

§170.315 C1 Calculate and Submit Clinical Quality Measures (updated Oct 2019)

<https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms>

1. CMS2v6 Preventive Care and Screening: Screening for Depression and Follow-Up Plan

CMS002v6 - NQF0418 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen

D = 12 yo and older with 1 visit encounter during reporting period

Exclusion = Condition = Depression or Bipolar

N = perform exam (like PHQ-9) for depression screening AND result score is less than specify threshold. No further treatment is needed.

OR

Perform exam (like PHQ-9) for depression screening AND result score is equal to or higher than specified threshold AND do one of the following

- Perform procedures for evaluation/assessment
- Follow up = referral letter for depression/follow up for depression
- Medication for depression
- Perform additional exam for further evaluation

Exception = perform procedure > refuse with selected reasons

Configuration will be:

1. Adolescent depression screening = exam PHQ-9 with positive result score = 10
2. Adult depression screening = exam PHQ9 with positive result score = 10
3. Setting for positive results follow ups: (if score >=10)
 1. Follow up codes
 2. Medications
 3. Procedures
 4. Exams

Numerator will count:

PHQ9 done with score < 10.

PHQ9 done with score > 10 with one of the positive result codes done.

D Exception = Perform procedure > refuse > select reason. This will be alternative way for them to document depression screening not done due to reason and counted as exception. (Ex. Perform procedure 96127 (Brief emotional/behavioral assessment), select Refused checkbox and select refused reason > Save.

2. CMS22v5 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

CMS022v5 - Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

D = 18 and older with a visit encounter during reporting period

Exclusion = Condition = hypertension

N = Vitals = BP systolic result < 120 AND diastolic result < 80

OR

BP systolic > 120 AND diastolic > 90

AND

Perform procedures (hypertension screening/recommendation) AND Follow up done (referred out, 4 weeks follow up, or 1 yr follow up)

OR

Perform **procedures** (hypertension screening/recommendation) **AND** one of following:

- **Medication** for anti-hypertension given/documented
- **Lab** test for hypertension ordered
- **Diagnostic order** for ECG 12 lead ordered

3. CMS50v5 Closing the Referral Loop: Receipt of Specialist Report

CMS050v5 - Closing the Referral Loop: Receipt of Specialist Report

Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred

D = Patients with a **visit** during reporting period whose encounter header **have referral AND Transition = consult/referral**
AND
CCDA sent via Direct to referral Dr
OR
CCDA sent To HIE to referral Dr **OR CCDA sent Secure Transmission** to referral Dr
AND
Patient **Follow ups** (follow up type = referral) completed

N = Referral replies back to **Direct message**
OR
Patient **follow up** (Referral) **is completed AND** has **attachment** for receipt confirmation/acknowledgement **AND** Referral Confirmation checkbox checked

NOTE: In order to count Direct replies as numerator, the user will need to open the replied Direct message, then select the patient and encounter that the communication belongs to. We suggest the user include the patient name, account number, and encounter date within the body of the Direct message for easier tracing.

4. CMS68v6 Documentation of Current Medications in the Medical Record

CMS068v6 - NQF0419 - Documentation of Current Medications in the Medical Record

Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements **AND** must contain the medications' name, dosage, frequency and route of administration.

D = All **visits** for patients **18 or older** during reporting period

N = Review/add/modify **medications AND/OR prescriptions** done

5. CMS69v5 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

CMS069v5 - NQF0421 - PQRS128 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months **AND** with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter

Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2

D = All patients **18 and older** with **visits** during reporting period

D Exclusion = Condition = Terminal Illness or Pregnancy **OR** Vitals = Weight/Height refusal

N = Patients with a documented BMI (Vital > Weight & Height) during the encounter or during the previous six months

AND

when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter

Note: Numerator includes:

Patients with BMI within the normal range (between 18.5 – 25)

Patients with BMI outside of the normal range (≥ 25 or < 18.5) who have selected follow-up codes assigned and completed

6. CMS117v5 Childhood Immunization Status

CMS117v5 - NQF0038 - PQRS240 - Childhood Immunization Status

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

D = Children who turn 2 years of age and have a visit during the measurement period

N = Children who have one of the following:

- Immunization = evidence showing they received recommended vaccines
- Condition = documented history of the illness OR an allergic reaction to the vaccine by their second birthday
- Lab = a seropositive test result

7. CMS122v5 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

CMS122v5 - NQF0059 - PQRS1 - Diabetes: Hemoglobin A1c Poor Control (> 9%)

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1C > 9.0% during the measurement period.

D = Patients 18-75 years of age with condition = diabetes with a visit during reporting period

N = Patients whose most recent HbA1c level (lab result performed during the measurement period) is > 9.0%

8. CMS125v5 Breast Cancer Screening

CMS125v5 - PQRS112 - Breast Cancer Screening

Percentage of women 51-74 years of age who had a mammogram to screen for breast cancer

D = Women between 51 and 74 with visit encounter during reporting period

D Exclusion = Condition = bilateral mastectomy

N = Women who have mammogram screening procedure performed during reporting period.

9. CMS127v5 Pneumococcal Vaccination Status for Older Adults

CMS127v5 - NQF0043 - PQRS111 - Pneumonia Vaccination Status for Older Adults

Percentage of patients 65 or older who have ever had a pneumococcal vaccine.

D = Patients 65 and older with a visit during reporting period

N = Patients who have ever received a pneumococcal vaccination (Immunization record or quick history)

10. CMS130v5 Colorectal Cancer Screening

CMS130v5 - NQF0034 - PQR5113 - Colorectal Cancer Screening

Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer

D = Patients 50-75 yo with a visit during reporting period

D Exclusion = Condition = total colectomy or colorectal cancer

N = Patients who have colorectal cancer screening procedure performed during reporting period.

