denominator for stenosis measurement OR an equivalent validated method referenced to the above method (eg, for duplex ultrasound studies, velocity parameters that correlate the residual internal carotid lumen with methods based on the distal internal carotid lumen)	All final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed	None listed	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Diagnostic Imaging	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC155	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports		Not NQF Endorsed	Percentage of final reports for CT or MRI studies of the brain performed either: In the hospital within 24 hours of arrival, OR In an outpatient imaging center to confirm initial diagnosis of stroke, transient ischemic attack (TIA) or intracranial hemorrhage For patients aged 18 years and older with either a diagnosis of ischemic stroke(TIA) or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke, TIA or intracranial hemorrhage that includes documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction.	Final reports of the initial CT or MRI that include documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction	All final reports for CT or MRI studies of the brain performed either • In the hospital within 24 hours of arrival OR • In an outpatient imaging center to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage* For patients aged 18 years and older with either a diagnosis of ischemic stroke, TIA or intracranial hemorrhage OR at least one documented symptom consistent with ischemic stroke, TIA or intracranial hemorrhage	None	Effective prevention and treatment of illnesses	AMA-PCPI (NCQA)	Cerebrovascular	Stroke

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC156	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	0069	Endorsed	Percentage of children who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or three days after the episode date.	A dispensed prescription for antibiotic medication on or within 3 days after the Episode Date. The measure examines one eligible episode per patient. Antibiotic Medications (NCQA will provide a list of NDC codes for antibiotic medications on its website):	All children age 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year who had an outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) and an outpatient visit code.	None listed	Effective prevention and treatment of illnesses	NCQA	Respiratory	
MUC159	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Thorax CT: Use of Contrast Material	0513	Endorsed	This measure calculates the percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both).	<p>Thorax CT -- Use of combined studies (with and without contrast)</p> <p>The number of thorax CT studies with and without contrast (combined studies).</p> <p>Sum of global and technical units associated with CPT codes:</p> <p>71270 -- Thorax CT With and Without Contrast</p> <p>A technical unit can be identified by a modifier code of TC. A global unit can be identified by the absence of a TC or 26 modifier code.</p> <p>Thorax CT studies can be</p>	<p>Thorax CT -- Use of combined studies (with and without contrast)</p> <p>The number of thorax CT studies performed (with contrast, without contrast or both with and without contrast).</p> <p>Sum of global and technical units for CPT codes :</p> <p>71250 - Thorax Without Contrast</p> <p>71260 -- Thorax CT With Contrast</p> <p>71270 -- Thorax CT With and Without Contrast</p>	None listed	Affordable care	CMS	Diagnostic Imaging	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								<p>billed separately for the technical and professional components, or billed globally to include both the professional and technical components.</p> <p>Professional component claims will outnumber Technical component claims due to over-reads.</p> <p>To capture all outpatient and office volume, both office (typically paid under the MPFS) and facility claims (typically paid under the OP/PS/APC methodology) should be considered. In the absence of a TC or 26 modifier code, outpatient facility claims should be considered technical components and included in utilization.</p>						

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC157	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Age 65 Years and Older	0098	Endorsed	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	Patients who were assessed for the presence or absence of urinary incontinence within 12 months Definition: Urinary incontinence is defined as any involuntary leakage of urine.	All female patients aged 65 years and older	Documentation of medical reason(s) for not assessing for the presence or absence of urinary incontinence  Exclude patients for whom patient was not an eligible candidate for an assessment of the presence or absence of urinary incontinence by reason of appropriate exclusion.	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Renal & Genitourinary	Incontinence

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC158	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	0100	Endorsed	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.	<p>Patients with a documented plan of care for urinary incontinence at least once within 12 months</p> <p>Definition: Plan of care may include behavioral interventions (e.g., bladder training, pelvic floor muscle training, prompted voiding), referral to specialist, surgical treatment, reassess at follow-up visit, lifestyle interventions, addressing co-morbid factors, modification or discontinuation of medications contributing to urinary incontinence, or pharmacologic therapy.</p>	All female patients aged 65 years and older with a diagnosis of urinary incontinence	None listed	Effective prevention and treatment of illnesses	NCQA (AMA-PCPI)	Renal & Genitourinary	Incontinence

## Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC160	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-10 Discharged on Statin Medication	0639	Endorsed	Patients on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge. (same as #439 Stroke-6 measure, stratified for AMI patients)	Ischemic stroke patients prescribed statin medication at hospital discharge	Ischemic stroke patients with an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival	Patients less than 18 years of age; Patients who have a Length of Stay greater than 120 days; Patients with Comfort Measures Only documented; Patients enrolled in clinical trials; Patients admitted for Elective Carotid Intervention; Patients discharged to another hospital; Patients who expired; Patients who left against medical advice; Patients discharged to home for hospice care; Patients discharged to a health care facility for hospice care; Patients with a Reason For Not Prescribing Statin Medication at Discharge.	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Acute Myocardial Infarction
MUC161	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-1-Aspirin at arrival for acute myocardial infarction (AMI)	0132	Endorsed	Percentage of acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.	AMI patients who received aspirin within 24 hours before or after hospital arrival	AMI patients without aspirin contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61,	Exclusions: <18 years of age Transferred to another acute care hospital or federal hospital on day of or day after arrival Received in transfer from another hospital, including another	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Acute Myocardial Infarction

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									410.71, 410.81, 410.91)	emergency department Discharged on day of arrival Expired on day of or day after arrival Left against medical advice on day of or day after arrival Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant. One or more of the following aspirin contraindications/reasons for not prescribing aspirin documented in the medical record: oActive bleeding on arrival or within 24 hours after arrival; oAspirin allergy; oWarfarin/Coumadin as pre-arrival medication; or oOther reasons documented by physician, nurse practitioner, or physician assistant for not giving aspirin within 24 hours before or after hospital arrival				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC162	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-2-Aspirin Prescribed at Discharge for AMI	0142	Endorsed	Percentage of acute myocardial infarction (AMI) patients without aspirin contraindications who are prescribed aspirin at hospital discharge.	AMI patients who are prescribed aspirin at hospital discharge	AMI patients without aspirin contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)	Exclusions: <18 years of age Transferred to another acute care hospital or federal hospital Expired Left against medical advice Discharged to hospice Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant One or more of the following aspirin contraindications/reasons for not prescribing aspirin documented in the medical record: oAspirin allergy; oActive bleeding on arrival or during hospital stay; oWarfarin/Coumadin prescribed at discharge; or oOther reasons documented by physician, nurse practitioner, or physician assistant for not prescribing aspirin at discharge	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Acute Myocardial Infarction

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC163	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-3-ACEI or ARB for Left Ventricular Systolic Dysfunction- Acute Myocardial Infarction (AMI) Patients	0137	Endorsed	Percentage of acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) and without both Angiotensin converting enzyme inhibitor (ACEI) and Angiotensin receptor blocker (ARB) contraindications who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.	AMI patients who are prescribed an ACEI or ARB at hospital discharge	AMI patients (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91); with LVSD and without both ACEI and ARB contraindications and with chart documentation of a left ventricular ejection fraction (LVEF) < 40% or a narrative description of LVS function consistent with moderate or severe systolic dysfunction	Exclusions: <18 years of age Transferred to another acute care hospital or federal hospital Expired Left against medical advice Discharged to hospice Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant Chart documentation of participation in a clinical trial testing alternatives to ACEIs as first-line HF therapy One or more of the following ACEI contraindications/reasons for not prescribing ACEI documented in the medical record: Patients with BOTH a potential contraindication/reason for not prescribing an ACEI at discharge AND a potential contraindication/reason for not prescribing an ARB at discharge, as evidenced by one or more of the following:	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Acute Myocardial Infarction

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										<ul style="list-style-type: none"> <li>oACEI allergy AND ARB allergy;</li> <li>oModerate or severe aortic stenosis; or</li> <li>oPhysician, nurse practitioner, or physician assistant documentation of BOTH a reason for not prescribing an ACEI at discharge AND a reason for not prescribing an ARB at discharge</li> <li>oReason documented by physician, nurse practitioner, or physician assistant for not prescribing an ARB at discharge AND an ACEI allergy</li> <li>oReason documented by a physician, nurse practitioner, or physician assistant for not prescribing an ACEI at discharge AND an ARB allergy</li> </ul>				
MUC164	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-5-Beta Blocker Prescribed at Discharge for AMI	0160	Endorsed	Percentage of acute myocardial infarction (AMI) patients without beta blocker contraindications who are prescribed a beta blocker at hospital discharge.	AMI patients who are prescribed a beta blocker at hospital discharge	AMI patients without beta blocker contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31,	Exclusions <18 years of age Transferred to another acute care hospital or federal hospital Expired Left against medical advice	Effective prevention and treatment of illnesses	CMS	Cardiovascular	Acute Myocardial Infarction

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
									410.41, 410.51, 410.61, 410.71, 410.81, 410.91)	Discharged to hospice Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant One or more of the following beta blocker contraindications/reasons for not prescribing a beta blocker documented in the medical record: oBeta blocker allergy; oBradycardia (heart rate <60 beats per minute) on day of discharge or day prior to discharge while not on a beta blocker; oSecond or third degree heart block on ECG on arrival or during hospital stay and does not have a pacemaker; oOther reasons documented by a physician, nurse practitioner, or physician assistant for not prescribing a beta blocker at discharge				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC165	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-7a- Fibrinolytic Therapy received within 30 minutes of hospital arrival	0164	Endorsed	Percentage of acute myocardial infarction (AMI) patients receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less.	AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less	Principal diagnosis of AMI (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91); and ST segment elevation or LBBB on the ECG performed closest to hospital arrival; and fibrinolytic therapy within 6 hours after hospital arrival	Exclusions: <18 years of age Transferred from another acute care hospital including another emergency department Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant Patients who did not receive fibrinolytic therapy within 30 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Acute Myocardial Infarction

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC166	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	AMI-8a-Primary Percutaneous Coronary Intervention (PCI) within 90 minutes of Hospital Arrival	0163	Endorsed	Percentage of acute myocardial infarction (AMI) patients receiving percutaneous coronary intervention (PCI) during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less.	AMI patients whose time from hospital arrival to Percutaneous Coronary Intervention (PCI) is 90 minutes or less.	Principal discharge diagnosis of AMI (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91 and PCI: 00.66); and ST segment elevation or left bundle block (LBB) on the ECG performed closest to hospital arrival; and PCI performed within 24 hours after hospital arrival.	Exclusions: <18 years of age Received in transfer from another acute care hospital, including another emergency department Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant Patient administered fibrinolytic therapy PCI described as non-primary by physician, nurse practitioner, or physician assistant Patients who did not receive PCI within 90 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Acute Myocardial Infarction

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC167	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	ED-3 Description: Median time from ED arrival to ED departure for discharged ED patients.	0496	TLE	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	See denominator	Time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department	Patients less than 18 years of age and patients who expired in the emergency department	Effective prevention and treatment of illnesses; Safety	CMS	Health Services Administration	Quality Improvement/Quality Assurance
MUC168	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Elective Delivery Prior to 39 Completed Weeks Gestation Description: Percentage of babies electively delivered prior to 39 completed weeks gestation	0469	Endorsed	Percentage of babies electively delivered prior to 39 completed weeks gestation	Any baby electively delivered prior to 39 completed weeks gestation	All babies delivered at term (>or equal to 37 completed weeks gestation)	None listed	Best practices for healthy living	Hospital Corporation of America	Population Characteristics	Maternal & Child Health
MUC169	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Exclusive Breastfeeding at Hospital Discharge	0480	Endorsed	None listed. See numerator and denominator description	That proportion of the denominator that were fed by -breast only- since birth.	Livebirths not discharged from the NICU, who had newborn genetic screening performed (standard in California, with an opt out possibility.)	Infants in the NICU at time of newborn screen, TPN, other nutrition as defined below.	Effective prevention and treatment	California Maternal Quality Care Collaborative	Population Characteristics	Maternal & Child Health
MUC170	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	First NICU Temperature < 36 degrees C	0482	Endorsed	Percent of all NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU and was below 36 degrees Centigrade.	All NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU and was <36 degrees C	All NICU admissions with a birth weight of 501-1500g whose first temperature was measured within one hour of admission to the NICU.	Outborn infants admitted more than 28 days after birth; outborn infants who had been home prior to admission; infants without temperature taken within 1 hour of NICU admission	Effective prevention and treatment	Vermont Oxford Network	Population Characteristics	Maternal & Child Health

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC171	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	First temperature measured within one hour of admission to the NICU	0481	Endorsed	Percent of NICU admissions with a birth weight of 501-1500g with a first temperature taken within 1 hour of NICU admission.	Infants 501 to 1500 grams with first temperature taken within 1 hr of NICU admission	NICU admissions with BW 501 to 1500 grams	Outborn infants admitted more than 28 days after birth; outborn infants who had been home prior to admission	Effective prevention and treatment	Vermont Oxford Network	Population Characteristics	Maternal & Child Health
MUC172	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Global Immunization for Influenza (in NQF process)		Not NQF Endorsed	Acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. The numerator captures two activities: screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to the vaccine, patients who were offered and declined the vaccine and patients who received the vaccine during the current year's influenza season but prior to the current hospitalization are captured as numerator events.	Inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated.	Acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February or March.	Patients less than 6 months of age Patients who expire prior to hospital discharge Patients with an organ transplant during the current hospitalization Patients with hospital discharges Oct 1 through March 31 when the provider's vaccine supply is on order but provider has not yet been received	Best practices for healthy living	CMS	Immunizations	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC173	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Global Immunization for Pneumonia (in NQF process)		Not NQF Endorsed	Acute care hospitalized inpatients 65 years of age and older (IMM-1b) AND inpatients aged between 6 and 64 years (IMM-1c) who are considered high risk and were screened for receipt of 23-valent pneumococcal polysaccharide vaccine (PPV23) and were vaccinated prior to discharge if indicated. The numerator captures two activities; screening and the intervention of vaccine administration when indicated. As a result, patients who had documented contraindications to PPV23, patients who were offered and declined PPV23 and patients who received PPV23 anytime in the past are captured as numerator events.	Inpatient discharges who were screened for PPV23 status and received PPV23 prior to discharge, if indicated	Inpatient discharges 65 years of age and older, and 6 through 64 years of age who have a high risk condition.	Patients less than 6 years of age Patients who expire prior to hospital discharge Patients who are pregnant Patients with an organ transplant during the current hospitalization	Best practices for healthy living	CMS	Immunizations	

