

# THE NATIONAL QUALITY FORUM

TO: NQF Members

FR: NQF Staff

RE: Revised voting draft report for *National Voluntary Consensus Standards for Medication Management*

DA: June 10, 2009

In August 2008, the Centers for Medicare & Medicaid Services (CMS) tasked NQF to identify both process and outcome measures for medication management. Measures were sought to assess medication decision making, medication appropriateness, use and monitoring as well as the impact of appropriate medication management.

A Steering Committee of 17 key stakeholders in the area of medication management evaluated a total of 35 submitted candidate measures. This draft report recommends 19 of these measures for NQF endorsement.

## **Comments and their Disposition**

NQF received a total of 266 comments from respondents representing 36 NQF Member organizations and 8 non-member organizations or individuals. The major themes of the comments included: 1) general support for the recommended measures; 2) measurement gaps; and 3) identification of potential limitations to adherence measurement and the need for future research and measure development for adherence measures.

The Steering Committee reviewed the comments and noted that the majority of issues had previously been considered and deliberated in detail. Responses are noted in the table of comments posted on the NQF web site and addressed within the revised report, where necessary. The Steering Committee did not make any changes to its measure recommendations. In response to comments, several measures developed by the CMS were modified to apply to all patients (except those excluded) where they had been previously specified for Medicare Part D beneficiaries only. The draft report has been modified to emphasize the need for additional measure development to address significant gaps that exist in the set of recommended medication management measures.

The revised draft report (redlined) with the 19 recommended measures and additional recommendations is attached. (Note: Typographical errors and grammatical changes have not been red-lined to assist in reading.) The revised draft document, *National Voluntary Consensus Standards for Medication Management*, is also posted on the NQF web site, [www.qualityforum.org](http://www.qualityforum.org), along with the following additional information:

- measure submission forms;
- detailed measure evaluation table; and
- a table of comments received.

A synthesis of major concerns identified during the review period and actions taken are provided below.

### **Adherence Measures**

Many comments addressed the limitations of adherence measures, and potential threats to validity of these measures. These include:

- Lack of risk adjustment make individual clinician level measurement inappropriate.
- Patients receiving medications not captured by their health plan, including the Medicare 'donut hole', discount prescription plans, and medication samples.

The Steering Committee acknowledged these potential issues, and recommended that the impact of these issues be evaluated upon maintenance review of these measures. Several comments also addressed the redundancy of recommended adherence measures. The Steering Committee felt that it was acceptable to have multiple measures for different populations of patients that have harmonized specifications.

#### MM-011-08: Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)

Several comments recommended combining these two measures. Based on the recommendation of the Steering Committee, the measure developer has agreed to combine these two measures, so that they are reported as two separate rates but reported together. Therefore, they are not intended to be used separately. A few comments also recommended using a different number of canisters to indicate lack of asthma control (the measure specifies 5 canisters). While the specified number of canisters is based only on face validity established by the measure developer's technical panel, the Steering Committee felt that this is a reasonable number to use.

#### MM-013-08: Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported.

This measure includes both maintenance bronchodilators and steroid medication use for patients with COPD exacerbation. Several comments recommended that only maintenance bronchodilators be addressed, because there is not a quality gap for steroid use. The Steering Committee maintained its original recommendation to endorse this measure as specified, feeling that the quality gap is sufficient to endorse both rates.

#### MM-022-08: HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications/ MM-023-08: HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification

Several comments noted that both of these measures are not needed because it is important to address polypharmacy without justification, not polypharmacy alone. The measure developer explained that HBIPS-5 is a paired measure with HBIPS-4 (Patients discharged on multiple antipsychotic medications). Rates for both measures are intended to be reported together as a part of the Hospital-Based Inpatient Psychiatric Services (HBIPS) Measure Set. Therefore, they are not intended to be used separately. The Steering Committee agreed that is acceptable to have both measures if they are reported together.

#### MM-028-08: Medication Reconciliation Post-Discharge

Several comments addressed the 30-day time frame specified by this measure, recommending that a shorter time frame is appropriate. The Steering Committee agreed with the measure

developer's rationale for including this time frame to allow for sufficient time for reconciliation to occur.

MM-034-08: HBIPS-6 Post discharge continuing care plan/ MM-035-08: HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge

Several comments were received recommending that these measures be expanded to include populations beyond psychiatric patients. The Steering Committee agreed with this recommendation, and has forwarded a recommendation for measure development for additional harmonized measures for other settings and conditions. The Joint Commission has developed these measures specifically to use for psychiatric inpatients, and does not plan to expand it to other patients and settings at this time.

**Measurement Gaps**

Several commenters expressed disappointment that the set of measures is not more comprehensive. Comments recommended expansion of recommended measures or development of additional measures for additional age ranges, conditions, and settings. Additionally, commenters recommended that measures be more patient-centered and provide information that is more meaningful to consumers. The Steering Committee concurred and included them along with additional recommendations for measure development and research in the draft report.

**NQF Member Voting**

Information for electronic voting has been sent to NQF Member organization primary contacts. Accompanying comments must be submitted by e-mail and identify the submitter, organization and the specific ballot item that the comments accompany.

***Please note that voting concludes on Friday, July 10, 2009 at 6:00 PM Eastern Time – no exceptions.***

**THE NATIONAL QUALITY FORUM**

**National Voluntary Consensus Standards for  
Medication Management**

**Voting Draft Report  
June 10, 2009**

**NQF VOTING DRAFT—DO NOT CITE OR QUOTE  
VOTING CLOSES ON FRIDAY, JULY 10, 2009 6 PM ET**

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## National Voluntary Consensus Standards for Medication Management

### EXECUTIVE SUMMARY

The use of efficacious medications has led to improved health outcomes for many Americans. However, given that many patients have chronic illnesses and are prescribed medications to treat these chronic conditions, there is growing concern that there may be safety issues related to medication use. Despite improvements in health outcomes due to medication therapy, there is growing evidence that the frequent use of medications and especially multiple medications in chronically ill patients may lead to safety and quality problems. It's estimated that 81% of adults take at least 1 medication (including prescription and over-the-counter medications) and 50% take at least 1 prescription drug, ~~with 7% taking 5 or more.~~<sup>1</sup> Research suggests that between 14 and 23 percent of elderly patients receive inappropriate medications and up to 40 percent of patients do not take their medications as prescribed.<sup>2,3,4,5</sup> Inappropriate medication use is responsible for a significant number of adverse patient safety outcomes as well as resource waste. Adverse drug events contribute to 2.5% of emergency department visits for unintentional injuries and 0.6% for all visits.<sup>6</sup> Although significant progress has occurred, the appropriate use of medications in the United States remains a major challenge.

NQF recently completed the project: *'National Voluntary Consensus Standards for the Reporting of Therapeutic Drug Management Quality'* to set the foundation for medication management quality. A framework and 20 preferred practices that address the framework's 5 domains were sanctioned to improve the quality of patient outcomes for therapeutic drug management. Given potential for

105 harm if medications are not properly used and monitored, a robust set of measures that address  
106 medication management is required in addition to this initial work in this area.

107 | This report provides a broad array of measures to assess the quality of medication  
108 | management, including 19 measures that have been recommended for NQF endorsement. The  
109 | measures focus on various ~~high impact~~ important medications, such as, but not limited to,  
110 | warfarin, ACEI/ ARBs, and antipsychotics with various medical conditions, such as, but not  
111 | limited to, asthma, diabetes, and coronary artery disease. Each candidate measure was evaluated  
112 | through the NQF Consensus Development Process (CDP) as voluntary consensus standards for  
113 | accountability and public reporting.

114 | The set of recommended measures does not represent the full array of measures that are  
115 | needed to fully assess medication management and improve quality of care in this area. Significant  
116 | research and measure development is needed to identify medication management measures that  
117 | address outcomes or are closely linked to outcomes, measures that are patient-centered and  
118 | provide consumers with meaningful information about care, as well as measures that address all of  
119 | the priority areas of medication management and capture a broad spectrum of conditions, settings,  
120 | and populations. There is also a need to develop measures across conditions that apply concepts  
121 | and definitions in a consistent manner (e.g. use, adherence, etc.) and also enhance harmonization  
122 | across measure sets.

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128 **Proposed National Voluntary Consensus Standards for Medication Management**

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- 133 • MM-001-08: Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category (NCQA)
- 134 • MM-003-08: Adherence to Chronic Medications (CMS)
- 135 • MM-004-08: Coronary Artery Disease and Medication Possession Ratio for Statin Therapy  
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- 159 • MM-034-08: HBIPS-6 Post discharge continuing care plan created (TJC)
- 160 • MM-035-08: HBIPS-7 Post discharge continuing care plan transmitted to next level of care
- 161 provider upon discharge (TJC)
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## National Voluntary Consensus Standards for Medication Management

### 165 BACKGROUND

166 Interest in using performance measures to assess the quality of healthcare in the United  
167 States has skyrocketed over the past decade. Due to the pervasive use of medications to treat  
168 illnesses, interest in effective management of medication use has increased in the past few years.  
169 It's estimated that 81% of adults take at least 1 medication (including prescription and over-the  
170 counter-medications) and 50% take at least 1 prescription drug, ~~with 7% taking 5 or more~~.<sup>1</sup> Nearly  
171 90 percent of Medicare beneficiaries report taking prescription medicines, and nearly half of those  
172 individuals use five or more different medications.<sup>2</sup> Research suggests that between 14 and 23  
173 percent of elderly patients receive inappropriate medications (i.e. wrong dose, wrong indication,  
174 duplicative or omitted therapy) and up to 40 percent of patients do not take their medications as  
175 prescribed.<sup>2-6</sup> Inappropriate medication use is responsible for a significant number of adverse  
176 patient safety outcomes as well as resource waste. Adverse drug events contribute to 2.5% of  
177 emergency department visits for unintentional injuries and 0.6% for all visits.<sup>7</sup> Appropriate  
178 medication management, particularly for patients with chronic illnesses, has the potential to  
179 improve proper medication use, reduce adverse medication events, and improve outcomes. A  
180 robust set of performance measures to assess the quality of medication management services is  
181 integral to quality improvement and accountability in this area.

182 In 2003, NQF took the first step in standardizing measures for medication management  
183 quality by endorsing 4 voluntary consensus standards for medication management in the  
184 ambulatory setting<sup>a</sup>. In 2008, NQF set the foundation for a set of medication management  
185 performance measures by endorsing a framework and set of preferred practices to highlight the

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<sup>a</sup> National Quality Forum (NQF). *National Voluntary Consensus Standards for Ambulatory Care Part 1*.  
Washington, DC: NQF; 2008.

186 | priority areas where medication management services should be focused.<sup>b</sup>

187 | In August 2008, at the request of the Centers for Medicare & Medicaid Services, NQF  
188 | launched a new consensus development project to endorse a set of medication management  
189 | measures addressing the priority areas of medication management across the continuum of care.

## 190 | STRATEGIC DIRECTIONS FOR NQF

191 | As NQF nears completion of its first decade, consideration of strategic issues to guide current  
192 | and future activities has resulted in an expansion of NQF's mission to include three parts: 1)  
193 | establishing priorities and goals for performance improvement; 2) endorsing performance  
194 | measures; and 3) education and outreach. As greater numbers quality measures are developed  
195 | and brought to NQF for consideration of endorsement, it is incumbent on NQF to assist  
196 | stakeholders to "measure what makes a difference" and address what is important to achieving the  
197 | best outcomes for patients and populations. An updated Measurement Framework, reviewed by  
198 | NQF Members in December 2007, promotes shared accountability and measurement across  
199 | episodes of care with a focus on outcomes measures, appropriateness measures, and cost/resource  
200 | use measures coupled with quality measures.

201 | Several strategic issues have been identified to guide consideration of candidate measures:

- 202 | • **DRIVE TOWARD HIGH PERFORMANCE.** Over time, the bar of performance  
203 | expectations should be raised to encourage the achievement of higher levels of system  
204 | performance.
- 205 | • **EMPHASIZE COMPOSITE MEASURES.** Composite measures provide much needed  
206 | summary information pertaining to multiple dimensions of performance and are more  
207 | comprehensible to patients and consumers.
- 208 | • **MOVE TOWARD OUTCOME MEASUREMENT.** Outcome measures provide  
209 | information of keen interest to consumers and purchasers, and when coupled with  
210 | healthcare process measures, they provide useful and actionable information to providers.  
211 | Outcome measures also focus attention on much-needed system-level improvements,  
212 | because achieving the best patient outcomes often requires carefully designed care  
213 | processes, teamwork, and coordinated action on the part of many providers.
- 214 | • **FOCUS ON DISPARITIES IN ALL THAT WE DO.** Some of the greatest performance  
215 | gaps relate to care of minority populations. Particular attention should be focused on the  
216 | most relevant race/ethnicity/language/socioeconomic strata to identify relevant measures  
217 | for reporting.

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<sup>b</sup> National Quality Forum (NQF). *National Voluntary Consensus Standards for Therapeutic Drug Management*. Washington, DC: NQF. In press.

218 NQF'S CONSENSUS DEVELOPMENT PROCESS

219 Evaluating Potential Medication Management Consensus Standards

220 Candidate standards were solicited through an "Open Call for Measures" in August 2008 and  
221 were actively sought by NQF staff via literature reviews and a search of the National Quality  
222 Measures Clearinghouse. Measures were sought to address key aspects of medication decision  
223 making, medication appropriateness and use, and monitoring. All candidate measures were  
224 evaluated by the project Steering Committee for appropriateness as voluntary consensus standards  
225 for accountability and public reporting. The Steering Committee evaluated the candidate  
226 standards using its standard criteria of importance, acceptability, usability, and feasibility<sup>c</sup>.

227 GAPS IN PROPOSED STANDARDS AND RECOMMENDATIONS FOR MEASURE DEVELOPMENT

228 Thirty-five measures were submitted during the open call for measures. In general, the  
229 Steering Committee did not feel that the measures were as comprehensive in terms of patient  
230 populations and settings as intended. In addition, the Steering Committee did not feel that all of  
231 the most important aspects of medication management were addressed by the submitted  
232 measures. The Steering Committee recognized that the submitted and ultimately endorsed  
233 medication management measures are limited by what has currently been developed and what  
234 databases are available to collect data for each measure. The Steering Committee, during its  
235 process of deliberation, also encouraged measure developers to improve and modify a number of  
236 the measures that were submitted. Many recommended modifications were incorporated by  
237 measure developers. The Steering Committee emphasized that the set of measures that were  
238 submitted, of which a subset are recommended for endorsement, do not represent the full array of  
239 measures that are needed to fully assess medication management and improve quality of care in  
240 this area. Significant research and measure development is needed to identify medication

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<sup>c</sup> Refer to [http://www.qualityforum.org/about/leadership/measure\\_evaluation.asp](http://www.qualityforum.org/about/leadership/measure_evaluation.asp) for additional information.

241 management measures that address outcomes or are closely linked to outcomes, measures that are  
242 patient-centered and provide consumers with meaningful information about care, as well as  
243 measures that address all of the priority areas of medication management and capture a broad  
244 spectrum of conditions, settings, and populations. Specific recommendations for research and  
245 measure development are provided at the end of this report.

## 246 RELATIONSHIP TO OTHER NQF-ENDORSED CONSENSUS STANDARDS

247 This report does not represent the entire scope of NQF work relevant to the quality of care in  
248 the topic area addressed in this report. As noted previously, NQF has previously endorsed  
249 measures for medication management across multiple conditions and settings, as well as  
250 condition/disease specific medications through many NQF consensus projects. Appendix B  
251 provides a list of NQF-endorsed medication management measures endorsed to-date.

## 252 RECOMMENDED VOLUNTARY CONSENSUS STANDARDS FOR MEDICATION MANAGEMENT

### 253 Overview of Recommended Measures

254 This report presents 19 performance measures recommended for endorsement for  
255 medication management (Table 1). The purpose of these consensus standards is to improve the  
256 quality of healthcare through accountability and public reporting by standardizing quality  
257 measurement in all relevant care settings. All NQF-endorsed measures are fully disclosed and  
258 available for use by any interested parties<sup>d</sup>. The medication management consensus standards are  
259 intended for use at various levels of analysis, including individual practitioner level (e.g. Medicare  
260 Part D plans, health plans, clinicians, and pharmacists).

261 The recommended measures relate to the following National Priorities Partnership goals:<sup>e</sup>

- 262 • All healthcare organizations and their staff will strive to ensure a culture of safety while  
263 driving to lower the incidence of healthcare-induced harm, disability, or death toward zero.

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<sup>d</sup> See [www.qualityforum.org](http://www.qualityforum.org)

<sup>e</sup> National Priorities Partnership, National Priorities and Goals, [www.nationalprioritiespartnership.org](http://www.nationalprioritiespartnership.org)

264 They will focus relentlessly on continually reducing and seeking to eliminate all healthcare-  
265 associated infections (HAI) and serious adverse events.

266 • All healthcare organizations and their staff will work collaboratively with patients to reduce  
267 30-day readmission rates.

268 • Medication information will be clearly communicated to patients, family members, and the  
269 next healthcare professional and/or organization of care, and medications will be reconfirmed  
270 each time a patient experiences a transition in care.

271 • All healthcare organizations and their staff will work collaboratively with patients to reduce  
272 preventable emergency department visits.

273 • All healthcare organizations will continually strive to improve the delivery of appropriate  
274 patient care, and substantially and measurably reduce extraneous service(s) and/or  
275 treatment(s). Included area of focus: Inappropriate medication use, targeting: antibiotic use and  
276 polypharmacy (for multiple chronic conditions; of antipsychotics)

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289 **Table 1. National Voluntary Consensus Standards for Medication Management 2009**

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294 \*\*Recommended for time-limited endorsement

Measure ID/ Title	Measure Description	Measure Steward
MM-001-08:Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category**g	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Angiotensin-Converting Enzyme Inhibitor/Angiotensin-Receptor Blocker (ACEI/ARB), Calcium-Channel Blockers (CCB), Diabetes Medication, Statins. The full detailed measure specifications have also been submitted as a separate attachment.	NCQA
MM-003-08:Adherence to Chronic Medications**g	Medication adherence to classes of chronic medications. The measure reports an average medication possession ratio (MPR) (the sum of the MPRs for each <u>patient Part D beneficiary</u> in the denominator).	CMS
MM-004-08:Coronary Artery Disease and Medication Possession Ratio for Statin Therapy**g	Medication adherence to statin therapy for <u>patients Part D beneficiaries</u> with Coronary Artery Disease (CAD). The measure reports an average medication possession ratio (MPR) (the sum of the MPRs for each <u>Part D beneficiary patient</u> in the denominator).	CMS
MM-005-08:Use and Adherence to Antipsychotics among members with Schizophrenia**g	Assess the use of and the adherence of antipsychotics among members with schizophrenia during the measurement year	IMS Health
MM-006-08:Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications**g	Medication adherence to three classes of chronic medications for <u>Part patients D beneficiaries</u> with diabetes. The measure reports both a continuous medication possession ratio (MPR) and the percentage of diabetic <u>patients Part D beneficiaries</u> who have an MPR = 0.80 for three classes of medications: oral hypoglycemic agents, statins, and angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs).	CMS
MM-008-08:Diabetes	The percentage of patients who were dispensed a medication for	NCQA

<sup>f</sup> Intellectual property owner and copyright holder. ALL RIGHTS RESERVED. For the most current specifications and supporting information, please refer to the IP owner:

- NCQA - National Committee for Quality Assurance ([www.ncqa.org](http://www.ncqa.org))
- CMS - Centers for Medicare and Medicaid Services ([www.cms.hhs.gov](http://www.cms.hhs.gov))
- IMS Health- IMS Health/IMS Payer Solutions ([www.imshealth.com](http://www.imshealth.com))
- TJC - The Joint Commission ([www.jointcommission.org](http://www.jointcommission.org))

<sup>g</sup> Recommended for time-limited endorsement.

<b>Suboptimal Treatment Regimen (SUB)</b>	diabetes and hypertension who are not receiving an ACEI/ARB medication. The full detailed measure specifications have also been submitted as a separate attachment.	
<b>MM-010-08:Diabetes and Medication Possession Ratio for Statin Therapy<sup>g</sup></b>	Percentage of diabetic <del>patients</del> <del>Part D beneficiaries</del> who have at least one claim for a lipid-lowering drug. <u>This measure also reports an average medication possession ratio (MPR) (the sum of the MPRs for each patient in the denominator).</u>	CMS
<b>MM-011-08:Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)</b>	Rate 1: The percentage of patients with persistent asthma who were dispensed more than 5 canisters of a short-acting beta2 agonist inhaler during the same three-month period.  Rate 2: The percentage of patients with persistent asthma during the measurement year who were dispensed more than five canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.	NCQA
<b>MM-013-08:Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported.</b>	Percentage of members 40 years of age and older who had an acute inpatient discharge or ER encounter between January 1- November 30 of the measurement year with a principal diagnosis of chronic obstructive pulmonary disease (COPD) and who were dispensed appropriate medications. -Two rates reported: dispensed a systemic corticosteroid within 14 days of the event and dispensed a bronchodilator within 30 days of the event Detailed measure specifications were also submitted as a separate document.	NCQA
<b>MM-014-08:Chronic Kidney Disease, Diabetes Mellitus, Hypertension and Medication Possession Ratio for ACEI/ARB Therapy**g</b>	Medication adherence to ACEI/ARB therapy for <del>patients</del> <del>Part D beneficiaries</del> with chronic kidney disease (CKD) (Stages 1-4) and/or diabetes mellitus and hypertension (HTN).The measure reports an average medication possession ratio (MPR) (the sum of the MPRs for each <del>patient</del> <del>Part D beneficiary</del> in the denominator).	CMS
<b>MM-017-08:Ace Inhibitor / Angiotensin Receptor Blocker Use and Persistence Among Members with Coronary Artery Disease at High Risk for Coronary Events</b>	To assess the use of and persistence to ACE inhibitors or Angiotensin receptor blockers (ARB) among members with CAD or other atherosclerotic vascular disease (i.e., peripheral arterial disease, atherosclerotic aortic disease and carotid artery disease) who are at high risk for coronary events during a one year period. High-risk comorbidities are defined as heart failure, hypertension, diabetes, or chronic kidney disease (excluding stage V and patients on dialysis).	IMS Health
<b>MM-022-08:HBIPS-4: Patients discharged on multiple antipsychotic medications</b>	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications	TJC
<b>MM-023-08:HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification</b>	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification	TJC

MM-026-08:Care for Older Adults – Medication Review (COA)	Percentage of adults 65 years and older who had a medication review	NCQA
MM-028-08:Medication Reconciliation Post-Discharge (MRP)	Percentage of discharges from January 1 to December 1 of the measurement year for patients 65 years of age and older for whom medications were reconciled on or within 30 days of discharge.	NCQA
MM-030-08:Monthly INR Monitoring for Beneficiaries on Warfarin	Average percentage of monthly intervals in which <del>patients</del> <del>Part D beneficiaries</del> with claims for warfarin do not receive an INR test during the measurement period	CMS
MM-031-08:INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications	Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for <del>patients</del> <del>Part D beneficiaries</del> receiving warfarin	CMS
MM-034-08:HBIPS-6 Post discharge continuing care plan created	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created	TJC
MM-035-08:HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity.	TJC

295

296 DISCUSSION

297 Measures Recommended For Endorsement

298 Recommended candidate measures generally fell into one or more of the following categories:

- 299
- Medication prescribing measures (used to assess appropriate selection)
- 300
- Medication dispensing measures (used to assess appropriate selection, dispensing, and
- 301 adherence)
- 302
- Medication use monitoring
- 303
- Outcomes

304 This report does not represent the full spectrum of priority areas where medication  
 305 management measures are needed. A discussion of areas of suggested measure development and  
 306 research follow the recommendations.

307 Of note, several submitted measures use pharmacy administrative claims for medication  
 308 dispensing. Measures assessing medication dispensing were used to assess the quality of  
 309 pharmacies, as well as to indirectly assess whether the appropriate medication was prescribed (in  
 310 the absence of information about prescribing), and to assess patient adherence. Alternatively, two  
 311 measures of asthma control (MM-011-08 and MM-012-08, NCQA) use pharmacy claims of beta2  
 312 agonists to determine whether the provider is effectively controlling their patients' asthma  
 313 systems.

314 Many comments received during the review and comment period requested that measures  
 315 developed by CMS be modified to apply to a broader population. The measures as submitted were  
 316 specified to include 'Part D beneficiaries'. CMS has agreed to modify the measures to apply to all  
 317 patients (except where exclusions apply) so that they can potentially be implemented broadly.

318 **Table 2. Overview- Focus of Recommended Measures**

Measure Number and Title	Prescribing	Dispensing	Monitoring	Outcomes
<b>Adherence Measures- General</b>				
MM-001-08: Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	x	x		
MM-003-08: Adherence to Chronic Medications	x	x		
<b>Adherence Measures- Coronary Artery Disease</b>				
MM-004-08: Coronary Artery Disease and Medication Possession Ratio for Statin Therapy And MM-016-08: Coronary Artery Disease and Lipid-Lowering Therapy	x	x		
MM-017-08: Treatment of Coronary Artery Disease (CAD): Ace Inhibitor / Angiotensin Receptor Blocker use	x	x		
<b>Adherence Measures- Diabetes</b>				
MM-010-08: Lipid-Lowering drugs for Diabetic Beneficiaries	x	x		
MM-006-08: Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications	x	x		
MM-008-08: Diabetes Suboptimal Treatment Regimen (SUB)	x	x		
MM-014-08: Chronic Kidney Disease, Diabetes Mellitus, Hypertension and ACEI/ARB Therapy	x	x		
<b>Adherence Measures- Schizophrenia</b>				
MM-005-08: Schizophrenia: Adherence to Antipsychotics And	x	x		

Measure Number and Title	Prescribing	Dispensing	Monitoring	Outcomes
MM-021-08: Schizophrenia: Treatment with Antipsychotics				
<b>Asthma Control</b>				
MM-011-08: Suboptimal Asthma Control (SAC)	x	x	x	
MM-012-08: Absence of Controller Therapy (ACT)	x	x	x	
<b>COPD Management</b>				
MM-013-08: Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported.	x	x		
<b>Management of Antipsychotic Medication Use</b>				
MM-022-08: HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications	x			
MM-023-08: HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	x			
MM-034-08: HBIPS-6 Post Discharge Continuing Care Plan Created			x	
MM-035-08: HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider upon Discharge			x	
<b>INR Monitoring</b>				
MM-030-08: Monthly INR Monitoring for Beneficiaries on Warfarin			x	
MM-031-08: INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications			x	
<b>Medication Management- General</b>				
MM-026-08: Care for Older Adults - Medication Review (COA)			x	
#MM-028-08 Title: Medication Reconciliation Post-Discharge (MRP) (NCQA)			x	

319

320 **Adherence Measures**

321 A great deal of evidence exists to demonstrate that medication adherence is an important,  
322 high impact area with room for improvement. Evidence suggests that 33-69 percent of medication  
323 related hospital admissions are due to poor medication adherence, resulting in approximately \$100  
324 billion annually being spent to treat patients who do not adhere to medication regimens.<sup>8,9</sup> It is  
325 estimated that 30% of patients report taking a prescription less often than prescribed and 20 %  
326 report they stopped taking a prescription sooner than prescribed.<sup>10</sup> More than 50% of Medicare  
327 patients aged 65 with three or more chronic conditions report being non-adherent to prescribed  
328 medications.<sup>11</sup>

329 A variety of approaches have been used to measure adherence to prescribed medication  
330 therapy. Among these are patient self-report, pill counts, biochemical analysis, and administrative  
331 claims. Each of these approaches has strengths and weaknesses in terms of validity and reliability  
332 of measurement results and burden of data collection. Measures evaluated for this project used  
333 pharmacy claims, either with supplemental health plan eligibility information and diagnosis data,  
334 to assess adherence.

335 Several submitted measures assessed the percentage of patients with a given diagnosis who  
 336 filled one prescription of a given medication. Additional measures assessed medication adherence  
 337 over time by examining the ‘medication possession ratio’ (MPR). MPR is a measured by calculating  
 338 the number of days’ supply of medications a patient has divided by the number of days in the  
 339 measurement period by looking at pharmacy claims data. A similar method referred to as  
 340 ‘proportion of days covered’ (PDC) has also commonly been used to measure adherence. While  
 341 differences in MPR and PDC have been noted in the literature, measures submitted implemented  
 342 both MPR and PDC in virtually identical ways.

343 The adherence measures originally submitted for this project used varying methods to  
 344 calculate MPR (or PDC). The submitted measures varied in terms of whether they measured  
 345 adherence from the first prescription to the end of the measurement year, first prescription until  
 346 the last prescription, or first prescription plus a specific period of time (e.g. 6 months).

