

Stage 1 Meaningful Use Criteria

Physicians must meet all 15 “Core Set” objectives and measures and five of the 10 “Menu Set” objectives and measures. They also must report clinical quality measures (see separate document).

Core Set of Objectives and Measures Must Meet All 15 Measures

Stage 1 Objectives	Stage 1 Measures	Reporting Method
Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed health care professional who can enter orders into the medical record per state, local, and professional guidelines	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE Exclusion: Any EP who writes fewer than 100 prescriptions during the EHR reporting period qualifies for an exclusion from this objective/measure	Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR
Implement drug-drug and drug-allergy checks	The EP has enabled this functionality for the entire EHR reporting period Exclusion: None	Attestation
Generate and transmit permissible prescriptions electronically (Note: only non-controlled substances are permissible)	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology Exclusion: Any EP who writes fewer than 100 prescriptions during the EHR reporting period qualifies for an exclusion from this objective/measure	Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR
Record demographics <ul style="list-style-type: none"> • Preferred language • Gender • Race • Ethnicity • Date of Birth 	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data Exclusion: None	EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold
Maintain an up-to-date problem list of current and active diagnoses	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data Exclusion: None	EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold

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Maintain active medication list	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data Exclusion: None	EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold
Maintain active medication allergy list	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data Exclusion: None	EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold
Record and chart changes in vital signs: • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI	For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data Exclusion: Any EP who either see no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice during the EHR reporting period qualifies for an exclusion from this objective/measure	Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR
Record smoking status for patients 13 years old or older	More than 50 percent of all unique patients 13 years old or older seen by the EP have “smoking status” recorded Exclusion: Any EP who sees no patients 13 years or older during the EHR reporting period qualifies for an exclusion from this objective/measure	Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR
Implement one clinical decision support rule relevant to specialty or high clinical priority with the ability to track compliance to that rule	Implement one clinical decision support rule Exclusion: None	Attestation

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Report ambulatory quality measures to CMS or the States (Note: Refer to Attachment 2 for details)	For 2011, provide aggregate numerator and denominator through attestation For 2012, electronically submit the measures Exclusion: None	EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request (electronic copy must be in an electronic form---patient portal, PHR, CD, USB, etc.)	More than 50 percent of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days Exclusion: Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period qualifies for an exclusion from this objective/measure	Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR
Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days. An office visit is defined as any billable visit that includes: 1) Concurrent care or transfer of care visits, 2) Consultant visits and 3) Prolonged Physician Service without Direct (Face-To-Face) Patient Contact (tele-health). A consultant visit occurs when a provider is asked to render an expert opinion/service for a specific condition or problem by a referring provider Exclusion: Any EP who has no office visits during the EHR reporting period qualifies for an exclusion from this objective/measure	Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information The use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective Exclusion: None	Attestation

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<p>Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities</p>	<p>Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process</p> <p>The testing can occur prior to the beginning of the EHR reporting period</p> <p>A security update could be updated software for certified EHR technology to be implemented as soon as available, to changes in workflow processes, or storage methods or any other necessary corrective action that needs to take place in order to eliminate the security deficiency or deficiencies identified in the risk analysis.</p> <p>Exclusion: None</p>	<p>Attestation</p>
<p>Menu Set of Objectives and Measures Must Choose and Meet 5 from the Menu</p>		
<p>Stage 1 Objectives</p>	<p>Stage 1 Measures</p>	<p>Reporting Method</p>
<p>Implement drug-formulary checks</p>	<p>The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period</p> <p>Exclusion: None</p>	<p>Attestation</p>

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<p>Incorporate clinical lab-test results into EHR as structured data</p>	<p>More than 40 percent of all clinical lab tests results ordered by the EP during the HER reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data</p> <p>Exclusion: An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period qualifies for an exclusion from this objective/measure</p>	<p>Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR</p>
<p>Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach</p>	<p>Generate at least one report listing patients of the EP with a specific condition</p> <p>Exclusion: None</p>	<p>Attestation</p>
<p>Send reminders to patients per patient preference for preventive/ follow up care</p>	<p>More than 20 percent of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period</p> <p>Exclusion: An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology qualifies for an exclusion from this objective/measure</p>	<p>Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR</p>

