

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Assessment of Blood Pressure)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	229	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	d295069f-a39a-4f24-8a8c-a18861438e0d
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of patients 65 and older with an annual wellness visit (AWV) during the measurement period whose blood pressure was taken and recorded during the AWV		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<b>Rationale</b>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>Hypertension is independently associated with cardiovascular diseases in older adults. Currently, 70 million American adults (29 percent) have high blood pressure (Centers for Disease Control and Prevention 2015). The prevalence of this condition is higher among older adults. During the 2009–2010 National Health Interview Surveys, an average of 54 percent of men and 57 percent of women age 65 and older reported having hypertension (Federal Interagency Forum on Aging-Related Statistics 2012). High blood pressure costs the nation \$46.4 billion annually in direct and indirect medical expenses, including the cost of health care services, medications to treat blood pressure, and missed days of work (Centers for Disease Control and Prevention 2015).</p>
<b>Clinical Recommendation Statement</b>	<p>The U.S. Preventive Services Task Force (2015) recommends screening for high blood pressure in adults age 18 and older. This is a grade A recommendation (Siu 2015).</p> <p>The American Academy of Family Physicians recommends screening for high blood pressure in adults aged 18 years or older. This is an A recommendation (American Academy of Family Physicians 2015).</p>
<b>Improvement Notation</b>	A higher score indicates better quality.
<b>Reference</b>	<p>American Academy of Family Physicians. “Clinical Preventive Service Recommendation: Hypertension, Adults.” Leawood, KS: American Academy of Family Physicians, 2015. Available at <a href="http://www.aafp.org/patient-care/clinical-recommendations/all/hypertension.html">http://www.aafp.org/patient-care/clinical-recommendations/all/hypertension.html</a>.</p>
<b>Reference</b>	<p>Centers for Medicare &amp; Medicaid Services. “Chapter 15 – Covered Medical and Other Health Services.” Medicare Benefit Policy Manual, Rev. 228, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>.</p>
<b>Reference</b>	<p>Centers for Disease Control and Prevention. “High Blood Pressure Facts.” Atlanta, GA: Centers for Disease Control and Prevention, 2015. Available at <a href="http://www.cdc.gov/bloodpressure/facts.htm">http://www.cdc.gov/bloodpressure/facts.htm</a>.</p>
<b>Reference</b>	<p>Siu, A.L. “Screening for High Blood Pressure in Adults: U.S. Preventive Services Task Force Recommendation Statement.” <i>Annals of Internal Medicine</i>, vol. 163, 2015, pp. 778–786.</p>
<b>Reference</b>	<p>Federal Interagency Forum on Aging-Related Statistics. “Older Americans 2012: Key Indicators of Well-Being.” Washington, DC: U.S. Government Printing Office, June 2012.</p>
<b>Definition</b>	<p>AWV is a Medicare benefit that includes personalized prevention plan services; the establishment of, or update to, the individual’s medical and family history; and the measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare &amp; Medicaid Services 2016).</p>

<b>Guidance</b>	<p>In reference to the numerator element, only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.</p> <p>This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.</p>
<b>Transmission Format</b>	TBD
<b>Initial Population</b>	Patients 65 and older with an AWV during the measurement period
<b>Denominator</b>	Equals Initial Patient Population
<b>Denominator Exclusions</b>	None
<b>Numerator</b>	Patients who have a blood pressure taken and recorded during the AWV
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	None
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Screening for Falls Risk)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	231	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	e22ea997-4ec1-4ed2-876c-3671099cb325
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of patients 65 and older with an annual wellness visit (AWV) during the measurement period who were screened for falls risk in the 12 months before or during the AWV		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<p><b>Rationale</b></p>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>One in four Americans ages 65 and older experiences a fall each year, leading to at least 3 million hospitalizations for hip fractures and 2.8 million emergency department visits each year. In addition, one in five falls causes a serious injury, and falls are the most common cause of traumatic brain injuries. Studies show that falling once doubles a person’s chances of falling again; however, fewer than half of older adults who fall will tell their doctors (Centers for Disease Control and Prevention 2016).</p> <p>This measure is based on CMS 139—Falls: Screening for Future Fall Risk.</p>
<p><b>Clinical Recommendation Statement</b></p>	<p>“All older individuals should be asked whether they have fallen (in the past year).</p> <ol style="list-style-type: none"> <li>1. An older person who reports a fall should be asked about the frequency and circumstances of the fall(s).</li> <li>2. Older individuals should be asked whether they experience difficulties with walking or balance.</li> <li>3. Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or report difficulties in walking or balance (with or without activity curtailment) should have a multifactorial fall risk assessment.” Not graded</li> </ol> <p>“Direct interventions customized to the identified risk factors, coupled with an appropriate exercise program should follow the multifactorial fall risk assessment.” Grade: A</p> <p>“A strategy to reduce the risk of falls should include multifactorial assessment of known fall risk factors and management of the risk factors identified.” Grade: A</p> <p>(American Geriatrics Society, British Geriatrics Society, 2011)</p>