347 Because evidence did not point to one method being superior to another, the Steering  
 348 Committee requested that the measure developers employ one standardized method to allow  
 349 comparisons across populations and minimize the burden placed on potential measure  
 350 implementers. After much deliberation and the participation of invited experts in this area, the  
 351 Steering Committee decided to select standardized specifications for adherence measurement,  
 352 presented below. All measure developers for recommended measures agreed to either modify  
 353 their measures immediately, or to modify them prior to the expiration of their ‘time-limited’  
 354 endorsement period.

355 **Proposed Standard Specifications for Adherence Measurement**

Numerator	Denominator
1. <u>New users</u> : For patients with no prescriptions in the 180 days prior to the measurement period, sum of:  Days’ supply of all medications from the first prescription until the end of the measurement period.  <i>**Remove the days’ supply that extend past the end of the measurement period.</i>  2. <u>Continuous users</u> : For patients with 1 or more prescriptions in the 180 days prior to the measurement period, sum of:  Days’ supply of all medications in the measurement	1. <u>New users</u> : Number of days from the first prescription to the end of measurement period. <del>1.</del> <u>2. Continued users</u> : Number of days from the beginning to the end of the measurement period.  **Multiply by 100- cannot exceed 100%

period <i>**Remove the days supply that extends past the end of the measurement period and add days supply from the previous period that apply to the current period.</i>	
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356

357 An alternative approach that was considered by the Steering Committee excluded patients  
358 who experienced a gap in medication possession greater than a period of time, such as 30, 60, or 90  
359 days. This method would allow for analysis of those patients who remain 'on' a medication but  
360 may be 'non-adherent' or may not have a days' supply of medication for every day in the  
361 measurement year. Patients who experience long gaps in medication possession might be off the  
362 medication altogether, due to their prescriber stopping therapy or patient decision to halt therapy.  
363 Because it is not feasible to have information about why the patient experiences a gap in  
364 medication adherence with administrative data, the Steering Committee recommended to not  
365 exclude these patients. The Committee recognized that by not excluding patients who experience a  
366 gap significant gap in medication possession, it is possible for example for a patient's physician to  
367 stop their medication therapy nine months into the measurement year, and the remaining three  
368 months of the year would be included in the measure denominator, making them look falsely non-  
369 adherent. However, by excluding patients with a gap in medication therapy patients who stop  
370 taking a prescribed medication against prescriber instructions would not be included in the  
371 analysis. The Committee noted that there are strengths and weaknesses to each approach, and data  
372 from field testing of these measures might inform the adoption of modified standard approach to  
373 adherence measurement recommended by NQF.

374 Many comments received during the review and comment period addressed many of the  
375 limitations of the recommended adherence methodology that were acknowledged by the Steering  
376 Committee. These include potential threats to validity such as patients appearing non-adherent  
377 when purchasing medications out-of-pocket, questions about the appropriateness of clinician-level  
378 attribution for these measures, and requests to modify the adherence methodology recommended.  
379 Comments also were received that expressed the need to identify measures that are more patient-  
380 centered, and address whether patients are taking their medications appropriately, not just  
381 whether they are filling their prescriptions. The Steering Committee confirmed that they strongly

382 | support these comments, and hope that future measure development, research, and NQF measure  
383 | maintenance will address these concerns.

384 | **General Adherence Measures Recommended for Endorsement**

385 | **MM-001-08: PDC: Statins, ACEI/ARBs, Diabetes medication (NCQA)**

386 | This intermediate outcome measure assesses the percentage of patients 18 years of age and  
387 | older who meet the ‘proportion of days covered’ threshold of 80% during the measurement year  
388 | for possession of prescribed medications. Five medication categories were originally included in  
389 | this measure: Beta Blockers, Angiotensin Converting Enzyme Inhibitor/ Angiotensin Receptor  
390 | Blocker (ACEI/ ARB), Calcium Channel Blockers (CCB), Diabetes Medication, and Statins. This  
391 | measure uses only pharmacy administrative claims to determine adherence.

392 | The Steering Committee strongly supported this measure as being very important and  
393 | addressing a high impact area of medication adherence for widely used medications. While there  
394 | is limited evidence that screening for adherence will lead to improved outcomes, the committee  
395 | felt it was an important measure to put forward for medication management. As with other  
396 | adherence measures under review, the committee acknowledged limitations of this approach to  
397 | adherence measurement, including the potential for patients to appear non-adherent while within  
398 | the ‘donut hole’ of Medicare Part D coverage (the gap in coverage between the initial coverage  
399 | limit and the catastrophic coverage threshold) and paying out-of-pocket or when patients purchase  
400 | discount prescriptions that are less expensive than the co-payment the patient would pay if they  
401 | used their health insurance to pay for their prescription, such as low cost generic programs from  
402 | selected retailers. While this measure is very feasible to collect because it only utilizes pharmacy  
403 | administrative claims, it would be strengthened if diagnosis information was linked to pharmacy  
404 | data. As the measure is specified, patients are included in the denominator by filling a prescription  
405 | for a medication in one of the included therapeutic categories, not based on a diagnosis for a  
406 | condition for which one of the medications in one of the therapeutic categories is indicated. The  
407 | Steering Committee requested that Beta Blockers and Calcium Channel Blockers be excluded from  
408 | this measure, because there are many indications for these two medications for which short term  
409 | use is appropriate. The measure developer agreed to modify the measure in the -future to adhere

410 to the recommended standard specifications recommended by the Steering Committee to assess  
411 adherence.

412 **MM-003-08: Adherence to Chronic Medications (CMS)**

413 This intermediate outcome measure assesses the percentage of patients who have a  
414 medication possession ratio of greater than or equal to .80 for 7 classes of chronic medications. The  
415 Steering Committee strongly supported this measure as addressing a very important, high impact  
416 area. The committee indicated that the specifications for eligibility criteria for inclusion are strong.  
417 The committee noted a weakness of this measure was the absence of diagnosis~~istis~~ related  
418 exclusions. The Committee recommended that beta blockers, calcium channel blockers, and SSRIs  
419 be excluded unless diagnosis codes are included to assure appropriate indications for long-term  
420 use. The measure developer agreed to exclude these medications.

421 **Coronary Artery Disease Adherence Measures**

422 Coronary artery disease (CAD) is related to significant mortality and morbidity, as well as  
423 cost and resource use. According to the American Heart Association, CAD caused 1 out of every 5  
424 deaths in the US in 2005. In 2005, CAD mortality was 445,687. The total direct and indirect costs of  
425 CAD in 2009 are estimated to total 165.4 billion in the US.<sup>12</sup> Given the significant impact of this  
426 condition and the high prevalence of medication use for patients with CAD, medication  
427 management in this area has a significant potential for impact.

428 **MM-004-08: Coronary Artery Disease and Medication Possession Ratio for Statin Therapy**  
429 **(CMS)**

430 This intermediate outcome measure assesses the percentage of patients who fill one  
431 prescription for statin therapy, as well as the percentage of patients who maintain a .80 medication  
432 possession ratio for statin therapy over time. The Steering Committee strongly supported this  
433 measure as addressing a high impact, very important area. Several studies have demonstrated a  
434 link between higher adherence to statin use and improved CAD outcomes, including mortality and  
435 myocardial infarction.<sup>13-15</sup> The Centers for Medicare & Medicaid Services provided data from  
436 unpublished testing that indicated the percent of CAD patients with an MPR  $\geq 0.8$  ranged from  
437 69.6% to 77.3%. Variation was found among providers in three states combined, ranging from 55%-

438 82.4%. The variation in performance rates among pharmacies ranged from 54.2%-81.3%. The  
439 Committee assessed this measure to be highly usable and feasible to implement.

440 **MM-017-08: Treatment of Coronary Artery Disease (CAD): ACE Inhibitor / Angiotensin**  
441 **Receptor Blocker use (IMS Health)**

442 This intermediate outcome measure assesses the percentage of patients age 18-75 with CAD  
443 who have an 80% medication possession ratio for ACEI/ARB medications. Several studies have  
444 demonstrated a link between ACE inhibitor or ARB use and improved outcomes, including  
445 recurrent myocardial infarctions and mortality.<sup>16</sup> The Steering Committee strongly supported this  
446 measure as being very important, usable, and feasible. The Committee pointed out that inpatient  
447 stays that occur during the measurement year are not taken into consideration.

448 **Diabetes Adherence Measures**

449 It is estimated that almost 21% of people 60 years and older have diabetes in the United  
450 States, a significant proportion having Type II diabetes.<sup>8</sup> Among patients with diabetes who are 18  
451 years and older, the two most common comorbid conditions are hypertension and high blood  
452 cholesterol. The leading cause of mortality among diabetic patients is heart disease. Medication  
453 nonadherence is prevalent among patients with diabetes mellitus and is associated with adverse  
454 outcomes.<sup>17</sup> Rates of adherence for patients with diabetes has been estimated to range from 36 to 93  
455 percent.<sup>18</sup>

456 **MM-006-08: Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications**  
457 **(CMS)**

458 This intermediate outcome measure assesses the percentage of diabetes patients with 80%  
459 medication possession ratio for chronic medications. The measure consists of separate MPRs for  
460 diabetic patients for three classes of medications: oral hypoglycemic, statins, and ACEIs/ARBs.  
461 Data from unpublished testing supplied by the measure developer indicates the percentage of  
462 patients with an MPR greater than or equal to 0.8 for oral hypoglycemic, statins, and ACEI/ARBs  
463 aged 18-75 were 77.2%, 68.3%, and 74.4% overall, respectively. Substantial variation was observed  
464 at the plan level as well as at the individual clinician level. The Steering Committee strongly

465 supported this measure as addressing a high impact, important area with a demonstrated quality  
466 problem and being usable and feasible.

467

468 **MM-010-08: Diabetes and Medication Possession Ratio for Statin Therapy (CMS)**

469 This intermediate outcome measure assesses the percentage of patients who have at least  
470 one claim for a statin medication, as well as the percentage of patients who maintain 80%  
471 medication possession ratio over time. The Steering Committee was strongly in support of this  
472 measure. A 2007 American Diabetics Association (ADA) guideline indicates that lipid management  
473 aimed at lowering LDL cholesterol, raising HDL cholesterol, and lowering triglycerides has been  
474 shown to reduce macrovascular disease and mortality in patients with type 2 diabetes, particularly  
475 in those who have had prior cardiovascular events.<sup>19</sup> A recent meta-analysis confirms the benefit of  
476 statin therapy on vascular outcomes for patients with diabetes.<sup>20</sup> Data from unpublished testing  
477 provided by the measure developer demonstrate performance of between 59.6% and 69.3% for  
478 three states for this measure when looking at adherence for lipid lowering medications. Plan  
479 performance ranged from 61.4% to 78.4% at the 10<sup>th</sup> and 90<sup>th</sup> percentiles, and provider performance  
480 ranged from 52.6% and 83.3% at the 10<sup>th</sup> and 90<sup>th</sup> percentiles. This evidence suggests room for  
481 improvement for this measure.

482 **MM-008-08: Diabetes Suboptimal Treatment Regimen (SUB) (NCQA)**

483 This measure assesses the percentage of patients who are dispensed at least one  
484 prescription for an oral hypoglycemic agent, insulin, incretion mimetics and at least one  
485 prescription for an antihypertensive agent who do not receive an ACEI/ARB or ACEI/ARB  
486 combination during the measurement year. The Steering Committee agreed that this measure  
487 assesses a high impact area with a quality gap.

488 **MM-014-08: Chronic Kidney Disease, Diabetes Mellitus, Hypertension and ACEI/ARB Therapy**  
489 **(CMS)**

490 This measure assesses the percentage of patients who have chronic kidney disease or  
491 diabetes with hypertension. The Steering Committee assessed this measure to address an

492 important area of focus, with high morbidity, mortality, and opportunity for improvement. Data  
493 from unpublished testing provided by the measure developer indicated measure performance to  
494 be 78% in three states, with health plan performance ranging from 77-85%. Based on the Steering  
495 Committee's recommendation, the measure developer modified the measure specifications for this  
496 measure- previously all three diagnoses were needed to be included in the denominator. The  
497 measure developer also agreed to add exclusions for contraindications for ACEI/ ARBs.

#### 498 Asthma Management Measures Proposed for Endorsement

499 Nearly 1.8 million emergency department visits were attributed to asthma in 2004. In 2004,  
500 there were 14.7 million outpatient asthma visits to physician offices and hospital outpatient  
501 departments. <sup>2124</sup> There is good evidence that effective medication management for asthma can  
502 significantly reduce unnecessary emergency department and hospital use.

#### 503 **MM-011-08: Suboptimal Asthma Control (SAC) (NCQA) and Absence of Controller Therapy** 504 **(ACT) (NCQA)**

505 MM-011-09 assesses the percentage of patients who receive more than 5 canisters of short  
506 acting beta2 agonist inhalers during a 3 month period, while MM-012-09 assesses the percentage of  
507 patients who receive more than 5 canisters of short acting beta2 agonist inhalers during a 3 month  
508 period who do receive controller therapy during that period. These measures focus on  
509 management of patients with asthma by assessing patients whose symptoms are not being  
510 appropriately controlled. Measure -011-08 measures the percent of patients who are overutilizing  
511 rescue inhalers and, subsequently, measure MM-012-08 assesses those patients who are  
512 overutilizing rescue inhalers who are given controller medications to reduce the number of rescue  
513 inhalers that are being utilized.

514 The Steering Committee was strongly in support of these measures. They determined these  
515 measures to address a high impact area with strong supporting evidence. While the majority of  
516 patients with asthma can achieve control with proper treatment, evidence suggests that asthma is  
517 adequately controlled in only a minority of patients. <sup>2225</sup> Evidence also suggests that a measure of  
518 the ratio of controller medication to total medication has been able to predict subsequent acute  
519 exacerbations better than measures based on controller medication use alone. <sup>2225</sup> One study found

520 that the ratio of controller medications and reliever medication is related to subsequent emergency  
521 department visits.<sup>2326</sup> Based on a recommendation from the Steering Committee, NCQA agreed to  
522 adjust the lower age limit to 5 (from 18) to harmonize with similar NCQA asthma measures that  
523 are NQF endorsed.

524 A guideline of the National Heart, Lung and Blood Institute states that regularly scheduled,  
525 daily, long-term use of short-acting beta2-agonists is not recommended. <sup>2427</sup> When the Steering  
526 Committee asked for clarification about why 5 canisters are specified in this measure, the measure  
527 developer responded that this was based on a recommendation of the technical expert panel  
528 involved in development of these measures. There is consensus in the medical community that  
529 regular use of beta2-agonists (i.e., 4 times/day) should be discouraged in favor of anti-  
530 inflammatory treatment.<sup>2528</sup> Based on Steering Committee recommendation, the measure  
531 developer combined these measures into one measure with 2 reported rates.

532 Several comments recommended combining these two measures. Based on the  
533 recommendation of the Steering Committee, the measure developer has agreed to combine these  
534 two measures, so that they are reported as two separate rates but reported together. Therefore,  
535 they are not intended to be used separately. A few comments also recommended using a different  
536 number of canisters to indicate lack of asthma control (the measure specifies 5 canisters). While the  
537 specified number of canisters is based only on face validity established by the measure developer's  
538 technical panel, the Steering Committee felt that this is a reasonable number to use.

539

## 540 COPD Management Measures Proposed for Endorsement

541 The National Heart, Lung, and Blood Institute (NHLBI) states that over 12 million adults  
542 have been diagnosed with COPD. COPD mortality has risen recently, making it the fourth leading  
543 cause of death in the US.<sup>2629</sup> The economic and social burden of COPD exacerbations are extremely  
544 high, and account for nearly one million emergency department (ED) visits each year and result in  
545 approximately 450,000 hospitalizations, all at an annual cost of about \$2.4 billion.<sup>2730</sup>

546 **MM-013-08: Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are**  
547 **reported. (NCQA)**

548 This measure assesses the percentage of patients 40 years of age and older who have an  
549 acute inpatient discharge or emergency department (ED) visit with chronic obstructive pulmonary  
550 disease (COPD) who experience exacerbation and who were dispensed appropriate medications.  
551 This measure includes two rates, one for dispensing of a systemic corticosteroid within 14 days of  
552 the event and another rate for patients dispensed a bronchodilator within 30 days of the event.

553 The Steering Committee was strongly in support of this measure as being a high impact,  
554 important area. One review noted that better provider adherence to established guidelines is one  
555 step toward improving care and better use of health care resources.<sup>2739</sup> The Steering Committee  
556 recommended that this measure be stratified by risk level. The Committee recommended looking  
557 at patients with lower risk levels in the future. It was also recommended that the measure be  
558 modified to require transmittal of this information to the prescriber. The Committee questioned the  
559 inclusion of both ED and hospitalized patients, and recommended further research to assess  
560 whether these two patients are comparable.

561 Several comments recommended that only maintenance bronchodilators be addressed,  
562 because there is not a quality gap for steroid use. The Steering Committee maintained its original  
563 recommendation to endorse this measure as specified, feeling that the quality gap is sufficient to  
564 endorse both rates.

565 **Psychiatric Measures Proposed for Endorsement**

566 **MM-022-08: HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications and MM-023-**  
567 **08: HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate**  
568 **Justification (TJC)**

569 The Steering Committee agreed that these measures address an important, high impact  
570 area of overuse with a demonstrated opportunity for improvement. Polypharmacy of  
571 antipsychotic medications has been found to be a pervasive overuse problem. Evidence suggests

572 that between 4 and 35% of outpatients and 30-50% of inpatients treated with antipsychotic  
573 medications concurrently received 2 or more antipsychotics,<sup>28-32,34-35</sup> Antipsychotic polypharmacy  
574 can lead to an increase in side effects, often without improving clinical outcomes.<sup>32,33,35,36</sup> The  
575 measure developer agreed with the SC's recommendation to modify MM-023 to require that  
576 justifications be included in the continuing care plan transmitted to the next level of care (thus  
577 simplifying the task of gathering numerator data and enhancing post-discharge communication).  
578 The Steering Committee recommended broadening this measure to include outpatients as well.  
579 The Committee expressed that it is important to pair these two measures, because there are  
580 situations where prescribing multiple antipsychotic medications is justified. Several comments  
581 noted that both of these measures are not needed because it is important to address polypharmacy  
582 without justification, not polypharmacy alone. The measure developer explained that HBIPS-5 is a  
583 paired measure with HBIPS-4 (Patients discharged on multiple antipsychotic medications). Rates  
584 for both measures are intended to be reported together as a part of the Hospital-Based Inpatient  
585 Psychiatric Services (HBIPS) Measure Set. Therefore, they are not intended to be used separately.  
586 The Steering Committee agreed that is acceptable to have both measures if they are reported  
587 together.

588  
589 **MM-034-08: HBIPS-6 Post Discharge Continuing Care Plan Created and**  
590 **MM-035-08: HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care**  
591 **Provider upon Discharge (TJC)**

592  
593 These measures address creation of a continuing care plan for psychiatric patients  
594 discharged from an inpatient setting, and transmittal of the continuing care plan to the next level  
595 of care provider on discharge.

596 The Steering Committee strongly recommended this measure for endorsement. Care  
597 coordination is an important area addressed by these measures. The Committee recommended  
598 broadening these measures to include other conditions, as well as to include outpatient settings.  
599 The Committee recommended adding dietary restrictions/precautions on the continuing care  
600 plan. The Committee also recommended modifying the measure to specify that the patient receive  
601 the continuing care plan as well as the next level of care provider.

602 Several comments were received recommending that these measures be expanded to  
603 include populations beyond psychiatric patients. The Steering Committee agreed with this  
604 recommendation, and has forwarded a recommendation for measure development for additional  
605 harmonized measures for other settings and conditions. The Joint Commission has developed  
606 these measures specifically to use for psychiatric inpatients, and does not plan to expand it to other  
607 patients and settings at this time.

#### 608 **Schizophrenia Adherence Measures**

609 It is estimated that 1% of the US population will be diagnosed with schizophrenia  
610 sometime in their lifetime.<sup>3421</sup> In 2002, the combined direct and indirect costs of schizophrenia in  
611 the United States totaled 62.6 billion dollars.<sup>3522</sup> Use of antipsychotic medications for patients with  
612 schizophrenia is widespread. It is estimated that use of antipsychotic medications can reduce the  
613 risk of relapse up to 30% per year for patients in the stable phase of schizophrenia.<sup>3623</sup>

#### 614 **MM-005-08: Use and Adherence to Antipsychotics among members with Schizophrenia (IMS** 615 **Health)**

616 These measures assess both the percentage of patients with schizophrenia who fill one  
617 prescription for antipsychotics, as well as the percentage of patients with schizophrenia who  
618 maintain 80% medication possession ratio over time. The Steering Committee felt that this measure  
619 was strong, given evidence that schizophrenia is a high impact area with significant antipsychotic  
620 use and a demonstrated quality problem. A 2004 American Psychiatric Association (APA)  
621 guideline stresses the importance of medication adherence to prevent relapse.<sup>3623</sup> No information  
622 was provided by the measure developer to support variation or overall poor performance for this

623 measure. However, the Steering Committee agreed that there is room for improvement in  
624 adherence to antipsychotics for schizophrenic patients.

625

## 626 **INR monitoring Measures Proposed for Endorsement**

627 **Measure#MM-030-08 Monthly INR Monitoring for Beneficiaries on Warfarin (CMS) and**  
628 **Measure#MM-031-08 INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective**  
629 **Medications (CMS)**

630

631 These measures assess INR monitoring for patients on warfarin and patients on warfarin and anti-  
632 infective medications. They are intended to assess monitoring to avoid adverse drug events  
633 associated with warfarin use.

634 The Steering Committee strongly supported both of these measures. There is strong  
635 evidence to support the need for monitoring of warfarin use to avoid adverse events. More than 31  
636 million prescriptions for warfarin were issued in 2004.<sup>37</sup> It is one of the top drugs responsible for  
637 adverse drug events (ADEs), particularly among the elderly. The annual estimate of ADEs treated  
638 in the emergency departments in the US for warfarin was 43,400.<sup>38</sup> Evidence suggests that patients  
639 are maintained at the optimal therapeutic range to avoid adverse outcomes between 55 and 63.6%  
640 of the time when on warfarin.<sup>39, 40</sup> Based on the committee's recommendation, the measure  
641 developer agreed to change the treatment timeframe to 40 days instead of 30 days, to align with  
642 the time frame used by the Institute for Healthcare Improvement (IHI).

## 643 **General Medication Management Measures Proposed for Endorsement**

644 **Measure#MM-026-08 Care for Older Adults - Medication Review (COA) (NCQA)**

645 This measure assesses the percent of patients 65 and older who have a medication review.  
646 The Steering Committee agreed that this is a high impact area with a demonstrated quality  
647 problem. One weakness of this measure is that there is a potential for providers to indicate that  
648 they have conducted a medication review without knowing the quality of the medication review.  
649 The Committee recommended that a further specified definition of 'medication review' is needed

650 in the future. The Committee also recommended research to determine if this measure is  
 651 appropriate outside of the ambulatory setting.

652 **#MM-028-08 Medication Reconciliation Post-Discharge (MRP) (NCQA)**

653 This measure assesses the percentage of discharges aged 65 and older whose medications  
 654 are reconciled within 30 days of discharge. The Steering Committee agreed that this is an  
 655 extremely high impact, important area. Failure to appropriately reconcile medications is associated  
 656 with increased mortality, morbidity, and resource use/cost. The Steering Committee expressed  
 657 some concern with this measure. Committee members were concerned that patients discharged to  
 658 intermediate care should not be included in this measure. The Steering Committee asked that the  
 659 measure specify that the patient receives the list; the measure has not yet been modified.

660 Several comments addressed the 30-day time frame specified by this measure,  
 661 recommending that a shorter time frame is appropriate. The Steering Committee agreed with the  
 662 measure developer’s rationale for including this time frame to allow for sufficient time for  
 663 reconciliation to occur.

664 **MEASURES NOT RECOMMENDED**

665 Table 3. Summary: Measures Not Recommended

Measure	Primary Reason for Not Recommending
#MM-002-08 Gap in Therapy (GAP): 5 Rates by Therapeutic Category (NCQA)	Not necessary in addition to MM-001-08
#MM-007-08 Diabetes Medication Dosing (DOS) (NCQA)	Does not meet ‘importance’ criterion
#MM-009-08 Statin treatment for members with diabetes (HBI)	Competing measure superior
#MM-015-08 Beta-Blocker Therapy for Coronary Artery Disease Beneficiaries with Prior Myocardial Infarction	Identical endorsed measure
#MM-018-08 Treatment of Coronary artery disease (CAD) or CAD equivalent : Use of Statins (HBI)	Competing measure superior
#MM-019-08 Treatment of community acquired pneumonia (HBI)	Importance- Evidence for opportunity for improvement unclear
#MM-020-08 Pharmacologic Management Of Migraine Headaches (HBI)	Scientific Acceptability-

	Evidence base for all migraine patients unclear
#MM-024-08 Osteoporosis: Pharmacologic Therapy (CMS)	Identical endorsed measure superior
#MM-025-08 Osteoporosis Screening For Patients On Systemic Corticosteroids (HBI)	Scientific Acceptability-Evidence base for all patients unclear
#MM-027-08 Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): 3 Rates and a Total Rate (NCQA)	Scientific Acceptability-does not allow for risk/benefit assessment
#MM-029-08 Annual A1c test for Diabetes Mellitus (CMS)	Identical endorsed measure
#MM-032-08 Potassium and Creatinine Check for Diuretics (CMS)	Identical endorsed measure
#MM-033-08 Title: Potassium and Creatinine Check for ACEIs/ARBs (CMS)	Identical endorsed measure

666

667 **#MM-002-08 Title: Gap in Therapy (GAP): 5 Rates by Therapeutic Category (NCQA)**

668 This measure assesses the percent of patients taking medications in 5 therapeutic categories who  
669 experience a gap in medication therapy greater than or equal to 30 days. While the Steering  
670 Committee agreed that this measure addresses a high impact, important area, it was felt that this  
671 measure is not necessary in addition to a measure of medication possession ratio.

672 Several comments were received that recommended that this measure be reconsidered. The  
673 Steering Committee discussed this measure again, and determined that it maintains its initial  
674 recommendation to not put forth this measure for endorsement.

675 **#MM-007-08 Diabetes Medication Dosing (DOS) (NCQA)**

676 This measure assesses the number of patients dispensed a dose higher than the daily  
677 recommended dose for diabetes medications. The Steering Committee did not determine this  
678 measure to meet the ‘importance’ criterion, because it does not clearly address a significant quality  
679 problem. It is unclear whether patients are commonly dispensed more than the recommended  
680 dosage of diabetes medications, or that there is necessarily a significant risk to patients to have  
681 extra dosages of medication in their possession at times.

682 **#MM-009-08 Statin treatment for members with diabetes (HBI)**

683 This measure assesses statin use for patients with diabetes. This measure is very similar to  
684 another submitted measure, #MM-010-08: Statin treatment for diabetic beneficiaries (CMS). The  
685 Steering Committee preferred the inclusion criteria for the denominator of the measure submitted  
686 by CMS to identify patients with diabetes. The Committee determined that the definition of  
687 patients with diabetes used by CMS was simpler and therefore more feasible than the HBI measure  
688 while still validly capturing the appropriate patients for whom this measure is appropriate.

689 #MM-015-08:

690 This measure assesses the percentage of patients with coronary artery disease and prior  
691 myocardial infarction who were dispensed a beta-blocker therapy during the measurement period.  
692 The Committee determined that this measure is identical to an endorsed measure, and therefore  
693 did not put this measure forward for endorsement.

694 **#MM-018-08 Treatment of Coronary Artery Disease (CAD) or CAD Equivalent : Use of Statins**  
695 **(IMS Health)**

696 This measure assesses use of statins for patients with CAD. This measure is very similar to  
697 measure submitted by CMS, MM-004-08: Coronary Artery Disease and Medication Possession  
698 Ratio for Statin Therapy. The Steering Committee preferred the inclusion criteria for the  
699 denominator of the measure submitted by CMS to identify patients with CAD. The Committee  
700 determined that the definition of patients with diabetes used by CMS was simpler and therefore  
701 more feasible than the HBI measure while still validly capturing the appropriate patients for whom  
702 this measure is indicated.

703 **#MM-019-08 Treatment of community acquired pneumonia (IMS Health)**

704 This measure assesses the percentage of patients 19 years of age and older who are  
705 diagnosed with community acquired pneumonia (CAP) in the outpatient setting who fill an  
706 antibiotic prescription 0-3 days after the date of diagnosis of pneumonia.

707 While the Steering Committee identified CAP to be an important area, they asserted that  
708 this measure is more appropriately applied to the inpatient setting. There does not seem to be

709 sufficient evidence of a quality gap for this measure, and implementation of this measure could  
710 lead to the overuse of antibiotics.

711 **#MM-020-08 Pharmacologic Management of Migraine Headaches (IMS Health)**

712 This measure looks at the percent of patients diagnosed with migraines who receive first-  
713 line migraine specific therapy prior to receiving opiate or butalbital containing rescue medications.  
714 The committee agreed that this measure has high importance and opportunity for improvement.  
715 The major weakness the Steering Committee identified with this measure is that ‘step therapy’ is  
716 recommended for patients with migraines, with over the counter medications recommended as the  
717 first line of treatment and OTC use cannot be assessed from claims data. This measure encourages  
718 the use of first-line migraine specific medication therapy for all patients. The committee  
719 recommended potentially narrowing this measure to include only patients with more severe  
720 migraine symptoms.