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<p>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 4 business days of the information being available to the EP</p>	<p>More than 10 percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information</p> <p>Exclusion: Any EP that neither orders nor creates any of the information listed at 45 CFR 170.304(g) (e.g., lab test results, problem list, medication list, medication allergy list, immunizations, and procedures) during the EHR reporting period qualifies for an exclusion from this objective/measure</p>	<p>EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold</p>
<p>Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</p>	<p>More than 10 percent of all unique patients seen by the EP are provided patient specific education resources</p> <p>Exclusion: None</p>	<p>EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold</p>

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<p>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation</p>	<p>The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. “Relevant encounter” is an encounter during which the EP performs a medication reconciliation due to new medication or long gaps in time between patient encounters or for other reasons determined appropriate by the EP. Essentially an encounter is relevant if the EP, judges it to be so. “Transition of care” is the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. When conducting medication reconciliation during a transfer of care, the EP, that receives the patient into their care that should conduct the medication reconciliation</p> <p>Exclusion: An EP who was not the recipient of any transitions of care during the EHR reporting period qualifies for an exclusion from this objective/measure</p>	<p>Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR</p>
<p>The EP who transitions their patient to another setting of care or refers their patient to another provider of care should provide summary care record for each transition of care and referral</p>	<p>The EP who transitions or refers their patient to another setting of care or provider of care should provide summary of care record for more than 50 percent of transitions of care and referrals</p> <p>“Transition of care” is the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another</p> <p>Exclusion: An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period qualifies for an exclusion from this objective/measure</p>	<p>Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR</p>

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<p>Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice</p>	<p>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)</p> <p>The use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective</p> <p>Exclusion: An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically qualifies for an exclusion from this objective/measure</p>	<p>Attestation</p>
<p>Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice</p>	<p>Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)</p> <p>The use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective</p> <p>Exclusion: An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically qualifies for an exclusion from this objective/measure</p>	<p>Attestation</p>

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NOTES:

(1) Colors signify reporting methods:

- Yellow = Through the EHR. Count is limited to information for patients whose records are maintained in the certified EHR.
- Aqua = Attestation.
- Orange = EHR must have ability to tabulate patient’s records stored in the EHR, however, if thresholds are not met through those patient records stored in the EHR, physician would need to manually count paper records in order to meet the threshold.

(2) Unique patient means that even if the patient is seen multiple times during the EHR reporting period they are only counted once for the measure reporting.

(3) For an exclusion to apply, the EP must meet all of the following requirements:

- Must ensure that the objectives list under the core and menu sets include an option for the EP to attest that the objective is not applicable;
- Meets the criteria in the applicable objective that would permit the attestation; and
- Attests that the exclusion applies.

(4) While we expect that as physicians begin to use certified EHRs and see patients, they will begin entering data for each patient into their systems, physicians should be aware that there are some situations where manual counting is needed to meet a measure. For example: A physician has seen 100 patients during the EHR reporting period. To meet a measure, the physician is required to report that 80% of his/her patients have an up-to-date problem list. However, only 60 of the 100 patient records have been recorded in the EHR with an up-to-date problem list. In this scenario, the physician would need to ensure that he/she has prepared an up-to-date problem list for an additional 20 patients whose records are not yet in the EHR, thus, requiring a manual counting process to meet the 80% threshold requirement.

Overview of Clinical Quality Measures Reporting in the Centers for Medicare & Medicaid Services (CMS) Final Rule on Meaningful Use

Clinical Quality Measures

Clinical quality measures have been defined as measures of processes, experience, and/or outcomes of patient care, observations or treatment that relate to one or more of the Institute of Medicine (IOM) domains of health care quality (e.g., effective, safe, efficient, patient-centered, equitable and timely).

CMS' Measure Selection and Related Information

- Clinical quality measures adopted for the Medicare EHR incentive program would also apply to EPs in the Medicaid EHR incentive program.
- CMS limits the clinical quality measures to those for which electronic specifications are available as of the date of publishing of the final rule. These specifications are available at the CMS website, located at http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage.
- EHR specifications must only be obtained from the specification documents for the EHR incentive program regardless of measure use in other incentive programs.
- All selected clinical quality measures for submission by Medicare and Medicaid eligible professionals for 2011 and 2012 are NQF-endorsed®. However, CMS is not limited to selecting only NQF-endorsed® measures in the future.
- Certified EHR technology must be able to calculate measure numerators, denominators and exclusions for each of the clinical quality measures listed in the Final Rule. These measures are listed in Table 6 below.

