

QUALITY ID	MEASURE NAME	MEASURE DESCRIPTION	PERFORMANCE MET CODES	EXCLUSION CODES	PERFORMANCE NOT MET CODES	NQS DOMAIN	MEASURE TYPE	HIGH PRIORITY MEASURE	DATA SUBMISSION METHOD
1	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control.	3046F - Most recent hemoglobin A1c level > 9.0% OR 3046F-8P - Hemoglobin A1c level was not performed during the measurement period (12 months)	G9687 - Hospice services provided to patient any time during the measurement period	3044F - Most recent hemoglobin A1c (HbA1c) level < 7.0% OR 3045F - Most recent hemoglobin A1c (HbA1c) level 7.0 to 9.0%	Effective Clinical Care	Intermediate Outcome	Yes	Claims, CMS Web Interface, EHR, Registry
112	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	3014F - Screening mammography results documented and reviewed	G9708 - Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy OR G9709 - Hospice services used by patient any time during the measurement period	3014F-8P - Screening mammography results were not documented and reviewed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, CMS Web Interface, EHR, Registry
113	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	3017F - Colorectal cancer screening results documented and reviewed	G9710 - Patient was provided hospice services any time during the measurement period. OR G9711 - Patients with a diagnosis or past history of total colectomy or colorectal cancer	3017F-8P - Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, CMS Web Interface, EHR, Registry
117	Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	2022F - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed OR 2024F - Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed OR 2026F - Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed. OR 3072F - Low risk for retinopathy (no evidence of retinopathy in the prior year)	G9714 - Patient is using hospice services any time during the measurement period	2022F-8P OR 2024F-8P OR 2026F-8P - Dilated eye exam was not performed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, CMS Web Interface, EHR, Registry
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	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	G8420 - BMI is documented within normal parameters and no follow-up plan is required OR G8417 - BMI is documented above normal parameters and a follow-up plan is documented OR G8418 - BMI is documented below normal parameters and a follow-up plan is documented.	G8422 - BMI not documented, documentation the patient is not eligible for BMI calculation OR G8938 - BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible OR G9716 - BMI is documented as being outside of normal limits, follow-up plan is not completed for documented reason.	G8421 - BMI not documented and no reason is given OR G8419 - BMI documented outside normal parameters, no follow-up plan documented, no reason given	Community/Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry
226	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	4004F - Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user OR 1036F - Current tobacco non-user	4004F-1P - Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	4004F-8P - Tobacco screening OR tobacco cessation intervention not performed, reason not otherwise specified	Community/Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry
236	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	G8752 - Most recent systolic blood pressure < 140 mmHg AND G8754 - Most recent diastolic blood pressure < 90 mmHg	G9740 - Hospice services given to patient any time during the measurement period OR G9231 - Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	G8753 - Most recent systolic blood pressure ≥ 140 mmHg AND G8755 - Most recent diastolic blood pressure ≥ 90 mmHg OR G8756 - No documentation of blood pressure measurement, reason not given	Effective Clinical Care	Intermediate Outcome	Yes	Claims, CMS Web Interface, EHR, Registry
317	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	G8783 - Normal blood pressure reading documented, follow-up not required OR G8950 - Pre-Hypertensive or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented	G9744 - Patient not eligible due to active diagnosis of hypertension OR G9745 - Documented reason for not screening or recommending a follow-up for high blood pressure	G8785 - Blood pressure reading not documented, reason not given OR G8952 - Pre-Hypertensive or Hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Community/Population Health	Process	No	Claims, EHR, Registry