<p><b>Improvement Notation</b></p>	<p>A higher score indicates better quality.</p>
<p><b>Reference</b></p>	<p>Centers for Disease Control and Prevention. “Important Facts About Falls.” Atlanta, GA: Centers for Disease Control and Prevention, 2016. Available at <a href="https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html">https://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html</a>.</p>
<p><b>Reference</b></p>	<p>Centers for Medicare &amp; Medicaid Services. “Chapter 15 – Covered Medical and Other Health Services.” Medicare Benefit Policy Manual, Rev. 228, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>.</p>
<p><b>Reference</b></p>	<p>Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. “Summary of the Updated American Geriatrics Society/British Geriatrics Society clinical practice guideline for prevention of falls in older persons.” Journal of the American Geriatrics Society, vol. 59, no. 1, 2011, pp. 148–157.</p>

<b>Definition</b>	<p>AWV is a Medicare benefit that includes personalized prevention plan services; the establishment of, or update to, the individual's medical and family history; and the measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare &amp; Medicaid Services 2016).</p> <p>Screening for fall risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure; however, potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.</p> <p>Fall: A sudden, unintentional change in position causing a person 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.</p>
<b>Guidance</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.
<b>Transmission Format</b>	TBD
<b>Initial Population</b>	Patients 65 and older with an AWV during the measurement period
<b>Denominator</b>	Equals Initial Patient Population
<b>Denominator Exclusions</b>	Documentation of medical reason(s) for not screening for fall risk (for example, patient is not ambulatory) in the 12 months before or during the AWV
<b>Numerator</b>	Patients who were screened for falls risk in the 12 months before or during the AWV
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	None
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Screening for Depression)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	244	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not Applicable	<b>GUID</b>	ba108b7b-90b4-4692-b1d0-5db554d2a1a2
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of patients 65 and older with an annual wellness visit (AWV) during the measurement period who were screened for depression in the 12 months before or during the AWV		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<p><b>Rationale</b></p>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>In the primary care setting, the prevalence of major depressive disorder ranges from 6 to 9 percent in older adults. Certain life events associated with depression are common among older adults, including disability and poor health status related to medical illness, cognitive decline, bereavement, chronic sleep disturbance, loneliness, a history of depression, and placement in residential or inpatient institutions. Depression is not a normal part of aging and is detectable, treatable, and a candidate for prevention efforts (U.S. Preventive Services Task Force 2016).</p> <p>Screening for depression is important because depression is a significant risk factor for suicide. In 2010, about 8,618 adults 60 and older died from suicide (Administration on Aging 2012). Research indicates that for adults 55 and older with deaths from suicide, an average of 58 percent had contact with primary care providers in the month before their suicide. This rate is significantly higher than the rate for adults 35 and younger (23 percent) (Luoma et al. 2002). Studies have shown that primary care physicians fail to recognize up to half of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to administer psychiatric screening instruments (Coyle et al. 2003).</p> <p>This measure is based on CMS 2—Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p>
<p><b>Clinical Recommendation Statement</b></p>	<p>The U.S. Preventive Services Task Force recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. This is a Grade B recommendation (U.S. Preventive Services Task Force 2016).</p>
<p><b>Improvement Notation</b></p>	<p>A higher score indicates better quality.</p>
<p><b>Reference</b></p>	<p>Centers for Medicare &amp; Medicaid Services. “Chapter 15 – Covered Medical and Other Health Services.” Medicare Benefit Policy Manual, Rev. 228, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>.</p>
<p><b>Reference</b></p>	<p>Coyle J.T., D.S. Pine, D.S. Charney, L. Lewis, C.B. Nemeroff, G.A. Carlson, and P.T. Joshi. “Depression and Bipolar Support Alliance Consensus Development Panel. Depression and Bipolar Support Alliance Consensus Statement on the Unmet Needs in Diagnosis and Treatment of Mood Disorders in Children and Adolescents.” <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, vol. 42, 2003, pp. 1494–1503.</p>
<p><b>Reference</b></p>	<p>Luoma, J.B., C.E. Martin, and J.L. Pearson. “Contact with Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence.” <i>American Journal of Psychiatry</i>, vol. 159, no. 6, 2002, pp. 909–916.</p>
<p><b>Reference</b></p>	<p>Administration on Aging. “Issue Brief 4: Preventing Suicide in Older Adults.” Washington, DC: Administration on Aging, 2012. Available at <a href="https://www.ncoa.org/resources/issue-brief-4-preventing-suicide-in-older-adults/">https://www.ncoa.org/resources/issue-brief-4-preventing-suicide-in-older-adults/</a>.</p>

<b>Reference</b>	U.S. Preventive Services Task Force. "Screening for Depression in Adults." Rockville, MD: U.S. Preventive Services Task Force, 2016. Available at <a href="https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1">https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1</a> .