721 **#MM-024-08 Osteoporosis: Pharmacologic Therapy (CMS)**

722 This measure assesses the percentage of patients aged 50 years and older with a diagnosis  
723 of osteoporosis who were prescribed pharmacologic therapy. The Committee determined that an  
724 identical currently NQF endorsed measure is superior to this measure and that a new measure is  
725 not needed.

726 **#MM-025-08 Osteoporosis Screening for Patients on Systemic Corticosteroids (IMS Health)**

727 This measure assesses the percentage of patients 18 or older who fill at least a 180 days’  
728 supply of systemic oral corticosteroids who receive a bone mineral density study or  
729 pharmacological treatment for osteoporosis. The rationale for this measure is based on evidence  
730 that use of corticosteroids increases risk of osteoporosis by reducing bone formation and increasing  
731 bone resorption. The measure developer presented evidence that 50% of patients on corticosteroids  
732 eventually develop osteoporosis.<sup>41</sup> A guideline released in 2008 by the National Osteoporosis  
733 Foundation recommends screening patients for osteoporosis who take medications, including  
734 glucocorticoids, associated with bone mass or bone loss.<sup>42</sup> The Steering Committee determined that  
735 this measure does not meet the importance criterion, because there is not sufficient evidence that

736 taking oral corticosteroids increases risk for fractures enough to warrant screening for  
737 osteoporosis.

738 **#MM-027-08 Potentially Harmful Drug-Disease Interactions in the Elderly (DDE): 3 Rates and a**  
739 **Total Rate (NCQA)**

740 This measure assesses the percentage of patients 65 and older who have evidence of an  
741 underlying disease/condition/health concern who were dispensed an ambulatory prescription for  
742 a contraindicated medication. The categories of patients included in this measure are (1) patients  
743 with a history of falls and a prescription for tricyclic antidepressants, antipsychotics, or sleep  
744 agents, (2) dementia and a prescription for tricyclic antidepressants or anticholinergic agents (3)  
745 chronic renal failure and a prescription for nonaspirin NSAIDs or Cox-2 Selective NSAIDs. The  
746 measure is reported as three separate rates and a total rate combining all three.

747 The Steering Committee agreed that this measure addresses important patient safety issues.  
748 The Committee expressed doubt that just one prescription is always necessarily contraindicated for  
749 all of these categories of patients. The Steering Committee determined that it is important to allow  
750 for the prescriber to weigh the risks and benefits of prescribing these drugs for these populations  
751 of patients, rather than to prevent prescribers from ever prescribing these medications.

752 **#MM-029-08 Annual A1c test for Diabetes Mellitus (CMS)**

753 This measure assesses the percentage of patients with pharmacologic treatment for diabetes  
754 who have a claim for HbA1c (hemoglobin A1c) testing to monitor glucose control. While the  
755 Steering Committee determined this measure to meet NQF evaluation criteria, they deferred to a  
756 previously endorsed measure that is identical and did not determine that this additional measure  
757 is needed.

758 **#MM-032-08 Potassium and Creatinine Check for Diuretics (CMS) and #MM-033-08 Title:**  
759 **Potassium and Creatinine Check for ACEIs/ARBs (CMS)**

760 These measures assess potassium and creatinine monitoring for patients on diuretic  
761 medications or ACEI/ ARBs. The Committee determined that these measures are duplicative of a

762 previously endorsed measure, 'Therapeutic Monitoring' (NCQA) and therefore did not  
763 recommend this measure for endorsement.

764

## 765 RECOMMENDATIONS

766 The following research recommendations were put forward by the Committee, based on Steering  
767 Committee deliberations and comments received during the review and comment period. Several  
768 commenters expressed disappointment that the set of measures is not more comprehensive. Many  
769 comments recommended expansion of recommended measures or development of additional  
770 measures for additional age ranges, conditions, and settings. Additionally, commenters  
771 recommended that measures be more patient-centered and provide information that is more  
772 meaningful to consumers. The Steering Committee concurred and included them along with  
773 additional recommendations for measure development and research in the draft report.

- 774 • **Adherence Measures:** Further research in the area of adherence measurement, as described  
775 earlier in this report. Development of additional adherence measures for conditions not yet  
776 addressed by current measures is needed. Further analysis of the effect of the 'donut hole'  
777 and low cost generic prescriptions on adherence data is needed for future measure  
778 development. Adherence measures are needed that are more patient-centered, and provide  
779 meaningful information to consumers. Measures are needed that provide information  
780 about whether medications are taken properly, and measures that identify why patients are  
781 not taking their medications appropriately.
- 782 • **Plan of Care Measures:** Research and measure development for measures of care plan  
783 creation for conditions/settings beyond those included in the recommended measures for  
784 psychiatric inpatients (MM-034-08 and MM-035-08). Plan of care measures are needed that  
785 are more patient-centered, involving the patient and/or caregiver in communication of the  
786 care plan, and providing meaningful information to consumers.

- 787 • **Medication Review/Medication reconciliation Measures:** Research and measure  
788 development for measures of medication review and medication reconciliation is needed.  
789 Issues to address include the accountable entities and the content of the  
790 review/reconciliation. .
- 791 • **COPD Management:** Research is needed in the area of expanding COPD management  
792 measure to lower risk patients.
- 793 • **Outpatient Psychiatric Measures:** Further research and measure development is needed  
794 regarding use, adherence, monitoring and polypharmacy for outpatients with major  
795 depression, schizophrenia and bipolar disorder.
- 796 • **Migraine medication management:** The committee agreed that this is a very important  
797 area where measures should be developed, but did not support the measure put forth for  
798 this project. Further measure development is needed in this area.
- 799 •—**Use of technology:** Use of technology in medication management such as bedside bar  
800 coding, smart pumps, decision support, computer–assisted maximum and correct dose  
801 calculations could significantly reduce the rate of preventable adverse drug events.
- 802 •—**Medication Validation:** Research is needed to identify the steps that occur from the time  
803 the order is written until it is given to the patient. The process of order or prescription  
804 check to identify errors in selection, dosing, directions, and over all correctness of  
805 medication dispensed or given to the patient should be addressed.

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## Appendix A – Specifications of the National Voluntary Consensus Standards for Medication Management

THE FOLLOWING TABLE PRESENTS the detailed specifications for each of the National Quality Forum Proposed National Voluntary Consensus Standards for Medication Management 2008

All information presented has been derived directly from measure sources/developers without modification or alteration (except when the measure developer agreed to such modification during the NQF Consensus Development Process) and is current as of May 2009.

All NQF-endorsed voluntary consensus standards are open source, meaning they are fully accessible and disclosed.

## Appendix A – Specifications<sup>8</sup> of the National Voluntary Consensus Standards for Medication Management

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>Measure#MM-001-08<sup>9,10</sup></b></p> <p><b>Title:</b> <b>Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category</b></p> <p><b>IP Owner:</b> <b>National Committee for Quality Assurance</b></p>	<p>The number of patients who met the PDC threshold during the measurement year for each therapeutic category separately. Follow the steps below for each patient to determine whether the patient meets the PDC threshold.</p> <p>Step 1: Count the total days supply (covered days) within the measurement year for the specific therapeutic medication dispensed during the measurement year.</p> <p>Step 2: Count the total number of days from the first day of the first fill of the relevant medication in the therapeutic category in the measurement year to the last day of the measurement year.</p> <p>Step 3: Divide the total days supply (covered days) of the medication dispensed within the measurement year (Step 1) over the total number of days from the first fill of the medication in the measurement year to the last day of the measurement year (Step 2).</p> <p>Step 4: Count the number of patients who met a PDC threshold of 80% or higher (as calculated in Step 3).</p>	<p>Patients who were dispensed at least two prescriptions in a specific therapeutic category on two unique dates of service during the measurement year.</p> <p>Beta-blocker Medications: acebutolol HCL,atenolol, betaxolol HCL,bisoprolol fumarate,carteolol HCL,carvedilol,labetalol HCL,metoprolol succinate, metoprolol tartrate, nadolol, penbutolol sulfate, pindolol, propranolol HCL, timolol maleate, atenolol &amp; chlorthalidone, bisoprolol &amp; hydrochlorothiazide, nadolol &amp; bendroflumethiazide, metoprolol &amp; hydrochlorothiazide, propranolol &amp; hydrochlorothiazide, timolol &amp; hydrochlorothiazide</p> <p>ACE/ARB Medications: candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan,valsartan,benazepril,captopril, enalapril, fosinopril, lisinopril, moexipril,perindopril, quinapril, ramipril, trandolopril, amlodipine-benazepril, benazepril + HCTZ, captopril + HCTZ, enalapril + HCTZ, enalapril-felodipine, fosinopril + HCTZ, lisinopril + HCTZ, moexipril + HCTZ, quinapril + HCTZ, trandolopril-verapamil HCL, candesartan + HCTZ, eprosartan + HCTZ, irbesartan + HCTZ, losartan + HCTZ, olmesartan + HCTZ, telmisartan + HCTZ, valsartan + HCTZ</p> <p>Calcium-Channel Blockers: amlodipine besylate, diltiazem HCL, felodipine, isradipine, nifedipine HCL, nifedipine, verapamil HCL, nisoldipine, amlodipine besylate-benazepril HCL, enalapril</p>	<ul style="list-style-type: none"> <li>Members who had a nonacute stay during the measurement year.</li> </ul> <p>Exclude patients from each eligible population rate who had a nonacute stay in the measurement year.</p> <p>If event codes are not available, use any one of the following criteria to determine if a patient resided in a long-term care facility for any portion of the measurement period:</p> <ul style="list-style-type: none"> <li>Long term care indicator field is populated on claims</li> <li>Use the NCPD or NABP code on the claim to identify a long term care specific pharmacy</li> <li>PBM pharmacy indicator type</li> <li>Medicare claims with a zero co-pay</li> <li>Codes to Identify Non-acute Care:</li> <li>Hospice Care Codes: UB</li> </ul>	<p><i>Data Source:</i> Electronic Pharmacy Data</p> <p><i>Level of Measurement:</i> Can be measured at all levels</p>

<sup>8</sup> All specifications confirmed by measure developers as of April 10, 2009.

<sup>9</sup> Recommended for time-limited endorsement.

<sup>10</sup> Candidate standards numbers assigned during review process.

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		maleate-felodipine, trandolopril-verapamil HCL Biguanides: metformin, metformin XR,metformin ER, meformin suspension, glipizide/metformin, glyburide/metformin Sulfonylureas: chlorpropamide, acetohexamide, glimepiride, glipizide IR, glipizide XL, glyburide, micronized glyburide, tolazamide, tolbutamide Thiazolidinediones: pioglitazone, rosiglitazone, rosiglitazone/metformin, rosiglitazone/glimepiride, pioglitazone/Metformin, pioglitazone/glimepiride Statins: niacin/lovastatin, lovastatin XL, rosuvastatin, fluvastatin f, luvastatin XL, atorvastatin, lovastatin, pravastatin, pravastatin and aspirin, simvastatin, omega-3 (N-3) polyunsaturated fatty acids, cholestyramine powder, cholestyramine light powder, colestipol HCL, fenofibrate, fenofibrate Micronized, gemfibrozil, niacin, omega-3-acid ethyl esters, ezetimibe and simvastatin, colesevelam, ezetimibe	Revenue: 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659, UB Type of Bill: 81x, 82x, Place of Service: 34 <ul style="list-style-type: none"> <li>• SNF Care Codes: UB Revenue: 019x, UB Type of Bill: 21x, 22x, POS: 31, 32</li> <li>• Hospital transitional care, swing bed or rehabilitation: UB Type of Bill: 18x</li> <li>• Rehabilitation: UB Revenue: 0118, 0128, 0138, 0148, 0158, DRG: 462</li> <li>• Respite: UB Revenue: 0655</li> <li>• Intermediate care facility: POS: 54</li> <li>• Residential substance abuse treatment facility: UB Revenue: 1002, POS: 55</li> <li>• Psychiatric residential treatment center: HCPCS: T2048, H0017-H0019, UB Revenue: 1001, POS: 56</li> <li>• Comprehensive inpatient rehabilitation facility: POS 61</li> </ul>	
<b>Measure#MM-003-08<sup>9</sup></b>  <b>Title:</b> <b>Adherence to Chronic Medications</b>	The sum of the days supply that fall within the measurement window for each class of chronic medications for each <u>patient</u> <del>Part D beneficiary</del> in the denominator.  For each beneficiary, several MPRs	Part D beneficiaries with at least one claim for any active ingredient within a drug class.  Time window: Anytime during the measurement period (12 consecutive months)  MPR Denominator:	<ul style="list-style-type: none"> <li>• <del>Patients, Part D beneficiaries</del> who died during the measurement period.</li> <li>• <del>Patients, Part D beneficiaries</del> who are actively enrolled in</li> </ul>	<i>Data Source:</i> Electronic Claims, Electronic Pharmacy Data, Electronic

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>may be calculated, one for each drug class for which the beneficiary has at least one fill.</p> <p>Time window: Anytime during the measurement period (12 consecutive months)</p> <p>Medication Possession Ratio (MPR): The MPR is a measure of medication adherence, which is calculated as the sum of the days' supply dispensed for each claim for any active ingredient in a drug class from the first to the last claim for that drug class, excluding the days' supply for the last claim, divided by the sum of the days between the fill dates [or service dates] for the first and last claims in the measurement period for the drug class. An MPR equal to 1.0 indicates that the beneficiary had the drug dispensed as prescribed. All MPRs are truncated at the maximum value of 1.0 (i.e., if the sum of the days in the numerator exceeds the sum of the days in the denominator, then the MPR is set to 1.0).</p> <p>Numerator A: For each <del>patient</del><b>Part-D beneficiary</b> in the denominator for each drug class, calculate the MPR, as defined above, and then sum the MPRs within each drug class. For each beneficiary, several MPRs may be calculated, one for each drug class for which the beneficiary has at least two filled prescriptions on different dates of service.</p>	<p>1.New users: Number of days from the first prescription to the end of measurement period. 2.Continuous users: Number of days from the beginning to the end of the measurement period.</p> <p>Age: = 18 years of age as of the end of measurement period During the measurement period, the beneficiary may not have more than a one-month gap in coverage.</p> <p>Drug Class: The drug class refers to one of the drug classes listed in Table 1 including all of the active ingredients within the drug class. For each drug class listed in Table 1, identify beneficiaries with at least one claim for any active ingredient in the drug class during the measurement period. There will be two separate denominators, one for each drug class listed in Table 1.</p> <p>Active Ingredients by Class Angiotensin-converting enzyme inhibitors (ACEIs): benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril Angiotensin II receptor blockers (ARBs): candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan HMG-COA reductase inhibitors (statins): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin Note: Active ingredients listed include only oral formulations. Combination drugs are included in each respective class. Classes listed together are combined in one submeasure.</p>	<p>multiple plans concurrently as of the end of the measurement period.</p> <ul style="list-style-type: none"> <li>• <del>Patients</del> <b>Part-D beneficiaries</b> who have a zero or missing value for days' supply on any Part D claim for any active ingredient in a drug class listed.</li> <li>• <del>Patients</del> <b>Part-D beneficiaries</b> with two or more prescriptions within the same class on the same date of service.</li> </ul>	<p>source – Other</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Other</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>Numerator B: For each <del>patient</del><del>Part-D beneficiary</del> in the denominator for each drug class, calculate the MPR, as defined above, and determine if the MPR is greater than or equal to 0.80. For each beneficiary, several MPRs may be calculated, one for each drug class listed for which the beneficiary has at least two filled prescriptions on different dates of service.</p>			
<p><b>Measure#MM-004-08<sup>9</sup></b></p> <p><b>Title: Coronary Artery Disease and Medication Possession Ratio for Statin Therapy</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>The sum of the days supply that fall within the measurement window for a statin fill for each <del>patient</del><del>Part-D beneficiary</del> in the denominator.</p> <p>Time Window: Anytime during the measurement period (12 consecutive months)</p> <p>MPR Numerator:</p> <p>1. New users: For patients with no prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications from the first prescription until the end of the measurement period. **Remove the days' supply that extend past the end of the measurement period.</p> <p>2. Continuous users: For patients with 1 or more prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications in the measurement period **Remove the days supply that extends past the end of the measurement period and add days</p>	<p>MPR Denominator:</p> <p>1.New users: Number of days from the first prescription to the end of measurement period. 2.Continuous users: Number of days from the beginning to the end of the measurement period</p> <p>Age: &gt; or = 18 years of age as of the end of the measurement period</p> <p>Continuous Enrollment: During the measurement period, the beneficiary may not have more than a one-month gap in coverage. Beneficiaries with CAD are identified by having a diagnosis of CAD within the inpatient or outpatient claims data. Beneficiaries must have: At least two face-to-face encounters with a diagnosis of CAD with different dates of service in an outpatient setting or nonacute inpatient setting during the measurement period; Or At least one face-to-face encounter with a diagnosis of CAD in an acute inpatient or emergency department setting during the measurement period.</p> <p>Codes used to Identify CAD: ICD-9-CM Diagnosis: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22,410.30, 410.31, 410.32, 410.40, 410.41,</p>	<ul style="list-style-type: none"> <li>• <del>Patients Part-D beneficiaries</del> who died during the measurement period.</li> <li>• <del>Patients Part-D beneficiaries</del> who are actively enrolled in multiple plans concurrently as of the end of the measurement period.</li> <li>• <del>Patients Part-D beneficiaries</del> who have a zero or missing value for days' supply on any Part D claim for any statin.</li> <li>• <del>Patients Part-D beneficiaries</del> with two or more statin prescriptions on the same date of service.</li> </ul>	<p><i>Data Source:</i> Electronic Claims, Electronic Pharmacy Data, Electronic source – Other</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Other</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>supply from the previous period that apply to the current period.  <u>Patients Part D beneficiaries</u>-18 years and over with CAD and at least one Part D claim for a statin.</p>	<p>410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 412, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82  CPT: 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92980, 92981, 92982, 92984, 92995, 92996  Codes used to Identify Visit Type  Outpatient:  CPT: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499  UB-92 Revenue: 051x, 0520-0523, 0526-0529057x-059x, 077x, 082x-085x, 088x, 0982, 0983  Nonacute inpatient:  CPT: 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337  UB-92 Revenue: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x  Acute inpatient:  CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291  UB-92 Revenue: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987  Emergency department:  CPT: 99281-99285  UB-92 Revenue: 045x, 0981  Active Ingredients for Statins  HMG-COA reductase inhibitors (statins):  atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		HMG-COA reductase inhibitors (statins) combinations: amlodipine-atorvastatin, aspirin buffered-pravastatin, ezetimibe-simvastatin, niacin-lovastatin, niacin-simvastatin		
<p><b>Measure#MM-005-08<sup>9</sup></b></p> <p><b>Title:</b> <b>Use and Adherence to Antipsychotics among members with Schizophrenia</b></p> <p><b>IP Owner: IMS Health/IMS Payer Solutions Copyright © 2009 IMS Health Incorporated. All rights reserved.</b></p>	<p>Calculate the % adherence to antipsychotic medications during the measurement year. Adherence will be measured by the medication possession ratio (MPR). Individuals with 0% MPR did not fill any prescription for antipsychotic medications.</p> <p>Time Window: 6 month period prior to the measurement year and the measurement year. Of note, the 6 month period prior to the measurement year is needed to differentiate new users of antipsychotic medication from continuous users of antipsychotic medication. The MPR is calculated in the measurement year.</p> <p>Step 1: Check if the member received at least one prescription of antipsychotic medication in the measurement year. If no prescription had been received set MPR = 0 and TERMINATE PROGRAM. Otherwise proceed to Step 2. Of note, this step would identify members who did not receive any antipsychotic medication at all during the measurement year as members with MPR = 0.</p> <p>Step 2: Check if the members received a least one prescription of antipsychotic medication during the 6</p>	<p>Continuously enrolled members ages 19 years or older by the end of the measurement year with schizophrenia.</p> <p>99315-99316, 99318-99337, 99341-99350, 99354-99355, 99381-99387, 99391-99397, 99401-99429, 99450, 99455-99456 UB revenue code(s): 0500-0529, 0570-0599, 0770-0779, 0820-0859, 0882, 0982-0983 Emergency room: CPT-4 code(s): 99281-99285 UB revenue code(s): 045x, 0981 [C] Members diagnosed with schizophrenia at least once in the inpatient setting during the year prior to the measurement year. Schizophrenia ICD-9 diagnosis code(s): 295.xx AND Inpatient setting: CPT-4 code(s): 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99261-99263, 99291-99300, 99356-99357, 99431-99440 UB revenue code(s): 0100-0114, 0117-0124, 0127-0134, 0137-0144, 0147-0154, 0157-0159, 0160-0169, 0220-0229, 0190-0219, 0720-0729, 0800-0809, 0987 Hospital observation: CPT-4 code(s): 99217-99220, 99234-99236 [DEMO] Members ages 19 years or older by the end of the measurement year. [CE ] Members continuously enrolled for medical benefits during the measurement year and the measurement year. [DB] Members continuously enrolled for pharmacy benefits during the 6 month period prior to the</p>	<ul style="list-style-type: none"> <li>• Women who were pregnant during the measurement year.</li> </ul> <p>Denominator Exclusion Logic: A only [A] Pregnancy during the measurement year. ICD-9 diagnosis code(s): 630.xx-649.xx, 651.xx-659.xx, V22.xx, V23.xx, V28.xx ICD-9 surgical proc code(s): 66.62, 69.0x, 75.0x-75.3x CPT-4 code(s): 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59412, 59414, 59425, 59426, 59525, 59866, 59870, 59871, 59897-59899, 76801, 76802, 76805, 76810-76812, 76815-76819, 76825-76828, 76941, 76945, 76946, 82106, 82143, 82731, 88235, 88267, 88269 DRG code(s): 376-391</p>	<p><i>Data Source:</i> Electronic Claims, Electronic Pharmacy Data, Other</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician). Group of Clinicians (Facility), Health Plan, Facility, Integrated Delivery System</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>month period prior to the beginning of the measurement year. If YES, then this patient is Not a new user of antipsychotic medication and set the New_User flag = 0. If NO, then this patient is a new user of antipsychotic medication and set the New_User flag = 1.</p> <p>Of note, this step would differentiate new versus continuous antipsychotic medication user.</p> <p>Step 3: If patient is a new user (New_User flag = 1) then set START_DATE as the date of service (DOS) in which the first antipsychotic medication prescription is filled and set PRIOR_SUPPLY = 0. If START_DATE &gt; 3/31 of the measurement year, then drop the member from the analysis. Of note, this step would allow the denominator time frame for the new user to be the difference in days between the first prescription of antipsychotic medication and the end of the measurement year. In addition, this would exclude new users whose first prescription is &gt; 3/31 from the analysis.</p> <p>Step 4: If patient is NOT a new user (New_User flag = 0) check dates of service (DOS) in which the first antipsychotic medication prescription is filled during the measurement year. Set START_DATE the first day of the measurement year (i.e., January 1st). Of note, this step would set the</p>	<p>measurement year and the measurement year.</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>measurement period of a continuous user as the first date of the measurement period.</p> <p>Step 5: If patient is NOT a new user (New_User flag = 0) then set LAST_DATE<sub>i</sub> = the date of the last antipsychotic medication prescription in the 6 month period prior to the start of the measurement year and DAY_SUPPLY<sub>i</sub> = day supply of this prescription.</p> <p>Check if LAST_DATE<sub>i</sub> + DAY_SUPPLY<sub>i</sub> &gt; first date of the measurement year.  If YES then PRIOR_SUPPLY = DAY_SUPPLY<sub>i</sub> - (First date of the measurement year – LAST_DATE<sub>i</sub> + 1); else PRIOR_SUPPLY = 0;  Of note, this step would take care of the case in which a prescription for antipsychotic medication filled prior to the first date of the measurement year spilled over into the current measurement year.</p> <p>Step 6: Identify the last prescription of antipsychotic medication given during the measurement year and set the date of this prescription as LAST_DATE<sub>e</sub> and DAY_SUPPLY<sub>e</sub> = day supply of this prescription;  Check if LAST_DATE<sub>e</sub> + DAY_SUPPLY<sub>e</sub> &gt; last date of the measurement year.</p> <p>If Yes then LAST_SUPPLY = (Last date of the measurement year - LAST_DATE<sub>e</sub> + 1)  If No then LAST_SUPPLY =</p>			

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>DAY_SUPPLYe; Of note, this step would take care of the case in which the prescription for antipsychotic medication filled spilled over the current measurement year. Step 7: Identify all the prescriptions of antipsychotic medication given during the measurement year, except for the last prescription (i.e., P1, P2, ..., Pn-1). MPR = PRIOR_SUPPLY + ? total day supply of Pn-1 + LAST_SUPPLY (Last date of measurement year – START_DATE + 1)</p> <p>Of note, if the calculated MPR &gt; 100% then MPR will be set to 100%. In other words, the maximum MPR allowed is 100%.</p> <p>ANTIPSYCHOTIC MEDICATION LIST First generation - Chlorpromazine, fluphenazine, mesoridazine, perphenazine, thioridazine, trifluoperazine, haloperidol, loxapine, molindone, thiothixene Second generation - Aripiprazole, Clozapine, Olanzapine, Risperidone, Quetiapine, Ziprasidone, Paliperidone</p>			
<p><b>Measure#MM-006-08<sup>9</sup></b></p> <p><b>Title:</b> <b>Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications</b></p>	<p>Numerator A Statement The sum of the days supply that fall within the measurement window for each antidiabetic class for each <u>patient Part-D beneficiary</u> in Denominator A.</p> <p>Numerator B Statement The sum of the days supply that fall within the measurement window for a statin fill for each <u>patient Part-D beneficiary</u> in Denominator B</p>	<p>Denominator A Statement <u>Part-D-beneficiaries Patients</u> 18 and over with diabetes mellitus who have at least one claim for a single oral hypoglycemic agent or multiple agents within an antidiabetic class. A separate denominator is calculated for each antidiabetic class (e.g., biguanides)</p> <p>Denominator B Statement <u>Patients Part-D-beneficiaries</u> 18 and over with diabetes mellitus who have at least one claim for</p>	<ul style="list-style-type: none"> <li>• Exclusion Criteria for all Denominators</li> <li>• <u>Patients Part-D beneficiaries</u> who died during the measurement period.</li> <li>• <u>Patients Part-D beneficiaries</u> who are actively enrolled in multiple plans concurrently as of the end</li> </ul>	<p><i>Data Source:</i> Electronic Claims, Electronic Pharmacy Data, Electronic source – Other</p> <p><i>Level of</i></p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>Numerator C Statement The sum of the days supply that fall within the measurement window for an ACEI and/or ARB fill for each <u>patient Part-D beneficiary</u> in Denominator C Time window: Anytime during the measurement period (12 consecutive months)</p> <p>MPR Numerator: 1.New users: For patients with no prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications from the first prescription until the end of the measurement period. **Remove the days' supply that extend past the end of the measurement period.</p> <p>2.Continuous users: For patients with 1 or more prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications in the measurement period **Remove the days supply that extends past the end of the measurement period and add days supply from the previous period that apply to the current period.</p>	<p>statins Denominator C Statement <u>Patients Part-D beneficiaries</u>-18 and over with diabetes mellitus who have at least one claim for ACEIs and/or ARBs</p> <p>Time window: Anytime during the measurement period (12 consecutive months)</p> <p>MPR Denominator: 1.New users: Number of days from the first prescription to the end of measurement period. 2.Continuous users: Number of days from the beginning to the end of the measurement period Time window: Anytime during the measurement period (12 consecutive months)</p> <p>Age: 18 years of age or older as of the end of the measurement period</p> <p>During the measurement period, the beneficiary may not have more than a one-month gap in coverage.</p> <p>Beneficiaries with diabetes mellitus are identified using an identification method requiring drug proxy and/or diagnosis codes (preferred) or a drug proxy identification method (used only if Parts A and B claims data are not available).</p> <p>Method 1: Identification of patients with diabetes mellitus using diagnosis codes and/or drug proxy (preferred)</p> <p>Beneficiaries with diabetes mellitus are identified using a drug proxy for diabetes mellitus and/or a diagnosis of diabetes mellitus within the inpatient or outpatient claims data. Beneficiaries must have:</p>	<p>of the measurement period.</p> <ul style="list-style-type: none"> <li>• <u>Patients Part-D beneficiaries</u>-with two or more prescriptions within the same class on the same date of service.</li> <li>• <u>Patients Part-D beneficiaries</u>-with a diagnosis of polycystic ovaries who do not have a face-to-face visit with a diagnosis of diabetes in any setting during the measurement period.</li> <li>• <u>Patients Part-D beneficiaries</u>-with a diagnosis of gestational diabetes or steroid-induced diabetes who do not have a face-to-face visit with a diagnosis of diabetes in any setting during the measurement period.</li> </ul> <p>Exclusion Criteria for Denominator A</p> <ul style="list-style-type: none"> <li>• <u>Patients Part-D beneficiaries</u>-who have a zero or missing value for days' supply on any Part D claim for an oral hypoglycemic agent in all antidiabetic classes for which the beneficiary had claims</li> </ul> <p>Exclusion Criteria for Denominator B</p> <ul style="list-style-type: none"> <li>• Part D beneficiaries who</li> </ul>	<p><i>Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Other</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<ul style="list-style-type: none"> <li>• At least two face-to-face encounters with a principal or secondary diagnosis of diabetes with different dates of service in an outpatient setting or nonacute inpatient setting during the measurement period;</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one face-to-face encounter with a principal or secondary diagnosis of diabetes in an acute inpatient or emergency department setting during the measurement period;</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one ambulatory prescription claim for insulin or other antidiabetic medication dispensed during the measurement period.</li> </ul> <p>Method 2: Identification using drug proxy only to identify diabetes mellitus (use only if Parts A and B claims are not available) –</p> <p>Beneficiaries with diabetes mellitus are identified using pharmacologic therapy for diabetes mellitus within the Part D claims data and must have at least one ambulatory prescription claim for insulin or other antidiabetic medication dispensed during the measurement period.</p> <p>Method 1 ICD-9-CM diagnosis codes used to identify diabetes mellitus: 250.xx, 357.2, 362.0x, 366.41, 648.0</p> <p>Method 1 DRG codes used to identify diabetes mellitus: 294, 295</p> <p>Method 1 codes used to identify visit</p>	<ul style="list-style-type: none"> <li>have a zero or missing value for days' supply on any Part D claim for any statin</li> <li>• Exclusion Criteria for Denominator C</li> <li>• Part D beneficiaries who have a zero or missing value for days' supply on any Part D claim for any ACEI or ARB</li> <li>• Polycystic ovaries identified by ICD-9-CM diagnosis code 256.4</li> <li>• Steroid-induced diabetes identified by ICD-9-CM diagnosis code 251.8 or 962.0</li> <li>• Gestational diabetes identified by ICD-9-CM diagnosis code 648.8 (648.81 - 648.84).</li> </ul>	