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC174	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Healthy Term Newborn	0716	Endorsed	Description: Percent of term singleton livebirths (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care.	The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant.	The denominator is composed of singleton, term (>=37 weeks), inborn, livebirths in their birth admission. The denominator further has eliminated fetal conditions likely to be present before labor. Maternal and obstetrical conditions (e.g. hypertension, prior cesarean, malpresentation) are not excluded unless evidence of fetal effect prior to labor (e.g. IUGR/SGA).	Denominator exclusions: multiple gestations, preterm, congenital anomalies or fetuses affected by selected maternal conditions.	Safety	California Maternal Quality Care Collaborative	Population Characteristics	Maternal & Child Health
MUC175	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Hearing screening prior to hospital discharge (EHD-1a)	1354	Endorsed	This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge	Numerator contains all live births during the measurement time period born at a facility and screened for hearing loss prior to discharge.	All live births during the measurement time period born at a facility and discharged without being screened OR screened prior to discharge.	Patient deceased prior to discharge and without being screened, parental refusal, or not performed due to medical exclusion.	Effective prevention and treatment of illnesses	CDC	Population Characteristics	Maternal & Child Health

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC176	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	HF-1 Heart Failure (HF): Detailed Discharge Instructions	0136	Endorsed	Percentage of heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.	HF patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing all of the following: 1.activity level 2.diet 3.discharge medications 4.follow-up appointment 5.weight monitoring 6.what to do if symptoms worsen	HF patients discharged home (ICD-9-CM principal diagnosis of HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9); and a discharge to home or home care	Exclusions: <18 years of age Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-9-CM principal diagnosis of LVAD and Heart Transplant: 33.6, 37.51, 37.52, 37.53, 37.54, 37.62, 37.63, 37.64, 37.65, 37.66, 37.68)	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Heart Failure
MUC177	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	HF-2 & HF-3 to be combined into a single new measure.		Not NQF Endorsed	New measure will combine HF-2 that looks at left ventricular function assessment, and HF-3 that looks at prescribing ACE-I or ARB for LVSD.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Heart Failure

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC178	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Home Management Plan of Care Document Given to Patient/Caregiver	0338	Endorsed	Documentation exists that the Home Management Plan of Care (HMPC) as a separate document, specific to the patient, was given to the patient/caregiver, prior to or upon discharge.	Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care Elements(HMPC) document that addresses all of the following: Appointment for follow-up care; Environmental control and control of other triggers; Method and timing of rescue actions; Use of controllers; and Use of relievers.	Pediatric asthma inpatients discharged home, ICD-9-CM Principal Diagnosis Code of asthma (refer to Appendix A, Table 6.1) Pediatric asthma inpatient discharges age 2 through 17 years Pediatric asthma inpatients discharged to home	Pediatric asthma inpatients ages 2 years old or 18 years or greater, pediatric asthma inpatients discharged to settings other than home	Communication and care coordination	The Joint Commission	Health Services Administration	Patient Education

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC179	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Neonatal Immunization	0485	Endorsed	Percent of neonates with a length of stay greater than 60 days receiving DPT, Hepatitis B, Polio, Hib, and PCV immunizations in adherence with current guidelines.	Patients from the denominator receiving the following immunizations according to current AAP guidelines: - DPT (DTP, DPT, DtaP, DTw-P-HbOC, DTwP-HIB, Acel-Imune, Tripedia, Infanrix, Tetramune [DTPH], Tripedia/ActHIB, TriHIBit, Certiva, Immunol) - HepB (Comvax, Recombivax HB, Engerix-B) - Polio (IPOL, IPV, OPV, Orimune, Poliovax) - Hib (PedvaxHIB, HibTITER, ProHIBit [PRP-D], Tetramune [DTPH], Tripedia/ActHIB, TriHIBit, ActHIB, OmniHIB [PRP-T], Comvax) - PCV (Pneumovax, Pnu-Imune).	Neonates with a length of stay greater than 60 days.	Documented parent refusal and mortalities. The developer recommends that the measure be suspended when there are vaccine shortages rather than including vaccine unavailability as an exclusion.	Best practices for healthy living	Child Health Corporation of America	Immunizations	Child/Adolescent Immunization
MUC180	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	PICU Pain Assessment on Admission	0341	Endorsed	Percentage of PICU patients receiving: a. Pain assessment on admission, b. Periodic pain assessment.	Number of patients who are assessed for pain on admission to the PICU	Total number of patients in the PICU  PICU patients <18 yrs of age	None listed	Effective prevention and treatment of illnesses	National Association of Children's Hospitals and Related Institutions	Pain	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC181	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	PICU Periodic Pain Assessment	0342	Endorsed	Percentage of PICU patients receiving: a. Pain assessment on admission, b. Periodic pain assessment.	Number of PICU patients who are assessed for pain at a minimum of every six hours	Total number of patients in the PICU  PICU patients <18 yrs of age	None listed	Effective prevention and treatment of illnesses	National Association of Children's Hospitals and Related Institutions	Pain	
MUC182	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	PN-3b-Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	0148	Endorsed	Percentage of pneumonia patients 18 years of age and older who have had blood cultures performed in the emergency department prior to initial antibiotic received in hospital.	Number of pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics	Pneumonia patients 18 years of age and older who have an initial blood culture collected in the emergency department (ICD-9-CM principal diagnosis code of 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0 [pneumonia]; or ICD-9-CM principal diagnosis code of 038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9 [septicemia] or 518.81, 518.84 [acute or chronic respiratory failure], and a secondary diagnosis code of pneumonia)	Received in transfer from another acute care or critical access hospital, including another emergency department No working diagnosis of pneumonia at the time of admission Receiving comfort measures only <18 years of age Do not receive antibiotics or a blood culture No chest x-ray or CT scan that indicated positive infiltrate within 24 hours prior to hospital arrival or anytime during this hospitalization	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Respiratory	Pneumonia

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC183	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	PN-6- Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	0147	Endorsed	Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP).	Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of hospitalization	Pneumonia patients 18 years of age or older (ICD-9-CM principal diagnosis code of 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0 [pneumonia]; or ICD-9-CM principal diagnosis code of 038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9 [septicemia] or 518.81, 518.84 [acute or chronic respiratory failure], and a secondary diagnosis code of pneumonia)	Received in transfer from another acute care or critical access hospital, including another emergency department No working diagnosis of pneumonia at the time of admission Receiving comfort measures only Do not receive antibiotics during the hospitalization or within 36 hours (2160 minutes) after arrival at the hospital Compromised as defined in data dictionary (i.e., documentation that the patient had (1) any of the following compromising conditions: HIV positive, AIDS, cystic fibrosis, systemic chemotherapy within last three months, systemic immunosuppressive therapy within the past three months, leukemia documented in the past three months, lymphoma documented in the past three months, radiation	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Respiratory	Pneumonia

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										therapy in the past three months; (2) a prior hospitalization within 14 days [the patient was discharged from an acute care facility for inpatient care to a non-acute setting"home, SNF, ICF, or rehabilitation hospital"before the second admission to the same or different acute care facility]) and abstraction guidelines With healthcare associated pneumonia as defined in data dictionary (i.e., presence of at least one of the following: (1) hospitalization for 2 days within the last 90 calendar days; (2) residence in a nursing home or extended care facility for any amount of time within the last 90 days; (3) chronic dialysis within the last 30 days; (4) wound care provided by a health care professional within the last 30 days) and abstraction guidelines Involved in protocols or clinical trials				

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										No chest x-ray or CT scan that indicated positive infiltrate within 24 hours prior to hospital arrival or anytime during this hospitalization				
MUC184	Measure under consideration	1	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth	0484	Endorsed	Number of infants 22 to 29 weeks gestation treated with surfactant within 2 hours of birth.	Number of infants 22 to 29 weeks gestation treated with surfactant within 2 hours of birth	Number of infants 22 to 29 weeks gestation treated with surfactant at any time	Outborn infants admitted after 28 days; outborn infants who had previously been home.	Effective prevention and treatment	Vermont Oxford Network	Population Characteristics	Maternal & Child Health
MUC185	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-CAR-2 Surgery Patients on a Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period	0284	Endorsed	Percentage of patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period.	Surgery patients on beta blocker therapy prior to admission who receive a beta blocker during the perioperative period	All surgery patients on beta blocker therapy prior to admission	Patients less than 18 years of age, Patients who did not receive beta blockers due to contraindications as documented in the medical record, Patients whose ICD-9-CM principal procedure occurred prior to the date of admission. Patients whose ICD-9-CM principal procedure was performed entirely by laparoscope. Patients who expired during the perioperative period. Pregnant patients taking a beta-blocker prior to admission.	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC186	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	0527	Endorsed	Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours	Surgical patients who received prophylactic antibiotics within 1 hour of surgical incision (2 hours if receiving vancomycin)	Number of surgical patients with: CABG (ICD-9-CM procedure codes 36.10-36.14, 36.19, 36.15-36.17, 36.2), other cardiac surgery (35.0-35.95, 35.98, 35.99), colon surgery (45.00, 45.03, 45.41, 45.49, 45.50, 45.7-45.90, 45.92-45.95, 46.03, 46.04, 46.1-46.14, 46.52, 46.75, 45.76, 46.91, 46.92, 46.94, 48.5, 48.6-48.69), hip arthroplasty (81.51, 81.52), knee arthroplasty (81.54), abdominal hysterectomy (68.3, 68.4,	Principal or admission diagnosis suggestive of pre-operative infectious disease oInfectious diseases (001.0-139.8) oMeningitis (320.0-326) oEar infection (380.0-380.23; 382.0-382.20) oEndocarditis (421.0-422.99) oRespiratory (460-466.19; 472-476.1; 480-487.8; 490-491.9; 510-511.9; 513-513.1) oDigestive (540-542;	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							prior to incision time.		68.6), vaginal hysterectomy (68.5-68.59, 68.7), or vascular surgery (38.34, 38.36, 38.37, 38.44, 38.48, 38.49, 38.51, 38.52, 38.64, 38.14, 38.16, 38.18, 39.25, 39.26, 39.29)	575.0) oRenal (590-590.9; 595.0) o Prostate (601.0-601.9) o Gynecologic (614-614.9; 616-616.4) o Skin (680-686.9) o Musculo-skeletal (711.9-711.99, 730-730.99) o Fever of unknown origin (780.6) o Septic shock (785.59) o Bacteremia (790.7) o Viremia (790.8) Receiving antibiotics at the time of admission (except colon surgery patients taking oral prophylactic antibiotics) Medical records do not include antibiotic start date/time or incision date/time Receiving antibiotics more than 24 hours prior to surgery (except colon surgery patients taking oral prophylactic antibiotics) Colon surgery patients who received oral prophylactic antibiotics only				

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC187	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-INF-2-Prophylactic Antibiotic Selection for Surgical Patients	0528	Endorsed	Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	Surgical patients who received recommended prophylactic antibiotics for specific surgical procedures	Number of surgical patients with: CABG (ICD-9-CM procedure codes 36.10-36.14, 36.19, 36.15-36.17, 36.2), other cardiac surgery (35.0-35.95, 35.98, 35.99), colon surgery (45.00, 45.03, 45.41, 45.49, 45.50, 45.7-45.90, 45.92-45.95, 46.03, 46.04, 46.1-46.14, 46.52, 46.75, 45.76, 46.91, 46.92, 46.94, 48.5, 48.6-48.69), hip arthroplasty (81.51, 81.52), knee arthroplasty (81.54), abdominal hysterectomy (68.3, 68.4, 68.6), vaginal hysterectomy (68.5-68.59, 68.7), or vascular surgery (38.34-38.36, 38.37, 38.44, 38.48, 38.49, 38.51, 38.52, 38.64, 38.14, 38.16, 38.18, 39.25, 39.26, 39.29)	pre-operative infectious disease oInfectious diseases (001.0-139.8) oMeningitis (320.0-326) oEar infection (380.0-380.23; 382.0-382.20) oEndocarditis (421.0-422.99) oRespiratory (460-466.19; 472-476.1; 480-487.1; 490-491.9; 510-511.9; 513-413.1) oDigestive (540-542; 575.0) oRenal (590-590.9; 595.0) oProstate (601.0-601.9) oGynecologic (614-614.9; 616-616.4) oSkin (680-686.9) oMusculo-skeletal (711.9-711.99, 730.0-730.99) oFever of unknown origin (780.6) oSeptic shock (785.59) oBacteremia (790.7) oViremia (790.8) Receiving antibiotics at the time of admission (except colon surgery patients taking oral prophylactic antibiotics) Medical records do not include antibiotic start date/time or incision	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										date/time, or surgery end date/time Receiving antibiotics > 24 hours prior to surgery (except colon surgery patients taking oral prophylactic antibiotics) No antibiotics received before or during surgery, or within 24 hours after surgery end time (i.e., patient did not receive any prophylactic antibiotics) No antibiotics received during the hospitalization				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC188	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-INF-3- Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	0529	Endorsed	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after Anesthesia End Time. The Society of Thoracic Surgeons (STS) Practice Guideline for Antibiotic Prophylaxis in Cardiac Surgery (2006) indicates that there is no reason to extend antibiotics beyond 48 hours for cardiac surgery and very explicitly states that antibiotics should not be extended beyond 48 hours even with tubes and drains in place for cardiac surgery.	Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after surgery end time	Number of surgical patients with: CABG (ICD-9-CM procedure codes 36.10-36.14, 36.19, 36.15-36.17, 36.2), other cardiac surgery (35.0-35.95, 35.98, 35.99), colon surgery (45.00, 45.03, 45.41, 45.49, 45.50, 45.7-45.90, 45.92-45.95, 46.03, 46.04, 46.1-46.14, 46.52, 46.75, 45.76, 46.91, 46.92, 46.94, 48.5, 48.6-48.69), hip arthroplasty (81.51, 81.52), knee arthroplasty (81.54), abdominal hysterectomy (68.3, 68.4, 68.6), vaginal hysterectomy (68.5-68.59, 68.7), or vascular surgery (38.34, 38.36, 38.37, 38.44, 38.48, 38.49, 38.51, 38.52, 38.64, 38.14, 38.16, 38.18, 39.25, 39.26, 39.29)	Principal or admission diagnosis suggestive of pre-operative infectious disease oInfectious diseases (001.0-139.8) oMeningitis (320.0-326) oEar infection (380.0-380.23; 382.0-382.20) oEndocarditis (421.0-422.99) oRespiratory (460-466.19; 472-476.1; 480-487.1; 490-491.9; 510-511.9; 513-513.1) oDigestive (540-542; 575.0) oRenal (590-590.9; 595.0) oProstate (601.0-601.9) oGynecologic (614-614.9; 616-616.4) oSkin (680-686.9) oMusculo-skeletal (711.9; 711.99; 730.0-730.99) oFever of unknown origin (780.6) oSeptic shock (785.59) oBacteremia (790.7) oViremia (790.8) Receiving antibiotics at the time of admission (except colon surgery patients taking oral prophylactic antibiotics); Medical records do not	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										include antibiotic start date/time, incision date/time, antibiotic end date/time, surgery end date/time; Receiving antibiotics > 24 hours prior to surgery (except colon surgery patients taking oral prophylactic antibiotics); No antibiotics received before or during surgery, or within 24 hours after surgery end time (i.e., patient did not receive any prophylactic antibiotics); Diagnosed with and treated for infections within two days after surgery date No antibiotics received during hospitalization				