<b>Definition</b>	<p>AWV is a Medicare benefit that includes personalized prevention plan services; the establishment of, or update to, the individual's medical and family history; and the measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare &amp; Medicaid Services 2016).</p> <p>Standardized Depression Screening Tool—A normalized and validated depression screening tool developed for the patient population in which it is being utilized</p> <p>Examples of depression screening tools for adults include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>- Patient Health Questionnaire (PHQ9)</li> <li>- Beck Depression Inventory (BDI or BDI-II)</li> <li>- Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>- Depression Scale (DEPS)</li> <li>- Duke Anxiety-Depression Scale (DADS)</li> <li>- Geriatric Depression Scale (GDS)</li> <li>- Cornell Scale Screening</li> <li>- Primary Care Evaluation of Mental Disorders (PRIME MD)-PHQ2</li> </ul>
<b>Guidance</b>	<p>A depression screening meets the numerator criteria if it is completed during or in the 12 months before the AWV and is conducted using an age-appropriate standardized depression screening tool.</p> <p>Screening tools:</p> <ul style="list-style-type: none"> <li>- The electronic health record must document the name of the age-appropriate standardized depression screening tool used.</li> <li>- Standardized depression screening tools should be normalized and validated for the age-appropriate patient population in which they are used and must be documented in the electronic health record.</li> </ul> <p>This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.</p>
<b>Transmission Format</b>	TBD
<b>Initial Population</b>	Patients 65 and older with an AWV during the measurement period
<b>Denominator</b>	Equals Initial Patient Population
<b>Denominator Exclusions</b>	Patients with an active diagnosis of depression or bipolar disorder during the AWV
<b>Numerator</b>	Patients who were screened for depression in the 12 months before or during the AWV using an age-appropriate standardized tool

<b>Numerator Exclusions</b>	Not Applicable
<b>Denominator Exceptions</b>	Patient reasons Patient refuses to participate OR Medical reasons Patient is in an urgent or emergent situation in which time is of the essence and to delay treatment would jeopardize the patient's health status OR Situations in which the patient's functional capacity or motivation to improve could affect the accuracy of results of standardized depression assessment tools (for example, certain court-appointed cases or cases of delirium)
<b>Measure Population</b>	Not Applicable
<b>Measure Observations</b>	Not Applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Influenza Vaccination)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	232	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	7b905b21-d904-454f-885b-9ce5d19674e3
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of patients 65 years of age and older with an annual wellness visit during the measurement period who received an influenza immunization OR who reported previous receipt of an influenza immunization		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<p><b>Rationale</b></p>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for older adults.</p> <p>Each year in the United States, millions of people are sickened, hundreds of thousands are hospitalized, and thousands or tens of thousands die from the flu (Centers for Disease Control and Prevention 2016a). Ninety percent of flu-related deaths and more than half of flu-related hospitalizations occur in people 65 and older (Thompson et al. 2004). A national study estimated the annual economic burden of seasonal influenza in the United States (using 2003 population and dollars) to be \$87.1 billion, including \$10.4 billion in direct medical costs (Thompson et al. 2004).</p> <p>This measure is based on CMS 147—Preventive Care and Screening: Influenza Immunization.</p>
<p><b>Clinical Recommendation Statement</b></p>	<p>The ACIP recommends annual influenza vaccination of all persons older than six months (Centers for Disease Control and Prevention 2016b)</p>
<p><b>Improvement Notation</b></p>	<p>A higher score indicates better quality.</p>
<p><b>Reference</b></p>	<p>Centers for Disease Control and Prevention. “Seasonal Influenza (Flu).” Updated May 4, 2016a. Atlanta, GA: Centers for Disease Control and Prevention, 2016. Available at <a href="http://www.cdc.gov/flu/about/qa/disease.htm">http://www.cdc.gov/flu/about/qa/disease.htm</a> (November 2016).</p>