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>type:Outpatient:</p> <p>CPT codes: 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499;UB-92</p> <p>Revenue codes: 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983</p> <p>Nonacute inpatient: CPT Codes: 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337;UB-92 Revenue Codes: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x</p> <p>Acute inpatient: CPT Codes: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291;UB-92 Revenue Codes: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987</p> <p>Emergency department: CPT Codes: 99281-99285 UB-92 Revenue Codes: 045x, 0981</p> <p>Method 1 active ingredients by class to identify diabetic beneficiaries: Alpha-glucosidase inhibitors: acarbose, miglitol</p> <p>Antidiabetic amylin analogs: pramlintide</p> <p>Antidiabetic combinations: glipizide-metformin, glyburide-metformin, pioglitazone-glimepiride, pioglitazone-metformin, rosiglitazone-glimepiride, rosiglitazone-metformin, sitagliptin-metformin</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>Dipeptidyl peptidase-4 (dpp-4) inhibitors: sitagliptin</p> <p>Incretin mimetics: exenatide</p> <p>Insulin: insulin aspart, insulin aspart protamine &amp; aspart (human), insulin detemir, insulin glargine, insulin glulisine, insulin isophane, insulin isophane &amp; reg (human), insulin isophane (human), insulin isophane (pork), insulin lispro (human), insulin lispro protamine &amp; lispro (human), insulin reg (human) buffered, insulin regular, insulin regular (human), insulin regular (pork), insulin zinc (human), insulin zinc (pork), insulin zinc extended (human)</p> <p>Meglitinides: nateglinide, repaglinide</p> <p>Sulfonylureas: acetohexamide, chlorpropamide, glimepiride, glipizide, glyburide, tolazamide, tolbutamide</p> <p>Thiazolidinediones: pioglitazone, rosiglitazone</p> <p>Note: Beneficiaries on metformin not in combination with another drug are identified by diagnosis coding only per HEDIS 2008 instructions (NCQA, 2007).</p> <p>Method 2 active ingredients by class to identify diabetic beneficiaries:</p> <p>Alpha-glucosidase inhibitors: acarbose, miglitol</p> <p>Antidiabetic amylin analogs: pramlintide</p> <p>Antidiabetic combinations: glipizide-metformin, glyburide-metformin, metformin-dietary management product, pioglitazone-glimepiride,</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>pioglitazone-metformin, rosiglitazone-glimepiride, rosiglitazone-metformin, sitagliptin-metformin</p> <p>Biguanides: metformin</p> <p>Dipeptidyl peptidase-4 (dpp-4) inhibitors: sitagliptin</p> <p>Incretin mimetics: exenatide</p> <p>Insulin: insulin aspart, insulin aspart protamine &amp; aspart (human), insulin detemir, insulin glargine, insulin glulisine, insulin isophane, insulin isophane &amp; reg (human), insulin isophane (human), insulin isophane (pork), insulin lispro (human), insulin lispro protamine &amp; lispro (human), insulin reg (human) buffered, insulin regular, insulin regular (human), insulin regular (pork), insulin zinc (human), insulin zinc (pork), insulin zinc extended (human)</p> <p>Meglitinides: nateglinide, repaglinide</p> <p>Sulfonylureas: acetohexamide, chlorpropamide, glimepiride, glipizide, glyburide, tolazamide, tolbutamide</p> <p>Thiazolidinediones: pioglitazone, rosiglitazone</p> <p>Note: Table includes metformin in all formulations, which is used to identify diabetic beneficiaries when medical claims are not available.</p> <p>Active Ingredients by class for oral hypoglycemic agents</p> <p>Alpha-glucosidase inhibitors: acarbose, miglitol</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>Antidiabetic combinations: glipizide-metformin, glyburide-metformin, metformin -dietary management product, pioglitazone-glimepiride, pioglitazone-metformin, rosiglitazone-glimepiride, rosiglitazone-metformin, sitagliptin-metformin</p> <p>Biguanides: metformin</p> <p>Dipeptidyl peptidase-4 (dpp-4) inhibitors: sitagliptin</p> <p>Meglitinides: nateglinide, repaglinide</p> <p>Sulfonylureas: acetohexamide, chlorpropamide, glimepiride, glipizide, glyburide, tolazamide, tolbutamide</p> <p>Thiazolidinediones: pioglitazone, rosiglitazone</p> <p>Active ingredients by class for statins</p> <p>HMG-COA reductase inhibitors (statins): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</p> <p>HMG-COA reductase inhibitor (statins) combinations: amlodipine-atorvastatin, aspirin buffered-pravastatin, ezetimibe-simvastatin, niacin-lovastatin, niacin-simvastatin</p> <p>Active ingredients by class for ACEIs/ARBs</p> <p>Angiotensin-converting enzyme inhibitors (ACEIs): benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril</p> <p>Angiotensin II receptor blockers (ARBs):</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</p> <p>Antihypertensive combinations: amlodipine-benazepril, amlodipine-olmesartan, amlodipine - valsartan, benazepril-hydrochlorothiazide, candesartan-hydrochlorothiazide, captopril-hydrochlorothiazide, enalapril maleate-hydrochlorothiazide, enalapril-felodipine, eprosartan-hydrochlorothiazide, fosinopril-hydrochlorothiazide, irbesartan-hydrochlorothiazide, lisinopril-hydrochlorothiazide, lisinopril-dietary management product, lisinopril-nutritional supplement, losartan-hydrochlorothiazide, moexipril-hydrochlorothiazide, olmesartan-hydrochlorothiazide, quinapril-hydrochlorothiazide, telmisartan-hydrochlorothiazide, trandolapril-verapamil, valsartan-hydrochlorothiazide</p> <p>Note: Active ingredients limited to oral formulations only.</p>		
<p><b>Measure#MM-008-08</b></p> <p><b>Title:</b> <b>Diabetes Suboptimal Treatment Regimen (SUB)</b></p> <p><b>IP Owner:</b> <b>National Committee for Quality Assurance</b></p>	<p>The number of patients who did not receive an ACEI/ARB or ACEI/ARB Combination during the measurement year.</p> <p>ACE/ARB Medications: candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan, benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, amlodipine-benazepril, benazepril + HCTZ, captopril + HCTZ, enalapril + HCTZ, enalapril-felodipine, fosinopril + HCTZ, lisinopril + HCTZ, moexipril + HCTZ, quinapril + HCTZ, trandolapril-</p>	<p>Patients who were dispensed at least one prescription for an oral hypoglycemic agent, insulin, incretin mimetics and at least one prescription for an antihypertensive agent during the measurement year.</p> <p>Oral Hypoglycemic, Insulin, Incretin Mimetics: Biguanides: metformin, metformin XR, metformin ER, meformin suspension, glipizide/metformin, glyburide/metformin Sulfonylureas: chlorpropamide, acetohexamide, glimepiride, glipizide IR, glipizide XL, glyburide, micronized glyburide, tolazamide, tolbutamide Thiazolidinediones: pioglitazone, rosiglitazone, rosiglitazone/metformin, rosiglitazone/glimepiride, pioglitazone/Metformin, pioglitazone/glimepiride Meglitinides: nateglinide, repaglinide</p>	<ul style="list-style-type: none"> <li>• Patients who had a nonacute stay during the measurement year.</li> </ul> <p>Exclude patients from the eligible population that had a nonacute stay in the measurement year.</p> <p>If event codes are not available, use any one of the following criteria to determine if a patient resided in a long-term care facility for any portion of the measurement period:</p> <ul style="list-style-type: none"> <li>• Long term care indicator</li> </ul>	<p><i>Data Source:</i> Electronic Pharmacy Data</p> <p><i>Level of Measurement:</i> Can be measured at all levels</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>verapamil HCL, candesartan + HCTZ, eprosartan + HCTZ, irbesartan + HCTZ, losartan + HCTZ, olmesartan + HCTZ, telmisartan + HCTZ, valsartan + HCTZ</p>	<p>Alpha- Glucosidase Inhibitors: acarbose, miglitol</p> <p>Incretin Mimetic Agents: exenatide, pramlintide</p> <p>DPP-IV Inhibitors: sitagliptin</p> <p>Insulin: insulin aspart, insulin aspart Protamine &amp; Aspart, insulin detemir, insulin Glargine, insulin glulisine, insulin isophane &amp; regular human insulin, insulin isophane (human N), insulin lispro, insulin lispro Protamine &amp; Insulin lispro, insulin regular (human R), insulin regular (human) buffered, insulin regular inhalation powder, insulin zinc (Lente), insulin zinc extended (human Ultralente)</p> <p>Antihypertensive Agents:</p> <p>Calcium-Channel Blockers: amlodipine besylate, diltiazem HCL, felodipine, isradipine, nicardipine HCL, nifedipine, verapamil HCL, nisoldipine, amlodipine besylate-benazepril HCL, enalapril maleate-felodipine, trandolopril-verapamil HCL</p> <p>Biguanides: metformin, metformin XR, metformin ER, meformin suspension, glipizide/metformin, gluyburide/metformin</p>	<p>field is populated on claims</p> <ul style="list-style-type: none"> <li>• Use the NCPD or NABP code on the claim to identify a long term care specific pharmacy</li> <li>• PBM pharmacy indicator type</li> <li>• Medicare claims with a zero co-pay.</li> </ul> <p>If codes are available, use the following to Identify Non-acute Care:</p> <ul style="list-style-type: none"> <li>• Hospice Care Codes: UB Revenue: 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659, UB Type of Bill: 81x, 82x, Place of Service: 34</li> <li>• SNF Care Codes: UB Revenue: 019x, UB Type of Bill: 21x, 22x, POS: 31, 32</li> <li>• Hospital transitional care, swing bed or rehabilitation: UB Type of Bill: 18x</li> <li>• Rehabilitation: UB Revenue: 0118, 0128, 0138, 0148, 0158, DRG: 462</li> <li>• Respite: UB Revenue: 0655</li> <li>• Intermediate care facility: POS: 54</li> <li>• Residential substance abuse treatment facility: UB Revenue: 1002, POS: 55</li> </ul>	

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
			<ul style="list-style-type: none"> <li>Psychiatric residential treatment center: HCPCS: T2048, H0017-H0019, UB Revenue: 1001, POS: 56</li> <li>Comprehensive inpatient rehabilitation facility: POS 61</li> </ul>	
<b>Measure#MM-010-08<sup>9</sup></b>  <b>Title:</b> <b>Diabetes and Medication Possession Ratio for Statin Therapy</b>  <b>IP Owner:</b> <b>Centers for Medicare and Medicaid Services</b>	<p>The sum of the days supply that fall within the measurement window for a statin fill for each <del>patient Part-D beneficiary</del> in the denominator.</p> <p>Time Window: At any time during the measurement period (12 consecutive months)</p> <p>MPR Numerator:  1.New users: For patients with no prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications from the first prescription until the end of the measurement period.  **Remove the days' supply that extend past the end of the measurement period.</p> <p>2.Continuous users: For patients with 1 or more prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications in the measurement period  **Remove the days supply that extends past the end of the measurement period and add days supply from the previous period that apply to the current period</p>	<p><del>Patients Part-D beneficiaries</del> 18 - 85 years of age with diabetes mellitus and at least one Part D claim for a statin.</p> <p>MPR Denominator:  1.New users: Number of days from the first prescription to the end of measurement period.  2.Continuous users: Number of days from the beginning to the end of the measurement period.</p> <p>Time window: Anytime during the measurement period (12 consecutive months)</p> <p>Age: 18 - 85 years of age as of the end of measurement period</p> <p>During the measurement period, the beneficiary may not have more than a one-month gap in coverage.</p> <p>Index Event: Hospital discharge or physician encounter for diabetes or a prescription for diabetes pharmacologic therapy</p> <p>Beneficiaries with diabetes mellitus are identified using an identification method requiring drug proxy and/or diagnosis codes (preferred) or a drug proxy identification method (used only if Parts A and B claims data are not available).</p> <p>Method 1: Identification using diagnosis codes and/or drug proxy to identify diabetes mellitus</p>	<ul style="list-style-type: none"> <li><del>Patients Part-D beneficiaries</del> who died during the measurement period.</li> <li><del>Patients Part-D beneficiaries</del> who are actively enrolled in multiple plans concurrently as of the end of the measurement period.</li> <li><del>Patients Part-D beneficiaries</del> with a diagnosis of polycystic ovaries who do not have a face-to-face visit with a diagnosis of diabetes in any setting during the measurement period (if medical claims (Part A/B data) are available).</li> <li><del>Patients Part-D beneficiaries</del> with a diagnosis of gestational diabetes or steroid-induced diabetes who do not have a face-to-face visit with a diagnosis of diabetes in any setting during the measurement period (if medical claims (Part A/B data) are</li> </ul>	<p><i>Data Source:</i>  Electronic Claims, Electronic Pharmacy Data, Electronic source – Other</p> <p><i>Level of Measurement:</i>  Individual Clinician (Physician), Group of Clinicians (Facility), Other</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>(preferred) -</p> <p>Beneficiaries with diabetes mellitus are identified using a drug proxy for diabetes mellitus and/or a diagnosis of diabetes mellitus within the inpatient or outpatient claims data. Beneficiaries must have:</p> <ul style="list-style-type: none"> <li>• At least two face-to-face encounters with a principal or secondary diagnosis of diabetes with different dates of service in an outpatient setting or nonacute inpatient setting during the measurement period;</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one face-to-face encounter with a principal or secondary diagnosis of diabetes in an acute inpatient or emergency department setting during the measurement period;</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one ambulatory prescription claim for insulin or other antidiabetic medication dispensed during the measurement period.</li> </ul> <p>Method 2: Identification using drug proxy only to identify diabetes mellitus (use only if Parts A and B claims are not available) –</p> <p>Beneficiaries with diabetes mellitus are identified using pharmacologic therapy for diabetes mellitus within the Part D claims data and must have at least one ambulatory prescription claim for insulin or other antidiabetic medication dispensed during the measurement period.</p> <p>Method 1 ICD-9-CM Diagnosis Codes Used to</p>	<p>available).</p> <ul style="list-style-type: none"> <li>• ICD-9-CM Diagnostic Exclusions for Diabetes Denominator:</li> <li>• Polycystic ovaries: 256.4</li> <li>• Steroid-induced diabetes: 251.8, 962.0</li> <li>• Gestational diabetes: 648.8 (648.81 – 648.84)</li> </ul>	

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>Identify Diabetes Mellitus: 250.xx, 357.2, 362.0x, 366.41, 648.0</p> <p>Method 1 DRG codes Used to Identify Diabetes Mellitus: 294, 295</p> <p>Method 1 Codes Used to Identify Visit Type:</p> <p>Outpatient:  CPT Codes: 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499;  UB-92 Revenue Codes: 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983</p> <p>Nonacute inpatient:  CPT Codes: 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337  UB-92 Revenue Codes: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x</p> <p>Acute inpatient:  CPT Codes: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291  UB-92 Revenue Codes: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987</p> <p>Emergency department:  CPT Codes: 99281-99285  UB-92 Revenue Codes: 045x, 0981</p> <p>Method 1 Active Ingredients by Class to Identify Diabetic Beneficiaries:</p> <p>Alpha-glucosidase inhibitors: acarbose, miglitol</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>Antidiabetic amylin analogs: pramlintide</p> <p>Antidiabetic combinations: glipizide-metformin, glyburide-metformin, pioglitazone-glimepiride, pioglitazone-metformin, rosiglitazone-glimepiride, rosiglitazone-metformin, sitagliptin-metformin</p> <p>Dipeptidyl peptidase-4 (dpp-4) inhibitors: sitagliptin</p> <p>Incretin mimetics: exenatide</p> <p>Insulin: insulin aspart, insulin aspart protamine &amp; aspart (human), insulin detemir, insulin glargine, insulin glulisine, insulin isophane, insulin isophane &amp; reg (human), insulin isophane (human), insulin isophane (pork), insulin lispro (human), insulin lispro protamine &amp; lispro (human), insulin reg (human) buffered, insulin regular, insulin regular (human), insulin regular (pork), insulin zinc (human), insulin zinc (pork), insulin zinc extended (human)</p> <p>Meglitinides: nateglinide, repaglinide</p> <p>Sulfonylureas: acetohexamide, chlorpropamide, glimepiride, glipizide, glyburide, tolazamide, tolbutamide</p> <p>Thiazolidinediones: pioglitazone, rosiglitazone</p> <p>Note: Beneficiaries on metformin not in combination with another drug are identified by diagnosis coding only per HEDIS 2008 instructions (NCQA, 2007).</p> <p>Method 2 Active Ingredients by Class to Identify Diabetic Beneficiaries:</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>Alpha-glucosidase inhibitors: acarbose, miglitol</p> <p>Antidiabetic amylin analogs: pramlintide</p> <p>Antidiabetic combinations: glipizide-metformin, glyburide-metformin, metformin-dietary management product, pioglitazone-glimepiride, pioglitazone-metformin, rosiglitazone-glimepiride, rosiglitazone-metformin, sitagliptin-metformin</p> <p>Biguanides: metformin</p> <p>Dipeptidyl peptidase-4 (dpp-4) inhibitors: sitagliptin</p> <p>Incretin mimetics: exenatide</p> <p>Insulin: insulin aspart, insulin aspart protamine &amp; aspart (human), insulin detemir, insulin glargine, insulin glulisine, insulin isophane, insulin isophane &amp; reg (human), insulin isophane (human), insulin isophane (pork), insulin lispro (human), insulin lispro protamine &amp; lispro (human), insulin reg (human) buffered, insulin regular, insulin regular (human), insulin regular (pork), insulin zinc (human), insulin zinc (pork), insulin zinc extended (human)</p> <p>Meglitinides: nateglinide, repaglinide</p> <p>Sulfonylureas: acetohexamide, chlorpropamide, glimepiride, glipizide, glyburide, tolazamide, tolbutamide</p> <p>Thiazolidinediones: pioglitazone, rosiglitazone</p> <p>Note: Table includes metformin in all formulations, which is used to identify diabetic beneficiaries</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>when medical claims are not available. Active Ingredients for Statins</p> <p>HMG-COA reductase inhibitors (statins): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</p> <p>HMG-COA reductase inhibitors (statins) combinations: amlodipine-atorvastatin, aspirin buffered-pravastatin, ezetimibe-simvastatin, niacin-lovastatin, niacin-simvastatin</p>		
<p><b>Measure#MM-011-08</b></p> <p><b>Title:</b> <b>Asthma Control-Suboptimal Asthma Control (SAC) rate (rate 1) and Asthma Control- Absence of Controller Therapy (ACT) rate (rate 2)</b></p> <p><b>IP Owner:</b> <b>National Committee for Quality Assurance</b></p>	<p><b>Rate1:</b> From the date of each prescription fill, count all of the canisters of short acting Beta2 Agonist Inhalers dispensed at that fill and dispensed within 90 days of that fill. If the patient receives 5 or more canisters in at least one 90 day period, then the patient is compliant for the numerator.</p> <p>Short-Acting Inhaled Beta Agonists: albuterol MDI, albuterol HFA, pirbuterol, levalbuterol HFA</p> <p><b>Rate 2:</b> Patients who were not dispensed a controller therapy medication during the same 90-day period where they received more than five canisters of short-acting beta-agonist medication.</p>	<p><b>Rate 1:</b> Step 1: Identify patients 5 - 50 years of age as of the last day of the measurement year. Step 2: Identify patients who were dispensed at least two consecutive fills for any asthma medication during the measurement year. Step 3: Exclude patients identified in step 1 who meet any of the following criteria:</p> <ul style="list-style-type: none"> <li>• Any patient who filled one or more COPD medications during the measurement year.</li> <li>• Any patient who filled one or more prescriptions for pulmozyme during the measurement year.</li> <li>• Any patient who filled one or more nasal steroid medications during the measurement year.</li> </ul> <p>Short-Acting Inhaled Beta Agonists: albuterol MDI, albuterol HFA, pirbuterol, levalbuterol HFA Long-Acting Beta Agonists: salmeterol, formoterol</p> <p>Inhaled Corticosteroids: beclomethasone, budesonide, flunisolide, fluticasone, fluticasone/salmeterol, mometasone, triamcinolone Leukotriene Inhibitors: zafirlukast, montelukast, zileuton Xanthines: long acting theophylline</p> <p>Mast Cell Stabilizers: nedocromil, cromolyn</p> <p>COPD Medications: tiotropium, ipratropium/albuterol MDI, ipratropium MDI</p>	<ul style="list-style-type: none"> <li>• Members who had a nonacute stay during the measurement year.</li> </ul> <p>Exclude patients from each eligible population rate who had a nonacute stay in the measurement year.</p> <p>If event codes are not available, use any one of the following criteria to determine if a patient resided in a long-term care facility for any portion of the measurement period:</p> <ul style="list-style-type: none"> <li>• Long term care indicator field is populated on claims</li> <li>• Use the NCPD or NABP code on the claim to identify a long term care specific pharmacy</li> <li>• PBM pharmacy indicator type</li> <li>• Medicare claims with a zero co-pay</li> <li>• Codes to Identify Non-acute Care:</li> </ul>	<p><i>Data Source:</i> Electronic Pharmacy Data</p> <p><i>Level of Measurement:</i> Can be measured at all levels</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>Nasal Steroids: beclomethasone, budesonide, flunisolide, fluticasone, mometasone, triamcinolone</p> <p><b>Rate 2:</b> Step 1: Identify patients 5 - 50 years of age as of the last day of the measurement year.</p> <p>Step 2: Identify patients who were dispensed at least two consecutive fills for any asthma medication (Table ACT-A: Asthma Medications) during the measurement year.</p> <p>Step 3: Exclude patients identified in step 1 who meet any of the following criteria</p> <ul style="list-style-type: none"> <li>• Any patient who filled one or more COPD medications during the measurement year.</li> <li>• Any patient who filled one or more prescriptions for pulmozyme during the measurement year.</li> <li>• Any patient who filled one or more nasal steroid medications during the measurement year.</li> </ul> <p>Step 4: For the remaining patients, identify those who were dispensed more than five canisters of a short-acting beta-agonist medication during the same 90-day period in the measurement year. It is those patients who, from the date of each prescription fill, had at least 5 canisters of short acting Beta2 Agonist Inhalers dispensed at that fill or dispensed within 90 days of that fill.</p> <p>Note: This is a count of canisters dispensed, not prescriptions filled. If a patient received 2 canisters at one fill, it counts as 2 canisters.</p>	<ul style="list-style-type: none"> <li>• Hospice Care Codes: UB Revenue: 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659, UB Type of Bill: 81x, 82x, Place of Service: 34</li> <li>• SNF Care Codes: UB Revenue: 019x, UB Type of Bill: 21x, 22x, POS: 31, 32</li> <li>• Hospital transitional care, swing bed or rehabilitation: UB Type of Bill: 18x</li> <li>• Rehabilitation: UB Revenue: 0118, 0128, 0138, 0148, 0158, DRG: 462</li> <li>• Respite: UB Revenue: 0655</li> <li>• Intermediate care facility: POS: 54</li> <li>• Residential substance abuse treatment facility: UB Revenue: 1002, POS: 55</li> <li>• Psychiatric residential treatment center: HCPCS: T2048, H0017-H0019, UB Revenue: 1001, POS: 56</li> <li>• Comprehensive inpatient rehabilitation facility: POS 61</li> </ul>	
<b>Measure#MM-013-08</b>	Rate 1: Dispensed prescription for systemic corticosteroid Rate 2:dispensed prescription for a	Must be 40 years or older as of January 1 of the measurement year. The event would be a COPD exacerbation as indicated by an acute inpatient	<ul style="list-style-type: none"> <li>• Test for transfers. Exclude Episode Dates on which the patient was</li> </ul>	<i>Data Source:</i> Electronic Claims,