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC189	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-INF-4-Cardiac Patients with Controlled 6 AM Postoperative Serum Glucose	0300	Endorsed	Percentage of cardiac surgery patients with controlled 6 a.m. serum glucose ( $\leq 200$ mg/dl) on postoperative day (POD) 1 and POD 2.	Surgery patients with controlled 6a.m. serum glucose ( $\leq 200$ mg/dl) on postoperative day (POD) 1 and POD 2	Cardiac surgery patients with no evidence of prior infection  Include patients with an ICD-9-CM Principle Procedure code or ICD-9-CM Other Procedure codes of selected surgeries AND an ICD-9-CM for ICD-9-CM codes Principle Procedure code or ICD-9-CM Other Procedure codes of selected surgeries	Exclude the following patients: principle or admission diagnosis suggestive of preoperative infectious diseases; less than 18 years of age; physician documented infection prior to surgical procedure of interest; and burn patients or transplant patients.	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care
MUC190	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-INF-6-Surgery patients with appropriate hair removal	0301	Endorsed	Percentage of surgery patients with surgical hair site removal with clippers or depilatory or no surgical hair site removal.	Surgery patients with surgical hair site removal with clippers or depilatory or no surgical site hair removal	All selected surgery patients  Include patients with an ICD-9-CM Principal Procedure code or ICD-9-CM Other Procedure Codes of selected surgeries.	Exclude the following patients: less than 18 years of age; performed their own hair removal; and patients whose mode of hair removal could not be determined.	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC191	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-INF-9- Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero.	0453	Endorsed	Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero.	Number of surgical patients whose urinary catheter is removed on POD1 or POD2 with day of surgery being day zero.	All selected surgical patients with a catheter in place postoperatively.	Patients less than 18 years of age Patients who have a length of Stay >120 days Patients whose ICD-9-CM principal procedure was performed entirely by laparoscope Patients enrolled in clinical trials Patients whose ICD-9-CM principal procedure occurred prior to the date of admission Patients who had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for CABG or Other Cardiac Surgery) prior to or after the procedure of interest (during separate surgical episodes) during this hospital stay Patients who had a suprapubic catheter or had intermittent catheterization preoperatively. Patients who did not have a catheter in place postoperatively. Patients who had a urologic procedure	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										performed during the same episode as the ICD-9-CM principal procedure Patients with physician/advanced practice nurse/physician assistant (physician/APN/PA) documented infection prior to surgical procedure of interest.				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC192	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 hours Prior to Surgery to 24 Hours After Surgery End Time	0218	Endorsed	Percentage of surgery patients who received appropriate Venous Thromboembolism (VTE) prophylaxis within 24 hours prior to surgery to 24 hours after surgery end time.	Surgery patients who received appropriate VTE prophylaxis within 24 hours prior to Surgical Incision Time to 24 hours after Surgery End Time	All selected surgery patients	Patients who are less than 18 years of age. Patients with procedures performed entirely by laparoscope. Patients whose total surgery time is less than or equal to 30 minutes. Patients who stayed less than or equal to 24 hours postoperatively. Burn Patients (Refer to Specifications Manual, National Healthcare Quality Measures, Appendix A, Table 5.14 for ICD-9-CM codes) Patients who are on warfarin prior to admission Patients with contraindications to both mechanical and pharmacological prophylaxis Patients whose ICD-9-CM Principal Procedure occurred prior to the date of admission	Safety	CMS (The Joint Commission)	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC193	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Stroke-1 Venous Thromboembolism (VTE) Prophylaxis	0434	Endorsed	Ischemic or a hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.	Ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given on the day of or the day after hospital admission.	Ischemic or hemorrhagic stroke patients	Patients less than 18 years of age; Patients who have a Length of Stay less than 2 days; Patients who have a Length of Stay greater than 120 days; Patients with Comfort Measures Only documented on day of or day after hospital arrival; Patients enrolled in clinical trials; Patients admitted for Elective Carotid Intervention.	Effective prevention and treatment of illnesses	The Joint Commission	Cerebrovascular	Stroke

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC194	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Use of relievers for inpatient asthma	0143	Endorsed	Description: Percentage of pediatric asthma inpatients, age 2-17, who were discharged with a principal diagnosis of asthma who received relievers for inpatient asthma	Pediatric asthma inpatients who received relievers during hospitalization	Pediatric asthma inpatients (age 2 -- 17 years) who were discharged with a principal diagnosis of asthma (ICD-9-CM principal diagnosis code of 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.90, 493.91, 493.92 )  Stratified as follows: - age 2 years through 17 years - Overall Rate - age 2 years through 4 years - age 5 years through 12 years - age 13 years through 17 years	Age < 2 years of age Age >17 years of age Pediatric patients for whom use of relievers is contraindicated	Effective prevention and treatment of illnesses	The Joint Commission	Respiratory	Asthma

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC195	Measure under consideration	2	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Use of systemic corticosteroids for inpatient asthma	0144	Endorsed	Percentage of pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma who received systemic corticosteroids for inpatient asthma	Pediatric asthma inpatients who received systemic corticosteroids during hospitalization	Pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma (ICD-9-CM principal diagnosis code of 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.90, 493.91, 493.92)  Stratified as follows: - age 2 years through 17 years - Overall Rate - age 2 years through 4 years - age 5 years through 12 years - age 13 years through 17 years	None listed	Effective prevention and treatment of illnesses	The Joint Commission	Respiratory	Asthma
MUC196	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Venous Thromboembolism (VTE)-1 VTE prophylaxis	0371	Endorsed	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.	Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: ? the day of or the day after hospital admission ? the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission	All patients Inclusions: Not applicable	Patients: Patients less than 18 years of age Patients who have a length of stay (LOS) < two days and > 120 days Patients with Comfort Measures Only documented Patients enrolled in clinical trials Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Venous Thromboembolism

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
										hospital admission with ICU LOS = one day Patients with ICD-9-CM Principal Diagnosis Code of Mental Disorders or Stroke as defined in Appendix A, Table 7.01, 8.1 or 8.2 Patients with ICD-9-CM Principal or Other Diagnosis Codes of Obstetrics or VTE as defined in Appendix A, Table 7.02, 7.03 or 7.04 Patients with ICD-9-CM Principal Procedure Code of Surgical Care Improvement Project (SCIP) VTE selected surgeries as defined in Appendix A, Tables 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24				

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC197	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	VTE Patients Unfractionated Heparin (UFH) Dosages/Platelet Count Monitoring by Protocol (or Nomogram) Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitored by Protocol (or Nomogram)	0374	Endorsed	This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	Patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.	Patients with confirmed VTE receiving IV UFH therapy  Included Populations: ICD-9-CM Principal or Other Diagnosis Codes of VTE as defined in Appendix A, Table 7.03 or 7.04	Patients:  Patients less than 18 years of age Patients who have a length of stay > 120 days Patients with Comfort Measure Only documented Patients enrolled in clinical trials Patients without UFH Therapy Administration Patients without VTE confirmed by diagnostic testing	Effective prevention and treatment of illnesses	CMS (The Joint Commission)	Cardiovascular	Venous Thromboembolism
MUC198	Measure under consideration	3	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	VTE-5 VTE discharge instructions	0375	Endorsed	This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, or home hospice on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.	Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: 1. compliance issues 2. dietary advice 3. follow-up monitoring 4. potential for adverse drug reactions and interactions	Patients with confirmed VTE discharged on warfarin therapy Included Populations: ? Discharges with an ICD-9-CM Principal or Other Diagnosis Codes of VTE as defined in Appendix A, Table 7.03 or 7.04 ? Discharged to home ? Discharged to home with home health ? Discharged to home hospice	Patients less than 18 years of age Patients who have a length of stay > 120 days Patients enrolled in clinical trials Patients without Warfarin Prescribed at Discharge Patients without VTE confirmed by diagnostic testing	Communication and care coordination	CMS (The Joint Commission)	Cardiovascular	Venous Thromboembolism

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC199	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Accurate Diagnosis: Distinguishing Viral Vs. Bacterial Sinusitis at Initial Visit		Not NQF Endorsed	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis, whose symptoms were assessed (history and physical exam) AND symptoms were classified as either viral sinusitis or acute bacterial sinusitis at the time of diagnosis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	
MUC200	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis		Not NQF Endorsed	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 7 days of diagnosis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC201	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement ;[DRAFT]: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis		Not NQF Endorsed	Percentage of patients, aged 18 years and over with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, without clavulante, as a first line antibiotic at the time of diagnosis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	
MUC202	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement ;[DRAFT]: Adult Sinusitis: Appropriate Diagnostic Testing for Chronic Sinusitis		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had either a CT scan or nasal endoscopy of the paranasal sinuses ordered at the time of diagnosis or received within 90 days of initial diagnosis of chronic sinusitis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC203	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Computerized Tomography for Acute Sinusitis		Not NQF Endorsed	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	
MUC204	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered at the time of diagnosis or received within a 90 day period after date of diagnosis	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC205	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Multiple Antibiotics Prescribed for Acute Bacterial Sinusitis		Not NQF Endorsed	Percentage of patients, aged 18 years and older, with a diagnosis of acute bacterial sinusitis, on an initial antibiotic, whose antibiotic prescriptions were changed before 5 days of use.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	
MUC206	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Plain Film Radiography for Acute Sinusitis		Not NQF Endorsed	Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who had a plain film radiography of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC207	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement: Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	0655	Endorsed	Percentage of patients aged 2 months through 12 years with a diagnosis of OME were not prescribed or recommended to receive either antihistamines or decongestants	Patients who were not prescribed or recommended to receive either antihistamines or decongestants	All patients aged 2 months through 12 years with a diagnosis of OME	Documentation of medical reason(s) for prescribing or recommending to receive either antihistamines or decongestants	Affordable care	AMA-PCPI	Ears, Nose, and Throat	
MUC208	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement: Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	0656	Endorsed	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids	Patients who were not prescribed systemic corticosteroids	All patients aged 2 months through 12 years with a diagnosis of OME	Documentation of medical reason(s) for prescribing systemic corticosteroids	Affordable care	AMA-PCPI	Ears, Nose, and Throat	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC209	Measure under consideration	2	Physician Quality Reporting System	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement:[DRAFT]: Adult Sinusitis: Watchful Waiting for Acute Bacterial Sinusitis: Initial Observation Without Antibiotics for Patients With Mild Illness		Not NQF Endorsed	Percentage of patients, aged 18 years and older, with a diagnosis of acute bacterial sinusitis who have mild illness, who were initially managed by observation without the use of antibiotics for up to 7 days after date of diagnosis.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Ears, Nose, and Throat	
MUC210	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Assessment of Patient History		Not NQF Endorsed	Percentage of patients undergoing a total knee replacement who had a history completed within one year prior to the procedure that included all of the following: onset and duration of symptoms, location and severity of pain, activity limitations, and prior treatments	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Surgery	Orthopedic

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC211	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Coordination of Post Discharge Care		Not NQF Endorsed	Percentage of patients undergoing total knee replacement who received written instructions for post discharge care including all the following: post discharge physical therapy, home health care, post discharge DVT prophylaxis and follow-up physician visits	TBD	TBD	TBD	Communication and care coordination	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Surgery	Orthopedic
MUC212	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Identification of Implanted Prosthesis in Operative Report		Not NQF Endorsed	Percentage of patients undergoing total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of prosthetic implant and the size of prosthetic implant	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Surgery	Orthopedic