<p><b>Reference</b></p>	<p>Centers for Medicare &amp; Medicaid Services. “Chapter 15 – Covered Medical and Other Health Services.” Medicare Benefit Policy Manual, Rev. 228. Baltimore, MD: Centers for Medicare &amp; Medicaid Services, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>.</p>
<p><b>Reference</b></p>	<p>Thompson, W.W., D.K. Shay, E. Weintraub, L. Brammer, C.B. Bridges, N.J. Cox, K. Fukuda. “Influenza-Associated Hospitalizations in the United States.” <i>JAMA</i>, vol. 292, no. 11, 2004, pp. 1333–1340.</p>
<p><b>Reference</b></p>	<p>Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices. 2016b. “Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2016–17 Influenza Season.” <i>Morbidity and Mortality Weekly Report</i>, vol. 65, no. 5, 2016b, pp. 1–54.</p>
<p><b>Definition</b></p>	<p>The annual wellness visit is a Medicare benefit that includes personalized prevention plan services, includes the establishment of, or update to, the individual’s medical and family history, measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare &amp; Medicaid Services 2016).</p>

<b>Guidance</b>	<p>The time frame for the visit in the denominator refers to the influenza season defined by the measure: October to March (October 1 for the year before the start of the reporting period to March 31 during the reporting period).</p> <p>To enable reporting of this measure at the close of the reporting period, this measure will assess only the influenza season that ends in March of the reporting period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.</p> <p>To account for the majority of reporting years' appropriate flu season duration, the measure logic will look at the first 89 days of the measurement period for the appropriate criteria and actions to be present or performed (January 1 to March 31). The measure developer believes it is best to keep the logic as static as possible from one reporting year to the next. Therefore, during leap years, only encounters that occur through March 30 will be counted in the denominator.</p> <p>This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.</p>
<b>Transmission Format</b>	TBD
<b>Initial Population</b>	Patients 65 and older with an annual wellness visit during the measurement period
<b>Denominator</b>	Patients in the eligible population with an encounter from October 1 of the year before the measurement period to March 31 of the measurement period
<b>Denominator Exclusions</b>	None
<b>Numerator</b>	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	<p>Documentation of medical reasons, patient reasons, and system reasons for not receiving influenza immunization in the 153 days before the start of the measurement period to the end of the most recent flu season</p> <p>Documentation of an active allergy any time before the end of the most recent flu season</p>
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Pneumococcal Vaccination)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	238	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	5b20afea-d4af-4f7a-a5a3-f1f6165b9e5f
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of patients 65 and older with an annual wellness visit during the measurement period who have ever received a pneumococcal vaccination		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<p><b>Rationale</b></p>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>Invasive pneumococcal disease is a leading cause of serious illness among older adults in the United States. In 2014, pneumonia was the cause of death in an estimated 42,405 adults older than 65 (Kochanek et al. 2016).</p> <p>Among the 91.5 million U.S. adults older than 50, an estimated 29,500 cases of invasive pneumococcal disease, 502,600 cases of nonbacteremic pneumococcal pneumonia, and 25,400 pneumococcal-related deaths occur yearly; annual direct and indirect costs are estimated to total \$3.7 billion and \$1.8 billion, respectively. Pneumococcal disease remains a substantial burden among older U.S. adults, despite increased coverage with 23-valent pneumococcal polysaccharide vaccine (PPSV23), and indirect benefits afforded by 7- valent Pneumococcal Conjugate Vaccine (PCV7) vaccination of young children (Weycker et al. 2011).</p> <p>Vaccination has been found to be effective against bacteremic cases (odds ratio [OR]: 0.34; 95 percent confidence interval [CI]: 0.27–0.66), as well as nonbacteremic cases (OR: 0.58; 95 percent CI: 0.39–0.86). In one study, vaccine effectiveness was highest against bacteremic infections caused by vaccine types (OR: 0.24; 95 percent CI: 0.09–0.66) (Vila-Corcoles et al. 2009). However, data from the 2015 National Health Interview Survey show that only 63.5 percent of adults 65 and older have ever received a pneumococcal vaccination (Ward et al. 2016).</p> <p>This measure is based on CMS 127—Pneumococcal Vaccination Status for Older Adults.</p>