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>Title:</b> <b>Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported.</b></p> <p><b>IP Owner:</b> <b>National Committee for Quality Assurance</b></p>	<p>bronchodilator.</p> <p>Systemic Corticosteroids: •betamethasone •dexamethasone, •hydrocortisone, •methylprednisolone, •prednisolone, •prednisone, •triamcinolone Bronchodilators: •albuterol- ipratropium, •ipratropium,•tiotropium, •albuterol, •arformoterol, •budesonide- formoterol, •epinephrine, •fluticasone- salmeterol, •formoterol, •levalbuterol, •metaproterenol, •pirbuterol, •salmeterol, •aminophylline, •dyphylline, •dyphylline-guaifenesin, •guaifenesin-theophylline, •potassium iodide-theophylline, •theophylline</p>	<p>discharge or ED encounter with a principal diagnosis of COPD</p> <p>Codes to Identify COPD: Chronic bronchitis (ICD-9 491), Emphysema (ICD-9 492), COPD (ICD-9 496) Codes to Identify Visit Type: Acute Inpatient (UB Revenue 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987, ED Visit (CPT 99281-99285), (UB Revenue 045x, 0981)</p>	<p>transferred directly to an acute or nonacute care facility for any diagnosis.</p> <ul style="list-style-type: none"> <li>• Test for readmission. Exclude inpatient ED Episode Dates on which the patient was readmitted to an acute or nonacute care facility for any diagnosis on or seven days after discharge.</li> </ul>	<p>Electronic Pharmacy Data</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Health Plan</p>
<p><b>Measure#MM-014-08<sup>9</sup></b></p> <p><b>Title:</b> <b>Chronic Kidney Disease, Diabetes Mellitus, Hypertension and Medication Possession Ratio for ACEI/ARB Therapy</b></p> <p><b>IP Owner:</b> <b>Centers for Medicare and Medicaid Services</b></p>	<p>The sum of the days supply that fall within the measurement window for an ACEI/ARB fill for each <del>patient Part D beneficiary</del> in the denominator.</p> <p>Time window: Anytime during the measurement period (12 months)</p> <p>MPR Numerator: 1.New users: For patients with no prescriptions in the 180 days prior to the measurement period, sum of: Days' supply of all medications from the first prescription until the end of the measurement period. **Remove the days' supply that extend past the end of the measurement period.</p> <p>2.Continuous users: For patients with 1 or more prescriptions in the 180 days prior to the measurement period, sum</p>	<p>Beneficiaries with CKD stages 1-4 and/or diabetes mellitus and hypertension (HTN) identified during the measurement period with at least one Part D claim for an ACEI/ARB.</p> <p>Time window: Anytime during the measurement period (12 consecutive months)</p> <p>MPR Denominator: 1.New users: Number of days from the first prescription to the end of measurement period. 2.Continuous users: Number of days from the beginning to the end of the measurement period</p> <p>Age: 18 - 85 years of age at the end of the measurement period During the measurement period, the beneficiary may not have more than a one-month gap in coverage. Beneficiaries with CKD stages 1-4 are identified using a principal or secondary diagnosis of CKD within the inpatient or outpatient claims data</p>	<ul style="list-style-type: none"> <li>• <del>Patients Part D beneficiaries</del> who died during the measurement period.</li> <li>• <del>Patients Part D beneficiaries</del> who are actively enrolled in multiple plans concurrently as of the end of the measurement period.</li> <li>• <del>Patients Beneficiaries</del> who have had a kidney transplant during the measurement period.</li> <li>• <del>Patients Beneficiaries</del> who have ESRD.</li> <li>• <del>Patients Part D beneficiaries</del> with a diagnosis of polycystic ovaries who do not have a face-to-face visit with a</li> </ul>	<p><i>Data Source:</i> Electronic Claims, Electronic Pharmacy Data, Electronic source – Other</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility) , Other</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>of: Days' supply of all medications in the measurement period **Remove the days supply that extends past the end of the measurement period and add days supply from the previous period that apply to the current period.</p> <p>Active Ingredients by Class for ACEIs/ARBs: Angiotensin-converting enzyme inhibitors (ACEIs): benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril</p> <p>Angiotensin II receptor blockers (ARBs): candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan Antihypertensive combinations: amlodipine-benazepril, amlodipine-olmesartan, amlodipine - valsartan, benazepril-hydrochlorothiazide, candesartan-hydrochlorothiazide, captopril-hydrochlorothiazide, enalapril maleate-hydrochlorothiazide, enalapril-felodipine, eprosartan-hydrochlorothiazide, fosinopril-hydrochlorothiazide, irbesartan-hydrochlorothiazide, lisinopril-hydrochlorothiazide, lisinopril-dietary management product, lisinopril-nutritional supplement, losartan-hydrochlorothiazide, moexipril-hydrochlorothiazide, olmesartan-hydrochlorothiazide, quinapril-hydrochlorothiazide, telmisartan-</p>	<ul style="list-style-type: none"> <li>• At least two outpatient or physician claims with different dates of service during the measurement period with a principal or secondary diagnosis of CKD</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one hospital inpatient claim during the measurement period with a principal or secondary diagnosis of CKD. Beneficiaries with diabetes mellitus are identified using an identification method requiring drug proxy and/or diagnosis codes. Beneficiaries must have:</li> <li>• At least two face-to-face encounters with a principal or secondary diagnosis of diabetes with different dates of service in an outpatient setting or nonacute inpatient setting during the measurement period</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one face-to-face encounter with a principal or secondary diagnosis of diabetes in an acute inpatient or emergency department setting during the measurement period</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one ambulatory prescription claim for insulin or other antidiabetic medication dispensed during the measurement period. Beneficiaries with hypertension are identified by having a principal or secondary diagnosis of hypertension within the inpatient or outpatient claims data:</li> <li>• At least two outpatient or physician claims with different dates of service during the measurement period with a principal or secondary diagnosis of hypertension</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• At least one hospital inpatient claim during the measurement period with a principal or secondary diagnosis of hypertension.</li> </ul>	<ul style="list-style-type: none"> <li>• diagnosis of diabetes in any setting during the measurement period.</li> <li>• <del>Patients, Part-D beneficiaries</del> with a diagnosis of gestational diabetes or steroid-induced diabetes who do not have a face-to-face visit with a diagnosis of diabetes in any setting during the measurement period.</li> <li>• Kidney transplants identified by ICD-9-CM diagnosis code V42.0 or ICD-9-CM procedure code 55.6x;</li> <li>• ESRD identified by entitlement reason of ESRD before or during the measurement period or ICD-9-CM diagnosis code of 585.5 or 585.6;</li> <li>• Polycystic ovaries identified by ICD-9-CM diagnosis code 256.4;</li> <li>• Steroid-induced diabetes identified by ICD-9-CM diagnosis code 251.8 or 962.0;</li> <li>• Gestational diabetes identified by ICD-9-CM diagnosis code 648.8 (648.81 - 648.84).</li> </ul>	

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	hydrochlorothiazide, trandolapril-verapamil, valsartan-hydrochlorothiazide	<p>Codes used to identify chronic kidney disease  ICD-9-CM Diagnosis: 016.0, 095.4, 189.0, 189.9, 223.0, 236.91, 250.40, 250.41, 250.42, 250.43, 271.4, 274.1, 283.11, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 440.1, 442.1, 572.4, 580.0, 580.4, 580.81, 580.89, 580.9, 581.0, 581.1, 581.2, 581.3, 581.81, 581.89, 581.9, 582.0, 582.1, 582.2, 582.4, 582.81, 582.89, 582.9, 583.0, 583.1, 583.2, 583.4, 583.6, 583.7, 583.81, 583.89, 583.9, 584.5, 584.6, 584.7, 584.8, 584.9, 585.1-585.4, 585.9, 586, 587, 588.0, 588.1, 588.81, 588.89, 588.9, 591, 753.12, 753.13 – 753.17, 753.19-753.23, 753.29, 794.4</p> <p>Codes Used to Identify CKD &amp; HTN Visit Type:  Outpatient:  CPT: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499  UB-92: 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983</p> <p>Nonacute inpatient:  CPT: 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337  UB-92: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x</p> <p>Acute inpatient:  CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291  UB-92: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987</p> <p>Emergency department:  CPT: 99281-99285 UB-92: 045x, 0981</p> <p>Codes Used to Identify Diabetes Mellitus:  ICD-9-CM Diagnosis: 250.xx, 357.2, 362.0x, 366.41, 648.0</p> <p>Codes Used to Identify Diabetes Mellitus Visit</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		Type: Outpatient: CPT: 92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499 UB-92: 051x, 0520-0523, 0562-0529,, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983 Nonacute inpatient: CPT: 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337 UB-92: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x Acute inpatient: CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291 UB-92: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987 Emergency departme		
<b>Measure#MM-017-08<sup>9</sup></b>  <b>Title:</b> <b>Ace Inhibitor / Angiotensin Receptor Blocker Use and Persistence Among Members with Coronary Artery Disease at High Risk for Coronary Events</b>  <b>IP Owner: IMS Health/IMS Payer Solutions</b>	<p>The member's persistence or medication possession ratio (MPR) for ACE inhibitor or ARB prescriptions during the measurement year.</p> <p>Individuals with 0% MPR will be defined as those who did not fill any prescriptions for ACE or ARB.</p> <p>Note: Members may switch between ACE inhibitors and ARB drugs</p> <p>Time Window: 6 month period prior to measurement year to the measurement year. Of note, the 6 month period prior to the measurement year is needed to identify new ACE/ARB users and the measurement year is used to calculate MPR.</p>	<p>Continuously enrolled members 18-75 years of age with established coronary and other atherosclerotic vascular disease at high risk for coronary events. The high risk subgroup is defined as members with concurrent comorbidity of heart failure, hypertension, diabetes, or chronic kidney disease (excluding stage V and patients on dialysis).</p> <p>Time Window: Year prior to the measurement year</p> <p>Denominator Logic: (A or B or C or (D and E) or (D and G) or (F and G) or (F and E)) and (H or I or J or K or L or M or N)) and DEMO and CE and DB</p> <p>[A] Members who had an acute myocardial infarction (AMI) during the year prior to the measurement year.</p> <p>AMI:</p>	<ul style="list-style-type: none"> <li>Members with a diagnosis of angiodema, hyperkalemia, hypotension, arterial stenosis, or renal failure (stage V or dialysis) at any time prior to the end of the measurement year, members who were pregnant during the measurement year, or members who were in hospice during the measurement year. Also, members who were discharged as expired from the denominator qualifying AMI, CABG or</li> </ul>	<p><i>Data Source:</i> Electronic Claims, Electronic Pharmacy Data, Other</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Health Plan, Facility, Integrated</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>Copyright © 2009 IMS Health Incorporated. All rights reserved.</b></p>	<p>Step 1: Check if the member received at least one prescription of ACE/ARB in the measurement year. If no prescription had been received set MPR = 0 and TERMINATE PROGRAM. Otherwise proceed to Step 2.</p> <p>Of note, this step would identify members who did not receive any ACE/ARB at all during the measurement year as members with MPR = 0.</p> <p>Step 2: Check if the members received a least one prescription of ACE/ARB during the 6 month period prior to the beginning of the measurement year. If YES, then this patient is Not a new user of ACE/ARB and set the New_User flag = 0. If NO, then this patient is a new user of ACE/ARB medication and set the New_User flag = 1.</p> <p>Of note, this step would differentiate new versus continuous ACE/ARB user.</p> <p>Step 3: If patient is a new user (New_User flag = 1) then set START_DATE as the date of service (DOS) in which the first ACE/ARB prescription is filled and set PRIOR_SUPPLY = 0. If START_DATE &gt; 3/31 then drop the member from the analysis.</p> <p>Of note, this step would allow the denominator time frame for the new user to be the difference in days between the first prescription of</p>	<p>ICD-9 diagnosis code(s): 410.x1 DRG code(s): 121, 122, 516 AND Inpatient setting: CPT-4 code(s): 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99261-99263, 99291-99300, 99356-99357, 99431-99440 UB revenue code(s): 0100-0114, 0117-0124, 0127-0134, 0137-0144, 0147-0154, 0157-0159, 0160-0169, 0190-0219, 0220-0229, 0720-0729, 0800-0809, 0987 [B] Members who underwent an angioplasty (PTCA) during year prior to the measurement year. ICD-9 surgical proc code(s): 00.66, 36.01, 36.02, 36.05, 36.06, 36.07, 36.09 CPT-4 code(s): 33140, 92980-92982, 92984, 92995, 92996 DRG code(s): 516, 517, 526, 527, 555-558 [C] Members who underwent coronary artery bypass graft surgery (CABG) during the year prior to the measurement year. ICD-9 surgical proc code(s): 36.1x, 36.2x HCPCS code(s): S2205-S2209 CPT-4 code(s): 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572 DRG code(s): 106, 107, 109, 547-550 Note: Denominator Criteria [D]-[G] represent every possible permutation of having at least 2 visits with a CAD diagnosis with at least 1 visit in the measurement year and at least 1 visit in the year prior to the measurement year. It has been constructed as such for clarity programmatically. [D] Members with at least 1 outpatient visit with an CAD diagnosis in the year prior to the measurement year Other forms of Ischemic Heart Disease: ICD-9 diagnosis code(s): 414.0x, 414.8x, 414.9x , 429.2</p>	<p>PTCA (i.e. denominator criterion [A], [B], or [C]).</p> <ul style="list-style-type: none"> <li>Note: Index date is defined as the first instance of denominator steps A or B or C or (D and E) or (D and G) or (F and G) or (F and E) during the year prior to the measurement year (i.e. diagnosis of CAD or other atherosclerotic disease).</li> </ul> <p>Denominator Exclusion Logic: A or B or C or D</p> <ul style="list-style-type: none"> <li>[A] Members with angioedema, anuric renal failure, hypotension, hyperkalemia, on dialysis, or arterial stenosis anytime in the member's history prior to the end of the measurement year.</li> <li>Hypotension:</li> <li>ICD-9 diagnosis code(s): 458.xx</li> <li>Hyperkalemia:</li> <li>ICD-9 diagnosis code(s):276.7</li> <li>Angioedema:</li> <li>ICD-9 diagnosis code(s):277.6</li> <li>Anuric renal failure:</li> <li>ICD-9 diagnosis code(s): 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 584.xx, 585.3-585.6,</li> </ul>	<p>Delivery System</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>ACE/ARB and the end of the measurement year. In addition, this would also drop new users who filled the first prescription after 3/31.</p> <p>Step 4: If patient is NOT a new user (New_User flag = 0) then set START_DATE the first day of the measurement year (i.e., January 1st). Of note, this step would set the measurement period of a continuous user as the first date of the measurement period.</p> <p>Step 5: If patient is NOT a new user (New_User flag = 0) then set LAST_DATEi = the date of the last ACE/ARB prescription in the 6 month period prior to the start of the measurement year and DAY_SUPPLYi = day supply of this prescription.</p> <p>Check if LAST_DATEi + DAY_SUPPLYi &gt; first date of the measurement year. If YES then PRIOR_SUPPLY = DAY_SUPPLYi - (First date of the measurement year – LAST_DATEi + 1); else PRIOR_SUPPLY = 0; Of note, this step would take care of the case in which a prescription for ACE/ARB filled prior to the first date of the measurement year spilled over into the current measurement year. Step 6: Identify the last prescription of ACE/ARB given during the measurement year and set the date of this prescription as LAST_DATEe and DAY_SUPPLYe = day supply of this</p>	<p>Stable Angina: ICD-9 diagnosis code(s): 411.xx, 413.x Lower Extremity Arterial Disease/Peripheral Artery Disease: ICD-9 diagnosis code(s): 440.2x, 443.9x* Stroke: ICD-9 diagnosis code(s): 433.xx, 434.xx, 436.x*-438.9x* Athero-embolism: ICD-9 diagnosis code(s): 444.xx, 445.xx Renal Artery Atherosclerosis ICD-9 diagnosis code(s): 440.1 DRG code(s): 140, 559 AND Outpatient setting: CPT-4 code(s): 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499 UB revenue code(s): 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 0982, 0983 [E] Members with at least 1 inpatient visit with an CAD diagnosis in the measurement year Other forms of Ischemic Heart Disease: ICD-9 diagnosis code(s): 414.0x, 414.8x, 414.9x, 429.2 Stable Angina: ICD-9 diagnosis code(s): 411.xx, 413.x Lower Extremity Arterial Disease/Peripheral Artery Disease: ICD-9 diagnosis code(s): 440.2x, 443.9x* Stroke: ICD-9 diagnosis code(s): 433.xx, 434.xx, 436.x*-438.9x* Athero-embolism: ICD-9 diagnosis code(s): 444.xx, 445.xx Renal Artery Atherosclerosis ICD-9 diagnosis code(s): 440.1</p>	<p>586.xx, 593.81, 788.5</p> <ul style="list-style-type: none"> <li>• Dialysis:</li> <li>• ICD-9 diagnosis code(s): V56.0, V56.1, V56.2., V56.32, V56.8</li> <li>• CPT code(s): 0505F, 0507F, 3066F, 3082F-3084F, 4051F-4055F, 36800, 36810, 36815, 36818-36821, 36831-36833, 90920, 90921, 90924, 90925, 90935, 90937, 90939*, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512,</li> <li>• HCPCS code(s): G0257, G0314-G0319, G0322, G0323, G0326, G0327, G9013, G9014</li> <li>• ICD-9 surgical proc code(s): 38.95, 39.27, 39.42, 39.95, 54.98</li> <li>• UB revenue code(s): 0800-0809, 0820-0859, 0880, 0881, 0882, 0889</li> <li>• Aterial stenosis:</li> <li>• ICD-9 diagnosis code(s): 395.0, 395.2, 396.0, 396.2, 396.8, 425.1, 440.1, 747.22</li> <li>• [B] Members with pregnancy events prior to and after delivery or delivery/abortion during the measurement year.</li> <li>• ICD-9 diagnosis code(s): 630.xx-677.xx, V22.xx, V23.xx, V24.xx, V27.xx,</li> </ul>	

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>prescription; Check if LAST_DATEe + DAY_SUPPLYe &gt; last date of the measurement year.</p> <p>If Yes then LAST_SUPPLY = (last date of the measurement year - LAST_DATEe + 1) If No then LAST_SUPPLY = DAY_SUPPLYe;</p> <p>Of note, this step would take care of the case in which the prescription for ACE/ARB filled spilled over the current measurement year. Step 7: Identify all the prescriptions of ACE/ARB given during the measurement year, except for the last prescription (i.e., P1, P2, ..., Pn-1).  <math display="block">MPR = \frac{PRIOR\_SUPPLY + ? \text{ total day supply of Pn-1} + LAST\_SUPPLY}{\text{Last date of measurement year} - START\_DATE + 1}</math></p> <p>Of note, the maximum MPR is 100%. If the calculated MPR is &gt; 100% it will be capped at 100%.</p>	<p>DRG code(s): 140, 559 AND Inpatient setting: CPT-4 code(s): 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291 UB revenue code(s): 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987 [F] Members with at least 1 inpatient visit with an CAD diagnosis in the year prior to the measurement year Other forms of Ischemic Heart Disease: ICD-9 diagnosis code(s): 414.0x, 414.8x, 414.9x , 429.2 Stable Angina: ICD-9 diagnosis code(s): 411.xx, 413.x Lower Extremity Arterial Disease/Peripheral Artery Disease: ICD-9 diagnosis code(s): 440.2x, 443.9x* Stroke: ICD-9 diagnosis code(s): 433.xx, 434.xx, 436.x*-438.9x* Athero-embolism: ICD-9 diagnosis code(s): 444.xx, 445.xx Renal Artery Atherosclerosis ICD-9 diagnosis code(s): 440.1 DRG code(s): 140, 559 AND Inpatient setting: CPT-4 code(s): 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291 UB revenue code(s): 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016</p>	<p>V28.xx</p> <ul style="list-style-type: none"> <li>• ICD-9 surgical proc code(s): 66.62, 69.0x, 72.xx-75.xx</li> <li>• CPT-4 code(s): 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 59840, 59841, 59850-59852, 59855-59857, 59866, 59870, 59871, 59897-59899, 76801, 76802, 76805, 76810-76812, 76815-76819, 76825-76828, 76941, 76945, 76946, 82106, 82143, 82731, 88235, 88267, 88269</li> <li>• DRG code(s): 370-391</li> <li>• [C] Members on hospice during the measurement year.</li> <li>• ICD-9 diagnosis code(s): V66.7</li> <li>• CPT-4 code(s): 99376*, 99377, 99378,</li> </ul>	

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
			<ul style="list-style-type: none"> <li>• HCPCS code(s): G0065*, G0182, G0337, Q5001-Q5009, S0271, S9126, T2042-T2046</li> <li>• UB revenue code(s): 0115, 0125, 0135, 0145, 0155, 0235, 0650-0652, 0655-0659</li> <li>• UB type of bill code(s): 81x, 82x (if available)</li> <li>• Place of service code(s): 34</li> <li>• [D] Patients who were discharged as expired from the denominator qualifying AMI, CABG or PTCA (i.e. denominator criterion [A], [B], or [C]).</li> <li>• *Code range was retired but is still appropriate for retrospective analysis.</li> </ul>	
<b>Measure#MM-022-08</b>  <b>Title:</b> <b>HBIPS-4:</b> <b>Patients discharged on multiple antipsychotic medications</b>  <b>IP Owner:</b> <b>The Joint Commission</b>	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications  <b>Data Element<sup>11</sup>:</b> (Note, see data dictionary for detailed data element definition) <ul style="list-style-type: none"> <li>• Number of Antipsychotic Medications Prescribed at Discharge</li> </ul>	Psychiatric inpatient discharges  <b>Included Population:</b> Patients with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders (Note, refer to Appendix A, Table 10.1) discharged on one or more routinely scheduled antipsychotic medications (Note, refer to Appendix B, Table 10.0))  <b>Data Elements:</b> (Note, see data dictionary for detailed data element definition) ICD-9-CM Other Diagnosis Codes <ul style="list-style-type: none"> <li>• ICD-9-CM Principal Diagnosis Code</li> <li>• Number of Antipsychotic Medications Prescribed at Discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Patients who expired</li> <li>• Patients with an unplanned departure resulting in discharge due to elopement</li> <li>• Patients with an unplanned departure resulting in discharge due to failing to return from leave</li> </ul>	<i>Data Source:</i> Paper Medical Record, Electronic Health/Medical Record  <i>Level of Measurement:</i> Facility

<sup>11</sup> Further details regarding data elements, including data dictionary, can be found here: <http://www.jointcommission.org/HBIPS>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<ul style="list-style-type: none"> <li>Psychiatric Care Setting</li> </ul>		
<b>Measure#MM-023-08</b>  <b>Title:</b> <b>HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification</b>  <b>IP Owner:</b> <b>The Joint Commission</b>	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification  <b>Data Element<sup>11</sup>:</b> <i>(Note, see data dictionary for detailed data element definition)</i> <ul style="list-style-type: none"> <li>Appropriate Justification for Multiple Antipsychotic Medications</li> </ul>	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications  <b>Data Elements:</b> <i>(Note, see data dictionary for detailed data element definition)</i> <ul style="list-style-type: none"> <li>ICD-9-CM Other Diagnosis Codes</li> <li>ICD-9-CM Principal Diagnosis Code</li> <li>Number of Antipsychotic Medications Prescribed at Discharge</li> <li>Patient Referral to Next Level of Care Provider</li> <li>Psychiatric Care Setting</li> </ul>	<ul style="list-style-type: none"> <li>Patients who expired</li> <li>Patients with an unplanned departure resulting in discharge due to elopement</li> <li>Patients with an unplanned departure resulting in discharge due to failing to return from leave</li> <li>Patients with a length of stay less than and equal to 3 days</li> </ul>	<i>Data Source:</i> Paper Medical Record, Electronic Health/Medical Record  <i>Level of Measurement:</i> Facility
<b>Measure#MM-026-08</b>  <b>Title:</b> <b>Care for Older Adults – Medication Review (COA)</b>  <b>IP Owner:</b> <b>National Committee for Quality Assurance</b>	Evidence of at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year  At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record  A medication review is a review of a member's medications including prescription medications, over the counter medications (OTC) or herbal therapies. A medication list is a list of member's medications in the medical record which may include prescriptions, over the counter medications and herbal therapies or supplements. Documentation must	All patients 66 and older as of December 31 of the measurement year		<i>Data Source:</i> Paper Medical Record, Electronic Claims, Electronic Health/Medical Record  <i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Health Plan

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
	<p>come from the same medical record and must include the following:</p> <ul style="list-style-type: none"> <li>•A medication list in the medical record, and</li> <li>•Evidence of a medication review and the date on which it was performed</li> </ul> <p>At a minimum, medication review is documentation that a practitioner has reviewed all medications that the member is taking (including prescriptions, OTCs and herbal or supplemental therapies). A review of side effects for a single medication at the time of prescription alone is not sufficient. If the member is not taking any medications, notation of this fact and the date on which it was noted is also considered numerator compliant. Codes to indentify medication review: Medication review (CPT 90862, 99605, 99606), (HCPCS G8427, G8428, G8530), (CPT-II 1160F) Medication List (CPT-II 1159F)</p>			
<p><b>Measure#MM-028-08</b></p> <p><b>Title: Medication Reconciliation Post-Discharge (MRP)</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>Medication reconciliation on or within 30 days after discharge.</p> <p>Documentation in the medical record must include evidence of medication reconciliation, and the date on which it was performed. The following evidence meets criteria:</p> <ul style="list-style-type: none"> <li>•A list of medications that were prescribed or ordered upon discharge, or</li> <li>•Notation that no medications were prescribed or ordered upon discharge</li> </ul> <p>Codes to identify medication reconciliation: CPT-II 1111F</p>	<p>All patients 66 years and older as of December 31 of the measurement year.</p>		<p><i>Data Source:</i> Paper Medical Record, Electronic Claims, Electronic Health/Medical Record</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
				(Facility), Health Plan
<b>Measure#MM-030-08</b>  <b>Title:</b> <b>Monthly INR Monitoring for Beneficiaries on Warfarin</b>  <b>IP Owner:</b> <b>Centers for Medicare and Medicaid Services</b>	<p>Sum of the percentage of monthly intervals without an INR test for each <u>patient Part D beneficiary</u> in the denominator</p> <p>Time window: Anytime during the measurement period (12 consecutive months)</p> <p>For each <u>patient Part D beneficiary</u> in the denominator, the percentage of monthly intervals without an INR test is calculated as the number of monthly intervals without an INR test divided by the number of monthly intervals with warfarin.</p> <p>The INR tests for each <u>patient Part D beneficiary</u> will be matched by month to the one-month intervals in the denominator. Each one-month interval without an INR test is counted in the numerator. Intervals with a hospitalization of more than 48 hours are considered an interval with an INR test.</p> <p>CPT code used to identify INR (prothrombin time) Monitoring: 85610</p>	<p><u>Patients Part D beneficiaries</u> with warfarin claims for at least 40 days</p> <p>Time window: The first 11 months of the measurement period (12 consecutive months)</p> <p>Age: = 18 years of age as of the end of measurement period</p> <p>During the measurement period, the beneficiary may not have more than a one-month gap in Part D coverage.</p> <p>Interval with warfarin: Warfarin usage is determined by the start date of the first prescription for warfarin to the start date of the last prescription for warfarin plus the days' supply from the last claim.</p> <p>Active ingredients by class to identify warfarin:  Anticoagulants: warfarin  Note: The active ingredient is limited to oral formulations only.</p>	<ul style="list-style-type: none"> <li>• <u>Patients Part D beneficiaries</u> who died during the measurement period.</li> <li>• <u>Patients Part D beneficiaries</u> who are actively enrolled in multiple plans concurrently as of the end of the measurement period.</li> <li>• Any intervals covered by the days' supply of a warfarin prescription that are less than a month.</li> </ul> <p>Optional Exclusion Criteria:</p> <ul style="list-style-type: none"> <li>• <u>Patients Part D beneficiaries</u> with mechanical heart valves that are monitoring INR at home</li> <li>• Monthly interval with warfarin: Warfarin usage is determined by the start date of the first prescription for warfarin to the start date of the last prescription for warfarin plus the days' supply from the last claim.</li> <li>• For optional exclusion:</li> <li>• HCPCS code to identify mechanical heart valve patients that monitor INR at home: G0248-G0250</li> </ul>	<p><i>Data Source:</i>  Electronic Claims, Electronic Pharmacy Data, Electronic source – Other</p> <p><i>Level of Measurement:</i>  Individual Clinician (Physician), Group of Clinicians (Facility) , Other</p>
<b>Measure#MM-</b>	Number of episodes in the	Number of episodes with a newly started	• <u>Patients Part D</u>	<i>Data Source:</i>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>031-08</b></p> <p><b>Title:</b> <b>INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications</b></p> <p><b>IP Owner:</b> <b>Centers for Medicare and Medicaid Services</b></p>	<p>denominator with an INR test performed 3 to 7 days after the start date of an anti-infective medication</p> <p>Time window: Three to seven days after each denominator episode</p> <p>Hospitalizations of more than 48 hours are counted as an INR test. CPT Code Used to Identify INR Monitoring (Prothrombin time): 85610</p>	<p>interacting anti-infective medication with an overlapping days' supply of warfarin</p> <p>Time window: Up to seven days before the end of the measurement period (12 consecutive months)</p> <p>Note: Beneficiary must have at least 2 claims for warfarin on different dates of service. If more than one prescription for warfarin with the same date of service overlaps an interacting anti-infective medication, then keep the prescription with the greatest days' supply. If more than one prescription for warfarin with different dates of service overlaps an interacting anti-infective medication, then keep the episode with the greatest number of overlapping days.</p> <p>Age: = 18 years of age as of the end of measurement period During the measurement period, the beneficiary may not have more than a one-month gap in coverage. Newly Started: A beneficiary is considered to be newly started on an interacting anti-infective medication if there are no prescriptions for any interacting anti-infective medications during the 30 days preceding any prescription for an interacting anti-infective medication in the measurement period. Start Date: The date of service for the drug claim. End Date: The date of service for the drug claim plus the days' supply minus 1. Overlapping Days' Supply: The timeframe between the start date of a warfarin claim and end date of a warfarin claim overlaps the timeframe between the start date and end date of the interacting drug. Episode: Presence of pharmacy claims with overlapping days' supply for warfarin and an</p>	<p><del>beneficiaries</del> who are actively enrolled in multiple plans concurrently as of the end of the measurement period.</p> <ul style="list-style-type: none"> <li>• <del>Patients, Part-D beneficiaries</del> who have a diagnosis of cancer.</li> <li>• Optional Exclusion Criteria</li> <li>• Beneficiaries with mechanical heart valves who are monitoring INR at home</li> <li>• HCPCS code used to identify beneficiaries with mechanical heart valves who are monitoring INR at home: G0248 - G0250</li> <li>• ICD-9 codes used to identify cancer patients: 1400 – 2399, 2592, 2732, 2733, 2739, 2883, 28983, V0739, V1000-V109, V580, V5811, V5812, V8741</li> </ul>	<p>Electronic Claims, Electronic Pharmacy Data, Electronic source – Other</p> <p><i>Level of Measurement:</i> Individual Clinician (Physician), Group of Clinicians (Facility), Other</p>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		<p>interacting anti-infective medication. An overlap is defined as an interacting anti-infective claim that has at least a one-day overlap with an existing prescription for warfarin. The date of service for the anti-infective must occur after the first date of service for the warfarin claim during the measurement period.</p> <p>Interacting Anti-infective Medication: Anti-infective drugs that interact with warfarin and are classified with a significance rating of 1, 2, or 4 according to Drug Interaction Facts.</p> <p>Interacting Anti-infective Medication Drug Classes and Active Ingredients:</p> <p>Antifungal Agents: fluconazole, itraconazole, ketoconazole, miconazole, voriconazole, griseofulvin, terbinafine</p> <p>Cephalosporins: cefamandole, cefazolin, cefotetan, cefoxitin, ceftriaxone</p> <p>Fluoroquinolones: ciprofloxacin, levofloxacin, moxifloxacin, norfloxacin, ofloxacin</p> <p>Macrolides: azithromycin, clarithromycin, dirithromycin, erythromycin, telithromycin</p> <p>Penicillins: dicloxacillin, nafcillin, ampicillin, oxacillin, penicillin G, piperacillin, ticarcillin</p> <p>Sulfonamides: sulfamethoxazole, sulfisoxazole</p> <p>Tetracyclines: demeclocycline, doxycycline, minocycline, tetracycline</p> <p>Protease Inhibitors: amprenavir, atazanavir, fosamprenavir, indinavir, lopinavir-ritonavir, nelfinavir, ritonavir, saquinavir</p> <p>Others: metronidazole, chloramphenicol, nalidixic acid, rifabutin, rifampin, rifapentine, mefloquine, nevirapine, ribavirin</p> <p>Note: Adapted from (Holbrook, Pereira et al. 2005; Tatro 2007). Drugs listed were selected based on a significance rating of 1, 2, or 4 per Drug Interaction Facts. Excludes the following routes of administration: external (EX), inhalation (IN), ophthalmic (OP), otic (OT), mouth/throat</p>		