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC213	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Physical Examination		Not NQF Endorsed	Percentage of patients undergoing a total knee replacement who had a physical examination completed within one year prior to the procedure that included all of the following: gait, knee range of motion, presence or absence of deformity of the knee, stability of the knee, neurologic status, vascular status, skin, and height and weight	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Surgery	Orthopedic
MUC214	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Preoperative Antibiotic Infusion with Proximal Tourniquet		Not NQF Endorsed	Percentage of patients undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Surgery	Orthopedic
MUC215	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Radiographic Evidence of Arthritis		Not NQF Endorsed	Percentage of patients with radiographic evidence of arthritis within one year prior to the procedure	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Musculoskeletal	Arthritis

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC216	Measure under consideration	2	Physician Quality Reporting System	American Association of Hip and Knee Surgeons DRAFT: Venous Thromboembolic and Cardiovascular Risk Evaluation		Not NQF Endorsed	Percentage of patients undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including history of DVT, PE, MI, arrhythmia and stroke	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Association of Hip and Knee Surgeons (as part of AMA-PCPI)	Surgery	Orthopedic
MUC217	Measure under consideration	2	Physician Quality Reporting System	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (tPA) Considered (Paired Measure)		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke who arrive at the hospital within 4.5 Hour of time last known well who were considered for t-PA administration	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cerebrovascular	Stroke

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC218	Measure under consideration	2	Physician Quality Reporting System	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Blood Pressure Management		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack within three months of ambulatory visit with a blood pressure < 140/90 mmHg OR patients with a blood pressure ≥ 140/90 mmHg and prescribed 2 or more anti-hypertensive agents during the most recent visit during the measurement period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cerebrovascular	Stroke
MUC219	Measure under consideration	2	Physician Quality Reporting System	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Imaging for Transient Ischemic Attack or Ischemic Stroke		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of transient ischemic attack (TIA) or ischemic stroke for whom cross sectional imaging of the brain and imaging of the cervical cerebral vasculature, which at a minimum includes imaging of the carotid artery, was performed within 24 hours of admission for an inpatient stay OR within 72 hours of suspected TIA or ischemic stroke for an outpatient visit	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cerebrovascular	Stroke

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC220	Measure under consideration	2	Physician Quality Reporting System	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Lipid Management		Not NQF Endorsed	Percentage of patients aged 18 years and older with diagnosis of ischemic stroke who have a most recent LDL-C of $\geq 100$ mg/dL, OR LDL-C not measured, OR who were on a lipid-lowering medication prior to hospital arrival who were prescribed statin therapy at hospital discharge	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cerebrovascular	Stroke

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC221	Measure under consideration	2	Physician Quality Reporting System	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure)		Not NQF Endorsed	Percentage of all patients aged 18 years and older with a diagnosis of ischemic stroke who present within two hours of time last known well and who are eligible for t-PA, for whom t-PA was initiated within three hours of time last known well	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cerebrovascular	Stroke
MUC222	Measure under consideration	2	Physician Quality Reporting System	American Board of Internal Medicine: Diabetes Composite		Not NQF Endorsed	Consists of 10 Measures: Measure 1. Hemoglobin A1C (HbA1c) Poor Control: Percentage of patients 18 - 75 years of age who had most recent HbA1c level in poor control (greater than 9.0%). Measure 2. Hemoglobin A1C (HbA1c): Percentage of patients 18 - 75 years of age who had most recent HbA1c level under control (at goal). Measure 3. Blood Pressure	Measure 1. The number of the eligible patients from the Chart Review who: 1) had most recent HbA1c results during the 12-month abstraction period or one month prior to the abstraction period greater than 9.0% with date and value of the test documented OR 2) did NOT have test done during the 12-month	The number of the eligible patients from the Chart Review.	Measure 8. Exclude patients with amputation of both legs or feet. Measure 9. Exclude patients with diagnosis of end-stage renal disease (ESRD).	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Diabetes	

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							<p>Poor Control:Percentage of patients 18 - 75 years of age who had most recent blood pressure in poor control (greater than or equal to 140/90 mm Hg).                      Measure 4. Blood Pressure Superior Control:Percentage of patients 18 - 75 years of age who had most recent blood pressure under superior control (less than 130/80 mm Hg).                      Measure 5. LDL Poor Control: Percentage of patients 18 - 75 years of age who had most recent LDL level under poor control (greater than or equal to 130 mg/dl).                      Measure 6. LDL Superior Control: Percentage of patients 18 - 75 years of age who had most recent LDL level under superior control (less than 100 mg/dl)                      Measure 7. Ophthalmologic exam: Percentage of patients 18 - 75 years of age who had an eye screening exam for diabetic retinal disease over the reporting period.                      Measure 8: Podiatry Exam: Percentage of patients 18 - 75 years of age who had a</p>	<p>abstraction period or one month prior to the abstraction period                      OR                      3) did NOT have a result documented.                      Measure 2. The number of the eligible patients from the Chart Review whose most recentHbA1c result during the 12-month abstraction period or one month prior to the abstraction period was:                      1) less than 8.0% for patients who were aged 65 and over, OR had clinical cardiovascular disease (including coronary heart disease, cerebrovascular disease, and peripheral artery disease), OR had end-stage renal disease, OR had significant loss of vision or blindness                      2) less than 7.0% for other patients with date and value of the test documented.                      Measure 3. The number of the eligible patients from the Chart Review who:                      1) had most recent systolic blood pressure greater than or equal to 140 mm</p>						

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							<p>foot exam performed over the reporting period.</p> <p>Measure 9.Nephropathy Assessment for Eligible Patients: Percentage of patients 18 - 75 years of age who had a screening for nephropathy or medical attention for nephropathy (ACE/ARB therapy) documented over the reporting period.</p> <p>Measure 10. Smoking Status and Cessation Advice and Treatment: Percentage of patients 18 - 75 years of age who had documentation of smoking status and if patient is a smoker, received cessation counseling or treatment over the reporting period.</p>	<p>Hg or diastolic blood pressure greater than or equal to 90 mm Hg during the 12-month abstraction period or one month prior to the abstraction period, with date and value of the measurement documented</p> <p>OR</p> <p>2) did NOT have blood pressure measurement done during the 12-month abstraction period or one month prior to the abstraction period</p> <p>OR</p> <p>3) did NOT have a result of the most recent blood pressure measurement documented.</p> <p>Measure 4. The number of the eligible patients from the Chart Review who had most recent blood pressure result during the 12-month abstraction period or one month prior to the abstraction period less than 130/80 mm Hg, with date and value of the measurement documented.</p> <p>Measure 5. The number of the eligible patients from the Chart Review who:</p> <p>1) had most recent LDL</p>						

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
								result during the 12-month abstraction period or one month prior to the abstraction period greater than or equal to 130 mg/dl, with date and value documented OR 2) did NOT have test done during the 12-month abstraction period or one month prior to the abstraction period OR 3) did NOT have a result documented. Measure 6. The number of the eligible patients from the Chart Review who had most recent LDL result during the 12-month abstraction period or one month prior to the abstraction period less than 100 mg/dl, with date and value documented. Measure 7. The number of the eligible patients from the Chart Review who had a dilated eye examination with date of the examination documented during: 1) the 12-month abstraction period or one month prior to the abstraction period,							

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								<p>OR</p> <p>2) the 24-month abstraction period or one month prior to the abstraction period if the patient did not have retinopathy.</p> <p>Measure 8. The number of the eligible patients from the Chart Review excluding those with amputation of both legs or feet who had a complete foot examination (visual, sensory and pulses exam) during the 12-month abstraction period or one month prior to the abstraction period with date of the exam documented.</p> <p>Measure 9. The number of the eligible patients from the Chart Review excluding those who had documented diagnosis of end-stage renal disease (ESRD) who had:</p> <p>1) positive result of urine dipstick test for protein regardless of the test date</p> <p>OR</p> <p>2) normal microalbuminuria test during the 12-month abstraction period or one month prior to the</p>						

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								abstraction period OR 3) a microalbuminuria assessment and result is Micro or Macroalbuminuria, regardless of the date of the test OR 4) under ACE/ARB therapy. Measure 10. The number of the eligible patients from the Chart Review with documentation of smoking status for non-smokers OR date of cessation counseling or treatment during the 12-month abstraction period or one month prior to the abstraction period if the patient is a smoker.						
MUC223	Measure under consideration	2	Physician Quality Reporting System	American Board of Internal Medicine: Hypertension Composite		Not NQF Endorsed	Consists of 11 Measures: 1. Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy (PQRS # 295): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who were prescribed aspirin or other anticoagulant/antiplatelet therapy 2. Complete Lipid Profile	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Hypertension

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
							(PQRS #296): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within 24 months 3. Urine Protein Test (PQRS #297): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within 36 months 4. Annual Serum Creatinine Test (PQRS #298): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within 12 months 5. Diabetes Documentation or Screen Test (PQRS #299): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within 36 months 6. Smoking Status and Cessation Advice and Treatment (Not currently in PQRS): TBD								

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
							7. Counseling for Diet and Physical Activity (PQRS #302): Counseling for Diet and Physical Activity (PQRS #302) 8. Blood Pressure Control (PQRS #300): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had most recent blood pressure level under control (at goal) 9. LDL Control (PQRS #301): Percentage of patients aged 15 through 90 years old with a diagnosis of hypertension who had most recent LDL cholesterol level under control (at goal) 10. Overall Hypertension Care Satisfaction (1 survey question) (Not currently in PQRS): TBD 11. Patient Self-care Support (4 survey questions combined) (Not currently in PQRS): TBD								

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC224	Measure under consideration	2	Physician Quality Reporting System	American Board of Internal Medicine: Preventive Cardiology Composite		Not NQF Endorsed	<p>Consists of 8 Measures:</p> <p>1. Blood pressure at goal: Percentage of patients in the sample whose most recent blood pressure reading was at goal</p> <p>2. LDL cholesterol at goal: Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their CHD risk factors.</p> <p>3. Timing of lipid testing complies with guidelines: Percentage of patients in the sample whose timing of lipid testing complies with guidelines - Lipid testing performed in the preceding 24-month period for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), or in the preceding 60-month period if the patient does not have CHD or CHD risk equivalent.</p> <p>4. DM documentation or screening test: Percentage of patients in the sample whose timing of lipid testing complies with guidelines -</p>	<p>Measure 1. Number of patients in the sample whose most recent blood pressure reading, during the twelve-month abstraction period (with a three-month grace period), was</p> <p>1) less than 130/80 mm Hg for those with chronic kidney disease or diabetes,</p> <p>OR</p> <p>2) less than 140/90 mm Hg for other patients; with date and value of the measurement documented.</p> <p>Measure 2. Number of patients in the sample whose LDL cholesterol is At goal, based upon their risk factor for CHD:</p> <p>1) LDL&lt;100 for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and test was performed in the preceding 24-month period (with a three-month grace period);</p> <p>2) LDL&lt;130 for patients</p>	Number of patients in the sample	<p>Measure 1 -8: Patients should be excluded from this module if either of the following is true:</p> <p>They are unable to complete the patient survey, even with assistance.</p> <p>OR</p> <p>They have a terminal illness, or prevention of CHD is not clinically relevant.</p>	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							<p>Lipid testing performed in the preceding 24-month period for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), or in the preceding 60-month period if the patient does not have CHD or CHD risk equivalent.</p> <p>5. Correct determination of ten-year risk for coronary death or MI: Percentage of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented.</p> <p>6. Counseling for diet and physical activity: Percentage of patients in the sample who received dietary and physical activity counseling</p> <p>7. Appropriate Use of Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy: Percentage of patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30,</p>	<p>with &gt;=2 risk factors for CHD (smoking, hypertension, low HDL (HDL&lt;40 mg dL), men &gt;=45 years, women &gt;=55 years, family history of premature CHD; HDL &gt;=60 acts as a negative risk factor) and test was performed in the preceding 60-month period (with a three month grace period);</p> <p>3) LDL&lt;160 for patients with &lt;=1 risk factor for CHD and test was performed in the preceding 60-month period (with a three-month grace period). Patients whose LDL is not documented are considered not at goal.</p> <p>Measure 3. Number of patients in the sample who had lipid testing performed (that includes serum triglycerides, total cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL)) in the preceding 24-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD,</p>						

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							<p>or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior CHD or CHD risk equivalent (prior MI, other clinical CHD.</p> <p>8. Smoking status and cessation support : Percentage of patients in the sample whose current smoking status is documented in the chart, and if they were smokers, were documented to have received smoking cessation counseling during the reporting period.</p>	<p>symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), or in the preceding 60-month period (with a three-month grace period) if the patient does not have CHD or CHD risk equivalent. To be included in the numerator, the date and value of test must be documented. Patients whose lipid values are not documented are considered not in compliance.</p> <p>Measure 4. Number of patients in the sample who either had diabetes diagnosis documented OR had a diabetes screening test if diabetes diagnosis was not documented.</p> <p>Measure 5. Number of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented. This risk is calculated using prior history of CHD and other risk factor data entered as part of the chart review.</p> <p>For patients who have two</p>						

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition	
								<p>or more risk factors for CHD, the ten-year risk can be calculated by using age, total cholesterol, smoking status, HDL cholesterol, and systolic blood pressure (Framingham risk score). Patients who have zero or one risk factor for CHD have a ten-year risk of less than 10% and patients that have prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) have a ten-year risk &gt; 20%.</p> <p>Measure 6. Number of patients in the sample who</p> <p>1) Received any one of the following dietary counseling:</p> <p>Dietary saturated fat and cholesterol restriction for patient who had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or</p>							

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition		
								on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol (HDL<40 mg dL), or are overweight/ obese (BMI>=25); -Dietary sodium restriction for hypertension patients; -Increase in dietary intake of fruits, vegetables, and/or soluble fiber for patients who had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol (HDL<40 mg dL), hypertension, or are overweight/obese(BMI>=25); - Lifestyle modification through calorie restriction as part of weight-reduction program for overweight/obese patients. - OR not eligible for any dietary counseling; AND								

