Measure Title	Description Description	Intellectual Property Owner ¹	NQF endorsed	AQA Approved
AMBULATORY SURGERY	CENTERS	- Wiles		
Selection of Prophylactic	Percentage of surgical patients aged ≥ 18 years	NCQA/AMA PCPI	V	V
Antibiotic, 1 or 2 Generation Cephalosporin**	undergoing procedures with the indications for a 1 OR 2 generation cephalosporin prophylactic antibiotic who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis.			
Timing of Prophylactic Antibiotics, Ordering Physician**	Percentage of surgical patients aged \geq 18 years undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision or (start of procedure when no incision is required).	NCQA/AMA PCPI	1	V
Timing of Prophylactic Antibiotics, Administering Physician**	Percentage of surgical patients aged \geq 18 years with indications for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for whom administration of prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, tow hours) prior to the surgical incision (or start of procedure when no incision is required).	NCQA/AMA PCPI	V	V
Discontinuation of Prophylactic Antibiotics, Non-Cardiac Procedures**	Percentage of all non-cardiac surgical patients aged ≥ 18 years undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time.	NCQA/AMA PCPI	V	V
ASTHMA/RESPIRATORY		2		
Use of Appropriate Medications for People with Asthma	Percentage of patients 5-56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.	NCQA ³	V	V
Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis	Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	NCQA ³	√ 	

Appropriate Treatment for	The percentage of children 3 months-18 years who	3	2	1
Children with Upper	were given a diagnosis of upper respiratory infection	NCQA	V	V
Respiratory Infection	(URI) and were not dispensed an antibiotic			
Respiratory infection	prescription.			
Appropriate Testing for	The percentage of children 2-18 years of age who	3		2
		NCQA	V	V
Children with Pharyngitis	were diagnosed with pharyngitis, dispensed an			
	antibiotic and received a group A streptococcus			
	(strep) test for the episode.			
BONE and JOINT DISEASI			I	
Osteoporosis:	Percentage of patients aged 50 years and older	AAFP/AAOS/AACE/AC	V	
Communication with the	treated for a hip, spine or distal radial fracture with	Rheum/AMA		
Physician Managing	documentation of communication with the physician	PCPI ² /NCQA		
Ongoing Care Post-	managing the patient's ongoing care that a fracture			
Fracture**	occurred and that the patient was or should be tested			
	or treated for osteoporosis.			
Osteoporosis: Screening or	Percentage of female patients aged 65 years and	AAFP/AAOS/AACE/AC	$\sqrt{}$	
Therapy for Women Aged	older who have a central DXA measurement ordered	Rheum/AMA		
65 Years and Older**	or performed at least once since age 60 or	PCPI ² /NCQA		
	pharmacologic therapy prescribed within 12 months.	-		
Osteoporosis: Management	Percentage of patients aged 50 years or older with	AAFP/AAOS/AACE/AC	$\sqrt{}$	
Following Fracture**	fracture of the hip, spine or distal radius who had a	Rheum/AMA		
	central dual-energy X-ray absoptiometry (DXA)	PCPI ² /NCQA		
	measurement ordered or performed or			
	pharmacologic therapy prescribed.			
Osteoporosis:	Percentage of patients aged 50 years and older with	AAFP/AAOS/AACE/AC	$\sqrt{}$	
Pharmacologic Therapy**	a diagnosis of osteoporosis who were prescribed	Rheum/AMA		
	pharmacologic therapy within 12 months.	PCPI ² /NCQA		
Osteoporosis Management in	Percentage of women 65 years of age and older who	NCQA ³	V	
Women Who Had a Fracture	suffered a fracture and who had either a bone	l legit	•	
Women who had a hactare	mineral density (BMD) test or prescription for a			
	drug to treat or prevent osteoporosis in the six			
	months after date of the fracture.			
Disease Modifying Anti-	Percentage of patients 18 years and older who were	NCQA ³		
Rheumatic Drug Therapy in	diagnosed with rheumatoid arthritis and who were		٧	
Rheumatoid Arthritis	dispensed at least one ambulatory prescription			
Michigania Alliitus	dispensed for a disease modifying anti-rheumatic			
	drug (DMARD).			
	urug (DIVIAKD).			