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
		preparations (MT), and route does not apply (XX). Isoniazid was excluded because the interaction is dose-dependent. All other formulations and combination products of the active ingredients listed are included unless otherwise noted. Drug Class and Active Ingredient for Warfarin: Anticoagulants: warfarin		
<b>Measure#MM-034-08</b>  <b>Title:</b> <b>HBIPS-6 Post discharge continuing care plan created</b>  <b>IP Owner:</b> <b>The Joint Commission</b>	Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations  <b>Data Elements<sup>12</sup>:</b> (Note, see data dictionary for detailed data element definition) <ul style="list-style-type: none"> <li>Continuing Care Plan-Discharge Medications</li> <li>Continuing Care Plan-Next Level of Care</li> <li>Continuing Care Plan –Principal Discharge Diagnosis</li> <li>Continuing Care Plan -Reason for Hospitalization</li> </ul>	Psychiatric inpatient discharges  <b>Included Population:</b> Patients referred for next level of care with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders (Note, refer to Appendix A, Table 10.1)  <b>Data Elements:</b> (Note, see data dictionary for detailed data element definition) <ul style="list-style-type: none"> <li>ICD-9-CM Other Diagnosis Codes</li> <li>ICD-9-CM Principal Diagnosis Code</li> <li>Patient Referral to Next Level of Care Provider</li> </ul>	<ul style="list-style-type: none"> <li>Patients who expired</li> <li>Patients with an unplanned departure resulting in discharge due to elopement</li> <li>Patients or their guardians who refused aftercare</li> <li>Patients or guardians who refused to sign authorization to release information</li> <li>Patients with an unplanned departure resulting in discharge due to failing to return from leave</li> </ul>	<i>Data Source:</i> Paper Medical Record, Electronic Health/Medical Record  <i>Level of Measurement:</i> Facility
<b>Measure#MM-035-08</b>  <b>Title:</b> <b>HBIPS-7 Post discharge continuing care plan transmitted</b>	Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care  <b>Data Elements<sup>12</sup>:</b> (Note, see data dictionary for detailed data element definition)	Psychiatric inpatient discharges  <b>Included Population:</b> Patients referred for next level of care with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders (Note, refer to Appendix A, Table 10.1)	<ul style="list-style-type: none"> <li>Patients who expired</li> <li>Patients with an unplanned departure resulting in discharge due to elopement</li> <li>Patients or their guardians who refused</li> </ul>	<i>Data Source:</i> Paper Medical Record, Electronic Health/Medical Record  <i>Level of</i>

<sup>12</sup> Further details regarding data elements, including data dictionary, can be found here: <http://www.jointcommission.org/HBIPS>

Measure	Numerator	Denominator	Exclusions	Data Source /Level of Measurement
<p><b>to next level of care provider upon discharge</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p><i>definition)</i></p> <ul style="list-style-type: none"> <li>• Continuing Care Plan-Discharge Medications</li> <li>• Continuing Care Plan-Next Level of Care</li> <li>• Continuing Care Plan –Principal Discharge Diagnosis</li> <li>• Continuing Care Plan -Reason for Hospitalization</li> </ul>	<p><b>Data Elements:</b> <i>(Note, see data dictionary for detailed data element definition)</i></p> <ul style="list-style-type: none"> <li>• ICD-9-CM Other Diagnosis Codes</li> <li>• ICD-9-CM Principal Diagnosis Code</li> <li>• Patient Referral to Next Level of Care Provider</li> <li>• Psychiatric Care Setting</li> </ul>	<p>aftercare</p> <ul style="list-style-type: none"> <li>• Patients or guardians who refused to sign authorization to release information</li> <li>• Patients with an unplanned departure resulting in discharge due to failing to return from leave</li> </ul>	<p><i>Measurement:</i> Facility</p>

## Appendix B – Specifications<sup>13</sup> of the National Voluntary Consensus Standards for Medication Management

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Measure# 0019</b></p> <p><b>Title: Documentation of medication list in the outpatient record</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>Patients with a medication list in their medical record</p>	<p>All patients who were continuously enrolled during the measurement year.</p>	
<p><b>Measure# 0020</b></p> <p><b>Title: Documentation of allergies and adverse reactions in the outpatient record</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>Patients with allergy and adverse reaction status present in medical record</p>	<p>All patients who were continuously enrolled during the measurement year.</p>	
	<p>a: The number of patients with at least one</p>	<p>a: The number of patients ages 18 years and older</p>	<p>a. Exclude patients from</p>

<sup>13</sup> All specifications confirmed by measure developers at time of endorsement.

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Measure# 0021</b></p> <p><b>Title: Therapeutic monitoring: Annual monitoring for patients on persistent medications</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>b: The number of patients with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>c: The number of patients with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Note: The two tests do not need to occur on the same service date, only within the measurement year.</p> <p>d: The number of patients with at least one drug serum concentration level monitoring test for the prescribed drug in the measurement year. If a patient received only one type of anticonvulsant, the drug serum concentration level test must be for the specific drug taken as a persistent medication. If a patient persistently received multiple types of anticonvulsants, each anticonvulsant medication and drug monitoring test combination is counted as a unique event (i.e., a patient on both phenytoin and valproic acid with at least a 180-days supply for each drug in the measurement year must separately show evidence of receiving drug serum concentration tests for each drug to be considered numerator-compliant for each drug).</p> <p>e: The number of patients with both an ALT and an AST liver enzyme test in the</p>	<p>who received at least a 180-days supply of ACE inhibitors or ARBs, including any combination products during the measurement year.</p> <p>b: The number of patients ages 18 years and older who received at least a 180-days supply of digoxin, including any combination products, during the measurement year.</p> <p>c: The number of patients ages 18 years and older who received at least a 180-days supply of a diuretic, including any combination products, during the measurement year</p> <p>d: The number of patients in the denominator who received at least a 180-days supply for any anticonvulsant for phenytoin, phenobarbital, valproic acid or carbamazepine during the measurement year. Each patient-drug combination is considered a unique event.</p> <p>e: The number of patients in the denominator who received at least a 180-days supply for any statin (HMG CoA Reductase Inhibitors), including any combination product, during the measurement year.</p> <p>F: Sum of the five denominators (a-e)</p>	<p>each rate denominator with a hospitalization in the measurement year. These patients may have received a monitoring event during the hospitalization which may not be captured</p> <p>Hospitalizations can be identified using either codes for inpatient discharges or non acute care or through the medical record.</p> <p>B. Exclude patients from each rate denominator with a hospitalization in the measurement year. These patients may have received a monitoring event during the hospitalization which may not be captured. Hospitalizations can be identified using either codes for inpatient discharges or non acute care or through medical records.</p> <p>C. Exclude patients from each rate denominator with a hospitalization in the measurement year. These patients may have received a monitoring event during the hospitalization which may not be captured.</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
	<p>measurement year. A hepatic function panel (which includes both a ALT and AST) also counts as numerator compliant.</p> <p>F: Sum of the five numerators (a-e)</p>		<p>Hospitalizations can be identified using either codes for inpatient discharges or non acute care or medical records.</p> <p>D. Exclude patients from each rate denominator with a hospitalization in the measurement year. These patients may have received a monitoring event during the hospitalization which may not be captured. Hospitalizations can be identified using either codes for inpatient discharges or non acute care.</p> <p>E. Exclude patients from each rate denominator with a hospitalization in the measurement year. These patients may have received a monitoring event during the hospitalization which may not be captured. Hospitalizations can be identified using either codes for inpatient discharges or non acute care or medical records.</p>
<b>Measure# 0022</b>	a: at least one prescription for any drug to be avoided in the elderly in the measurement year.	All patients ages 65 years and older as of December 31 of the measurement year.	

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Title: Drugs to be avoided in the elderly:</b>  <b>a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided.</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>b: At least two different drugs to be avoided in the elderly in the measurement year.</p>		
<p><b>Measure# 0025</b></p> <p><b>Title: Management plan for people with asthma</b></p> <p><b>IP Owner: IPRO</b></p>	<p>Patients for whom there is documentation, at any time during the abstraction period, that a written asthma management plan was provided either to the patient or the patient's caregiver OR at a minimum, specific written instructions on under what conditions the patient's doctor should be contacted or the patient should go to the emergency room:</p> <p>Inclusions: Copy of asthma management plan on record OR written note by provider documenting having given the patient/parent/caregiver written asthma management instructions. Instructions can include when to use PEFR or change medications in response to a change in patient symptoms &amp;/or when to contact a physician &amp;/or when to go directly to the emergency room.</p>	<p>Patients who had at least two (2) separate Ambulatory visits to your practice site for asthma during the time period January through December.</p> <p>A visit is considered an asthma visit if, in any claims-diagnostic field, the patient has an ICD-9-CM diagnosis code of 493.xx (i.e., 493 alone or with any extension- the common code combinations are 493, 493.0, 493.1, 493.9, there may be a fifth digit which is either a 0 or 1- for example 493.90).</p> <p>If your claims/encounter system also uses CPT codes- acceptable CPT codes with these ICD-9-CM are listed below.</p> <p>Acceptable CPT codes with ICD 9 codes above include: 99201-99205; 99211-99215; 99241-99245;</p>	