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								2) Have documentation of activity status for active patients or received counseling for exercise or physical activity Measure 7. Number of patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients are those whose ten-year risk of developing CHD is <10%, and who have complete documentation of: 1) prior CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), and 2) risk factors for CHD (smoking, hypertension, low HDL cholesterol (HDL<40 mg dL), men >=45 years, women >=55 years, family history of premature CHD; HDL cholesterol >=60 acts as a negative risk factor), and 3) all elements of Framingham risk						

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
								calculation Measure 8. Number of patients in the sample with documentation of smoking status AND for smokers, had documentation of smoking cessation counseling or treatment during the specified abstraction period (within 12 months of the visit date, with a three-month grace period).						
MUC225	Measure under consideration	2	Physician Quality Reporting System	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Reevaluation of Treatment		Not NQF Endorsed	Percentage of patients aged 25 years or younger with atopic dermatitis with 2 or more visits within a six-month period without improvement of disease for whom evaluation or treatment was modified	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC226	Measure under consideration	2	Physician Quality Reporting System	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Topical Steroid Preparations		Not NQF Endorsed	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis who were prescribed topical steroid preparations with midrange potency (Groups III, IV and V)	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Chronic & Elder Care	
MUC227	Measure under consideration	2	Physician Quality Reporting System	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Disease Assessment		Not NQF Endorsed	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis who were assessed for current symptoms of disease activity based on three or more of the following manifestations: degree of inflammation, extent of skin involvement, sleep disturbances, itching, recent unscheduled visits over the last six months, or alterations in quality of life	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC228	Measure under consideration	2	Physician Quality Reporting System	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Moisture Care		Not NQF Endorsed	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis for which daily hydration (eg, bath or shower) immediately followed by application of a moisturizing product was recommended	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Chronic & Elder Care	
MUC229	Measure under consideration	2	Physician Quality Reporting System	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Overuse: Role of Antihistamine		Not NQF Endorsed	Percentage of patients aged 25 years or younger seen at one or more visits within a 12-month period with a diagnosis of atopic dermatitis, who did not have a diagnosis of allergic rhinitis or urticaria, who were prescribed oral non-sedating antihistamines	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC230	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Equipment Evaluation for Pediatric CT Imaging Protocols		Not NQF Endorsed	Percentage of pediatric CT imaging studies for patients aged 17 years and younger performed with equipment that has complied with a CT equipment evaluation protocol at least once within the 12 month period prior to the exam	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	
MUC231	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes		Not NQF Endorsed	Percentage of final reports for imaging studies performed for all patients, regardless of age, which document that DICOM format image data are available reciprocally to non-affiliated external entities on a secure, media free, searchable basis with patient authorization for at least a 12 month period after the study	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC232	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry		Not NQF Endorsed	Percentage of total CT studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	
MUC233	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Search for Prior Imaging Studies through a Secure, Authorized, Media-free, Shared Archive		Not NQF Endorsed	Percentage of final reports of imaging studies performed for all patients, regardless of age, which document that a search for DICOM format images was conducted for prior patient imaging studies completed at non-affiliated external entities within the past 12 months and are available through a secure, authorized, mediafree, shared archive prior to an imaging study being performed	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC234	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description		Not NQF Endorsed	Percentage of CT imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature (eg, RadLex®) and the standardized nomenclature is used in institutions computer systems	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	
MUC235	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Appropriateness: Follow-up CT Imaging for Incidental Pulmonary Nodules According to Recommended Guidelines		Not NQF Endorsed	Percentage of final reports for CT imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidental pulmonary nodules (eg, follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC236	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: CT Scans and Cardiac Nuclear Medicine Scans		Not NQF Endorsed	Percentage of CT and cardiac nuclear medicine (myocardial perfusion) imaging reports for all patients, regardless of age, that document a count of known previous CT studies (any type of CT) and cardiac nuclear medicine (myocardial perfusion studies) studies that the patient has received in the 12 month period prior to the current study	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	
MUC237	Measure under consideration	2	Physician Quality Reporting System	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of Pediatric CT Imaging Protocols		Not NQF Endorsed	Percentage of pediatric CT imaging studies for patients aged 17 years and younger performed with individualized equipment evaluation protocols that comply with a widely used guideline	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Diagnostic Imaging	

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MUC238	Measure under consideration	2	Physician Quality Reporting System	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy		Not NQF Endorsed	Percentage of patients\ aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter at high risk for thromboembolism who were prescribed warfarin OR another anticoagulant drug that is FDA approved for the prevention of thromboembolism during the 12 month reporting period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cardiovascular	Venous Thromboembolism
MUC239	Measure under consideration	2	Physician Quality Reporting System	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors (CHADS2)		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of nonvalvular AF or atrial flutter with an assessment of all of the specified thromboembolic risk factors documented	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Cardiovascular	

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC240	Measure under consideration	2	Physician Quality Reporting System	American Society for Therapeutic Radiology and Oncology/American Society of Clinical Oncology/Physician Consortium for Performance Improvement: Oncology: Treatment Summary Communication – Radiation Oncology	0381	Endorsed	Percentage of patients, Regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy who have a treatment summary report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment	<p>Patients who have a treatment summary* report in the chart that was communicated to the physician(s) providing continuing care and to the patient within one month of completing treatment</p> <p>*Treatment Summary definition - a report that includes mention of all of the following components: 1) dose delivered; 2) relevant assessment of tolerance to and progress towards the treatment goals; and 3) subsequent care plans</p>	All patients, regardless of age, with a diagnosis of cancer who have undergone brachytherapy or external beam radiation therapy	<p>Documentation of a patient reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (eg, patient requests that report not be sent) and to the patient</p> <p>Denominator: Documentation of a system reason(s) for not communicating the treatment summary report to the physician(s) providing continuing care (eg, patient does not have any physician responsible for providing continuing care) and to the patient</p>	Communication and care coordination	AMA-PCPI	Cancer	

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC241	Measure under consideration	2	Physician Quality Reporting System	American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding diabetic foot care		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of diabetes and foot ulcer who received education regarding appropriate foot care AND daily inspection of the feet within the 12 month reporting period daily foot hygiene, use of proper footwear, good diabetes control, and prompt recognition and professional treatment of newly discovered lesions.”	TBD	TBD	TBD	Communication and care coordination	AMA-PCPI	Diabetes	Foot Care
MUC242	Measure under consideration	2	Physician Quality Reporting System	American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding long term compression therapy		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of venous ulcer who received education regarding the need for long term compression therapy including interval replacement of compression stockings within the 12 month reporting period	TBD	TBD	TBD	Communication and care coordination	AMA-PCPI	Chronic & Elder Care	

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC243	Measure under consideration	2	Physician Quality Reporting System	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients		Not NQF Endorsed	Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Health Services Administration	Patient Care Management
MUC244	Measure under consideration	2	Physician Quality Reporting System	Appropriate use of aspirin or other antiplatelet anticoagulant therapy		Not NQF Endorsed	Percentage of patients in the sample who are: 1) taking aspirin or other anticoagulant-platelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and whose ten-year risk of developing CHD is <10%.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Venous Thromboembolism

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC245	Measure under consideration	2	Physician Quality Reporting System	Assessment for Alarm Symptoms (PCPI and NCQA measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older with diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	
MUC246	Measure under consideration	2	Physician Quality Reporting System	Assessment of Asthma Risk - Emergency Department/Inpatient Setting		Not NQF Endorsed	Percentage of patients aged 5 through 64 years with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for asthma risk	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Respiratory	Asthma
MUC247	Measure under consideration	2	Physician Quality Reporting System	Asthma Discharge Plan – Emergency Department Inpatient Setting		Not NQF Endorsed	Percentage of patients aged 5 through 64 years with an emergency department visit or inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an asthma discharge plan	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Respiratory	Asthma
MUC248	Measure under consideration	2	Physician Quality Reporting System	Barium swallow – inappropriate use (PCPI and NCQA measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD who did not have a Barium swallow test ordered	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	

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MUC249	Measure under consideration	2	Physician Quality Reporting System	Biopsy for Barrett's esophagus (PCPI and NCQA measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of GERD or heartburn whose endoscopy report indicates a suspicion of Barrett's esophagus who had a forceps esophageal biopsy performed	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	
MUC250	Measure under consideration	2	Physician Quality Reporting System	Blood pressure at goal		Not NQF Endorsed	Percentage of patients in the sample whose most recent blood pressure reading was at goal	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Hypertension
MUC251	Measure under consideration	2	Physician Quality Reporting System	Blood pressure poor control		Not NQF Endorsed	Patients in the sample whose most recent blood pressure was greater than or equal to 140/90 mm Hg. In this measure, lower percentages are better.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Hypertension
MUC252	Measure under consideration	2	Physician Quality Reporting System	Blood Pressure Superior Control		Not NQF Endorsed	Patients in the sample whose most recent blood pressure was less than 130/80 mm Hg.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Hypertension

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MUC253	Measure under consideration	2	Physician Quality Reporting System	Bone Marrow and FNADirect Specimen Acquisition**		Not NQF Endorsed	This is a measure based on whether the qualified healthcare professional followed and documented a fine needle aspiration (FNA) timeout procedure to verify correct patient correct site correct procedure.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	College of American Pathologists (measures approved by AMA-PCPI)	Patient Safety	
MUC254	Measure under consideration	2	Physician Quality Reporting System	Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients	0670	Endorsed	Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation.	Number of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients as a part of the preoperative evaluation	Number of stress SPECT MPI, stress echo, CCTA, and CMR performed	None listed	Effective prevention and treatment of illnesses	American College of Cardiology	Diagnostic Imaging	
MUC255	Measure under consideration	2	Physician Quality Reporting System	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	0671	Endorsed	Percentage of all stress SPECT MPI and stress echo performed routinely after PCI, with reference to timing of test after PCI and symptom status.	Number of stress SPECT MPI, stress echo, CCTA and CMR performed in asymptomatic patients within 2 years of the most recent PCI	Number of stress SPECT MPI, stress echo, CCTA and CMR performed	None listed	Effective prevention and treatment of illnesses	American College of Cardiology	Diagnostic Imaging	
MUC256	Measure under consideration	2	Physician Quality Reporting System	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	0672	Endorsed	Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for initial detection and risk assessment.	Number of stress SPECT MPI, stress echo, CCTA, and CMR performed for asymptomatic, low CHD risk patients for initial detection and risk assessment	Number of stress SPECT MPI, stress echo, CCTA, and CMR performed	None listed	Effective prevention and treatment of illnesses	American College of Cardiology	Diagnostic Imaging	

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MUC257	Measure under consideration	2	Physician Quality Reporting System	Cecal Intubation		Not NQF Endorsed	Percentage of colonoscopies into the cecum Including photo-documentation of one or more of the ileocecal valve, appendiceal orifice, or terminal ileum.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Gastrointestinal	
MUC258	Measure under consideration	2	Physician Quality Reporting System	Chronic Medication Therapy - Assessment of GERD Symptoms (PCPI measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older with the diagnosis of GERD who have been prescribed continuous proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) therapy who received an assessment of their GERD symptoms within 12 months	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association )	Gastrointestinal	
MUC259	Measure under consideration	2	Physician Quality Reporting System	Comprehensive Colonoscopy Documentation		Not NQF Endorsed	Percentage of final colonoscopy reports for patients aged 18 years and older that include documentation of all of the following pre-procedure risk assessment; depth of insertion; quality of the bowel prep; complete description of polyp(s) found, including location of each polyp, size, and number and gross morphology; and recommendations for follow-up.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Gastrointestinal	

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MUC260	Measure under consideration	2	Physician Quality Reporting System	Concordance Assessment Following Image-Guided Breast Biopsy		Not NQF Endorsed	Percent of breast patients who have concordance assessment performed following an image-guided breast biopsy	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Breast Surgeons	Cancer	Breast
MUC261	Measure under consideration	2	Physician Quality Reporting System	Correct determination of ten-year risk for coronary death or MI		Not NQF Endorsed	Number of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Acute Myocardial Infarction
MUC262	Measure under consideration	2	Physician Quality Reporting System	Counseling for diet and physical activity		Not NQF Endorsed	Percentage of patients in the sample who received dietary and physical activity counseling.	TBD	TBD	TBD	Best practices for healthy living	American Board of Internal Medicine	Environment & Public Health	Nutrition & Exercise
MUC263	Measure under consideration	2	Physician Quality Reporting System	Cytopathology Turn-around-time**		Not NQF Endorsed	This is a measure based on whether routine non-gynecologic cytopathology specimen reports are finalized (signed out) with a **turnaround time of less than or equal to two working days from their accession in the laboratory, with an optimal goal of 90%.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	College of American Pathologists (measures approved by AMA-PCPI)	Health Services Administration	Quality Improvement/Quality Assurance

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MUC264	Measure under consideration	2	Physician Quality Reporting System	Depression Remission at Six Months	0711	Endorsed	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine.	Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC265	Measure under consideration	2	Physician Quality Reporting System	Depression Remission at Twelve Months	0710	Endorsed	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine.	Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC266	Measure under consideration	2	Physician Quality Reporting System	Depression Utilization of the PHQ-9	0712	Endorsed	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during a four month period in which there was a qualifying visit.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4) who have a PHQ-9 tool administered at least once during the four month measurement period.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia (ICD-9 296.2x, 296.3x or 300.4)	Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Mental Health Care & Substance-related Care	Depression & Mood Disorders