<p><b>Clinical Recommendation Statement</b></p>	<p>The Advisory Committee on Immunization Practices (ACIP) recommends routine use of 13-valent pneumococcal conjugate vaccine (PCV13) among adults ages 65 years and older. PCV13 should be administered in series with PPSV23 (Tomczyk 2014).</p> <p>In 2015, ACIP updated its recommendation and changed the interval between PCV13 and PPSV23, from 6 to 12 months to at least one year for immunocompetent adults 65 and older who have not previously received pneumococcal vaccine. For immunocompromised vaccine-naïve adults, the minimum acceptable interval between PCV13 and PPSV23 is eight weeks. Both immunocompetent and immunocompromised adults aged 65 and older who have previously received a dose of PPSV23 when over the age of 65 should receive a dose of PCV13 at least one year after PPSV23 (greater than or equal to one year). Immunocompetent and immunocompromised adults 65 and older who have previously received a dose of PPSV23 when under the age of 65 should also receive a dose of PCV13 at least one year after PPSV23 (greater than or equal to one year) and then another dose of PPSV23 at least one year after PCV13. For those that have this alternative three-dose schedule (two PPSV23 and one PCV13), the three doses should be spread over a time period of five or more years (Kobayashi 2015)</p>
<p><b>Improvement Notation</b></p>	<p>A higher score indicates better quality.</p>

<b>Reference</b>	Centers for Medicare & Medicaid Services. "Chapter 15 – Covered Medical and Other Health Services." Medicare Benefit Policy Manual, Rev. 228, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a> .
<b>Reference</b>	Kobayashi, M., N.M. Bennett, R. Gierke, O. Almendares, M.R. Moore, C.G. Whitney, and T. Pilishvili. "Intervals between PCV13 and PPSV23 vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP)." <i>MMWR Morb Mortal Wkly Rep</i> 64, no. 34 (2015): 944-947.
<b>Reference</b>	Kochanek, Kenneth D., Sherry L. Murphy, Jiaquan Xu, and Betzaida Tejada-Vera. "Deaths: Final Data for 2014." <i>National Vital Statistics Report</i> , vol. 65, no. 4, 2016. Available at <a href="http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf">http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf</a> .
<b>Reference</b>	Tomczyk, S., N. M. Bennett, C. Stoecker, R. Gierke, M. R. Moore, C. G. Whitney, S. Hadler, T. Pilishvili, and Centers for Disease Control and Prevention (CDC). "Use of PCV-13 and PPSV-23 vaccine among adults aged 65 and older: recommendations of the ACIP." <i>MMWR Morb Mortal Wkly Rep</i> 63 (2014): 822-825.
<b>Reference</b>	Vila-Corcoles, A., E. Salsench, T. Rodriguez-Blanco, O. Ochoa-Gondar, C. de Diego, A. Valdivieso, I. Hospital, F. Gomez-Bertemeu, and X. Raga. "Clinical Effectiveness of 23-Valent Pneumococcal Polysaccharide Vaccine Against Pneumonia in Middle-Aged and Older Adults: A Matched Case-Control Study." <i>Vaccine</i> , vol. 27, no. 10, 2009, pp. 1504–1510.
<b>Reference</b>	Ward, B.W., T.C. Clarke, C.N. Nugent, and J.S. Schiller. "National Health Interview Survey Early Release Program." Atlanta, GA: National Center for Health Statistics, 2016. Available at <a href="http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605.pdf">http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605.pdf</a> .
<b>Reference</b>	Weycker, D., D. Strutton, J. Edelsberg, R. Sato, and L.A. Jackson. "Clinical and Economic Burden of Pneumococcal Disease in Older U.S. Adults." <i>Vaccine</i> , vol. 28, no. 31, 2011, pp. 4955–4960.
<b>Definition</b>	The annual wellness visit is a Medicare benefit that includes personalized prevention plan services; the establishment of, or update to, the individual’s medical and family history; and the measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare & Medicaid Services 2016).