		1		
Low Back Pain: Use of	Percentage of patients 18-50 years of age with a	NCQA ³	$\sqrt{}$	
Imaging Studies	primary diagnosis of low back pain who did not			
	have an imaging study (plain x-ray, MRI, CT scan)			
	within 28 days of the diagnosis.			
Low Back Pain (LBP):	The percentage of patients with a diagnosis of back	NCQA ⁴		$\sqrt{}$
Initial Visit§	pain who have medical record documentation of all	110011		
	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, and			
	5. Employment status			
LBP: Physical Exam	The percentage of patients with documentation of a	NCQA	$\sqrt{}$	$\sqrt{}$
	physical examination on the date of the initial visit			
	with the physician.			
LBP: Mental Health	The percentage of patients with a diagnosis of back	NCQA	$\sqrt{}$	$\sqrt{}$
Assessment	pain for whom documentation of a mental health			
	assessment is present in the medical record prior to			
	intervention or when pain lasts more than six weeks.			
LBP: Appropriate Imaging	The percentage of patients with a diagnosis of back	NCQA	$\sqrt{}$	$\sqrt{}$
for Acute Back Pain	pain for whom the physician ordered imaging			
	studies during the six weeks after pain onset, in the			
	absence of "red flags" (overuse measure, lower			
	performance is better).			
LBP: Repeat Imaging	The percentage of patients who received	NCQA	$\sqrt{}$	$\sqrt{}$
Studies	inappropriate repeat imaging studies in the absence			
	of red flags or progressive symptoms (overuse			
	measure, lower performance is better).		,	
LBP: Advice for Normal	The percentage of patients with medical record	NCQA	$\sqrt{}$	$\sqrt{}$
Activities	documentation that a physician advised them to			
	maintain or resume normal activities.			

[§] Currently, the Low Back Pain measures are not included in the measure specifications document. An addendum containing the Low Back Pain measures will be released at a later date.

LBP: Advice Against Bedrest	The percentage of patients with medical record documentation that a physician advised them against bed rest lasting four days or longer.	NCQA	V	V
LBP: Recommendations for Exercise	The percentage of patients with back pain lasting more than 12 weeks, with documentation of physician advice for supervised exercise.	NCQA	V	√
LBP: Appropriate Use of Epidural Steroid Injections	The percentage of patients with back pain who have received an epidural steroid injection in the absence of radicular pain AND those patients with radicular pain who received an epidural steroid injection without image guidance (overuse measure, lower performance is better).	NCQA	V	V
LBP: Surgical Timing	The percentage of patients without documentation of red flags who had surgery within the first six weeks of back pain onset (overuse measure, lower performance is better). Note: This measure is applicable only for physicians who perform surgery.	NCQA	V	V
LBP: Patient Reassessment	The percentage of patients with documentation that the physician conducted reassessment of both of the following. • Pain, and • Functional status	NCQA	V	V
LBP: Shared Decision Making	The percentage of patients with whom a physician or other clinician reviewed the range of treatment options, including alternatives to surgery prior to surgery. To demonstrate shared decision making, there must be documentation in the patient record of a discussion between the physician and the patient that includes all of the following. • Treatment choices, including alternatives to surgery • Risks and benefits • Evidence of effectiveness	NCQA	V	√
	Note: This measure is applicable only for physicians who perform surgery.			

LBP: Patient Education	The physician provides patients with educational materials that review the natural history of the disease and treatment options, including alternatives to surgery, the risks and benefits and the evidence. Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records.	NCQA	V	V
LBP: Post-surgical	The physician has a system to examine post-surgical	NCQA	V	V
Outcomes	outcomes that includes the following. • Tracking specific complications of back surgery • Periodic analysis of surgical complications data and a plan for improving outcomes			
	Note: This standard is assessed as a process that applies to all patients. Evaluation is not based on documentation in individual medical records. This standard is applicable only for physicians who perform surgery.			
LBP: Evaluation of Patient Experience	To demonstrate that the physician has mechanisms to evaluate patient experience there must be evidence of the following. • An ongoing system for obtaining feedback about patient experience with care • A process for analyzing the data and a plan for improving patient experience Note: This standard is assessed as a process that appli to all patient. Evaluation is not based on documentation in individual medical record			V
DIABETES	in marvidual medical record			
HbA1c Management:	Percentage of patients 18-75 years of age with	NCQA ^{2,3} /Alliance	√	
Testing	diabetes who had one or more HbA1c test(s) during the measurement year.			
Eye Examination	Percentage of patients 18-75 years of age with diabetes who had a dilated or retinal eye exam during the measurement year or a negative retinal eye exam during the prior year.	NCQA ² , ³ /Alliance	V	V