Reporting Clinical Quality Measures

- Use of an attestation methodology by EPs to submit summary information to CMS on clinical quality measures to demonstrate meaningful use of certified EHR technology for the 2011 reporting year. If the capability exists by CY 2012, HHS may require electronic receipt of the data.
- EPs are required to submit information using certified EHR technology on: *3 core clinical quality measures* (outlined in Table 7 below) and; *3 additional clinical quality measures* (listed in Table 6 below - cannot be core or alternate core measures).
- Although CMS requires all EPs to report core measures, there is no requirement to satisfy a minimum value for

any of the numerator, denominator or exclusion fields for clinical quality measures. The value for any or all of those fields, as reported to CMS or the States, may be zero.

- If an EP reports zero values for their three additional clinical quality measures, then for the remaining clinical quality measures in Table 6 (other than the core and alternate core measures), the EP will have to attest that all of the other clinical quality measures calculated by the certified EHR technology have a value of zero in the denominator. If this is done, the EP is exempt from reporting any of the additional clinical quality measures (other than the core and alternate core measures) in Table 6.
- EPs are not penalized in the Stage 1 reporting years (2011-2012) as long as they have adopted a certified EHR and that EHR calculates and the EP submits the required clinical quality information.
- In an effort to avoid duplicative and redundant reporting, efforts are underway to align reporting timeframes across CMS programs. In addition, the Affordable Care Act requires the Secretary of DHHS to develop a plan by January 1, 2012 to integrate the EHR incentive program and the PQRI by January 1, 2012. In addition, in an attempt to align reporting requirements for Pediatric EPs, the EHR Incentive final rule contains Clinical Quality Measures that are also in the CHIPRA Initial Core Measure Set.
- 19 of the 44 measures listed in Table 6 were re-tooled by the AMA – convened Physician Consortium for Performance Improvement (PCPI).

2011 - Medicaid

- For all applicable Medicaid patients, EPs would have to demonstrate use of certified EHR by capturing data elements and calculating results for CMS.
 - States could accept attestation if infrastructure is not available; however,
 - It is expected that Medicaid providers will qualify for the incentive payment by adopting, implementing or upgrading to EHR technology and will not need to attest to meaningful use in 2011. It is expected that Medicaid EPs will be utilizing Certified EHR technology to submit to the individual states by the following year.

APPENDIX 1

**Clinical Quality Measures for Submission by Medicare or Medicaid Eligible Professionals for Stage 1: 2011 and 2012 Payment Year
(Table 6 in the final rule)**

Measure Number	Clinical Quality Measure Title & Description	Clinical Quality Measure Developer & Contact Information	Electronic Measure Specifications Information	Core Clinical Quality Measure
PQRI 1 NQF 0059	<p>Title: Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus</p> <p>Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%</p>	<p>National Committee for Quality Assurance (NCQA)</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</p>	
PQRI 2 NQF 0064	<p>Title: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus</p> <p>Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</p>	
PQRI 3 NQF 0061	<p>Title: Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus</p> <p>Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</p>	
PQRI 5 NQF 0081	<p>Title: Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor</p>	<p>American Medical Association- sponsored</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeRep</p>	

	<p>or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p>Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD who were prescribed ACE inhibitor or ARB therapy</p>	<p>Physician Consortium for Performance Improvement (AMA-PCPI)</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>ortingMechanisms.asp#T opOfPage</p>	
PQRI 7 NQF 0070	<p>Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</p> <p>Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</p>	
PQRI 110 NQF 0041	<p>Title: Preventive Care and Screening: Influenza Immunization for Patients = 50 Years Old</p> <p>Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February)</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</p>	Alternative Core
PQRI 111 NQF 0043	<p>Title: Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older</p> <p>Description: Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage</p>	

PQRI 112 NQF 0031	Title: Preventive Care and Screening: Screening Mammography Description: Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months	NCQA Contact Information: www.ncqa.org	http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage	
PQRI 113 NQF 0034	Title: Preventive Care and Screening: Colorectal Cancer Screening Description: Percentage of patients aged 50 through 80 years who received the appropriate colorectal cancer screening	NCQA Contact Information: www.ncqa.org	http://www.cms.hhs.gov/PQRI/20_AlternativeReportingMechanisms.asp#TopOfPage	
PQRI 6 NQF 0067	Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 8 NQF 0083	Title: Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD and who were prescribed beta-blocker therapy	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 9 NQF 0105	Title: Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD Description: Percentage of patients	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	

	aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase			
PQRI 12 NQF 0086	<p>Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</p> <p>Description: Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
PQRI 18 NQF 0088	<p>Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</p> <p>Description: 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</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
PQRI 19 NQF 0089	<p>Title: Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care</p> <p>Description: Percentage of patients</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	