<b>Guidance</b>	ACIP (Kobayashi 2015) provides guidance about the proper interval and relative timing for the administration of two pneumococcal vaccines; this measure assesses whether patients have received at least one of either vaccine.  This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.
<b>Transmission Format</b>	TBD
<b>Initial Population</b>	Patients 65 and older with an annual wellness visit during the measurement period
<b>Denominator</b>	Equals Initial Patient Population

<b>Denominator Exclusions</b>	None
<b>Numerator</b>	Patients who have ever received a pneumococcal vaccination
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	None
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Screening for Breast Cancer)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	234	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	3000797e-11b1-4f62-a078-341a4002a11c
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of female patients 65 to 74 years of age with an annual wellness visit (AWV) during the measurement period who received a mammogram during or in the year before the measurement period		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<b>Rationale</b>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>Breast cancer ranks as the second-leading cause of death and the most common form of cancer for women in the United States. An estimated 40,450 deaths and 246,660 new cases of invasive breast cancer were anticipated in 2016 (Howlader 2016). Mammography screening has been shown to be a significant factor in reducing breast cancer deaths in older women. In addition, recent improvements in technology could lead to an increase in earlier detection of tumors at a curable or more-treatable stage (Siu 2016).</p> <p>This measure is based on CMS 125—Breast Cancer Screening.</p>
<b>Clinical Recommendation Statement</b>	The United States Preventive Services Task Force recommends biennial screening mammography for women ages 50 to 74 years. (Grade B recommendation)
<b>Improvement Notation</b>	A higher score indicates better quality.
<b>Reference</b>	Centers for Medicare & Medicaid Services. "Chapter 15—Covered Medical and Other Health Services." Medicare Benefit Policy Manual, Rev. 228, Baltimore, MD: Centers for Medicare & Medicaid Services, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a> .
<b>Reference</b>	Howlader, N. "SEER Cancer Statistics Review, 1975–2016, National Cancer Institute." Washington, DC: National Cancer Institute, 2016. Available at <a href="http://seer.cancer.gov/csr/">http://seer.cancer.gov/csr/</a> .
<b>Reference</b>	Siu, A.L. "Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement." <i>Annals of Internal Medicine</i> , vol. 164, 2016, pp. 279–296.
<b>Reference</b>	U.S. Preventive Services Task Force. "Breast Cancer Screening." Rockville, MD: U.S. Preventive Services Task Force, 2016. Available at <a href="https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1">https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1</a>
<b>Definition</b>	The annual wellness visit is a Medicare benefit that includes personalized prevention plan services; the establishment of, or update to, the individual's medical and family history; and measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare & Medicaid Services 2016).
<b>Guidance</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.
<b>Transmission Format</b>	TBD

<b>Initial Population</b>	Patients 65 years of age and older with an annual wellness visit during the measurement period
<b>Denominator</b>	Female patients 65 to 74 years of age
<b>Denominator Exclusions</b>	Women with a bilateral mastectomy or two unilateral mastectomies performed before the end of the measurement period
<b>Numerator</b>	Women who had one or more mammograms during the measurement period or in the 15 months before the measurement period
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	None
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Screening for Colorectal Cancer)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	233	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	920d5b27-df5a-4770-bd60-fc4ee251c4d2
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	<p>Percentage of patients 65 to 75 years old with an annual wellness visit (AWV) during the measurement period who had one of the following:</p> <ol style="list-style-type: none"> <li>1. a colonoscopy during or in the nine years before the measurement period</li> <li>2. a fecal occult blood test during the measurement period</li> <li>3. a flexible sigmoidoscopy during or in the four years before the measurement period</li> <li>4. Fecal Immunochemical Test-Deoxyribose Nucleic Acid (FIT-DNA) during or in the two years before the measurement period</li> <li>5. CT colonography during or in the four years before the measurement period</li> </ol>		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<b>Rationale</b>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the United States Preventive Services Task Force and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>Colorectal cancer represents 8 percent of all new cancer cases and is the second leading cause of cancer deaths in the United States. In 2016, there were an estimated 134,490 new cases of colorectal cancer and an estimated 49,190 deaths attributed to it. According to the National Cancer Institute, about 4.5 percent of men and women will be diagnosed with colorectal cancer at some point during their lifetimes.