11. CMS138v5 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

CMS138v5 - NQF0028 - PQR5226 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

D = All patients aged 18 years and older with visits during the measurement period

N = Patients who were screened for tobacco use (PFSH > Smoking Status) at least once within 24 months

AND

Who identified as a tobacco user (PFSH > Smoking Status = smoker) AND received tobacco cessation intervention/agent (procedure OR medication) if

This includes:

Patients with one or more visit encounters with smoking status in PFSH or Family health history within the last 24 months from the FromDate that were identified as non-smokers.

AND

Patients with one or more visit encounters with smoking status in PFSH or Family health history within the last 24 months from the FromDate that were identified as smokers, who also have a visit within reporting period with selected procedure codes performed for smoking cessation intervention OR using Rx/other med = Smoking cessation agents.

12. CMS139v5 Falls: Screening for Future Fall Risk

CMS139v5 - NQF0101 - PQR5318 - Screening for Future Fall Risk

Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period

D = Patients 65 and older with a visit during reporting period

N = Perform a fall risk exam

OR

perform a procedure for fall risk assessment

D Exception = procedure for fall risk assessment is refused due to selected reason (perform procedure > refuse > select reason)

13. CMS147v6 Preventive Care and Screening: Influenza Immunization

CMS147v6 - NQF0041 - PQR5110 - Preventive Care and Screening: Influenza Immunization for Patients 6 Months and Older

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

D = Patients 6mo and older with at least one visit between Oct 1 (the year prior) through March 31 (reporting year) AND have a visit within reporting period

D Exception = Immunization = Influenza vaccine not given with pat/med/system reason OR Condition = allergic reaction to vaccine

N = Patients who received an influenza immunization during Oct 1 (the year prior) through March 31 (reporting year)

OR who reported previous receipt of an influenza immunization (Quick history) during Oct 1 (the year prior) through March 31 (reporting year)

14. CMS155v5 Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

CMS155v5 - NQF0024 - PQR5239 - Weight Assessment and Counseling for Children and Adolescents

Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.

- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation
- Percentage of patients with counseling for nutrition
- Percentage of patients with counseling for physical activity

D = Patients 3-17 yo with visit encounter during reporting period

D Exclusion = Condition = Pregnancy

N1 = Patients whose weight, height, BMI was documented within reporting period (Age groups: 3-10, 11-17)

N2 = Patients with counseling for nutrition procedure performed within reporting period (Age groups: 3-10, 11-17)

N3 = Patients with counseling for physical activity procedure performed within reporting period (Age groups: 3-10, 11-17)

15. CMS156v5 Use of High-Risk Medications in the Elderly

CMS156v5 - NQF0022 - PQR5238 - Use of High-Risk Medications in the Elderly

Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

- a. Percentage of patients who were ordered at least one high-risk medication.
- b. Percentage of patients who were ordered at least two different high-risk medications.

D = Patients 66 years and older who had a visit during reporting period

N1 = Patients who were ordered at least one high-risk medication.

N2 = Patients who were ordered at least 2 different high-risk medications.

16. CMS159v5 Depression Remission at Twelve Months

CMS159v5 - NQF0710 - Depression Remission at Twelve Months

Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

D = Patients 18 and older with condition = depression/dysthymia AND Exam = initial PHQ-9 score > 9 on the index visit (index visit is a visit within Jan1-Dec 31 of prior year = Last year visit).

N = Patients whose PHQ-9 score is < 5 at 12 months visit (-/+ 30days) (within reporting period year)

D Exclusion = patient who died (expired), Condition = bipolar/personality disorder

Note: PHQ-9 exam with questionnaires. Select Total value for PHQ-9 score configuration.

17. CMS160v5 Depression Utilization of the PHQ-9 Tool

CMS160v5 - NQF0712 - Depression Utilization of the PHQ-9 Tool

Patients age 18 and older with the diagnosis of major depression or dysthymia who have a Patient Health Questionnaire (PHQ-9) tool administered at least once during a 4-month period in which there was a qualifying visit

D = Pats 18 and older with a visit during the four month period AND condition = major depression/dysthymia

N = pats who have PHQ-9 score (exam > Total score) documented at least once during 4-month period

Numerator breaks down into 3 population criteria

- Pats with PHQ-9 result within < 4 months before end of reporting period
- Pats with PHQ-9 result within 4-8 months after start of reporting period
- Pats with PHQ-9 result within < 4 months after start of reporting period

Exclusion = patient who died OR Condition = bipolar/personality disorder

Note: PHQ-9 exam with questionnaires. Select Total value for PHQ-9 score configuration.

18. CMS165v5 Controlling High Blood Pressure

CMS165v5 - NQF0018 - PQRS236 - Controlling High Blood Pressure

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period

D = Patients 18-85 yo with a visit encounter during reporting period AND condition = essential hypertension

D Exclusion = (Condition = end stage renal disease (ESRD) or pregnancy (active during measure period)) OR Procedure = dialysis or renal (kidney) transplant

N = Patients whose BP (Vital > weight & height) at the most recent visit (during reporting period) is under controlled (systolic < 140 and diastolic <90)

19. CMS177v5 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

CMS177v5 - NQF1365 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk

D = Patients 6-17 yo with a visit during reporting period AND Condition = depression

N = Perform suicide risk assessment procedures within those visits

Dropped from MIPS 2019 Quality Measures by CMS (08-02-19)

CMS 65, CMS 123 has been removed.

CMS166 -previously for Medicaid-only submission – has been phased out.

Dropped from 2015 Edition Certification – not available in 2015 Edition (11-28-17)

CMS182v6 Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100 mg/dL)

CMS163v5 Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100 mg/dL)