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		99271-99275.	
<p><b>Measure# 0036</b></p> <p><b>Title: Use of appropriate medications for people with asthma</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>Documentation in the medical record must include, at a minimum, a note indicating the patient received at least one written prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines during the measurement year.</p>	<p>All patients ages 5-56 years as of December 31 of the measurement year with persistent asthma reported in three age stratifications (5-9, 10-17, 18-56) and as a combined rate.</p>	
<p><b>Measure# 0047</b></p> <p><b>Title: Asthma: pharmacologic therapy</b></p> <p><b>IP Owner: American Medical Association</b></p>	<p>Patients who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines) (drug list available)</p>	<p>All patients aged 5-40 years with mild, moderate, or severe persistent asthma</p> <p>Patient Selection: ICD-9-CM Codes for asthma: 493.00-493.92</p> <p>And Additional individual medical record review must be completed to identify those patients with mild, moderate, or severe persistent asthma and</p> <p>Patient's age is between 5 and 40 years</p>	<p>Documentation of patient reason(s) for not prescribing either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment</p>
	<p>Documentation in the medical record must include, at a minimum, a note indicating the of</p>	<p>All patients 18 years as of January 1 of the year prior to the measurement year to 64 years as of</p>	<p>Exclusion for competing diagnoses is built into the</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Measure# 0058</b></p> <p><b>Title: Inappropriate antibiotic treatment for adults with acute bronchitis</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>patient having received a prescription for antibiotic medications on or within 3 days after the First Eligible Episode date.</p>	<p>December 31 of the measurement year who during the Intake Period had a claim/encounter with any diagnosis of acute bronchitis and an outpatient visit code. (The Intake Period is between January 1-December 24 of the measurement year.)</p>	<p>denominator specifications.</p>
<p><b>Measure# 0070</b></p> <p><b>Title: CAD: Beta-Blocker Therapy-Prior myocardial infarction (MI)</b></p> <p><b>IP Owner: ACC/AHA Task Force on Performance Measures, American Medical Association</b></p>	<p>Patients who were prescribed beta blocker therapy</p> <p>(drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a>) OR</p> <p>CPT-II code: 4006F Beta-blocker therapy prescribed</p>	<p>All patients with CAD who also have prior MI at any time &gt; 18 years of age</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p> <p>Or</p> <p>CPT codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-33523, 33533-33536;</p> <p>And</p> <p>ICD-9-CM codes for MI: 410.00-410.92, 412;</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>	<p>Documentation of medical reason(s) for not prescribing beta-blocker therapy:</p> <ul style="list-style-type: none"> <li>•Documentation of bradycardia &lt; 50 bpm (without beta-blocker therapy) on two consecutive readings, history of Class IV (congestive) heart failure, history of second- or third-degree atrioventricular (AV) block without permanent pacemaker. ICD-9-CM exclusion codes: 493.00-493-92, 458.0, 458.1, 458.21, 458.29, 458.8, 458.9, 426.0 without V45.01, 426.12 without V45.01, 426.13 without V45.01,</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>427.81, 427.89;</p> <p>Or</p> <ul style="list-style-type: none"> <li>•Other medical reason(s) documented by the practitioner for not prescribing beta blocker therapy;</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>•CPT-II code with modifier: 4006F 1P</li> </ul> <p>Documentation of patient reason(s) (e.g., economic, social, religious)</p> <p>Or</p> <p>CPT-II code with modifier: 4006F 2P</p> <p>Documentation of system reason(s) for not prescribing beta-blocker therapy;</p> <p>OR</p> <p>CPT II w/modifier 4006F 3P</p>
<p><b>Measure # 0102</b></p> <p><b>Title: COPD: inhaled bronchodilator therapy</b></p>	<p>Symptomatic patients who were prescribed an inhaled bronchodilator (β2-agonist and/or anticholinergic; drug list available)</p>	<p>All patients aged = 18 years with the diagnosis of COPD who have FEV1/FVC &lt; 70 % and have symptoms</p>	<p>Documentation of medical reason(s) for not prescribing an inhaled bronchodilator (allergy, drug interaction, contraindication, other</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>IP Owner: American Medical Association</b></p>			<p>medical reasons)</p> <p>Documentation of patient reason(s) for not prescribing an inhaled bronchodilator (economic, social, religious, other patient reasons)</p>
<p><b>Measure# 0136</b></p> <p><b>Title: Detailed discharge instructions</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>	<p>HF patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing all of the following:</p> <ol style="list-style-type: none"> <li>1.activity level</li> <li>2.diet</li> <li>3.discharge medications</li> <li>4.follow-up appointment</li> <li>5.weight monitoring</li> <li>6.what to do if symptoms worsen</li> </ol>	<p>HF patients discharged home (ICD-9-CM principal diagnosis of HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9); and a discharge to home or home care</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant</li> <li>•Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-9-CM principal diagnosis of LVAD and Heart Transplant: 33.6, 37.51, 37.52, 37.53, 37.54, 37.62, 37.63, 37.64, 37.65, 37.66, 37.68)</li> </ul>
<p><b>Measure# 0137</b></p> <p><b>Title: ACEI or ARB for left ventricular</b></p>	<p>AMI patients who are prescribed an ACEI or ARB at hospital discharge</p>	<p>AMI patients (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91); with LVSD and without both ACEI and ARB contraindications and with chart documentation of a left ventricular ejection fraction (LVEF) &lt; 40% or a narrative description of</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Transferred to another acute care hospital or federal hospital</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>systolic dysfunction</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>		<p>LVS function consistent with moderate or severe systolic dysfunction</p>	<ul style="list-style-type: none"> <li>•Expired</li> <li>•Left against medical advice</li> <li>•Discharged to hospice</li> <li>•Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant</li> <li>•Chart documentation of participation in a clinical trial testing alternatives to ACEIs as first-line HF therapy</li> <li>•One or more of the following ACEI contraindications/reasons for not prescribing ACEI documented in the medical record: Patients with BOTH a potential contraindication/reason for not prescribing an ACEI at discharge AND a potential contraindication/reason for not prescribing an ARB at discharge, as evidenced by one or more of the following: <ul style="list-style-type: none"> <li>oACEI allergy AND ARB allergy;</li> <li>oModerate or severe aortic</li> </ul> </li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>stenosis; or</p> <ul style="list-style-type: none"> <li>oPhysician, nurse practitioner, or physician assistant documentation of BOTH a reason for not prescribing an ACEI at discharge AND a reason for not prescribing an ARB at discharge</li> <li>oReason documented by physician, nurse practitioner, or physician assistant for not prescribing an ARB at discharge AND an ACEI allergy</li> <li>oReason documented by a physician, nurse practitioner, or physician assistant for not prescribing an ACEI at discharge AND an ARB allergy</li> </ul>
<p><b>Measure# 0142</b></p> <p><b>Title: Aspirin prescribed at discharge for AMI</b></p> <p><b>IP Owner: Centers for Medicare and</b></p>	<p>AMI patients who are prescribed aspirin at hospital discharge</p>	<p>AMI patients without aspirin contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Transferred to another acute care hospital or federal hospital</li> <li>•Expired</li> <li>•Left against medical advice</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<b>Medicaid Services, The Joint Commission</b>			<ul style="list-style-type: none"> <li>•Discharged to hospice</li> <li>•Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant</li> <li>•One or more of the following aspirin contraindications/reasons for not prescribing aspirin documented in the medical record: <ul style="list-style-type: none"> <li>oAspirin allergy;</li> <li>oActive bleeding on arrival or during hospital stay;</li> <li>oWarfarin/Coumadin prescribed at discharge; or</li> <li>oOther reasons documented by physician, nurse practitioner, or physician assistant for not prescribing aspirin at discharge</li> </ul> </li> </ul>
<b>Measure# 0143</b>  <b>Title: Use of relievers for inpatient asthma</b>	Pediatric asthma inpatients who received relievers during hospitalization	Pediatric asthma inpatients (age 2 – 17 years) who were discharged with a principal diagnosis of asthma (ICD-9-CM principal diagnosis code of 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.90, 493.91, 493.92 )  Stratified as follows:	<ul style="list-style-type: none"> <li>•Age &lt; 2 years of age</li> <li>•Age &gt;17 years of age</li> <li>•Pediatric patients for whom use of relievers is contraindicated</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>IP Owner: The Joint Commission</b></p>		<ul style="list-style-type: none"> <li>•age 2 years through 17 years - Overall Rate</li> <li>•age 2 years through 4 years</li> <li>•age 5 years through 12 years</li> <li>•age 13 years through 17 years</li> </ul>	
<p><b>Measure# 0144</b></p> <p><b>Title: Use of systemic corticosteroids for inpatient asthma</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p>Pediatric asthma inpatients who received systemic corticosteroids during hospitalization</p>	<p>Pediatric asthma inpatients (age 2 – 17 years) who were discharged with principal diagnosis of asthma (ICD-9-CM principal diagnosis code of 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.90, 493.91, 493.92)</p> <p>Stratified as follows:</p> <ul style="list-style-type: none"> <li>•age 2 years through 17 years - Overall Rate</li> <li>•age 2 years through 4 years</li> <li>•age 5 years through 12 years</li> <li>•age 13 years through 17 years</li> </ul>	
<p><b>Measure# 0147</b></p> <p><b>Title: Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent</b></p>	<p>Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of hospitalization</p>	<p>Pneumonia patients 18 years of age or older (ICD-9-CM principal diagnosis code of 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0 [pneumonia]; or ICD-9-CM principal diagnosis code of 038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9 [septicemia] or 518.81, 518.84 [acute or chronic respiratory failure], and a secondary diagnosis code of pneumonia)</p>	<ul style="list-style-type: none"> <li>•Received in transfer from another acute care or critical access hospital, including another emergency department</li> <li>•No working diagnosis of pneumonia at the time of admission</li> <li>•Receiving comfort</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>patients</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>			<p>measures only<sup>4</sup></p> <ul style="list-style-type: none"> <li>•Do not receive antibiotics during the hospitalization or within 36 hours (2160 minutes) after arrival at the hospital</li> <li>•Compromised as defined in data dictionary (i.e., documentation that the patient had (1) any of the following compromising conditions: HIV positive, AIDS, cystic fibrosis, systemic chemotherapy within last three months, systemic immunosuppressive therapy within the past three months, leukemia documented in the past three months, lymphoma documented in the past three months, radiation therapy in the past three months; (2) a prior hospitalization within 14 days [the patient was discharged from an acute care facility for inpatient care to a non-acute setting—home, SNF, ICF, or rehabilitation hospital—before the second admission to the same or different acute care facility]) and abstraction guidelines</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<ul style="list-style-type: none"> <li>•With healthcare associated pneumonia as defined in data dictionary (i.e., presence of at least one of the following: (1) hospitalization for 2 days within the last 90 calendar days; (2) residence in a nursing home or extended care facility for any amount of time within the last 90 days; (3) chronic dialysis within the last 30 days; (4) wound care provided by a health care professional within the last 30 days) and abstraction guidelines</li> <li>•Involved in protocols or clinical trials</li> <li>•No chest x-ray or CT scan that indicated positive infiltrate within 24 hours prior to hospital arrival or anytime during this hospitalization</li> </ul>
<p><b>Measure# 0148</b></p> <p><b>Title: Blood cultures performed in the emergency department prior to initial antibiotic received in hospital</b></p>	<p>Number of pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics</p>	<p>Pneumonia patients 18 years of age and older who have an initial blood culture collected in the emergency department (ICD-9-CM principal diagnosis code of 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0 [pneumonia]; or ICD-9-CM principal diagnosis code of 038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9 [septicemia] or 518.81, 518.84 [acute or chronic respiratory failure], and a secondary</p>	<ul style="list-style-type: none"> <li>•Received in transfer from another acute care or critical access hospital, including another emergency department</li> <li>•No working diagnosis of pneumonia at the time of admission</li> <li>•Receiving comfort measures only<sup>4</sup></li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>		<p>diagnosis code of pneumonia)</p>	<ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Do not receive antibiotics or a blood culture</li> <li>•No chest x-ray or CT scan that indicated positive infiltrate within 24 hours prior to hospital arrival or anytime during this hospitalization</li> </ul>
<p><b>Measure# 0153</b></p> <p><b>Title: Beta blocker at arrival for AMI</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>	<p>AMI patients who received a beta blocker within 24 hours after hospital arrival</p>	<p>AMI patients without beta blocker contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Transferred to another acute care hospital or federal hospital on day of or day after arrival</li> <li>•Received in transfer from another acute care hospital, including another emergency department</li> <li>•Discharged on day of arrival</li> <li>•Expired on day of or day after arrival</li> <li>•Left against medical advice on day of or day after arrival</li> <li>•Patients with comfort measures only documented by a physician, nurse practitioner, or physician</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>assistant</p> <ul style="list-style-type: none"> <li>•One or more of the following beta blocker contraindications/reasons for not prescribing beta blocker documented in the medical record: <ul style="list-style-type: none"> <li>oBeta blocker allergy;</li> <li>oBradycardia (heart rate &lt;60 beats per minute) on arrival or within 24 hours after arrival while not on a beta blocker;</li> <li>oHeart Failure (HF) on arrival or within 24 hours after arrival;</li> <li>oSecond or third degree heart block on electrocardiogram (ECG) on arrival or within 24 hours after arrival and does not have a pacemaker;</li> <li>oShock on arrival or within 24 hours after arrival;</li> </ul> </li> <li>•Other reasons documented by a physician, nurse practitioner, or physician assistant for not giving a beta blocker within 24 hours after hospital arrival</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Measure# 0160</b></p> <p><b>Title: Beta blocker prescribed at discharge for AMI</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>	<p>AMI patients who are prescribed a beta blocker at hospital discharge</p>	<p>AMI patients without beta blocker contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Transferred to another acute care hospital or federal hospital</li> <li>•Expired</li> <li>•Left against medical advice</li> <li>•Discharged to hospice</li> <li>•Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant</li> <li>•One or more of the following beta blocker contraindications/reasons for not prescribing a beta blocker documented in the medical record: <ul style="list-style-type: none"> <li>oBeta blocker allergy;</li> <li>oBradycardia (heart rate &lt;60 beats per minute) on day of discharge or day prior to discharge while not on a beta blocker;</li> <li>oSecond or third degree heart block on ECG on arrival or during hospital stay and does not have a</li> </ul> </li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			pacemaker;  oOther reasons documented by a physician, nurse practitioner, or physician assistant for not prescribing a beta blocker at discharge
<p><b>Measure# 0162</b></p> <p><b>Title: Angiotensin converting enzyme inhibitor (ACEI) for left ventricular systolic dysfunction (LVSD)</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>	<p>Patients who are prescribed an ACEI at hospital discharge</p>	<p>AMI patients with LVSD and without ACEI contraindications (ICD-9-CM principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91; and chart documentation of a left ventricular ejection fraction (LVEF) &lt; 40% or a narrative description of left ventricular function (LVF) consistent with moderate or severe systolic dysfunction)</p>	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>&lt;18 years of age</li> <li>Transferred to another acute care hospital</li> <li>Expired</li> <li>Left against medical advice</li> <li>Discharged to hospice</li> <li>Chart documentation of participation in a clinical trial testing alternatives to ACEIs as first-line HF therapy</li> <li>One or more of the following ACEI contraindications/reasons for not prescribing ACEI documented in the medical record:               <ul style="list-style-type: none"> <li>ACEI allergy;</li> <li>Moderate or severe aortic stenosis; or</li> </ul> </li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			Other reasons documented by a physician, nurse practitioner, or physician assistant for not prescribing ACEI at discharge
<p><b>Measure# 0164</b></p> <p><b>Title: Fibrinolytic Therapy received within 30 minutes of hospital arrival</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less	Principal diagnosis of AMI (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91); and ST segment elevation or LBBB on the ECG performed closest to hospital arrival; and fibrinolytic therapy within 6 hours after hospital arrival	<p>Exclusions:</p> <ul style="list-style-type: none"> <li>•&lt;18 years of age</li> <li>•Transferred from another acute care hospital including another emergency department</li> <li>•Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant</li> <li>•Patients who did not receive fibrinolytic therapy within 30 minutes and had a reason for delay documented by a physician, nurse practitioner, or physician assistant (e.g., social, religious, initial concern or refusal)</li> </ul>
<p><b>Measure# 0169</b></p> <p><b>Title: Emergent care</b></p>	Patients for whom this event happens (emergent care reason is improper medication administration or medication side effects)	All emergent care reasons (except “unknown” on M0840) and patients for whom no emergent utilization occurred	<p>Exclusions</p> <ul style="list-style-type: none"> <li>•Deaths</li> <li>•Maternity patients</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>for improper medication administration, medication side effects</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>			<ul style="list-style-type: none"> <li>•&lt; 18 years of age</li> </ul>
<p><b>Measure# 0176</b></p> <p><b>Title: Improvement in management of oral medications</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>Patients for whom the value of OASIS item M0780 Management of Oral Medications (a scale ranging from 0 to 2) at discharge from home health care is lower numerically (indicating less impairment) than the value of the same item at the start of or resumption of care</p>	<p>Patients for whom the value of the OASIS item M0780 Management of Oral Medications at the start of or resumption of care is &gt;0 (i.e., it is possible for improvement to occur)</p>	<p>Exclusions</p> <ul style="list-style-type: none"> <li>•Non-responsive at start or resumption of care</li> <li>•Episodes of home health care ending with admission to an inpatient facility or death</li> <li>•Maternity patients</li> <li>•&lt; 18 years of age</li> </ul>
<p><b>ENDORSED MEASURES- FULL 3- YEAR MAINTENANCE REVIEW <u>NOT</u> REQUIRED</b></p>			
<p><b>Measure # 0048</b></p> <p><b>Title: Osteoporosis: Management Following Fracture</b></p>	<p>Patients who had a central DXA measurement ordered or performed or pharmacologic therapy prescribed</p>	<p>All patients aged 50 years and older with a fracture of the hip, spine or distal radius</p>	<p>Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>IP Owner: National Committee for Quality Assurance/ American Medical Association</b></p>			<p>Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Exclude patients for whom central DXA measurement was not ordered or performed or pharmacologic therapy was not prescribed by reason of appropriate denominator exclusion</p> <p>If using electronic data, exclude patients using the following codes:</p> <p>Append a modifier (1P, 2P or 3P) to one of the CPT Category II codes to report patients with documented circumstances that meet the denominator exclusion criteria.</p> <p>•1P: Documentation of medical reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis</p> <ul style="list-style-type: none"> <li>•2P: Documentation of patient reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis</li> <li>•3P: Documentation of system reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis</li> </ul> <p>If using the medical record or hybrid methodologies, exclude patients who have documentation in the medical record of:</p> <ul style="list-style-type: none"> <li>•Documentation of medical reason for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<ul style="list-style-type: none"> <li>•Documentation of patient reason for not ordering or performing central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy</li> <li>•Documentation of system reason for not ordering or performing central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy</li> </ul> <p>If using the EHR methodology, exclude patients using the codes listed in the electronic data collection methodology or who have documentation in the medical record of the appropriate denominator exclusions.</p>
<p><b>Measure #49</b></p> <p><b>Title: Osteoporosis: Pharmacologic Therapy</b></p> <p><b>IP Owner: National Committee for Quality Assurance/ American Medical Association</b></p>	<p>Patients who were prescribed pharmacologic therapy within 12 months</p>	<p>All patients aged 50 years and older with a diagnosis of osteoporosis</p>	<p>Documentation of medical reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Documentation of patient reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>Documentation of system reason(s) for not ordering or performing a central DXA measurement or not prescribing pharmacologic therapy</p> <p>Exclude patients for whom central DXA measurement was not ordered or performed or pharmacologic therapy was not prescribed by reason of appropriate denominator exclusion</p> <p>If using electronic data, exclude patients using the following codes:</p> <p>Append a modifier (1P, 2P or 3P) to one of the CPT Category II codes to report patients with documented circumstances that meet the denominator exclusion criteria.</p> <ul style="list-style-type: none"> <li>•1P: Documentation of medical reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis</li> <li>•2P: Documentation of patient reason(s) for not</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis</p> <ul style="list-style-type: none"> <li>•3P: Documentation of system reason(s) for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy (other than minerals/vitamins) for osteoporosis</li> </ul> <p>If using the medical record or hybrid methodologies, exclude patients who have documentation in the medical record of:</p> <ul style="list-style-type: none"> <li>•Documentation of medical reason for not ordering or performing a central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy</li> <li>•Documentation of patient reason for not ordering or performing central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>therapy</p> <ul style="list-style-type: none"> <li>•Documentation of system reason for not ordering or performing central dual X-ray absorptiometry (DXA) measurement or not prescribing pharmacologic therapy</li> </ul> <p>If using the EHR methodology, exclude patients using the codes listed in the electronic data collection methodology or who have documentation in the medical record of the appropriate denominator exclusions.</p>
<p><b>Measure# 0051</b></p> <p><b>Title: Osteoarthritis: assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications</b></p> <p><b>IP Owner: American Medical Association</b></p>	<p>Patient visits with assessment for use of anti-inflammatory or analgesic OTC medications documented (drug list is available)</p> <p>Assessment may include:</p> <p>Documentation of current medications, continue same medications, change in medication dose, documentation indicating that the patient was asked about OTC medication use</p> <p>Or</p> <p>CPT-II code: 1007F Use of anti-inflammatory or analgesic over-the-counter (OTC) medications assessed</p>	<p>All visits for patients with OA &gt; 21 years of age:</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for OA: 715.00-715.98</p> <p>And CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And Patient's age is &gt; 21 years</p>	<p>All visits for patients with OA &gt; 21 years of age:</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for OA: 715.00-715.98</p> <p>And CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And Patient's age is &gt; 21 years</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<b>Measure #0053:</b>			
<p data-bbox="107 334 300 362"><b>Measure# 0054</b></p> <p data-bbox="107 451 363 597"><b>Title: Arthritis: disease modifying antirheumatic drug (DMARD) therapy in rheumatoid arthritis</b></p> <p data-bbox="107 686 390 773"><b>IP Owner: National Committee for Quality Assurance</b></p>	<p data-bbox="411 280 972 399">Patients who had at least one ambulatory prescription dispensed for a disease modifying anti-rheumatic drug (DMARD) during the measurement year.</p>	<p data-bbox="993 280 1610 548">All patients, ages 18 years and older as of December 31 of the measurement year, with a diagnosis of rheumatoid arthritis (RA). Two face-to-face physician encounters with a rheumatoid arthritis diagnosis with different dates of service in an ambulatory or nonacute inpatient setting between January 1 and November 30 of the measurement year are required to confirm a rheumatoid arthritis diagnosis.</p>	<p data-bbox="1631 280 1959 792">All patients, ages 18 years and older as of December 31 of the measurement year, with a diagnosis of rheumatoid arthritis (RA). Two face-to-face physician encounters with a rheumatoid arthritis diagnosis with different dates of service in an ambulatory or nonacute inpatient setting between January 1 and November 30 of the measurement year are required to confirm a rheumatoid arthritis diagnosis.</p>
<p data-bbox="107 917 300 945"><b>Measure# 0066</b></p> <p data-bbox="107 1034 373 1153"><b>Title: CAD: ACE inhibitor/angiotensin receptor blocker (ARB) Therapy</b></p> <p data-bbox="107 1242 369 1388"><b>IP Owner: ACC/AHA Task Force on Performance Measures, American Medical Association</b></p>	<p data-bbox="411 863 972 922">Patients who were prescribed ACE inhibitor or ARB therapy</p> <p data-bbox="411 951 911 1010">(drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a>) Or</p> <p data-bbox="411 1039 911 1097">CPT-II code: 4009F ACE inhibitor or ARB therapy prescribed</p>	<p data-bbox="993 863 1570 922">All patients with CAD &gt; 18 years of age who also have diabetes and/or LVSD</p> <p data-bbox="993 951 1205 979">Patient Selection:</p> <p data-bbox="993 1008 1587 1094">[ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p> <p data-bbox="993 1123 1026 1151">Or</p> <p data-bbox="993 1180 1591 1266">CPT codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-33523, 33533-33536]</p> <p data-bbox="993 1295 1047 1323">And</p> <p data-bbox="993 1352 1549 1412">[ICD-9-CM codes for diabetes: 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04]</p>	<p data-bbox="1631 863 1959 982">All patients with CAD &gt; 18 years of age who also have diabetes and/or LVSD</p> <p data-bbox="1631 1011 1843 1039">Patient Selection:</p> <p data-bbox="1631 1068 1959 1219">[ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p> <p data-bbox="1631 1248 1665 1276">Or</p> <p data-bbox="1631 1305 1959 1424">CPT codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		<p>Or</p> <p>[CPT procedure codes for testing LVSD: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543</p> <p>And</p> <p>Additional individual medical record review must be completed to identify patients who had documentation of an ejection fraction &lt;40% (use most recent value)]</p> <p>Or</p> <p>With an active anti diabetic medication* prescribed (drug list available)</p> <p>Or</p> <p>[CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) &lt; 40% or documentation of moderately or severely depressed left ventricular systolic function;3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function]</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>	<p>33523, 33533-33536]</p> <p>And</p> <p>[ICD-9-CM codes for diabetes: 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04]</p> <p>Or</p> <p>[CPT procedure codes for testing LVSD: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543</p> <p>And</p> <p>Additional individual medical record review must be completed to identify patients who had documentation of an ejection fraction &lt;40% (use most recent value)]</p> <p>Or</p> <p>With an active anti diabetic medication* prescribed (drug list available)</p> <p>Or</p> <p>[CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) &lt; 40% or</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>documentation of moderately or severely depressed left ventricular systolic function;3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function]</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>
<p><b>Measure# 0067</b></p> <p><b>Title: CAD: Antiplatelet Therapy</b></p> <p><b>IP Owner: ACC/AHA Task Force on Performance Measures, American Medical Association</b></p>	<p>Patients who were prescribed antiplatelet therapy (aspirin, clopidogrel or combination of aspirin and dipyridamole)</p> <p>(drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a>) Or</p> <p>CPT-II code: 4011F Oral antiplatelet therapy prescribed</p>	<p>All patients with CAD &gt; 18 years of age</p> <p>Patient Selection: ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p> <p>Or</p> <p>CPT Diagnosis codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-33523, 33533-33536</p> <p>And</p> <p>CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>	<p>All patients with CAD &gt; 18 years of age</p> <p>Patient Selection: ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p> <p>Or</p> <p>CPT Diagnosis codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-33523, 33533-33536</p> <p>And</p> <p>CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245,</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			99354-99355, 99385-99387, 99395-99397, 99401-99404  And  Patient's age is > 18 years
<p><b>Measure# 0068</b></p> <p><b>Title: Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>The number of patients who have documentation of use of aspirin or another antithrombotic during the 12-month measurement period.</p> <p>Documentation in the medical record must include, at a minimum, a note indicating the date on which aspirin or another antithrombotic was prescribed or documentation of prescription from another treating physician.</p>	<p>A systematic sample of patients, age 18 years and older with a diagnosis of ischemic vascular disease (IVD) for at least 12 months, who have been under the care of the physician or physician group for IVD for at least 12 months (this is defined by documentation of a face-to-face visit for IVD care between the physician and the patient that predates the most recent IVD visit by at least 12 months.)</p> <p>Codes to Identify a Patient with a Diagnosis of Ischemic Vascular Disease:-</p> <p>ICD-9: 411, 413, 414.0, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 444, 445</p> <p>DRG: 140, 559</p> <p>If using health plan administrative claims to identify the eligible population and then attributing to physicians, use the following denominator specifications:</p> <p>Discharged alive for AMI, CABG or PTCA on or between 1/1-11/1 of the year prior to the measurement year or at one outpatient or acute inpatient during the measurement year and year prior to the measurement year.</p> <p>AMI: ICD-9: 410.x1, DRG: 121, 122, 516</p> <p>PTCA: CPT: 33140, 92980-92982, 92984, 92995, 92996, ICD-9:00.66, 36.01, 36.02, 36.05, 36.06,</p>	<p>A systematic sample of patients, age 18 years and older with a diagnosis of ischemic vascular disease (IVD) for at least 12 months, who have been under the care of the physician or physician group for IVD for at least 12 months (this is defined by documentation of a face-to-face visit for IVD care between the physician and the patient that predates the most recent IVD visit by at least 12 months.)</p> <p>Codes to Identify a Patient with a Diagnosis of Ischemic Vascular Disease:-</p> <p>ICD-9: 411, 413, 414.0, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 444, 445</p> <p>DRG: 140, 559</p> <p>If using health plan administrative claims to identify the eligible</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		<p>36.07, 36.09, DRG: 516, 517, 526, 527, 555-558</p> <p>CABG: CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572, HCPCS: S2205-S2209, ICD-9:36.1, 36.2, DRG: 106, 107, 109, 547-550</p> <p>Codes to Identify a Patient with a Diagnosis of Ischemic Vascular Disease:-</p> <p>ICD-9: 411, 413, 414.0, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 444, 445</p> <p>DRG: 140, 559</p> <p>Outpatient Codes: CPT: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499, UB-92: 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 0982, 0983</p> <p>Acute inpatient: CPT: 99221-99223, 99231-99233, 99238, 99239, 99251, 99255, 99261-99263, 99291, UB-92: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987</p> <p>Presentation of Codes:</p> <p>Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a three digit code is listed, it is valid as a three-, four- or five-digit code. When necessary, a code may be specified with an "x" which represents a required digit. For example ICD-9 CM diagnosis code 640.0x means that a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.</p>	<p>population and then attributing to physicians, use the following denominator specifications:</p> <p>Discharged alive for AMI, CABG or PTCA on or between 1/1-11/1 of the year prior to the measurement year or at one outpatient or acute inpatient during the measurement year and year prior to the measurement year.</p> <p>AMI: ICD-9: 410.x1, DRG: 121, 122, 516</p> <p>PTCA: CPT: 33140, 92980-92982, 92984, 92995, 92996, ICD-9:00.66, 36.01, 36.02, 36.05, 36.06, 36.07, 36.09, DRG: 516, 517, 526, 527, 555-558</p> <p>CABG: CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572, HCPCS: S2205-S2209, ICD-9:36.1, 36.2, DRG: 106, 107, 109, 547-550</p> <p>Codes to Identify a Patient with a Diagnosis of Ischemic Vascular Disease:-</p> <p>ICD-9: 411, 413, 414.0,</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 444, 445</p> <p>DRG: 140, 559</p> <p>Outpatient Codes: CPT: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499, UB-92: 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 0982, 0983</p> <p>Acute inpatient: CPT: 99221-99223, 99231-99233, 99238, 99239, 99251, 99255, 99261-99263, 99291, UB-92: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987</p> <p>Presentation of Codes:</p> <p>Unless otherwise noted, codes are stated to the minimum specificity required. For example, if a three digit code is listed, it is valid as a three-, four- or five-digit code. When necessary, a code may be</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>specified with an “x” which represents a required digit. For example ICD-9 CM diagnosis code 640.0x means that a fifth digit is required, but the fifth digit could be any number allowed by the coding manual.</p>
<p><b>Measure# 0071</b></p> <p><b>Title: Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>The number of patients in the denominator population whose days’ supply of beta blockers prescribed is &gt;135 days in the 180 days following discharge. Persistence of treatment for this measure is defined as at least 75 percent of the days’ supply filled.</p> <p>To account for patients who are on beta-blockers prior to admission, factor those prescriptions into adherence rates if the actual treatment days fall within the 180 days following discharge.</p> <p>Documentation in medical record must include, at a minimum, a note indicating that the patient received a prescription for beta-blockers within the time frame specified.</p>	<p>All patients aged 35 and older as of December 31 of the measurement year, discharged alive from an acute inpatient setting with an AMI between July 1 of the year prior to the measurement year through June 30 of the measurement year.</p> <p>If a patient has more than one episode of AMI from July 1 of the year prior to the measurement year through June 30 of the measurement year, include only the first discharge.</p> <p>Transfers to acute facilities. Include hospitalizations in which the patient was transferred directly to another acute care facility for any diagnosis. Count the discharge from the subsequent, not the initial, acute inpatient facility. The discharge date from the facility to which the patient was transferred must occur on or before June 30 of the measurement year.</p> <p>Transfers to nonacute facilities. Exclude from the denominator hospitalizations in which the patient was transferred directly to a nonacute care facility for any diagnosis.</p>	<p>Documentation of medical reason(s) for not prescribing pharmacologic therapy</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		<p>Readmissions. If the patient is readmitted to an acute or nonacute care facility for any diagnosis, include the patient in the denominator and use the discharge date from the original hospitalization.</p> <p>The denominator (patients for inclusion): A sample should be determined using the most accurate data available in the settings in which the measure will be implemented. The measure developer recommends that in most settings office visit claims or other codified encounter data should be used to identify patients who have had an acute myocardial infarction in the prior (12) months from which a purposeful sample (random, consecutive retrospective or prospective from a specific date) can then be chosen for the denominator. In other uses of the measure, insurer level claims (pooled or single insurer) data can be used to identify the denominator.</p>	
<p><b>Measure# 0072</b></p> <p><b>Title: CAD: Beta-Blocker Treatment after a Heart Attack</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>Patients who received an ambulatory prescription for beta-blockers rendered within seven days after discharge. Prescriptions filled on an ambulatory basis anytime while the patient is hospitalized for AMI through the seventh day after discharge count toward this measure. If unable to determine if the prescription was rendered on an inpatient or ambulatory basis, count those prescriptions rendered after discharge.</p> <p>To account for patients who are on beta-blockers prior to admission, count prescriptions for beta-blockers that are active at the time of admission.</p>	<p>A systematic sample of patients age 35 years and older as of December 31 of the measurement year who are discharged alive from an inpatient setting with an AMI from January 1–December 24 of the measurement year. If a patient has more than one episode of AMI from January 1–December 24 of the measurement year, only include the first eligible discharge.</p> <p>Transfers to acute facilities: Include hospitalizations in which the patient was transferred directly to another acute care facility for any diagnosis. The discharge date from the facility to which the patient was transferred must occur on or before December 24 of the measurement year.</p>	<p>A systematic sample of patients age 35 years and older as of December 31 of the measurement year who are discharged alive from an inpatient setting with an AMI from January 1–December 24 of the measurement year. If a patient has more than one episode of AMI from January 1–December 24 of the measurement year, only include the first eligible discharge.</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
	<p>Documentation in medical record must include, at a minimum, a note indicating that the patient received a prescription for beta-blockers within the time frame specified</p>	<p>Transfers to nonacute facilities. Exclude from the denominator hospitalizations in which the patient was transferred directly to a nonacute care facility for any diagnosis.</p> <p>Readmissions. Exclude from the denominator hospitalizations in which the patient was readmitted to an acute or nonacute care facility for any diagnosis within seven days after discharge, because tracking the patient between admissions is not deemed feasible.</p> <p>The denominator (patients for inclusion): A sample should be determined using the most accurate data available in the settings in which the measure will be implemented. The measure developer recommends that in most settings office visit claims or other codified encounter data should be used to identify patients who have had at least one office visit in the prior (12) months from which a purposeful sample (random, consecutive retrospective or prospective from a specific date) can then be chosen for the denominator. In other uses of the measure, insurer level claims (pooled or single insurer) data can be used to identify the denominator.</p>	<p>Transfers to acute facilities: Include hospitalizations in which the patient was transferred directly to another acute care facility for any diagnosis. The discharge date from the facility to which the patient was transferred must occur on or before December 24 of the measurement year.</p> <p>Transfers to nonacute facilities. Exclude from the denominator hospitalizations in which the patient was transferred directly to a nonacute care facility for any diagnosis.</p> <p>Readmissions. Exclude from the denominator hospitalizations in which the patient was readmitted to an acute or nonacute care facility for any diagnosis within seven days after discharge, because tracking the patient between admissions is not deemed feasible.</p> <p>The denominator (patients</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<p>for inclusion): A sample should be determined using the most accurate data available in the settings in which the measure will be implemented. The measure developer recommends that in most settings office visit claims or other codified encounter data should be used to identify patients who have had at least one office visit in the prior (12) months from which a purposeful sample (random, consecutive retrospective or prospective from a specific date) can then be chosen for the denominator. In other uses of the measure, insurer level claims (pooled or single insurer) data can be used to identify the denominator.</p>
<p><b>Measure# 0074</b></p> <p><b>Title: CAD: Drug Therapy for Lowering LDL-Cholesterol</b></p> <p><b>IP Owner: ACC/AHA</b></p>	<p>Patients who were prescribed lipid-lowering therapy (based on current ACC/AHA guidelines). Drug list is available.</p> <p>Or</p> <p>CPT-II code: 4002F Statin therapy prescribed</p>	<p>All patients with CAD &gt; 18 years of age</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p> <p>Or</p> <p>CPT Diagnosis codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-</p>	<p>All patients with CAD &gt; 18 years of age</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for CAD: 414.00-414.07, 414.8, 414.9, 410.00-410.92, 412, 411.0-411.89, 413.0-413.9, V45.81, V45.82;</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Task Force on Performance Measures, American Medical Association</b></p>		<p>33523, 33533-33536</p> <p>And</p> <p>CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>	<p>Or</p> <p>CPT Diagnosis codes: 92980-92982, 92984, 92995, 92996, 33140, 33510-33514, 33516-33519, 33521-33523, 33533-33536</p> <p>And</p> <p>CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>
<p><b>Measure# 0081</b></p> <p><b>Title: HF: ACEI/ ARB Therapy</b></p> <p><b>IP Owner: ACC/AHA Task Force on Performance Measures, American Medical Association</b></p>	<p>Patients who were prescribed ACEI or ARB therapy (drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a>)</p> <p>Or</p> <p>CPT-II code: 4009F Angiotensin Converting Enzyme (ACE) inhibitor or Angiotensin Receptor Blocker therapy prescribed</p>	<p>All HF patients &gt; 18 years of age with LVEF &lt; 40% or with moderately or severely depressed left ventricular systolic function</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>CPT procedure codes for LVF assessment testing: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543</p>	<p>All HF patients &gt; 18 years of age with LVEF &lt; 40% or with moderately or severely depressed left ventricular systolic function</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>CPT procedure codes for</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		<p>And</p> <p>Additional individual medical record review must be completed to identify for those patients who were tested had documentation of an ejection fraction &lt; 40% (use most recent value) or moderately or severely depressed left ventricular systolic function</p> <p>Or</p> <p>[CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) &lt; 40% or documentation of moderately or severely depressed left ventricular systolic function; 3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function]</p> <p>And</p> <p>Patient's age is &gt; 18 years</p>	<p>LVF assessment testing: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543</p> <p>And</p> <p>Additional individual medical record review must be completed to identify for those patients who were tested had documentation of an ejection fraction &lt; 40% (use most recent value) or moderately or severely depressed left ventricular systolic function</p> <p>Or</p> <p>[CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) &lt; 40% or documentation of moderately or severely depressed left ventricular systolic function; 3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function]</p> <p>And</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			Patient's age is > 18 years
<p><b>Measure# 0082</b></p> <p><b>Title: HF: Patient Education</b></p> <p><b>IP Owner: American Medical Association</b></p>	<p>Patients provided with patient education during one or more visit(s).</p> <p>Patient education should include one or more of the following: weight monitoring; diet (sodium restriction); symptom management; physical activity; smoking cessation; medication instruction; minimizing or avoiding use of NSAIDS; referral for visiting nurse or specific educational or management programs; or prognosis/end-of-life issues.</p> <p>CPT-II code: 4003F Patient education, written/oral, appropriate for patients with heart failure performed</p>	<p>All patient visits for patients aged &gt;18 years with HF</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And</p> <p>Patient age is &gt; 18 years</p>	<p>All patient visits for patients aged &gt;18 years with HF</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>CPT codes for patient visit: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404</p> <p>And</p> <p>Patient age is &gt; 18 years</p>
<p><b>Measure# 0083</b></p> <p><b>Title: HF: Beta-blocker therapy</b></p> <p><b>IP Owner: ACC/AHA Task Force on</b></p>	<p>Patients who were prescribed beta blocker therapy</p> <p>(drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a>) Or</p> <p>CPT-II code: 4006F Beta-blocker therapy prescribed.</p>	<p>All HF patients &gt; 18 years of age with LVEF &lt; 40% or with moderately or severely depressed left ventricular systolic function</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p>	<p>All HF patients &gt; 18 years of age with LVEF &lt; 40% or with moderately or severely depressed left ventricular systolic function</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<b>Performance Measures, American Medical Association</b>		<p>[CPT procedure codes for LVF assessment testing: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543]</p> <p>And</p> <p>Additional individual medical record review must be completed to identify patients who had documentation of an ejection fraction &lt; 40% (use most recent value) or moderately or severely depressed left ventricular systolic function]</p> <p>Or</p> <p>[CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) &lt; 40% or documentation of moderately or severely depressed left ventricular systolic function; 3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic function]</p> <p>And</p> <p>Patient's age is &gt; 18 years of age</p>	<p>428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>[CPT procedure codes for LVF assessment testing: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543]</p> <p>And</p> <p>Additional individual medical record review must be completed to identify patients who had documentation of an ejection fraction &lt; 40% (use most recent value) or moderately or severely depressed left ventricular systolic function]</p> <p>Or</p> <p>[CPT-II codes: 3021F Left ventricular ejection fraction (LVEF) &lt; 40% or documentation of moderately or severely depressed left ventricular systolic function; 3022F Left ventricular ejection fraction (LVEF) = 40% or documentation as normal or mildly depressed left ventricular systolic</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			function]  And  Patient's age is > 18 years of age
<p><b>Measure# 0084</b></p> <p><b>Title: HF: Warfarin Therapy Patients with Atrial Fibrillation</b></p> <p><b>IP Owner: ACC/AHA Task Force on Performance Measures, American Medical Association</b></p>	<p>Patients who were prescribed warfarin therapy (drug list available at <a href="http://www.ama-assn.org/ama/pub/category/4837.html">www.ama-assn.org/ama/pub/category/4837.html</a>) Or</p> <p>CPT-II code: 4012F Warfarin therapy prescribed.</p>	<p>All HF patients &gt; 18 years of age with paroxysmal or chronic atrial fibrillation</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>ICD-9-CM code for Atrial Fibrillation: 427.31</p> <p>And</p> <p>Patient's age is &gt; 18 years of age</p>	<p>All HF patients &gt; 18 years of age with paroxysmal or chronic atrial fibrillation</p> <p>Patient Selection:</p> <p>ICD-9-CM codes for HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>And</p> <p>ICD-9-CM code for Atrial Fibrillation: 427.31</p> <p>And</p> <p>Patient's age is &gt; 18 years of age</p>
<p><b>Measure# 0105</b></p> <p><b>Title: New Episode of Depression: (a) Optimal Practitioner Contacts for</b></p>	<p>a-- Optimal Contacts for Medication Management</p> <p>Three or more outpatient follow-up visits or intermediate treatment with a practitioner (at least one of which is a prescribing practitioner) within 84 days (i.e., within the 12-week acute treatment phase) after a new diagnosis of major depression. All three follow-up visits are expected to be for mental health. Two of the</p>	<p>A systematic sample of patients 18 years and older as of April 30th of the measurement year diagnosed with a New Episode of Major Depressive Disorder during the Intake Period and who were prescribed antidepressant medication.</p> <p>Definitions are as follows:</p>	<p>A systematic sample of patients 18 years and older as of April 30th of the measurement year diagnosed with a New Episode of Major Depressive Disorder during the Intake Period and who were prescribed</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>three follow-up visits must be face-to-face. Case management services should not be counted toward this measure.</p> <p>Identify all patients in the denominator population who had:</p> <ul style="list-style-type: none"> <li>three face-to-face follow-up office visits or intermediate treatment with a practitioner within 84 days (12 weeks) after the Index Episode Start Date, or</li> <li>two face-to-face visits and one telephone visit with either a practitioner within 84 days (12 weeks) after the Index Episode Start Date.</li> </ul> <p>Do not count the Index Episode Start Date visit in cases where the patient had two visits with a secondary diagnosis of depression. Include the second visit with a secondary diagnosis of depression toward the optimal contacts rate. Emergency room visits do not count toward the numerator. Visits( in person or over the telephone) with non-mental health practitioners should be for a psychiatric visit or for a mental health diagnosis</p> <p>b- Effective Acute Phase treatment (medical record)</p> <p>An 84-day (12-week) acute treatment of antidepressant medication.</p> <p>Identify all patients in the denominator</p>	<p>Intake Period: The 12 month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year. Used to capture New Episodes of treatment.</p> <p>Index Episode Start Date: The earliest episode during the Intake Period with a qualifying diagnosis of major depression.</p> <p>Index Prescription Date: The earliest prescription for antidepressants filled within a 44-day period, defined as 30 days prior to through 14 days on or after the Index Episode Start Date.</p> <p>Negative Diagnosis History: A period of 120 days (4 months) on or before the Index Episode Start Date, during which time the patient had no claims/encounters containing either a principal or secondary diagnosis of depression</p> <p>Negative Medication History: A period of 90 days (3 months) prior to the Index Prescription Date, during which time the patient had no new or refill prescriptions for a listed antidepressant drug</p> <p>New Episode: To qualify as a new episode, two criteria must be met:</p> <p>? a 120-day (4-month) Negative Diagnosis History on or before the Index Episode Start Date</p>	<p>antidepressant medication.</p> <p>Definitions are as follows:</p> <p>Intake Period: The 12 month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year. Used to capture New Episodes of treatment.</p> <p>Index Episode Start Date: The earliest episode during the Intake Period with a qualifying diagnosis of major depression.</p> <p>Index Prescription Date: The earliest prescription for antidepressants filled within a 44-day period, defined as 30 days prior to through 14 days on or after the Index Episode Start Date.</p> <p>Negative Diagnosis History: A period of 120 days (4 months) on or before the Index Episode Start Date, during which</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
	<p>population who have sufficient documentation in their medical record of a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 84 days. The continuous treatment definition allows gaps in medication treatment up to a total of 30 days during the 84-day period. Allowable medication changes or gaps include:</p> <ul style="list-style-type: none"> <li>•“washout” period gaps to change medication</li> <li>•“treatment” gaps to refill the same medication.</li> </ul> <p>Regardless of the number of gaps, the total gap days may be no more than 30 days. Any combination of gaps may be counted (e.g., two washout gaps, each 15 days, or two washout gaps of 10 days each and one treatment gap of 10 days). The total gap days may not exceed 30 days. To determine continuity of treatment during the 84-day period, sum the number of gap days to the number of treatment days for a maximum of 114 days (i.e., 84 treatment days + 30 gap days = 114 days). For all prescriptions prescribed within 114 days of the Index Prescription Date, count treatment days from the Index Prescription Date and continue to count until a total of 84 treatment days has been established. Patients whose gap days exceed 30 or who do not have 84 treatment days within 114 days after the Index Prescription Date are not counted in the numerator.</p> <p>Antidepressant Medication Prescriptions: (NCQA will provide a comprehensive list of medications and NDC codes on its website)</p> <ul style="list-style-type: none"> <li>•Tricyclic antidepressants (TCA) and other</li> </ul>	<p>? A 90-day (3-month) Negative Medication History on or before the Index Prescription Date</p> <p>Prescribing Practitioner: A practitioner with prescribing privileges</p> <p>Treatment Days: The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval.</p>	<p>time the patient had no claims/encounters containing either a principal or secondary diagnosis of depression</p> <p>Negative Medication History: A period of 90 days (3 months) prior to the Index Prescription Date, during which time the patient had no new or refill prescriptions for a listed antidepressant drug</p> <p>New Episode: To qualify as a new episode, two criteria must be met:</p> <p>? a 120-day (4-month) Negative Diagnosis History on or before the Index Episode Start Date</p> <p>? A 90-day (3-month) Negative Medication History on or before the Index Prescription Date</p> <p>Prescribing Practitioner: A practitioner with prescribing privileges</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
	<p>cyclic antidepressants</p> <ul style="list-style-type: none"> <li>• Selective serotonin reuptake inhibitors (SSRI)</li> <li>• Monoamine oxidase inhibitors (MAOI)</li> <li>• Serotonin-norepinephrine reuptake inhibitors (SNRI)</li> <li>• Other antidepressants</li> </ul> <p>c- Effective Continuation Phase Treatment (medical record)</p> <p>A 180-day treatment of antidepressant medication.</p> <p>Identify all patients in the denominator population who have sufficient documentation in their medical record of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days. The continuous treatment definition allows gaps in medication treatment up to a total of 51 days during the 180-day period. Allowable medication changes or gaps include:</p> <ul style="list-style-type: none"> <li>• “washout” period gap to change medication</li> <li>• “treatment” gaps to refill the same medication.</li> </ul> <p>Regardless of the number of gaps, the total gap days may be no more than 51 days. Any combination of gaps may be counted (e.g., two washout gaps, each 25 days or two washout gaps of 10 days each and one treatment gap</p>		<p>Treatment Days: The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval.</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
	<p>of 10 days). Total gap days may not exceed 51 days.</p> <p>To determine continuity of treatment during the 180-day period, sum the number of allowed gap days to the number of treatment days for a maximum of 231 days (i.e., 180 treatment days + 51 gap days = 231 days); identify all prescriptions filled within the 231 days of the Index Prescription Date.</p> <p>Count treatment days from the Index Prescription Date and continue to count until a total of 180 treatment days has been established. Patients whose gap days exceed 51 or who do not have 180 treatment days within 231 days after the Index Prescription Date are not counted in the numerator.</p>		
<p><b>Measure# 0107</b></p> <p><b>Title: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents</b></p> <p><b>IP Owner: Institute for Clinical Systems Improvement</b></p>	<p>Number of medical records of attention deficit hyperactivity disorder (ADHD) patients on first-line medication with documentation of a follow-up visit twice a year</p> <p>*Documented is defined as any evidence in the medical record that a follow-up visit occurs in the past 12 months. A follow-up visit for ADHD includes documentation of the following twice a year: height, weight, a discussion of medication, a discussion of school progress, and a care plan should be identified.</p>	<p>Total number of attention deficit hyperactivity disorder (ADHD) patients on first-line medication whose medical records are reviewed</p> <p>ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Diagnosed is defined as documented ADHD in the past 6 to 12 months. First-line medications include: methylphenidate (Ritalin), dextroamphetamine (Dexedrine), and atomoxetine (Strattera).</p>	<p>Total number of attention deficit hyperactivity disorder (ADHD) patients on first-line medication whose medical records are reviewed</p> <p>ADHD is defined as International Classification of Diseases, Ninth Revision (ICD-9) codes of 314.00 or 314.01. Diagnosed is defined as documented ADHD in the past 6 to 12 months. First-line medications include: methylphenidate (Ritalin), dextroamphetamine (Dexedrine), and atomoxetine (Strattera).</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Measure# 0108</b></p> <p><b>Title: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication.</b></p> <p><b>IP Owner: National Committee for Quality Assurance</b></p>	<p>a. Patients with documentation of at least one ambulatory setting follow-up visit with a practitioner with prescribing authority within 30 days after the Index Prescription Start Date. Do not count the Index Prescription Start Date visit as the initiation follow-up visit. Emergency room visits do not count toward the numerator.</p> <p>b. Patients who were compliant for the Initiation Phase AND had at least two follow-up visits with a practitioner from 31 through 300 days after the Index Prescription Start Date. One of these visits may be conducted on the telephone with either a non-mental health or mental health practitioner. Do not count the Initiation Phase follow-up visit toward C&amp;M follow-up visits. Emergency visits do not count toward the numerator.</p>	<p>a. Children 6 – 12 years of age with an ambulatory ADHD prescription dispensed. The following steps should be followed to identify the eligible population:</p> <p>Step 1: identify all children 6 years of age as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were dispensed an ADHD medication during the 12-month Intake Period.</p> <p>Step 2: For each child identified in Step 1; test each ADHD prescription date in the Intake Period for a Negative Medication History. The Index Prescription Episode Start Date is the prescription date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.</p> <p>Step 3: Exclude patients who had an acute mental health or substance abuse inpatient stay during the 30 days after the Index Prescription Start Date.</p> <p>b. Children 6 – 12 years of age who during the 12-month Intake Period had at least one dispensing event for an ADHD medication (drug list above). Follow the steps below to identify the eligible population for the C&amp;M Phase.</p> <p>Step 1: Identify all patients who meet the eligible patient population criteria for the Initiation Phase rate.</p> <p>Step 2: For each patient identified in Step 1, the continuous medication treatment definition allows gaps in medication treatment up to a total of 90 days during the 300-day (10 month) period. This period spans the Initiation Phase (1 month) and the</p>	<p>a. Children 6 – 12 years of age with an ambulatory ADHD prescription dispensed. The following steps should be followed to identify the eligible population:</p> <p>Step 1: identify all children 6 years of age as of March 1 of the year prior to the measurement year to 12 years as of February 28 of the measurement year who were dispensed an ADHD medication during the 12-month Intake Period.</p> <p>Step 2: For each child identified in Step 1; test each ADHD prescription date in the Intake Period for a Negative Medication History. The Index Prescription Episode Start Date is the prescription date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.</p> <p>Step 3: Exclude patients who had an acute mental health or substance abuse inpatient stay during the 30 days after the Index Prescription Start Date.</p> <p>b. Children 6 – 12 years of</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		<p>C&amp;M Phase (9months). Allowable medication changes or gaps include:</p> <ul style="list-style-type: none"> <li>• “washout” period gaps to change medication</li> <li>• “treatment” gaps to refill the same medication</li> <li>• “drug holidays” from stimulant medication</li> <li>•</li> </ul> <p>Regardless of the number of gaps, the total gap may be no more than 90 days. Any combination of gaps may be counted (e.g. 1 washout gap of 14 days and numerous weekend drug holidays).</p> <p>Step 3: Exclude patients who had an acute mental health or substance abuse inpatient stay during the 300 days after the Index Prescription Start Date.</p>	<p>age who during the 12-month Intake Period had at least one dispensing event for an ADHD medication (drug list above). Follow the steps below to identify the eligible population for the C&amp;M Phase.</p> <p>Step 1: Identify all patients who meet the eligible patient population criteria for the Initiation Phase rate.</p> <p>Step 2: For each patient identified in Step 1, the continuous medication treatment definition allows gaps in medication treatment up to a total of 90 days during the 300-day (10 month) period. This period spans the Initiation Phase (1 month) and the C&amp;M Phase (9months). Allowable medication changes or gaps include:</p> <ul style="list-style-type: none"> <li>• “washout” period gaps to change medication</li> <li>• “treatment” gaps to refill the same medication</li> <li>• “drug holidays” from stimulant medication</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
			<ul style="list-style-type: none"> <li>Regardless of the number of gaps, the total gap may be no more than 90 days. Any combination of gaps may be counted (e.g. 1 washout gap of 14 days and numerous weekend drug holidays).</li> <li>Step 3: Exclude patients who had an acute mental health or substance abuse inpatient stay during the 300 days after the Index Prescription Start Date.</li> </ul>
<p><b>Measure# 0116</b></p> <p><b>Title: Anti-Platelet Medication at Discharge</b></p> <p><b>IP Owner: Society of Thoracic Surgeons</b></p>	<p>Number of procedures for which the patient was discharged from the facility on Aspirin, Ecotrin or ADP Inhibitors</p>	<p>Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date</p>	<p>Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date</p>
<p><b>Measure# 0117</b></p>	<p>Number of procedures for which the patient was discharged from the facility on Beta Blockers</p>	<p>Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date</p>	<p>Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Title: Beta Blockade at Discharge</b></p> <p><b>IP Owner: Society of Thoracic Surgeons</b></p>			Date, and Discharge Date
<p><b>Measure# 0118</b></p> <p><b>Title: Anti-Lipid Treatment Discharge</b></p> <p><b>IP Owner: Society of Thoracic Surgeons</b></p>	Number of procedures for which the patient was discharged from the facility on lipid lowering medication	Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date	Number of Isolated CABG procedures excluding those that resulted in in-hospital mortalities based on the variables Mortality Discharge Status, Mortality Date, and Discharge Date
<p><b>Measure# 0125</b></p> <p><b>Title: Timing of Antibiotic Prophylaxis for Cardiac Surgery Patients</b></p> <p><b>IP Owner: Centers for Medicare and</b></p>	Cardiac surgery patients who received prophylactic antibiotics within one hour of prior to surgical incision (two hours if vancomycin)	Surgical patients with CABG or Other Cardiac Surgery ICD-9- CM procedure codes:36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19, 35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.39, 35.41, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60, 35.61, 35.62, 35.63, 35.70, 35.72, 35.73, 35.81, 35.82, 35.83, 35.84, 35.91, 35.92, 35.93, 35.94, 35.95, 35.98, 35.99	Surgical patients with CABG or Other Cardiac Surgery ICD-9- CM procedure codes:36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19, 35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.39, 35.41, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60, 35.61, 35.62, 35.63,