	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 on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months			
PQRI 53 NQF 0047	<p>Title: Asthma: Pharmacologic Therapy</p> <p>Description: Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
PQRI 64 NQF 0001	<p>Title: Asthma Assessment</p> <p>Description: Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
PQRI 66 NQF 0002	<p>Title: Appropriate Testing for Children with Pharyngitis</p> <p>Description: Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	

	prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode			
PQRI 71 NQF 0387	<p>Title: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</p> <p>Description: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 72 NQF 0385	<p>Title: Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients</p> <p>Description: Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 102 NQF 0389	<p>Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients</p> <p>Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR</p>	<p>AMA-PCPI</p> <p>Contact Information: cpe@ama-assn.org</p>	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	

	cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer			
PQRI 115 NQF 0027	Title: Preventive Care and Screening: Advising Smokers to Quit Description: Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 117 NQF 0055	Title: Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient Description: Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 119 NQF 0062	Title: Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients Description: Percentage of patients aged 18 through 75 years with diabetes mellitus who received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 128 NQF 0421	Title: Adult Weight Screening and Follow-Up Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is	CMS/Quality Insights of Pennsylvania (QIP) Contact Information: PQRI_inquiry@cms.hhs.gov	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	Core

	outside parameters, a follow-up plan is documented.			
PQRI 163 NQF 0056	Title: Diabetes Mellitus: Foot Exam Description: The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 197 NQF 0074	Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 200 NQF 0084	Title: Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation Description: Percentage of all patients aged 18 and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	AMA-PCPI Contact Information: cpe@ama-assn.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
PQRI 201 NQF 0073	Title: Ischemic Vascular Disease (IVD): Blood Pressure Management Control Description: Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg)	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	

<p>PQRI 204 NQF 0068</p>	<p>Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</p> <p>Description: Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
<p>NQF 0004</p>	<p>Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</p> <p>Description: Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
<p>NQF 0012</p>	<p>Title: Prenatal Screening for Human Immunodeficiency Virus (HIV)</p> <p>Description: Percentage of patients who gave birth during a 12 month period who were screened for HIV infection during the first or second prenatal care visit</p>	<p>AMA-PCPI</p> <p>Contact Information: www.ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
<p>NQF 0013</p>	<p>Title: Blood pressure measurement</p> <p>Description: Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged</p>	<p>AMA-PCPI</p> <p>Contact Information: www.ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	<p>Core</p>

	> 18 years with diagnosed hypertension		Page	
NQF 0014	<p>Title: Prenatal Anti-D Immune Globulin</p> <p>Description: Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation</p>	<p>AMA-PCPI</p> <p>Contact Information: www.ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
NQF 0018	<p>Title: Controlling High Blood Pressure</p> <p>Description: Percentage of patients with last BP < 140/80 mm Hg</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
NQF 0024	<p>Title: Weight Assessment and Counseling for Children and Adolescents</p> <p>Description: Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.</p>	<p>NCQA</p> <p>Contact Information: www.ncqa.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	Alternative Core
NQF 0028	<p>Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention</p> <p>Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits</p>	<p>AMA-PCPI</p> <p>Contact Information: www.ama-assn.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	Core

	who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.			
NQF 0032	Title: Cervical Cancer Screening Description: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	NCQA Contact Information: www.ncqa.org		
NQF 0033	Title: Chlamydia screening in women Description: Percentage of eligible women who were identified as sexually active that had at least one test for chlamydia during the measurement year.	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
NQF 0036	Title: Use of appropriate medications for asthma Description: 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 during the measurement year.	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
NQF 0038	Title: Childhood Immunization Status Description: Percentage of children 2	NCQA Contact Information:	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	Alternative Core

	years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.	www.ncqa.org	Page	
NQF 0052	Title: Low back pain: use of imaging studies Description: Percentage of patients with new low back pain who received an imaging study (plain x-ray, MRI, CT scan) conducted on the episode start date or in the 28 days following the episode start date.	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	
NQF 0075	Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Description: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	NCQA Contact Information: www.ncqa.org	http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage	

NQF 0575	<p>Title: Diabetes: Hemoglobin A1c Control (<8.0%)</p> <p>Description: The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.</p>	<p>NCQA</p> <p>Contact Information:</p> <p>www.ncqa.org</p>	<p>http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage</p>	
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