Foot Examination	Percentage of patients 18-75 years of age with	NCQA Alliance	\ \ \	
1 oot Examination	diabetes who received at least one foot exam during	NCQA Alliance	٧	
	the measurement year.			
HbA1c Management: Poor	Percentage of patients 18-75 years of age with	NCQA ^{2,3} /Alliance	V	
Control	diabetes whose most recent HbA1c level during the	NCQA /Amance	·	
	measurement year is >9.0%			
HbA1c Test for Pediatric	Percentage of pediatric patients with diabetes with a	NCQA ³ /Alliance	$\sqrt{}$	
Patients	HbA1c test in a 12-month measurement period			
Blood Pressure Management	Percentage of patients 18-75 years of age with	NCQA ^{2,3} /Alliance	$\sqrt{}$	
	diabetes with most recent blood pressure less than			
	140/90 mm Hg.			
Urine Protein Screening	Percentage of patients 18-75 years of age with	NCQA ^{2,3} /Alliance	$\sqrt{}$	
	diabetes who had at least one test for microalbumin			
	during the measurement year; or who had evidence			
	of medical attention for existing nephropathy.	23		
Lipid Profile	Percentage of patients 18-75 years of age with	NCQA ^{2,3} /Alliance	V	$\sqrt{}$
	diabetes who received at least one lipid profile (or			
T : 134	ALL component tests).	2100 423/411:		
Lipid Management:	Percentage of patients 18-75 years of age with	NCQA ^{2,3} /Alliance	$\sqrt{}$	
Control (<100 mg/dL)	diabetes whose most recent LDL-C level during the			
EMEDGENCY CADE	measurement year is <100 mg/dL.			
EMERGENCY CARE	D 4 C 4 140 111 14	1 2		.1
Electrocardiogram Performed for Non-	Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of	ACEP/ AMA PCPI ² /	V	V
Traumatic Chest Pain**	non-traumatic chest pain who had an	NCQA		
Traumatic Chest Fam	electrocardiogram (ECG) performed			
Aspirin at Arrival of AMI**	Percentage of patients with an emergency	2	V	√
Aspirin at Antivar of Anti-	department discharge diagnosis of AMI who had	ACEP/ AMA PCPI /	٧	V
	documentation of receiving aspirin within 24 hours	NCQA		
	before emergency department arrival or during			
	emergency department stay			
Electrocardiogram	Percentage of patients aged 18 years and older with	ACEP/ AMA PCPI ² /	V	V
Performed for Syncope**	an emergency department discharge diagnosis of	NCQA		
	syncope who had an ECG performed	110011		
Assessment of Oxygen	Percentage of patients aged 18 years and older with	ACEP/ AMA PCPI ² /	V	$\sqrt{}$
Saturation for Community-	the diagnosis of community-acquired bacterial	NCQA		
Acquired Bacterial	pneumonia with oxygen saturation assessed			
Pneumonia**				