</p> <p>For most adults, older age is the most important risk factor for colorectal cancer, although being male and black are also associated with higher incidence and mortality. Colorectal cancer is most frequently diagnosed among people 65 to 74 years old (Howlader et al. 2016).</p> <p>Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated. Precancerous polyps usually take about 10 to 15 years to develop into colorectal cancer, and most can be found and removed before turning into cancer. The five-year relative survival rate for people whose colorectal cancer is found in the early stage before it has spread is about 90 percent (American Cancer Society 2017).</p> <p>This measure is based on CMS 130—Colorectal Cancer Screening.</p>
<b>Clinical Recommendation Statement</b>	<p>The U. S. Preventive Services Task Force (2016) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. This is a Grade A recommendation (U.S. Preventive Services Task Force 2016).</p> <p>Screening tests:</p> <ul style="list-style-type: none"> <li>- Colonoscopy (every 10 years)</li> <li>- Flexible sigmoidoscopy (every 5 years)</li> <li>- Fecal occult blood test (annually)</li> <li>- FIT-DNA (every 3 years)</li> <li>- Computed tomographic colonography (every 5 years)</li> </ul>
<b>Improvement Notation</b>	<p>A higher score indicates better quality.</p>
<b>Reference</b>	<p>Centers for Medicare &amp; Medicaid Services. “Chapter 15 – Covered Medical and Other Health Services.” Medicare Benefit Policy Manual, Rev. 228, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>.</p>
<b>Reference</b>	<p>U.S. Preventive Services Task Force. “Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement.” <i>JAMA</i>, vol. 315, no. 23, 2016, pp. 2564–2575. doi: 10.1001/jama.2016.5989</p>
<b>Reference</b>	<p>Howlader, N., A.M. Noone, M. Krapcho, D. Miller, K. Bishop, S.F. Altekruse, C.L. Kosary, M. Yu, J. Ruhl, Z. Tatalovich, A. Mariotto, D.R. Lewis, H.S. Chen, E.J. Feuer, and K.A. Cronin. “SEER Cancer Statistics Review, 1975–2013.” Washington, DC: National Cancer Institute, 2016. Available at <a href="http://seer.cancer.gov/csr/1975_2013/">http://seer.cancer.gov/csr/1975_2013/</a>.</p>

<b>Reference</b>	American Cancer Society. "Can Colorectal Polyps and Cancer Be Found Early?" Last modified March 2017. Washington, DC: American Cancer Society. Available at <a href="https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/detection.html">https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/detection.html</a> .
<b>Definition</b>	The annual wellness visit is a Medicare benefit that includes personalized prevention plan services; the establishment of, or update to, the individual's medical and family history; and the measurement of his or her height, weight, body-mass index or waist circumference, and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare & Medicaid Services 2016).
<b>Guidance</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.
<b>Transmission Format</b>	TBD
<b>Initial Population</b>	Patients 65 and older with an annual wellness visit during the measurement period
<b>Denominator</b>	Patients 65 to 75 years old
<b>Denominator Exclusions</b>	Patients with a diagnosis or past history of total colectomy or colorectal cancer
<b>Numerator</b>	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following: <ul style="list-style-type: none"> <li>- colonoscopy during or the nine years before the measurement period</li> <li>- fecal occult blood test during the measurement period</li> <li>- flexible sigmoidoscopy during or the four years before the measurement period</li> <li>- FIT-DNA during or the two years before the measurement period</li> <li>- CT colonography during or the four years before the measurement period</li> </ul>
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	None
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.

<b>+eMeasure Title</b>	Annual Wellness Assessment: Preventive Care (Screening for Osteoporosis)		
<b>eMeasure Identifier (Measure Authoring Tool)</b>	241	<b>eMeasure Version number</b>	0
<b>NQF Number</b>	Not applicable	<b>GUID</b>	f03324c2-9147-457b-bc34-811bb7859c91
<b>Measurement Period</b>	January 1, 20xx through December 31, 20xx		
<b>Measure Steward</b>	Centers for Medicare & Medicaid Services (CMS)		
<b>Measure Developer</b>	National Committee for Quality Assurance		
<b>Endorsed By</b>	None		
<b>Description</b>	Percentage of female patients 65 to 85 years of age with an annual wellness visit (AWV) during the measurement period who have ever received a dual x-ray absorptiometry (DXA) scan		
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<b>Measure Scoring</b>	Proportion		
<b>Measure Type</b>	Process		
<b>Stratification</b>	None		
<b>Risk Adjustment</b>	None		
<b>Rate Aggregation</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.		

