

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
47	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	1123F - Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record OR 1124F - Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	G9692 - Hospice services received by patient any time during the measurement period	1123F-8P - Advance care planning not documented, reason not otherwise specified	Communication and Care Coordination	Process	Yes	Claims, 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
130	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.	G8427 - Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	G8430 - Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician	G8428 - Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	Patient Safety	Process	Yes	Claims, EHR, Registry
134	Preventive Care and Screening: Screening for Clinical 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	G8431 - Screening for depression is documented as being positive AND a follow-up plan is documented OR G8510 - Screening for depression is documented as negative, a follow-up plan is not required	G9717 - Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required OR G8433 - Screening for depression not completed, documented reason	G8432 - Depression screening not documented, reason not given OR G8511 - Screening for depression documented as positive, follow-up plan not documented, reason not given	Community/Population Health	Process	No	Claims, CMS Web Interface, EHR, Registry
181	Elder Maltreatment Screen and Follow-Up Plan	Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen	G8733 - Elder maltreatment screen documented as positive AND a follow-up plan is documented OR G8734 - Elder maltreatment screen documented as negative, follow-up is not required	G8535 - Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen OR G8941 - Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan	G8536 - No documentation of an elder maltreatment screen, reason not given OR G8735 - Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	Patient Safety	Process	Yes	Claims, 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
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