Assessment Mental Status for Community-Acquired Bacterial Pneumonia**	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with mental status assessed	ACEP/ AMA PCPI ² / NCQA	V	V
Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	Percentage of patients aged 18 years and older with the diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed	ACEP/ AMA PCPI ² / NCQA	V	V
EYE CARE				
Primary Open Angle Glaucoma: Optic Nerve Evaluation**	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months	AAO/AMA PCPI ² /NCQA	√	V
Age-Related Macular Degeneration: Antioxidant Supplement Prescribed/ Recommended**	Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration with at least one antioxidant vitamin or mineral supplement prescribed/recommended within 12 months	AAO/AMA PCPI ² /NCQA	V	V
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy**	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months.	AAO/AMA PCPI ² /NCQA	V	V
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care**	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes regarding the findings of the macular or fundus exam at least once within 12 months.	AAO/AMA PCPI ² /NCQA	V	V
GERIATRICS				
Medication Reconciliation**	Percentage of 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 who had a reconciliation of the discharge medications with the current medication list in the medical	AGS/AMA PCPI ² / NCQA	V	V

	Apin, 20	- '	Т	
	record documented.			
Advance Care Plan**	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	AGS/AMA PCPI ⁵ / NCQA	V	V
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women**	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.	AGS/AMA PCPI ² / NCQA	1	V
Urinary Incontinence: Characterization of Urinary Incontinence in Women**	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months.	AGS/AMA PCPI / NCQA	V	V
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women**	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.	AGS/AMA PCPI ² / NCQA	V	V
Falls: Screening for Fall Risk**	Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months	AGS/AMA PCPI ² / NCQA	V	V
HEART DISEASE			<u> </u>	
Use of Aspirin or Another Antithrombotic	Patients with ischemic vascular disease who have documentation of use of aspirin or another antithrombotic during the 12-month measurement period.	NCQA ³	V	- √
Persistence of Beta-Blocker Treatment after a Heart Attack	Percentage of patients 18 years and older during the measurement year who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) during the measurement year whose days' supply of beta blockers dispensed is ≥ 135 days in the 180 days following discharge.	NCQA ³	\	7
Beta-Blocker Treatment after a Heart Attack	Percentage of patients 35 years and older who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) during the measurement year and who received an ambulatory	NCQA ³	V	V

prescription for beta-blockers upon discharge.

Blood Pressure	Percentage of patients 18 years of age and older	NCQA ³		
Management: Control	with ischemic vascular disease whose most recent	TICQII	•	
Wanagement. Control	blood pressure during the measurement year is			
	<140/90 mm Hg.			
Complete Lipid Profile	Percentage of patients 18 years of age and older	NCQA ³	$\sqrt{}$	
r r r	with ischemic vascular disease who had a full lipid			
	profile completed during the 12-month measurement			
	period with date of each component of the profile			
	documented			
LDL Control <100	Patients with ischemic vascular disease whose most	NCQA [#]	$\sqrt{}$	
	recent LDL-C screening had a result of <100.			
HYPERTENSION				
Controlling High Blood	Percentage of patients 18-85 years of age who had a	CMS*/NCQA [#]	√	
Pressure	diagnosis of hypertension and whose blood pressure	_		
	was adequately controlled (<140/90mm/Hg) during			
	the measurement year.			
MEDICATION MANAGEM	MENT			
Documentation of	Percentage of patients with a medication list in the	CMS/SCRIPT*/NCQA#	$\sqrt{}$	
medication list in the	medical record.			
outpatient record				
Documentation of allergies	Percentage of patients with documentation of	CMS/SCRIPT*/NCQA#	$\sqrt{}$	
and adverse reactions in the	allergies and adverse reactions in the medical			
outpatient record	record.			
Annual Monitoring for	Percentage of patients 18 years and older who	NCQA [#]	$\sqrt{}$	
Patients on Persistent	received at least a 180-days supply of ambulatory			
Medications	medication therapy for a select therapeutic agent			
	during the measurement year and at least one			
a) Annual monitoring	therapeutic monitoring event for the therapeutic			
for patients on	agent in the measurement year.			
angiotensin	a) Annual monitoring for patients on			
converting enzyme	angiotensin converting enzyme (ACE)			
(ACE)	inhibitors or angiotensin receptor blockers			
inhibitors/angiotensi	(ARB)			
n receptor blockers	b) Annual monitoring for patients on digoxin			
(ARBs)	c) Annual monitoring for patients on diuretics			
b) Annual monitoring	d) Annual monitoring for patients on			
for patients on	anticonvulsants (phenytoin, Phenobarbital,			
digoxin	valproic acid, carbamazepine)			
c) Annual monitoring	e) Combined rate			