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MUC267	Measure under consideration	2	Physician Quality Reporting System	Diabetes documentation or screen test		Not NQF Endorsed	Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Diabetes	
MUC268	Measure under consideration	2	Physician Quality Reporting System	Diabetes Pre-Diabetes Evaluation for Patients with DSP		Not NQF Endorsed	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy seen for an initial evaluation who had screening tests for diabetes (eg fasting blood sugar test, a hemoglobin A1C, or a 2 hour Glucose Tolerance Test) reviewed, requested or ordered.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Academy of Neurology	Chronic & Elder Care	
MUC269	Measure under consideration	2	Physician Quality Reporting System	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Signs and Symptoms		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of distal symmetric polyneuropathy seen for an initial evaluation who had their neuropathic symptoms and signs reviewed and documented in the medical record.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Academy of Neurology	Chronic & Elder Care	
MUC270	Measure under consideration	2	Physician Quality Reporting System	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria- Electrodiagnostic Study		Not NQF Endorsed	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy who had electrodiagnostic studies (EDX) conducted and the results documented	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Academy of Neurology	Chronic & Elder Care	

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MUC271	Measure under consideration	2	Physician Quality Reporting System	Documentation of offloading status for patients with diabetic foot ulcers		Not NQF Endorsed	Percentage of total visits among patients aged 18 years and older with a diagnosis of diabetic foot ulcer in whom the status of offloading or pressure relief was documented within the 12-month reporting period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Alliance of Wound Care Stakeholders	Diabetes	Foot Care
MUC272	Measure under consideration	2	Physician Quality Reporting System	Documentation of support surface or offloading status for patients with serious pressure ulcers		Not NQF Endorsed	Percentage of total visits among patients aged 18 years and older with a diagnosis of a Stage III or IV pressure ulcer in whom the status of offloading or support surface was documented within the 12-month reporting period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Alliance of Wound Care Stakeholders	Chronic & Elder Care	Pressure Ulcer
MUC273	Measure under consideration	2	Physician Quality Reporting System	Documentation of venous compression at each visit for patients with venous stasis ulcers		Not NQF Endorsed	Percentage of total visits among patients aged 18 years and older with a diagnosis of venous ulcer in whom the status of compression was documented at each visit within the 12-month reporting period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Alliance of Wound Care Stakeholders	Chronic & Elder Care	

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MUC274	Measure under consideration	2	Physician Quality Reporting System	Education of patient about symptoms of choroidal Neovascularization necessitating early return for examination		Not NQF Endorsed	Percentage of patients aged 50 years and older with age related macular degeneration and received education about symptoms of choroida neovascularization necessitating early return for examination	TBD	TBD	TBD	Communication and care coordination	American Academy of Ophthalmology and the Hoskins Center for Quality Eye Care	Eyes/Vision	
MUC275	Measure under consideration	2	Physician Quality Reporting System	Education of patient about the role of good glucose control in slowing progression of diabetic retinopathy		Not NQF Endorsed	Percentage of patients aged 18 years and older with diabetic retinopathy and received education about the role of good glucose control in slowing progression of diabetic retinopathy	TBD	TBD	TBD	Communication and care coordination	American Academy of Ophthalmology and the Hoskins Center for Quality Eye Care	Diabetes	Eye care
MUC276	Measure under consideration	2	Physician Quality Reporting System	Endoscopic screening of those with colorectal cancer: Surveillance at one year following CRC resection (Draft)		Not NQF Endorsed	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy one year following CRC resection.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Cancer	Colorectal

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MUC277	Measure under consideration	2	Physician Quality Reporting System	Endoscopic screening of those with colorectal cancer: Surveillance at three years after a clean exam at one year (Draft)		Not NQF Endorsed	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, after a clean exam at one year, had a follow-up interval of at least three years since their last colonoscopy documented in the colonoscopy report	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Cancer	Colorectal
MUC278	Measure under consideration	2	Physician Quality Reporting System	GERD: Assessment for Alarm Symptoms (PCPINCQA measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older with diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	
MUC279	Measure under consideration	2	Physician Quality Reporting System	GERD: Barium swallow – inappropriate use (PCPI measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD who did not have a Barium swallow test ordered	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC280	Measure under consideration	2	Physician Quality Reporting System	GERD: Upper endoscopy for patients with alarm symptoms (PCPINCQA measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	
MUC281	Measure under consideration	2	Physician Quality Reporting System	LDL cholesterol at goal		Not NQF Endorsed	Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their CHD risk factors.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Cholesterol Screening & Management
MUC282	Measure under consideration	2	Physician Quality Reporting System	LDL poor control		Not NQF Endorsed	Patients in the sample whose most recent LDL cholesterol level was greater than or equal to 130 mgdl. In this measure, lower percentages are better.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Cholesterol Screening & Management
MUC283	Measure under consideration	2	Physician Quality Reporting System	LDL Superior Control		Not NQF Endorsed	Patients in the sample whose most recent LDL cholesterol level was <100 mgdl.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Cholesterol Screening & Management

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC284	Measure under consideration	2	Physician Quality Reporting System	Maintenance of Intraoperative Normothermia		Not NQF Endorsed	Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom at least one body temperature equal to or greater than 35.5 degrees Centigrade (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Anesthesiologists	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC285	Measure under consideration	2	Physician Quality Reporting System	Management of Asthma Controller and Reliever Medications — Ambulatory Care Setting		Not NQF Endorsed	Percentage of patients aged 5 to 64 years identified as having persistent asthma whose asthma medication ratio was greater than or equal to 0.5. Three rates are reported for this measure: Patients whose controller medication was inhaled corticosteroids (ICS), Patients whose controller medication was an alternative long term control medications (non-ICS), Total ratio of all prescriptions for controller medications over prescriptions for controller medications plus prescriptions for short acting reliever medications	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Respiratory	Asthma
MUC286	Measure under consideration	2	Physician Quality Reporting System	Medication Management for People With Asthma		Not NQF Endorsed	The percentage of patients 5–64 years of age during the measurement period who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Patient Safety	Medication Management

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC287	Measure under consideration	2	Physician Quality Reporting System	Monthly INR for Beneficiaries on Warfarin	0555	Endorsed	Average percentage of monthly intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period	Sum of the percentage of monthly intervals without an INR test for each patient in the denominator Time window: Anytime during the measurement period (12 consecutive months)	Patients with warfarin claims for at least 40 days Time window: The first 11 months of the measurement period (12 consecutive months)	<ul style="list-style-type: none"> <li>• Patients who died during the measurement period.</li> <li>• Patients who are actively enrolled in multiple plans concurrently as of the end of the measurement period.</li> <li>• Any intervals covered by the days' supply of a warfarin prescription that are less than a month.</li> </ul> Optional Exclusion Criteria: <ul style="list-style-type: none"> <li>• Patients with mechanical heart valves that are monitoring INR at home</li> </ul>	Safety	CMS	Patient Safety	Medication Management
MUC288	Measure under consideration	2	Physician Quality Reporting System	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Assessment of Asthma Risk - Emergency Department Inpatient Setting		Not NQF Endorsed	Percentage of patients aged 5 through 50 years with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for asthma risk.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Respiratory	Asthma

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC289	Measure under consideration	2	Physician Quality Reporting System	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan – Emergency Department Inpatient Setting		Not NQF Endorsed	Percentage of patients aged 5 through 50 years with an emergency department visit or inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an asthma discharge plan	TBD	TBD	TBD	Communication and care coordination	AMA-PCPI	Respiratory	Asthma
MUC290	Measure under consideration	2	Physician Quality Reporting System	Nephropathy Assessment for Eligible Patients		Not NQF Endorsed	Patients in the sample who were screened for nephropathy by an acceptable method, or were receiving medical therapy for nephropathy (ACE inhibitor or ARB). Acceptable screening tests include a positive result of urine dipstick testing for protein at any time; a normal result for urine microalbuminuria testing during the 12-month period prior to the visit date, with a three-month grace period; or a prior diagnosis of micro- or macroalbuminuria, regardless of the date of testing.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Renal & Genitourinary	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC291	Measure under consideration	2	Physician Quality Reporting System	New Cancer Patient– Intervention Urgency		Not NQF Endorsed	The demonstrated urgency in which new cancer patients are scheduled with an oncologist. This measurable sense of urgency for this initial visit establishes the foundation for commitment and service to the patient and their family. The date/time of the new cancer patient appointment minus the date/time the phone call was received to schedule the appointment for the new cancer patient appointment	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Community Oncology Alliance	Cancer	
MUC292	Measure under consideration	2	Physician Quality Reporting System	Ophthalmologic exam		Not NQF Endorsed	Patients in the sample who had a dilated eye examination (or evaluation of a retinal photograph) by an eye specialist to screen for diabetic retinopathy, done within 12 months of the visit date, with a three-month grace period. If no examination was done during this period, an evaluation done during the prior 12 months is acceptable, provided that there was no evidence of retinopathy.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Eyes/Vision	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC293	Measure under consideration	2	Physician Quality Reporting System	Optimal Asthma Care		Not NQF Endorsed	Composite measure of the percentage of pediatric and adult patients who have asthma. Optimal care is defined as: Asthma is well controlled, Patient is not at increased risk of exacerbations, Patient has a current written asthma action management plan	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Respiratory	Asthma
MUC294	Measure under consideration	2	Physician Quality Reporting System	Optimal Diabetes Care	0729	Endorsed	Patients ages 18 - 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0, LDL < 100, Blood Pressure < 140/90, Tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated.	Patients ages 18 to 75 with diabetes who meet all of the following targets from the most recent visit during the measurement year: A1c less than 8.0, LDL less than 100, Blood Pressure less than 140/90, Tobacco non-user and Daily aspirin for patients with diagnosis of ischemic vascular disease use unless contraindicated.	Patients ages 18 to 75 with diabetes who have at least two visits for this diagnosis in the last two years (established patient) with at least one visit in the last 12 months.	Valid exclusions include patients who only had one visit to the clinic with diabetes codes during the last two years, patients who were pregnant, died or were in hospice or a permanent resident of a nursing home during the measurement year.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Diabetes	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC295	Measure under consideration	2	Physician Quality Reporting System	Optimal Vascular Care	0076	Endorsed	Patients ages 18 to 75 with ischemic vascular disease (IVD) who meet all of the numerator targets of this composite measure: LDL less than 100, Blood Pressure less than 140/90, Tobacco-Free Status, and Daily Aspirin Use (unless contraindicated).	All members from the denominator who reach treatment targets* for all numerator components: - Low-Density Lipoprotein (LDL) Screening-- Coronary artery disease (CAD) population who had an LDL during the measurement year or the year prior to the measurement year with a level less than 100 for the most recent screening - Tobacco Non-User--CAD population with documented non-smoking status - Blood Pressure Control--CAD population whose blood pressure is in control less than 140/90 during the measurement year - Aspirin Usage--CAD population eligible for aspirin use who were on aspirin therapy. *Numerator component target measure may be modified to reflect changing recommendations of treatment targets.	Members between 18 and 75 years of age as of December 31st of the reporting year, who were continually enrolled with not more than 1 month break in coverage and have a diagnosis of coronary artery disease (CAD)*  *CAD diagnosis: 410.XX Acute Myocardial Infarction (AMI) 411.XX Post Myocardial Infarction Syndrome 412 Old AMI 413.XX Angina Pectoris 414.0X Coronary Atherosclerosis 414.10 Aneurysm of Heart Wall 414.8 Other Chronic Ischemic Heart Disease (IHD) 414.9 Chronic IHD	Numerator Exclusion: Members contraindicated to aspirin therapy are excluded from the - Aspirin Usage-component of the measure.  Denominator Exclusions: Members can be excluded from the sample for the following reasons during the measurement year: member died, resident in nursing home, or hospice. Sampling error member does not have CAD.	Effective prevention and treatment of illnesses	Minnesota Community Measurement	Cardiovascular	Coronary Artery Disease /Ischemic Heart Disease

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC296	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis : Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a screen for falls risk evaluation within the past 12 months and for those reported as having a history of two or more falls, or fall-related injury who had a complete risk assessment for falls and a falls plan of care within the past 12 months.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis
MUC297	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis: Calcium Intake Assessment and Counseling		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had calcium intake assessment and counseling at least once within 12 months	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC298	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose current level of alcohol use was documented and for those engaging in potentially hazardous drinking who received counseling within 12 months	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis
MUC299	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis: DXA Scan		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had a DXA scan and result documented	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis
MUC300	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis: Pharmacologic Therapy		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who were prescribed pharmacologic therapy approved by the FDA	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC301	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis: Status of Participation in Weight-bearing Exercise and Weight-bearing Exercise Advice		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older whose status regarding participation in weight-bearing exercise was documented and for those not participating regularly who received advice within 12 months to participate in weight-bearing exercise	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis
MUC302	Measure under consideration	2	Physician Quality Reporting System	Osteoporosis: Vitamin D Intake Assessment and Counseling		Not NQF Endorsed	Percentage of patients aged 18 and older with a diagnosis of osteoporosis, osteopenia, or prior low impact fracture; women age 65 and older; or men age 70 and older who had vitamin D intake assessment and counseling at least once within 12 months	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Musculoskeletal	Osteoporosis
MUC303	Measure under consideration	2	Physician Quality Reporting System	Participation by a physician or other clinician in a systematic clinical database registry that includes consensus endorsed quality	0493	Endorsed	Participation in systematic qualified clinical Database registry	The clinician participates in a systematic qualified clinical database registry capable of the following: a. Physician or other clinician submits standardized data elements to registry b. Data elements are	See numerator	none	Effective prevention and treatment of illnesses	CMS	Health Services Administration	Quality Improvement/Quality Assurance

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
				measures				<p>applicable to consensus endorsed quality measures</p> <p>c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures.</p> <p>d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians.</p> <p>e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure.</p> <p>f. Registry may provide feedback directly to the provider's local registry if one exists.</p>						
MUC304	Measure under consideration	2	Physician Quality Reporting System	Patient satisfaction with overall diabetes care		Not NQF Endorsed	Patients in the sample who rated overall diabetes care "excellent" or "very good".	TBD	TBD	TBD	Person and Family Centered Care	American Board of Internal Medicine	Health Services Administration	Patient Experience