<p><b>Rationale</b></p>	<p>With rising rates of certain chronic conditions such as hyperlipidemia, hypertension, and diabetes in the Medicare population, wellness and preventive care have become increasingly important to improve outcomes and reduce costs. The measures in the Annual Wellness Assessment: Preventive Care composite are based on services recommended by the U. S. Preventive Services Task Force (USPSTF) and immunizations recommended by the Advisory Committee on Immunization Practices for older adults.</p> <p>About 12 million Americans older than 50 have osteoporosis; most are women. Osteoporosis causes 2 million fractures each year, most common of which are hip, spinal, and wrist fractures. Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life, and increased mortality. Hip fractures account for 300,000 hospitalizations each year. About one-fifth of people with hip fractures are admitted to nursing homes within a year, and about one-quarter of hip fracture patients ages 50 and older die in the year following their fracture. The estimated national direct expenditures for osteoporosis and related fractures total about \$19 billion annually (Benjamin 2010).</p> <p>To identify women at risk for fractures, the USPSTF recommends screening for osteoporosis in women ages 65 years and older. Despite the health risks posed by fractures, from 2005 through 2009, only about 53 percent of female beneficiaries ages 65 or older received at least one bone mass measurement screening. Older beneficiaries had lower use of this screening; about 50 percent of beneficiaries ages 75 to 84 received at least one bone mass measurement, and about 30 percent of beneficiaries ages 85 or older received a bone mass measurement (Government Accountability Office 2012).</p>
<p><b>Clinical Recommendation Statement</b></p>	<p>The USPSTF (2011) recommends screening for osteoporosis in women ages 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. This is a Grade B recommendation (USPSTF 2011).</p>
<p><b>Improvement Notation</b></p>	<p>A higher score indicates better quality.</p>
<p><b>Reference</b></p>	<p>Benjamin, R. "Bone Health: Preventing Osteoporosis." <i>Public Health Reports</i>, vol. 125, 2010, pp. 368–370.</p>
<p><b>Reference</b></p>	<p>Centers for Medicare &amp; Medicaid Services. "Chapter 15—Covered Medical and Other Health Services." Medicare Benefit Policy Manual, Rev. 228, October 2016. Available at: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf</a>.</p>
<p><b>Reference</b></p>	<p>Government Accountability Office. "Report to Congressional Requesters: Use of Preventive Services Could Be Better Aligned with Clinical Recommendations." Washington, DC: Government Accountability Office, 2012. Available at <a href="http://www.gao.gov/assets/590/587767.pdf">http://www.gao.gov/assets/590/587767.pdf</a>.</p>
<p><b>Reference</b></p>	<p>U.S. Preventive Services Task Force. "Screening for Osteoporosis: Recommendation Statement." Agency for Healthcare Research and Quality Publication no. 10-05145-EF-2. Rockville, MD: Agency for Healthcare Research and Quality, January 2011. Available at <a href="http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm">http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm</a>.</p>

<b>Definition</b>	The AWW is a Medicare benefit that includes personalized prevention plan services, includes the establishment of, or update to, the individual's medical and family history; measurement of his or her height, weight, body-mass index, or waist circumference; and blood pressure, with the goal of promoting health, detecting disease, and encouraging patients to obtain the screening and preventive services that might already be covered and paid for under Medicare Part B (Centers for Medicare & Medicaid Services 2016).
<b>Guidance</b>	This is part of a composite measure (Annual Wellness Assessment: Preventive Care). Instructions for calculating the composite are provided under separate documentation.
<b>Transmission Format</b>	To be determined
<b>Initial Population</b>	Patients 65 years of age and older with an AWW during the measurement period
<b>Denominator</b>	Female patients age 65 to 85
<b>Denominator Exclusions</b>	Diagnosis of osteoporosis before the end of the measurement period
<b>Numerator</b>	Female patients who have ever received a central (that is., hip or spine) DXA scan
<b>Numerator Exclusions</b>	Not applicable
<b>Denominator Exceptions</b>	None
<b>Measure Population</b>	Not applicable
<b>Measure Observations</b>	Not applicable
<b>Supplemental Data Elements</b>	For every patient evaluated by this measure, also identify payer, race, ethnicity, and sex.