for patients on diuretics d) Annual monitoring for patients on anticonvulsants e) Annual monitoring-combined rate Use of High Risk Medications in the Elderly a) Patients who received at least one high risk medication b) Patients who received at least one high risk medication b) Patients who received at least two different high risk medications b) Patients who received at least two different high risk medications MENTAL HEALTH and SUBSTANCE USE DISORDERS Anti-Depressant Medication Anti-Depressant Medication a) Optimal Practitioner Contacts for Medication Contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase. b) Effective Acute Phase Treatment Decentage of Medicare patients 65 years and older who, during the measurement year, received at least two different high risk medications. NCQA [#]		April, 20	00		
Medications in the Elderly and older who, during the measurement year, received at least one high risk medication. b) Patients who received at least two different high risk medications b) Patients who received at least two different high risk medications mental the Latth and Substance Use Disorders Anti-Depressant Medication Management: a) Optimal Practitioner Contacts for Medication a) Optimal Practitioner Contacts for Medication Management b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase. b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major	diuretics d) Annual monitoring for patients on anticonvulsants e) Annual monitoring-				
Anti-Depressant Medication Management: a) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who had at least three follow-up contacts for Medication contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase. b) Effective Acute Phase b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major	 Medications in the Elderly a) Patients who received at least one high risk medication b) Patients who received at least two different high risk medications 	 and older who, during the measurement year, received at least one high risk medication. b) Percentage of Medicare patients 65 years and older who, during the measurement year, received at least two different high risk medications. 	NCQA [#]	V	
Management: who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who had at least three follow-up contacts for Medication Management b) Effective Acute Phase Treatment b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major	MENTAL HEALTH and SU	JBSTANCE USE DISORDERS			
depression and treated with antidepressant medication, and who had at least three follow-up contacts for Medication Management b) Effective Acute Phase Treatment depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12- week) Acute Treatment Phase. b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major	Anti-Depressant Medication	a) Percentage of patients 18 years of age and older	NCQA [#]		
a) Optimal Practitioner Contacts for Medication Management b) Effective Acute Phase Treatment b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major	Management:				
Contacts for Medication Management b) Effective Acute Phase Treatment b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major				,	
Management week) Acute Treatment Phase. b) Effective Acute Phase Treatment b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major				$\sqrt{}$	
b) Effective Acute Phase b) Percentage of patients 18 years of age and older who were diagnosed with a new episode of major √ √ √ √ √ √ √ √ √ √ √ √ √		1			
Treatment who were diagnosed with a new episode of major	Management	week) Acute Treatment Phase.			
Treatment who were diagnosed with a new episode of major					
	/			$\sqrt{}$	$\sqrt{}$
denregation, vivore treated vivith entidenregaent	Treatment	1 2			
		depression, were treated with antidepressant		1	1
c) Effective Continuation medication and remained on an antidepressant drug $\sqrt{}$				V	V
Phase Treatment during the entire 84-day Acute Treatment Phase.	rnase Treatment	during the entire 84-day Acute Treatment Phase.			
c) Percentage of patients 18 years of age and older		c) Percentage of natients 18 years of age and older			
who were diagnosed with a new episode of major					
depression and treated with antidepressant					
medication and who remained on an antidepressant					
drug for at least 180 days.					

Follow-Up Care for Children Prescribed Attention- Deficit/Hyperactivity Disorder (ADHD) Medication a) Initiation Phase b) Continuation and Maintenance Phase	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 an ADHD medication and who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.	NCQA [#]	V	
	b) Continuation and Maintenance (C&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 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 ends.		√	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment a) Initiation b) Engagement	 a) Percentage of adolescents and adults aged 13 years and older diagnosed with AOD dependence and receiving a related service who initiate treatment. b) Assessment of the degree to which patients engage in treatment with two additional AOD treatments within 30 days after initiating treatment. 	NCQA#/WC	V	
	ATION AND SCREENING - TOBACCO CESSATI			
Smoking Cessation-Medical Assistance:		NCQA [#]		
a)Advising Smokers to Quit	a) Percentage of patients 18 years and older who are current smokers, and who received advice to quit smoking in the measurement year.		V	\checkmark
b) Discussing Smoking Cessation Medication	b) Percentage of patients 18 years and older who are current smokers, and for whom smoking cessation			