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC305	Measure under consideration	2	Physician Quality Reporting System	Patient satisfaction with physician care provided for age related macular degeneration		Not NQF Endorsed	Percentage of patients aged 50 years and older with age related macular degeneration and were satisfied with their care	TBD	TBD	TBD	Person and Family Centered Care	American Academy of Ophthalmology and the Hoskins Center for Quality Eye Care	Health Services Administration	Patient Experience
MUC306	Measure under consideration	2	Physician Quality Reporting System	Patient satisfaction with physician care provided for diabetic retinopathy		Not NQF Endorsed	Percentage of patients aged 18 years and older with diabetic retinopathy and who were satisfied with their care	TBD	TBD	TBD	Person and Family Centered Care	American Academy of Ophthalmology and the Hoskins Center for Quality Eye Care	Health Services Administration	Patient Experience
MUC307	Measure under consideration	2	Physician Quality Reporting System	Patient self-care support		Not NQF Endorsed	Percent of "excellent" or "very good" responses to seven questions regarding patient self-care support.	TBD	TBD	TBD	Person and Family Centered Care	American Board of Internal Medicine	Health Services Administration	Patient Experience
MUC308	Measure under consideration	2	Physician Quality Reporting System	Patients Admitted to ICU who Have Care Preferences Documented		Not NQF Endorsed	Percentage of vulnerable adults admitted to ICU who survive at least 48 hours who have their care preferences documented within 48 hours OR documentation as to why this was not done.	TBD	TBD	TBD	Person and Family Centered Care	RAND	Health Services Administration	Patient Care Management

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC309	Measure under consideration	2	Physician Quality Reporting System	Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy		Not NQF Endorsed	Percentage of patients aged 18 years and older undergoing carotid endarterectomy who are taking antiplatelet agent (aspirin or clopidogrel) within 48 hours prior to surgery and are prescribed this medication at discharge	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Society for Vascular Surgery	Surgery	Cardiovascular
MUC310	Measure under consideration	2	Physician Quality Reporting System	Pharmacologic Therapy for Persistent Asthma —Ambulatory Care Setting		Not NQF Endorsed	Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication. Three rates are reported for this measure: Patients prescribed inhaled corticosteroids (ICS) as their long term control medication. Patients prescribed other alternative long term control medications (non-ICS).	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/NCQA	Respiratory	Asthma

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC311	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Follow Up Assessment of Depression Care		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of MDD with documentation of the patient's response to treatment three times in the first 90 days following diagnosis, and, if patient has not improved, documentation of treatment plan review or alteration	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC312	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Continuation of Antidepressant Medications		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) who were continued on antidepressant medication for a minimum of 16 weeks following initial status change to remission	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC313	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Patient Education		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) who received patient education two times per year, including at diagnosis, regarding, at a minimum: - the symptoms and treatment of major depressive disorder, including somatic symptoms, potential side effects, suicidal thoughts and behaviors, and the importance of treatment adherence; -its effects on functioning (including relationships, work, etc.); - the effect of healthy behaviors on depression, such as exercise, good sleep hygiene, good nutrition, and decreased use of tobacco, alcohol, and other potentially deleterious substances	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC314	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Screening for Depression		Not NQF Endorsed	Percentage of patients aged 18 years and older who were screened for depression annually using a validated depression screening tool (such as the PHQ-2) and, for those who screen positive for depression, a follow-up plan is documented	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC315	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) who have a depression severity classification and who receive, at a minimum, treatment appropriate to their depression severity classification at the most recent visit during the measurement period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC316	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Coordination of Care of Patients with Comorbid Conditions- Timely Follow Up (Paired Measure)		Not NQF Endorsed	Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed comorbid condition with communication to another physician treating the comorbid condition who have a response from the other physician within 45 days of original communication OR who have a follow-up attempt within 60 days of original communication by the physician treating MDD to elicit a response	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Health Services Administration	Patient Care Management
MUC317	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]: Preventive Care and Screening: Lipid Screening		Not NQF Endorsed	Percentage of male patients aged 35 through 80 years and percentage of female patients aged 45 through 80 years who received a fasting or nonfasting total cholesterol (TC) level and highdensity lipoprotein cholesterol (HDL-C) level with results documented during the two-year measurement period	TBD	TBD	TBD	Best practices for healthy living	AMA-PCPI	Cardiovascular	Cholesterol Screening & Management

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC318	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: [DRAFT]:Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions— Timely Follow Up		Not NQF Endorsed	Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a diagnosed comorbid condition being treated by another physician with communication to the other physician treating the comorbid condition	TBD	TBD	TBD	Communication and care coordination	AMA-PCPI	Mental Health Care & Substance-related Care	Depression & Mood Disorders
MUC319	Measure under consideration	2	Physician Quality Reporting System	Physician Consortium for Performance Improvement: Preventive Care and Screening: Obesity Screening		Not NQF Endorsed	Percentage of patients aged 18 years and older for whom body mass index (BMI) is documented at least once during the two year measurement period	TBD	TBD	TBD	Best practices for healthy living	AMA-PCPI	Environment & Public Health	Obesity
MUC320	Measure under consideration	2	Physician Quality Reporting System	Podiatry Exam		Not NQF Endorsed	Patients in the sample who had a complete foot exam performed during the 12 month period prior to the visit date, with a three-month grace period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC321	Measure under consideration	2	Physician Quality Reporting System	Post-Anesthetic Transfer of Care Measure: Procedure Room to Intensive Care Unit		Not NQF Endorsed	Measure: Percentage of patients who are under the care of an anesthesia practitioner and are admitted to an intensive care unit in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Anesthesiologists	Health Services Administration	Patient Care Management
MUC322	Measure under consideration	2	Physician Quality Reporting System	Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Artery Stents		Not NQF Endorsed	Measure: Percentage of patients aged 18 years and older who are having an anesthetic in which the patient has a pre-existing drug-eluting coronary stent and either continue therapy or document the reason continuation of therapy was associated with greater risk than benefit.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Anesthesiologists	Surgery	Cardiovascular
MUC323	Measure under consideration	2	Physician Quality Reporting System	Pre-procedure Assessment		Not NQF Endorsed	The pre-procedure period of colonoscopy encompasses the time from first contact with the patient until administration of sedation or instrument insertion. Documentation of compliance with 10 key features is assessed.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Surgery	Perioperative Care

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC324	Measure under consideration	2	Physician Quality Reporting System	Prevention of Post-Operative Nausea and Vomiting – Multimodal therapy (pediatric)		Not NQF Endorsed	Measure: Percentage of patients aged 18 years and younger who are having a general anesthetic in which an inhalational anesthetic agent is used, and who are at high or very high risk for PONV, who receive prophylactic antiemetic agents.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Anesthesiologists	Surgery	Perioperative Care
MUC325	Measure under consideration	2	Physician Quality Reporting System	Prevention of Post-Operative Nausea and Vomiting - Multimodal therapy (adults)		Not NQF Endorsed	Measure: Percentage of patients aged 18 years and older who are having a general anesthetic in which an inhalational anesthetic agent is used, and who are at high or very high risk for PONV, who receive prophylactic antiemetic agents.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Anesthesiologists	Surgery	Perioperative Care
MUC326	Measure under consideration	2	Physician Quality Reporting System	Querying about Falls for Patients with DSP		Not NQF Endorsed	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy who were queried about falls within the past 12 months and the response was documented in the medical record at least annually.	TBD	TBD	TBD	Safety	American Academy of Neurology	Chronic & Elder Care	Falls

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC327	Measure under consideration	2	Physician Quality Reporting System	Querying about Pain and Pain Interference with Function		Not NQF Endorsed	Percentage of patient visits for patients age 18 years and older with diagnosis of distal symmetric polyneuropathy who were queried about pain and pain interference with function and the querying was documented in the medical record for all visits during the measurement period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Academy of Neurology	Chronic & Elder Care	
MUC328	Measure under consideration	2	Physician Quality Reporting System	Registry Participation Measure		Not NQF Endorsed	The practice or the facility participates in a multicenter, multi-practice data collection and feedback program that provides peer-group benchmarking on the quality and efficiency of anesthesia care.	TBD	TBD	TBD	Best practices for healthy living	American Society of Anesthesiologists	Health Services Administration	Quality Improvement/Quality Assurance
MUC329	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for ≥ 90 Days		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving maintenance hemodialysis for ≥ 90 days whose mode of vascular access is a catheter	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC330	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	Chronic Kidney Disease
MUC331	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Arteriovenous Fistula Rate		Not NQF Endorsed	Percentage of calendar months within a 12 month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance hemodialysis are using an autogenous arteriovenous (AV) fistula with two needles	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC332	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is via a catheter	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	Chronic Kidney Disease
MUC333	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL		Not NQF Endorsed	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD who are receiving hemodialysis or peritoneal dialysis have a Hemoglobin level <10g/dL	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC334	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) with an eGFR <30 and proteinuria who are referred to a nephrologist and have documentation that an appointment was made for a nephrology consultation within a 12- month period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	Chronic Kidney Disease
MUC335	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Transplant Referral		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for 90 days or longer who are referred to a transplant center for kidney transplant evaluation within a 12-month period	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD
MUC336	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Pediatric Kidney Disease: Adequacy of Volume Management		Not NQF Endorsed	Percentage of calendar months within a 12 month period during which patients aged 17 years and younger with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC337	Measure under consideration	2	Physician Quality Reporting System	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Adequacy of Volume Management		Not NQF Endorsed	Percentage of calendar months within a 12 month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI	Renal & Genitourinary	ESRD
MUC338	Measure under consideration	2	Physician Quality Reporting System	Screening for Alcohol Misuse		Not NQF Endorsed	Percentage of patients age 18 years and older with a diagnosis of distal symmetric polyneuropathy who were screened with a systematic screening instrument for alcohol misuse at the initial evaluation and the screening was documented in the medical record.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Academy of Neurology	Mental Health Care & Substance-related Care	Alcohol Use
MUC339	Measure under consideration	2	Physician Quality Reporting System	Smoking Status and Cessation Advice and Treatment		Not NQF Endorsed	Patients in the sample whose current smoking status is documented in the chart, and who, if they were smokers, were documented to have received smoking cessation counseling during the reporting period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Mental Health Care & Substance-related Care	Tobacco Use

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC340	Measure under consideration	2	Physician Quality Reporting System	Smoking status and cessation support		Not NQF Endorsed	Percentage of patients in the sample whose current smoking status is documented in the chart, and if they were smokers, were documented to have received smoking cessation counseling during the reporting period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Mental Health Care & Substance-related Care	Tobacco Use
MUC341	Measure under consideration	2	Physician Quality Reporting System	Specimen orientation for Partial mastectomy or Excisional breast biopsy		Not NQF Endorsed	Breast cancer and many excisional biopsy specimen are commonly divided into six sides: superficial (or anterior), deep (or posterior), superior (or cranial), inferior (caudal), lateral and medial. Orienting stitches, clips or ink are commonly used techniques by the operating surgeon to allow accurate pathological orientation and margin assessment. Proper breast specimen orientation is of paramount importance to minimize unnecessary surgery and tissue loss if reexcisional surgery for positive margins is necessary.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Breast Surgeons	Cancer	Breast

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC342	Measure under consideration	2	Physician Quality Reporting System	Static Ultrasound in elective internal jugular vein cannulation		Not NQF Endorsed	Measure: Percentage of patients aged 18 years and older who have static ultrasound imaging used in elective situations for pre-puncture identification of anatomy and vessel localization when the internal jugular vein is selected for cannulation.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Anesthesiologists	Diagnostic Imaging	
MUC343	Measure under consideration	2	Physician Quality Reporting System	Surgeon assessment for hereditary cause of breast cancer		Not NQF Endorsed	Percent of newly diagnosed invasive and ductal carcinoma in situ (DCIS) breast cancer patients (Stage 0 - Stage 4) seen by surgeon that undergo risk assessment for a hereditary cause of breast cancer. Patients with Lobular Carcinoma in situ (LCIS) are excluded from this Quality Measure.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Society of Breast Surgeons	Cancer	Breast
MUC344	Measure under consideration	2	Physician Quality Reporting System	Testing for Clostridium difficile — Inpatient Measure		Not NQF Endorsed	Percentage of patients aged 18 and older hospitalized (for any reason) who have refractory diarrhea at the time of hospitalization or who develop diarrhea during hospitalization who are tested for Clostridium difficile.	TBD	TBD	TBD	Safety	AMA-PCPI/American Gastroenterological Association)	Patient Safety	Health Care-Associated Infections

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC345	Measure under consideration	2	Physician Quality Reporting System	The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement		Not NQF Endorsed	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a baseline gonadotropin (LH or FSH) measurement performed within six months prior to initiating testosterone therapy	TBD	TBD	TBD	Effective prevention and treatment of illnesses	The Endocrine Society (as part of the AMA-PCPI)	Chronic & Elder Care	
MUC346	Measure under consideration	2	Physician Quality Reporting System	The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test		Not NQF Endorsed	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a follow-up hematocrit or hemoglobin test performed within two to six months after initiation of testosterone therapy	TBD	TBD	TBD	Effective prevention and treatment of illnesses	The Endocrine Society (as part of the AMA-PCPI)	Chronic & Elder Care	
MUC347	Measure under consideration	2	Physician Quality Reporting System	The Endocrine Society DRAFT Follow-up Total Testosterone Measurement		Not NQF Endorsed	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a follow-up total testosterone performed within six months after initiation of testosterone therapy	TBD	TBD	TBD	Effective prevention and treatment of illnesses	The Endocrine Society (as part of the AMA-PCPI)	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

