

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
48	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months	1090F - Presence or absence of urinary incontinence assessed	G9693 - Patient use of hospice services any time during the measurement period	1090F-8P - Presence or absence of urinary incontinence not assessed, reason not otherwise specified	Effective Clinical Care	Process	No	Claims, Registry
50	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	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	0509F - Urinary incontinence plan of care documented	G9694 - Hospice services utilized by patient any time during the measurement period	0509F-8P - Urinary incontinence plan of care not documented, reason not otherwise specified	Person and Caregiver-Centered Experience and Outcomes	Process	Yes	Claims, 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
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