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	medications were recommended or discussed.			
\	c) Percentage of patients 18 years and older who are			
c) Discussing Smoking	current smokers, and for whom smoking cessation			
Cessation Strategies	methods or strategies were recommended or			
	discussed.			
	ATION AND SCREENING - GENERAL PREVENT			
Physical Activity in Older	a) Discussing Physical Activity: Percentage of	NCQA [#]	$\sqrt{}$	
Adults	Medicare patients 65 years and older who			
	had a doctor's visit in the last 12 months			
a) Discussing	and who spoke with a doctor or other health			
physician activity	provider about their level of exercise or			
	physical activity.			
b) Advising physical	b) Advising Physical Activity: Percentage of			
activity	Medicare patients 65 years and older who			
	had a doctor's visit in the last 12 months			
	and who received advice to start, increase or			
	maintain their level of exercise or physical			
	activity.			
Urinary Incontinence	a) Percentage of patients 65 years and older	NCQA [#]	V	
Management in Older Adults	who reported having a problem with urine			
8	leakage in the last six months and who			
a) Discussing Urinary	discussed their urine leakage problem with			
Incontinence	their current practitioner.			
b) Receiving Urinary	b) Percentage of patients 65 years and older			
Incontinence	who reported having a problem with urine			
Treatment	leakage in the last six months and who			
	received treatment for their current urine			
	leakage problem.			
PREVENTION. IMMUNIZA	ATION AND SCREENING – SCREENING			
Breast Cancer Screening	Percentage of women 40-69 years of age who had a	NCQA [#]	V	V
Breast Cancer Screening	mammogram to screen for breast cancer.	110011	,	,
Cervical Cancer Screening	Percentage of women 21-64 years of age who	NCQA [#]		
Convicui Cuncon Screening	received one or more Pap tests to screen for cervical	110011	٧	٧
	cancer.			
Chlamydia Screening in	Percentage of women 16-25 years of age who were	NCQA [#]		
Women	identified as sexually active, and who had at least	NOVA	v	
Wollien	one test for chlamydia during the measurement year.			
Colorectal Cancer Screening	Percentage of patients 50-80 years of age who	NCQA [#]	2	2
Colorectal Cancel Screening	referrage of patients 50-80 years of age will	NCQA	V	٧

received appropriate screening for colorectal cancer.

	T	#					
Fall Risk Management in	a) Discussing Fall Risk: Percentage of patients	NCQA [#]	V				
Older Adults	75 years and older or 65-74 years with						
	balance or walking problems or a fall in the						
 a) Discussing Fall Risk 	past 12 months, who were seen by a						
b) Managing Fall Risk	practitioner in the past 12 months and who						
	discussed falls or problems with balance or						
	walking with their current practitioner.						
	b) Managing Fall Risk: Percentage of patients						
	aged 65 years and older who had a fall or						
	had problems with balance or walking in the						
	past 12 months, who were seen by a						
	practitioner in the past 12 months and who						
	received fall risk intervention from their						
	current practitioner.						
Osteoporosis Screening	Percentage of female patients age 65 years and older	NCQA [#]	V				
	who reported receiving a bone mineral density test	1.0 (11	,				
	(BMD) to check for osteoporosis.						
PREVENTION, IMMUNIZ	PREVENTION, IMMUNIZATION AND SCREENING – IMMUNIZATION						
Childhood Immunization	Percentage of children two years of age who had	NCQA [#]	$\sqrt{}$				
Status	four DtaP/DT, three IPV, one MMR, three H	110 21	,				
	influenza type B, three hepatitis B, one chicken pox						
	vaccine (VZV) and four pneumococcal conjugate						
	vaccines by their second birthday.						
Flu Shots for Adults Ages	Percentage of patients 50-64 years who received an	NCQA [#]	$\sqrt{}$				
50-64	influenza vaccination.	110011	,				
Flu Shots for Older Adults	Percentage of patients 65 years and older who	CMS/NCQA#	V				
The Shots for Order Addits	received an influenza vaccination.	CIVIS/IVEQ/I	,				
Pneumonia Vaccination for	The percentage of patients 65 years and older who	NCQA [#]	V				
Older Adults	report ever receiving a pneumococcal vaccination	NCQA	,				
EYE CARE	report ever receiving a pheumococcai vaccination						
Primary Open Angle	Percentage of patients aged 18 years and older with	AAO/AMA PCPI/NCQA	√				
Glaucoma: Optic Nerve	a diagnosis of primary open angle glaucoma	AAO/AMATCH/NCQA	`				
Evaluation	(POAG) who have an optic nerve head evaluation						
Evaluation	_ ` /						
Dichatia Datin - 11-11	during one or more office visits within 12 months.	A A O / A M A DODI/NICO A					
Diabetic Retinopathy:	Percentage of patients aged 18 years and older with	AAO/AMA PCPI/NCQA	$\sqrt{}$				
Documentation of Presence	a diagnosis of diabetic retinopathy who had a dilated						
or Absence of Macular	macular or fundus exam performed which included						
Edema and Level of Severity	documentation of the level If severity of retinopathy						
of Retinopathy	and the presence or absence of macular edema						