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ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC348	Measure under consideration	2	Physician Quality Reporting System	The Endocrine Society DRAFT Total Testosterone Measurement		Not NQF Endorsed	Percentage of male patients aged 18 years and older with androgen deficiency who are receiving testosterone therapy, who have a total testosterone measurement performed within six months prior to initiating testosterone therapy	TBD	TBD	TBD	Effective prevention and treatment of illnesses	The Endocrine Society (as part of the AMA-PCPI)	Chronic & Elder Care	
MUC349	Measure under consideration	2	Physician Quality Reporting System	Timing of lipid testing complies with guidelines		Not NQF Endorsed	Percentage of patients in the sample whose timing of lipid testing complies with guidelines (Lipid testing performed in the preceding 12-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with $\geq 2$ risk factors for CHD (smoking, hypertension, low HDL, men $\geq 45$ years, women $\geq 55$ years, family history of premature CHD; HDL $\geq 60$ mg/dL acts as a negative risk factor); or in the preceding 60-month	TBD	TBD	TBD	Effective prevention and treatment of illnesses	American Board of Internal Medicine	Cardiovascular	Cholesterol Screening & Management

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							period (with a three-month grace period) for patients with <=1 risk factor for CHD).							
MUC350	Measure under consideration	2	Physician Quality Reporting System	Upper endoscopy for patients with alarm symptoms (PCPI and NCQA measure to be updated by AGA)		Not NQF Endorsed	Percentage of patients aged 18 years and older seen for an initial evaluation of GERD with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed	TBD	TBD	TBD	Effective prevention and treatment of illnesses	AMA-PCPI/American Gastroenterological Association)	Gastrointestinal	
MUC351	Measure under consideration	2	Physician Quality Reporting System	Vascular testing of patients with leg ulcers		Not NQF Endorsed	Percentage of patients aged 18 years and older with a diagnosis of a leg ulcer(s) in whom vascular screening was performed within the 12-month reporting period.	TBD	TBD	TBD	Effective prevention and treatment of illnesses	Alliance of Wound Care Stakeholders	Chronic & Elder Care	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC352	Measure under consideration	1	Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer.	0223	Endorsed	Percentage of patients under the age of 80 with AJCC III (lymph node positive) colon cancer for whom adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery	Consideration or administration of chemotherapy initiated within 4 months (120 days) of date of diagnosis	Age 18 to 79 at time of diagnosis Known or assumed to be first or only cancer diagnosis Primary tumors of the colon Epithelial malignancy only AJCC Stage III All or part of first course of treatment performed at the reporting facility Known to be alive within 4 months (120 days) of diagnosis	Exclude, if any of the following characteristics are identified: Under age 18 at time of diagnosis Over age 79 at time of diagnosis Second or subsequent cancer diagnosis Tumor not originating in the colon Tumor originating in the appendix Non-epithelial malignancies All pathologically examined regional lymph nodes are negative Stage IV, metastatic tumor None of 1st course therapy performed at reporting facility Died within 4 months (120 days) of diagnosis	Effective prevention and treatment of illnesses	American College of Surgeons	Cancer	Colorectal

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC353	Measure under consideration	1	Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	Adjuvant hormonal therapy. Tamoxifen or third-generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1cN0M0 or Stage II or III hormone receptor-positive breast cancer	0220	Endorsed	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, who's primary tumor is progesterone or estrogen receptor positive recommended for tamoxifen or third generation aromatase inhibitor (considered or administered) within 1 year (365 days) of diagnosis	Consideration or administration of tamoxifen or third generation aromatase inhibitor initiated within 1 year (365 days) of date of diagnosis	Women Age >= 18 at time of diagnosis Known or assumed first or only cancer diagnosis Epithelial invasive malignancy only AJCC T1cN0M0, or Stage II or III Primary tumor is estrogen receptor (ER) positive or progesterone receptor (PR) positive All or part of first course of treatment performed at the reporting facility Known to be alive within 1 year (365 days) of diagnosis	Exclude, if any of the following characteristics are identified: Men Under age 18 at time of diagnosis Second or subsequent cancer diagnosis Tumor not originating in the breast Non-epithelial malignancies Stage 0, in-situ tumor AJCC T1mic, T1a, or T1b tumor Stage IV, metastatic tumor Primary tumor is estrogen receptor negative and progesterone receptor negative None of 1st course therapy performed at reporting facility Died within 1 year (365 days) of diagnosis	Effective prevention and treatment of illnesses	American College of Surgeons	Cancer	Breast

## Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC354	Measure under consideration	1	Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer	0559	Endorsed	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage I, II, or III, who's primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (considered or administered) within 4 months (120 days) of diagnosis.	Consideration or administration of multi-agent chemotherapy initiated within 4 months (120 days) of date of diagnosis	Women Age 18 to 69 at time of diagnosis Known or assumed first or only cancer diagnosis Primary tumors of the breast Epithelial malignancy only AJCC T1c, or Stage II or III Primary tumor is estrogen receptor negative and progesterone receptor negative All or part of first course of treatment performed at the reporting facility Known to be alive within 4 months (120 days) of diagnosis	Exclude, if any of the following characteristics are identified: -Men. -Under age 18 at time of diagnosis. - Over age 69 at time of diagnosis. - Second or subsequent cancer diagnosis. - Tumor not originating in the breast. - Non-epithelial malignancies. - Stage 0, in-situ tumor. - AJCC T1mic,T1a, or T1b tumor. - Stage IV, metastatic tumor. - Primary tumor is estrogen receptor positive or progesterone receptor positive. - None of 1st course therapy performed at reporting facility. - Died within 4 months (120 days) of diagnosis.	Effective prevention and treatment of illnesses	American College of Surgeons	Cancer	Breast

### Measures Under Consideration For CY 2012 Rulemaking

These programs are required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC355	Measure under consideration	1	Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	PSM-001-10 - National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure		Not NQF Endorsed	<p>Standardized Infection Ratio (SIR) of health care-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in the following patient care locations:</p> <ul style="list-style-type: none"> <li>• Intensive Care Units (ICUs)</li> <li>• Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations</li> <li>• Other inpatient locations. (Data from these locations are reported from acute care general hospitals (including specialty hospitals), freestanding long term acute care hospitals, rehabilitation hospitals, and behavioral health hospitals. Only locations where patients reside overnight are included, i.e., inpatient locations.</li> </ul>	Total number of observed healthcare-associated CLABSI among patients in ICUs, NICUs, SCAs and other acute care hospital locations where patients reside overnight.	Total number of expected CLABSIs, calculated by multiplying the number of central line device days for each location under surveillance for CLABSI during the period by the CLABSI rate for the same types of locations obtained from the standard population. Central line device- day denominator data that are collected differ according to the location of the patients being monitored.	<p>Exclusions:</p> <p>1. Pacemaker wires and other nonlumened devices inserted into central blood vessels or the heart are excluded as central lines 2. Peripheral intravenous lines are excluded from this measure</p>	Safety	CDC	Patient Safety	Health Care-Associated Infections

### Measures Under Consideration For CY 2012 Rulemaking

These programs are not required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC357	Measure under consideration	2	Value-Based Payment Modifier	30 Day Post-discharge provider visit		Not NQF Endorsed	TBD	TBD	TBD	TBD	Communication and care coordination	CMS	Health Services Administration	Patient Care Management
MUC358	Measure under consideration	2	Value-Based Payment Modifier	All Cause Readmissions		Not NQF Endorsed	TBD	TBD	TBD	TBD	Communication and care coordination	CMS	Readmission	
MUC359	Measure under consideration	1	Value-Based Payment Modifier	Diabetes Composite	0272, 0638, 0274, 0285	Endorsed	NQF 0272: This measure is used to assess the number of admissions for diabetes short-term complications per 100,000 population. NQF 0274: This measure is used to assess the number of admissions for long-term diabetes complications per 100,000 population. NQF 0285: This measure is used to assess the number of admissions for lower-extremity amputation among patients with diabetes per 100,000 population. NQF 0638: This measure is used to assess the number of admissions for uncontrolled diabetes among patients with diabetes per 100,000 population.	NQF 0272: All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for diabetes short-term complications (ketoacidosis, hyperosmolarity, coma). NQF 0638: All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication. NQF 0274: Discharges age 18 years and older with ICD-9-CM principal diagnosis code for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) NQF 0285: All discharges of age 18 years and older with ICD-9-CM procedure code for lower-extremity amputation and diagnosis code of diabetes in any field.	Population in Metro Area or county, age 18 years and older.	NQF 0272 None NQF 0638 and NQF 0274: transferring from another institution (SID ASOURCE=2); MDC 14 (pregnancy, childbirth, and puerperium); MDC 15 (newborn and other neonates) NQF 0285:transferring from another institution (SID ASOURCE=2); MDC 14 (pregnancy, childbirth, and puerperium); MDC 15 (newborn and other neonates); with any diagnosis code of cystic fibrosis and anomalies of the respiratory system	Effective prevention and treatment of illnesses	AHRQ	Diabetes	

### Measures Under Consideration For CY 2012 Rulemaking

These programs are not required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC360	Measure under consideration	1	Value-Based Payment Modifier	Medicare Spending Per Beneficiary		Not NQF Endorsed	Sum of all adjusted Medicare Part A and Part B payments divided by the total number of Medicare Spending per Beneficiary episodes for a hospital.	Sum of all adjusted Medicare Part A and Part B payments	Total number of Medicare Spending per Beneficiary episodes	Beneficiaries not enrolled in both Medicare Part A and Medicare Part B, for the 90 days prior to the episode Geographic payment rate differences Differential additional spending that results from the use of the Hospital-Specific Rates.	Affordable care	CMS	Health Services Administration	Cost
MUC361	Measure under consideration	3	Value-Based Payment Modifier	Post-discharge Medication Reconciliation	0097	Endorsed	<p>Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented</p> <p>The medical record must indicate that the physician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of an inpatient facility discharge medication.</p>	<p>Patients who had a reconciliation of the discharge medications with the current medication list in the medical record documented</p> <p>The medical record must indicate that the physician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of a inpatient facility discharge medication.</p>	All patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care	None listed	Communication and care coordination	NCQA (AMA-PCPI)	Health Services Administration	Patient Care Management

## Measures Under Consideration For CY 2012 Rulemaking

These programs are not required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC362	Measure under consideration	1	Value-Based Payment Modifier	PQI 10: Dehydration Admissions Rate	0280	Endorsed	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for hypovolemia.	Population in Metro Area or county, age 18 years and older.	Exclude cases: - transferring from another institution (SID ASOURCE=2) - MDC 14 (pregnancy, childbirth, and puerperium) - MDC 15 (newborn and other neonates)	None listed	Safety	AHRQ	Chronic & Elder Care	
MUC363	Measure under consideration	1	Value-Based Payment Modifier	PQI 11: Bacterial pneumonia	0279	Endorsed	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for bacterial pneumonia.	Population in Metro Area or county, age 18 years and older.	Exclude cases: - transferring from another institution (SID ASOURCE=2) - MDC 14 (pregnancy, childbirth, and puerperium) - MDC 15 (newborn and other neonates) - With diagnosis code for sickle cell anemia or HB-S disease	None listed	Safety	AHRQ	Respiratory	Pneumonia
MUC364	Measure under consideration	1	Value-Based Payment Modifier	PQI 12: Urinary Tract Infection Admissions Rate	0281	Endorsed	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code of urinary tract infection	Population in Metro Area or county, age 18 years and older.	Exclude cases: - transferring from another institution (SID ASOURCE=2) - MDC 14 (pregnancy, childbirth, and puerperium) - MDC 15 (newborn and other neonates) - with diagnosis code of kidney/urinary tract disorder - with diagnosis code of immunocompromised state - with immunocompromised state procedure code	None listed	Safety	AHRQ	Patient Safety	Health Care-Associated Infections
MUC365	Measure under consideration	1	Value-Based Payment Modifier	Total Per Capita Cost		Not NQF Endorsed	The ratio of all actual Medicare FFS Parts A and B payments to a physician or medical group for beneficiaries attributed to them over a calendar year to all	The sum of the price-standardized actual Medicare Part A and Part B costs during the calendar year for all Medicare beneficiaries who were attributed to the	The sum of the price-standardized expected (based on beneficiary medical histories) Medicare Part A and Part B costs during the calendar year for all Medicare beneficiaries	Exclusions: • Beneficiaries without Medicare FFS Parts A and B coverage for all 12 months of the calendar year • Beneficiaries for	Affordable Care	CMS	Health Services Administration	Cost

**Measures Under Consideration For CY 2012 Rulemaking**

These programs are not required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
							expected payments to the physician or medical group, multiplied by the payment for the average beneficiary in the sample.	physician or medical group, multiplied by the actual Medicare FFS Part A and Part B payments for the average beneficiary in the sample.	who were attributed to the physician or medical group.	whom Medicare was a secondary payer • Beneficiaries without a prior calendar year Hierarchical Condition Category risk score (which is used to compute expected beneficiary costs) • Beneficiaries for whom non-risk-adjusted total Medicare costs were in the bottom one percent of the distribution of costs for all beneficiaries • Beneficiaries who resided outside the United States or who were included in a Medicare fee-for-service demonstration in the calendar year (excluded in the medical group measures but included in the individual physician measures) • Beneficiaries covered by the Railroad Retirement Board (excluded in the individual physician measures but included in the medical group measures) • All hospice claims				

### Measures Under Consideration For CY 2012 Rulemaking

These programs are not required by statute to be included in the ACA 3014 Measures List:

ACA ID	Status	Category	C.M.S. Program	Measure	N.Q.F. ID	N.Q.F. Endorsed Status	Description	Numerator	Denominator	Exclusions	N.Q.S.P.	Measure Steward	Condition	Subcondition
MUC366	Measure under consideration	3	Value-Based Payment Modifier	Use of Appropriate Medications for Asthma	0036	Endorsed	Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication.	Documentation in the medical record must include, at a minimum, a note indicating the patient received at least one written prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines during the measure	All patients ages 5-56 years as of December 31 of the measurement year with persistent asthma reported in three age stratifications (5-9, 10-17, 18-56) and as a combined rate.	None	Effective prevention and treatment of illnesses	NCQA	Respiratory	Asthma