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<b>Medicaid Services</b>			35.70, 35.72, 35.73, 35.81, 35.82, 35.83, 35.84, 35.91, 35.92, 35.93, 35.94, 35.95, 35.98, 35.99
<b>Measure# 0126</b>  <b>Title: Selection of Antibiotic Prophylaxis for Cardiac Surgery Patients</b>  <b>IP Owner: Centers for Medicare and Medicaid Services</b>	<p>Number of Cardiac surgery patients who received prophylactic antibiotics recommended for the specific surgical procedure or operation: cefazolin, or cefuroxime, cefamandole., or vancomycin*</p> <p>*Special consideration: For cardiac and vascular surgery, if patient is allergic to b-lactam, then vancomycin or clindamycin are is an acceptable substitutes</p>	<p>CABG and Other Cardiac Surgery ICD-9: 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19, 35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.39, 35.41, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60, 35.61, 35.62, 35.63, 35.70, 35.72, 35.73, 35.81, 35.82, 35.83, 35.84, 35.91, 35.92, 35.93, 35.94, 35.95, 35.98, 35.99</p> <p>36.10-36.17, 36.19; and other cardiac surgery: ICD-9 35.0-35.95, 35.98, 35.99</p> <p>(ICD-9 Code Table 5.01 and 5.02 from the Specifications Manual for the National Hospital Quality Measures. See Appendix A)</p>	<p>CABG and Other Cardiac Surgery ICD-9: 36.10, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19, 35.00, 35.01, 35.02, 35.03, 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.39, 35.41, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60, 35.61, 35.62, 35.63, 35.70, 35.72, 35.73, 35.81, 35.82, 35.83, 35.84, 35.91, 35.92, 35.93, 35.94, 35.95, 35.98, 35.99</p> <p>36.10-36.17, 36.19; and other cardiac surgery: ICD-9 35.0-35.95, 35.98, 35.99</p> <p>(ICD-9 Code Table 5.01 and 5.02 from the Specifications Manual for the National Hospital Quality Measures. See Appendix A)</p>
<b>Measure# 0127</b>  <b>Title: Pre-Operative</b>	<p>Number of procedures for which the patient received Beta Blockers within 24 hours preceding surgery</p>	<p>Total number of isolated CABG procedures</p>	<p>Total number of isolated CABG procedures</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Beta Blockade</b></p> <p><b>IP Owner: Society of Thoracic Surgeons</b></p>			
<p><b>Measure# 0128</b></p> <p><b>Title: Duration of Prophylaxis for Cardiac Surgery Patients</b></p> <p><b>IP Owner: Society of Thoracic Surgeons</b></p>	<p>Cardiac surgery patients whose prophylactic antibiotics were discontinued within 48 hours after surgery end time*</p> <p>*For other surgery patients, within 24 hours after surgery end time</p>	<p>All selected surgical patients with no evidence of prior infection: CABG ICD-9: 36.10, 36.11, 36.12, 36.13 36.14, 36.15, 36.16, 36.17, 36.19; and other cardiac surgery: ICD-9 - 35.00, 35.01, 35.02, 35.03 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.39, 35.41, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60, 35.61, 35.62, 35.63, 35.70, 35.72, 35.73, 35.81, 35.82, 35.83, 35.84, 35.91, 35.92, 35.93, 35.94, 35.95, 35.98, 35.99</p>	<p>All selected surgical patients with no evidence of prior infection: CABG ICD-9: 36.10, 36.11, 36.12, 36.13 36.14, 36.15, 36.16, 36.17, 36.19; and other cardiac surgery: ICD-9 - 35.00, 35.01, 35.02, 35.03 35.04, 35.10, 35.11, 35.12, 35.13, 35.14, 35.20, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.39, 35.41, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60, 35.61, 35.62, 35.63, 35.70, 35.72, 35.73, 35.81, 35.82, 35.83, 35.84, 35.91, 35.92, 35.93, 35.94, 35.95, 35.98, 35.99</p>
<p><b>Measure# 0132</b></p> <p><b>Title: Aspirin at arrival for acute myocardial infarction (AMI)</b></p>	<p>AMI patients who received aspirin within 24 hours before or after hospital arrival</p>	<p>AMI patients without aspirin contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)</p>	<p>AMI patients without aspirin contraindications (International Classification of Diseases, 9th revision, Clinical Modification [ICD-9-CM] principal diagnosis code of AMI: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>			
<p><b>Measure# 0151</b></p> <p><b>Title: Initial antibiotic received within 6 hours of hospital arrival</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services, The Joint Commission</b></p>	<p>Number of pneumonia patients who received their first antibiotic dose within 6 hours after arrival at hospital</p>	<p>Pneumonia patients 18 years of age and older (ICD-9-CM principal diagnosis code of 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0 [pneumonia]; or ICD-9-CM principal diagnosis code of 038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9 [septicemia] or 518.81, 518.84</p> <p>[acute or chronic respiratory failure] and a secondary diagnosis code of pneumonia)</p>	<p>Pneumonia patients 18 years of age and older (ICD-9-CM principal diagnosis code of 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0 [pneumonia]; or ICD-9-CM principal diagnosis code of 038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9 [septicemia] or 518.81, 518.84</p> <p>[acute or chronic respiratory failure] and a secondary diagnosis code of pneumonia)</p>
<p><b>Measure# 0220</b></p>	<p>Consideration or administration of tamoxifen or third generation aromatase inhibitor initiated within 1 year (365 days) of date of diagnosis.</p>	<p>Include if all of the following characteristics are identified:</p> <p>Women</p>	<p>Include if all of the following characteristics are identified:</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Title: Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c, Stage II or III hormone receptor positive breast cancer</b></p> <p><b>IP Owner: National Cancer Institute</b></p>		<p>Age &gt;=18 at time of diagnosis</p> <p>Known or assumed to be first or only cancer diagnosis</p> <p>Epithelial malignancy only</p> <p>Primary tumors of the breast</p> <p>AJCC T1c or Stage II or III</p> <p>Primary tumor is estrogen receptor positive or progesterone receptor positive</p> <p>All or part of 1st course of treatment performed at the reporting facility<sup>2</sup></p> <p>Known to be alive within 1 year (365 days) of date of diagnosis</p>	<p>Women</p> <p>Age &gt;=18 at time of diagnosis</p> <p>Known or assumed to be first or only cancer diagnosis</p> <p>Epithelial malignancy only</p> <p>Primary tumors of the breast</p> <p>AJCC T1c or Stage II or III</p> <p>Primary tumor is estrogen receptor positive or progesterone receptor positive</p> <p>All or part of 1st course of treatment performed at the reporting facility<sup>2</sup></p> <p>Known to be alive within 1 year (365 days) of date of diagnosis</p>
<p><b>Measure# 0223</b></p> <p><b>Title: Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients</b></p>	<p>Consideration or administration of chemotherapy initiated within 4 months (120 days) of date of diagnosis.</p>	<p>Include, if all of the following characteristics are identified:</p> <p>Age 18-79 at time of diagnosis</p> <p>Known or assumed to be first or only cancer diagnosis</p> <p>Primary tumors of the colon</p> <p>Epithelial malignancy only</p> <p>At least one pathologically examined regional lymph</p>	<p>Include, if all of the following characteristics are identified:</p> <p>Age 18-79 at time of diagnosis</p> <p>Known or assumed to be first or only cancer diagnosis</p> <p>Primary tumors of the</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>under the age of 80 with AJCC III (lymph node positive) colon cancer</b></p> <p><b>IP Owner: National Cancer Institute</b></p>		<p>node positive for cancer (AJCC Stage III)</p> <p>All or part of 1st course of treatment performed at the reporting facility<sup>2</sup></p> <p>Known to be alive within 4 months (120 days) of diagnosis</p>	<p>colon</p> <p>Epithelial malignancy only</p> <p>At least one pathologically examined regional lymph node positive for cancer (AJCC Stage III)</p> <p>All or part of 1st course of treatment performed at the reporting facility<sup>2</sup></p> <p>Known to be alive within 4 months (120 days) of diagnosis</p>
<p><b>Measure# 0264</b></p> <p><b>Title: Prophylactic Intravenous (IV) Antibiotic Timing</b></p> <p><b>IP Owner: Ambulatory Surgical Centers Quality Collaborative</b></p>	<p>Number of ASC admissions with an order for a prophylactic IV antibiotic for preventions of surgical site infection who received the prophylactic antibiotic on time</p>	<p>All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infections.</p>	<p>All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infections.</p>
<p><b>Measure: 0284</b></p> <p><b>Title: Surgery patients on beta blocker therapy prior to</b></p>	<p>Surgery patients on beta blocker therapy prior to admission who receive a beta blocker during the perioperative period</p>	<p>All surgery patients on beta blocker therapy prior to admission</p>	<ul style="list-style-type: none"> <li>• Patients less than 18 years of age,</li> <li>• Patients who did not receive beta blockers due to contraindications as</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>admission who received a beta blocker during the perioperative period</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>			<p>documented in the medical record,</p> <ul style="list-style-type: none"> <li>• Patients whose ICD-9-CM principal procedure occurred prior to the date of admission.</li> <li>• Patients whose ICD-9-CM principal procedure was performed entirely by laparoscope.</li> <li>• Patients who expired during the perioperative period.</li> <li>• Pregnant patients taking a beta-blocker prior to admission.</li> <li>• Patients involved</li> </ul>
<p><b>Measure# 0286</b></p> <p><b>Title: Asprin at Arrival</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>Emergency Department AMI or Chest Pain patients (with Probable Cardiac Chest Pain) who received aspirin within 24 hours before ED arrival or prior to transfer</p>	<p>Emergency Department AMI or Chest Pain patients (with Probable Cardiac Chest Pain) without aspirin contraindications</p> <p>Included Populations:</p> <ul style="list-style-type: none"> <li>• ICD-9-CM Principal or Other Diagnosis Code for AMI as defined in Appendix A1, OP Table 6.1 or an ICD-9-CM Principal or Other Diagnosis Code for Angina, Acute Coronary Syndrome, or Chest Pain as defined in Appendix A1, OP Table 6.1a with Probable Cardiac Chest Pain, and</li> <li>• E/M Code for emergency department encounter as defined in Appendix A1, Table 1.0a,</li> </ul>	<p>Emergency Department AMI or Chest Pain patients (with Probable Cardiac Chest Pain) without aspirin contraindications</p> <p>Included Populations:</p> <ul style="list-style-type: none"> <li>• ICD-9-CM Principal or Other Diagnosis Code for AMI as defined in Appendix A1, OP Table 6.1 or an ICD-9-CM Principal or Other Diagnosis Code for Angina, Acute Coronary</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		<p>and</p> <ul style="list-style-type: none"> <li>Patients discharged/transferred to a short term general hospital for inpatient care, to a Federal healthcare facility, or to a Critical Access Hospital</li> </ul>	<p>Syndrome, or Chest Pain as defined in Appendix A1, OP Table 6.1a with Probable Cardiac Chest Pain, and</p> <ul style="list-style-type: none"> <li>E/M Code for emergency department encounter as defined in Appendix A1, Table 1.0a, and</li> <li>Patients discharged/transferred to a short term general hospital for inpatient care, to a Federal healthcare facility, or to a Critical Access Hospital</li> </ul>
<p><b>Measure# 0288</b></p> <p><b>Title: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival</b></p> <p><b>IP Owner: Centers for Medicare and Medicaid Services</b></p>	<p>Emergency Department AMI patients whose time from ED arrival to fibrinolysis is 30 minutes or less</p>	<p>Emergency Department AMI patients with ST-segment elevation or LBBB on ECG who received fibrinolytic therapy</p> <p>Included Populations:</p> <ul style="list-style-type: none"> <li>An ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A1, OP Table 6.1, and</li> <li>An E/M Code for emergency department visit as defined in Appendix A1, OP Table 1.0a, and</li> <li>ST-segment elevation or LBBB on the ECG performed closest to ED arrival, and</li> <li>Fibrinolytic Administration as defined in Appendix A1, and</li> <li>Patients discharged/transferred to a short</li> </ul>	<p>Emergency Department AMI patients with ST-segment elevation or LBBB on ECG who received fibrinolytic therapy</p> <p>Included Populations:</p> <ul style="list-style-type: none"> <li>An ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A1, OP Table 6.1, and</li> <li>An E/M Code for emergency department visit as defined in Appendix A1, OP Table 1.0a, and</li> </ul>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
		term general hospital for inpatient care, to a Federal healthcare facility, or to a Critical Access Hospital.	<ul style="list-style-type: none"> <li>• ST-segment elevation or LBBB on the ECG performed closest to ED arrival, and</li> <li>• Fibrinolytic Administration as defined in Appendix AI, and</li> <li>• Patients discharged/transferred to a short term general hospital for inpatient care, to a Federal healthcare facility, or to a Critical Access Hospital.</li> </ul>
<p><b>Measure# 0293</b></p> <p><b>Title: Medication Information</b></p> <p><b>IP Owner: University of Minnesota Rural Health Research Center</b></p>	<p>Percentage of patients transferred to another acute hospitals whose medical record documentation indicated that medication information was communicated to the receiving hospital within 60 minutes of departure</p> <ul style="list-style-type: none"> <li>• Documentation regarding medication history</li> <li>• Allergies</li> <li>• Medications given (MAR)</li> </ul>	All emergency department patients who are transferred to another acute care hospital	All emergency department patients who are transferred to another acute care hospital
<p><b>Measure# 0373</b></p>	<p>Patients who received parenteral and warfarin therapy (overlap therapy):</p> <p>1) For at least five days, with an INR greater than or equal to 2 prior to discontinuation of</p>	VTE patients who received warfarin during hospitalization	VTE patients who received warfarin during hospitalization

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Title: VTE Patients with Overlap of Anticoagulation Therapy</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p>parenteral therapy OR</p> <p>2) For more than five days, with an INR less than 2, but were discharged on overlap therapy OR</p> <p>3) Who were discharged in less than five days on overlap therapy</p> <p>Inclusion:</p> <p>Patients who received warfarin and one of the following medications:</p> <ul style="list-style-type: none"> <li>• low-molecular weight heparin (LMWH)</li> <li>• intravenous or high-dose subcutaneous unfractionated heparin (UFH)</li> <li>• factor Xa inhibitor</li> <li>• argatroban, bivalirudin, or lepirudin</li> </ul>	<p>Inclusion:</p> <p>1) With an ICD-9-CM Principal or Other Diagnosis Codes of VTE as defined in Appendix A, Table 1.3, except for ICD-9-CM code of 453.42</p> <p>2) With an ICD-9-CM Principal or Other Diagnosis Codes of Obstetrics with VTE as defined in Appendix A, Table 1.2a</p>	<p>Inclusion:</p> <p>1) With an ICD-9-CM Principal or Other Diagnosis Codes of VTE as defined in Appendix A, Table 1.3, except for ICD-9-CM code of 453.42</p> <p>2) With an ICD-9-CM Principal or Other Diagnosis Codes of Obstetrics with VTE as defined in Appendix A, Table 1.2a</p>
<p><b>Measure# 0374</b></p> <p><b>Title: VTE Patients Unfractionated Heparin (UFH) Dosages/Platelet Count Monitoring by Protocol (or Nomogram)</b></p> <p><b>Receiving Unfraction-ated</b></p>	<p>Patients who receive IV UFH dose managed by nomogram or protocol that includes:</p> <p>Baseline platelet count drawn within 48 hours before initiation of UFH AND</p> <p>Repeat platelet count drawn the day following the initiation of UFH AND</p> <p>Platelet count drawn at least three non-consecutive days within seven days until day 14 or until UFH is discontinued (whichever is first).</p>	<p>Patients receiving intravenous (IV) UFH</p> <p>Inclusion:</p> <p>1) With an ICD-9-CM Principal or Other Diagnosis Codes of VTE as defined in Appendix A, Table 1.3</p> <p>2) With an ICD-9-CM Principal or Other Diagnosis Codes of Obstetrics with VTE as defined in Appendix A, Table 1.2a</p>	<p>Patients receiving intravenous (IV) UFH</p> <p>Inclusion:</p> <p>1) With an ICD-9-CM Principal or Other Diagnosis Codes of VTE as defined in Appendix A, Table 1.3</p> <p>2) With an ICD-9-CM Principal or Other Diagnosis Codes of Obstetrics with VTE as</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Heparin (UFH) with Dosages/ Platelet Count Monitored by Protocol (or Nomogram)</b></p> <p><b>IP Owner: The Joint Commission</b></p>			<p>defined in Appendix A, Table 1.2a</p>
<p><b>Measure# 0387</b></p> <p><b>Title: Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer</b></p> <p><b>IP Owner: American Medical Association - Physician Consortium for Performance Improvement</b></p>	<p>Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period</p>	<p>All female patients aged 18 years and older with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer</p>	<p>Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) within the 12 month reporting period</p> <p>Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) within the 12 month reporting period</p> <p>Denominator Exclusion: Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (AI) during the 12 month reporting period</p>
<p><b>Measure# 0435</b></p>	<p>Number of patients prescribed antithrombotic therapy at hospital</p>	<p>Number of patients with ischemic stroke.</p>	<p>Number of patients with ischemic stroke.</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Title: Discharged on Antithrombotic Therapy</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p>discharge.</p>		
<p><b>Measure# 0436</b></p> <p><b>Title: Patients with Atrial Fibrillation Receiving Anticoagulation Therapy</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p>Patients discharged on anticoagulation therapy.</p>	<p>Patients with a diagnosis of ischemic stroke with documented atrial fibrillation.</p>	<p>Patients with a diagnosis of ischemic stroke with documented atrial fibrillation.</p>
<p><b>Measure# 0437</b></p> <p><b>Title: Thrombolytic Therapy Administered</b></p>	<p>The number of patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (= 180 minutes) of time last known well.</p>	<p>All patients with acute ischemic stroke whose time of arrival is within 2 hours (120 minutes) of time last known well.</p>	<p>All patients with acute ischemic stroke whose time of arrival is within 2 hours (120 minutes) of time last known well.</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>IP Owner: The Joint Commission</b></p>			
<p><b>Measure# 0438</b></p> <p><b>Title: Antithrombotic Therapy By End of Hospital Day Two</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p>Patients with ischemic stroke who receive antithrombotic therapy by end of hospital day two.</p>	<p>All patients with ischemic stroke.</p>	<p>All patients with ischemic stroke.</p>
<p><b>Measure# 0439</b></p> <p><b>Title: Discharged on Statin Medication</b></p> <p><b>IP Owner: The Joint Commission</b></p>	<p>Patients who were prescribed a statin medication at hospital discharge.</p>	<p>All Ischemic stroke patients with an LDL = 100 mg/dL, OR LDL not measured, OR who were on cholesterol reducing therapy prior to hospitalization.</p>	<p>All Ischemic stroke patients with an LDL = 100 mg/dL, OR LDL not measured, OR who were on cholesterol reducing therapy prior to hospitalization.</p>
	<p>Number of patients who received prophylactic antibiotics within one hour prior to surgical</p>	<p>All patients undergoing cesarean section without</p>	<p>All patients undergoing cesarean section without</p>

MEASURE	NUMERATOR	DENOMINATOR	EXCLUSIONS
<p><b>Measure# 0472</b></p> <p><b>Title: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision or at the Time of Delivery – Cesarean section.</b></p> <p><b>IP Owner: Massachusetts General Hospital/Partners Health Care System</b></p>	<p>incision or at the time of delivery. Because delivery and administration of antibiotics are unlikely to be exactly simultaneous and watches imperfectly synchronized, in operational use there must be an allowance for a discrete period of time in the application of “at the time of delivery.” We propose that administration should be considered acceptable if given within 10 minutes of delivery/cord clamping for those in whom prophylactic antibiotics are not given preoperatively.</p>	<p>evidence of prior infection or already receiving prophylactic antibiotics for other reasons.</p>	<p>evidence of prior infection or already receiving prophylactic antibiotics for other reasons.</p>