	during one or more office visits within 12 months.			
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	AAO/AMA PCPI/NCQA	V	
STROKE AND STROKE R	EHABILITATION			
Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day two.	AAN/ACR/AMA PCPI/NCQA	V	
Discharged on Antiplatelet Therapy	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antiplatelet therapy at discharge.	AAN/ACR/AMA PCPI/NCQA	V	
Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge.	AAN/ACR/AMA PCPI/NCQA	V	
Tissue Plasminogen Activator (t-PA) Considered	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration.	AAN/ACR/AMA PCPI/NCQA	1	
Screening for Dysphagia	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids or medication by mouth.	AAN/ACR/AMA PCPI/NCQA	V	
Consideration of Rehabilitation Services	Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented.	AAN/ACR/AMA PCPI/NCQA	V	

Carotid Imaging Reports	Percentage of final reports for carotid imaging	AAN/ACR/AMA	
	studies (neck MR angiography [MRA], neck CT	PCPI/NCQA	
	angiography [CTA], neck duplex ultrasound, carotid		
	angiogram) performed for patients aged 18 years		
	and older with the diagnosis of ischemic stroke or		
	transient ischemic attack (TIA) that include direct or		
	indirect reference to measurements of distal internal		
	carotid diameter as the denominator for stenosis		
	measurement.		

^{*}This performance measure was developed by NCQA for CMS and may therefore look different from the measures solely created and owned by NCQA.

AAFP- American Academy of Family Physicians (www.aafp.org)

AAO- American Academy of Ophthalmology (www.aao.org)

AAOS- American Academy of Orthopaedic Surgeons (www.aaos.org)

AACE- American Association of Clinical Endocrinologists (www.aace.com)

ACEP- American College of Emergency Physicians (www.acep.org)

ACC/AHA – American College of Cardiology/American Heart Association

ACRheum- American College of Rheumatology (www.rheumatology.org)

AGS- American Geriatrics Society (www.americangeriatrics.org)

Alliance - National Diabetes Quality Improvement Alliance (www.nationaldiabeatesalliance.org)

AMA/PCPI – American Medical Association Physician Consortium for Performance Improvement (www.physicianconsortium.org)

CMS – Centers for Medicare & Medicaid Services (www.cms.gov)

CMS-SCRIPT – The SCRIPT measures were developed by the Coalition for Quality in Medication Use, funded by CMS, and are in the public domain. The project has concluded, and the coalition is no longer available to maintain the measures; however,

NCQA has indicated that it will maintain them.

NCQA - National Committee for Quality Assurance (www.ncqa.org)

NCQA/WC - National Committee for Quality Assurance and Washington Circle (www.washingtoncircle.org)

^{**} Time-limited endorsement through May 8, 2009.

¹ Intellectual Property owner. For the most current specifications and supporting information please refer to the IP owner.

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