Glossary

Term	Definition
Attribute	A constraint on a QDM element that further defines the requirements for the measure logic. The available attributes are based on the category and data type of the QDM element. A complete list of attributes can be found in the Quality Data Model documents.
Clinical Recommendation Statement	Summary of relevant clinical guidelines or other clinical recommendations supporting this eMeasure.
Clone	The ability to copy a clause and then modify, add to, or delete any part of it. Once a clause is cloned it becomes a new clause and loses all reference to the original clause.
Copyright	Identifies the organization(s) who own the intellectual property represented by the eMeasure.
Denominator	The denominator can be the same as the initial patient population or a subset of the initial patient population, to further constrain the population for the purpose of the eMeasure. Different measures within a set may have the same initial patient population but different denominators. Continuous Variable measures do not have a Denominator, but instead define a Measure Population (see number 7 below for further definition). For proportion or ratio measures, the verbiage “Equals Initial Patient Population” with no additional criteria indicates the denominator is identical to the initial patient population. It can be the same as the initial patient population or a subset of the initial patient population to further constrain the population for the purpose of the eMeasure. Different measures within an eMeasure set may have different Denominators. Continuous Variable eMeasures do not have a Denominator, but instead define a Measure Population.
Denominator Exceptions	Denominator exceptions are those conditions that should remove a patient, procedure or unit of measurement from the denominator only if the numerator criteria are not met. Denominator exceptions allow for adjustment of the calculated score for those providers with higher risk populations. Denominator exceptions are **used only in proportion eMeasures**. They are not appropriate for ratio or continuous variable eMeasures.

Term	Definition
	Denominator exceptions allow for the exercise of clinical judgment and should be specifically defined where capturing the information in a structured manner fits the clinical workflow. Generic denominator exception reasons used in proportion eMeasures fall into three general categories: medical reasons, patients' reasons, and system reasons.
Denominator Exclusions	Patients who should be removed from the eMeasure population and denominator before determining if numerator criteria are met. Denominator exclusions are used in proportion and ratio measures to help narrow the denominator.
Description	A general description of the eMeasure intent
Disclaimer	Disclaimer information for the eMeasure.
eMeasure Identifier	Represents the globally unique measure identifier for a particular quality eMeasure.
eMeasure Title	The title of the quality eMeasure.
eMeasure Version Number	A positive integer value used to indicate the version of the eMeasure.
Endorsed By	The organization that has endorsed the eMeasure through a consensus- based process.
Export	Export allows the user to export the eMeasure artifact files that include the HQMF XML eMeasure, HTML human-readable document, as well as an Excel document with the value sets for a measure.
Function	A qualifier for a QDM element. Example: **FIRST** [Diagnosis] **COUNT** [ICU Encounter] FIRST and COUNT are the functions in these statements. A complete list of functions can be found in Quality Data Model documents.
Grouped Value Set	Two or more value sets that share the same category and that are grouped together by the user into a parent value set.
Grouping	Groupings are combinations of system clauses that can be included in a single measure package.

Term	Definition
Guidance	Used to allow measure developers to provide additional guidance for implementers to understand greater specificity than could be provided in the logic for data criteria.
HQMF	Health Quality Measures Format
Improvement Notation	Information on whether an increase or decrease in score is the preferred result (e.g., a higher score indicates better quality OR a lower score indicates better quality OR quality is within a range).
Initial Patient Population	The initial patient population refers to all patients to be evaluated by a specific performance eMeasure. These patients share a common set of specified characteristics within a specific measurement set to which a given measure belongs. This –initial patiet population is present regardless of the measure scoring type; i.e., proportion, ratio and continuous variable measures all have an initial patient population section.Details often include information based upon specific age groups, diagnoses, diagnostic and procedure codes, and enrollment periods. The *initial patient population* refers to all patients to be evaluated by a specific performance eMeasure who share a common set of specified characteristics within a specific measurement set to which a given measure belongs. Details often include information based upon specific age groups, diagnoses, diagnostic and procedure codes, and enrollment periods.
Measure Developer	The organization that developed the eMeasure.
Measure Observations	Measure observations are **used only in continuous variable eMeasures.** They provide the description of how to evaluate performance, (e.g., the mean time across all Emergency Department visits during the measurement period from arrival to departure). Measure observations are generally described using a statistical methodology such as: count, etc.
Measure Package	The measure information needed to export a measure, which includes the measure details, value sets, logic, and groupings.
Measurement Period	The time period for which the eMeasure applies.
Measure Phrase	One or more QDM elements, attributes, and the corresponding syntax that are combined together to represent a logical statement.

Term	Definition
Measure Population	Measure population **is used only in continuous variable eMeasures**. It is a narrative description of the eMeasure population. (e.g., all patients seen in the Emergency Department during the measurement period).
Measure Scoring	Indicates how the calculation is performed for the eMeasure (e.g., proportion, continuous variable, ratio)
Measure Steward	The organization responsible for the continued maintenance of the eMeasure.
Measure Type	Indicates whether the eMeasure is used to examine a process or an outcome over time (e.g., Structure, Process, Outcome).
Numerator	Numerators are **used in proportion and ratio eMeasures**. In proportion measures the numerator criteria are the processes or outcomes expected for each patient, procedure, or other unit of measurement defined in the denominator. In ratio measures the numerator is related, but not directly derived from the denominator (e.g., a numerator listing the number of central line blood stream infections and a denominator indicating the days per thousand of central line usage in a specific time period).
Numerator Exclusions	Numerator Exclusions are **used only in ratio eMeasures** to define instances that should not be included in the numerator data. (e.g., if the number of central line blood stream infections per 1000 catheter days were to exclude infections with a specific bacterium, that bacterium would be listed as a numerator exclusion.)
NQF Number	Specifies the NQF number
OID	Object Identifier—Used to uniquely identify the components of an eMeasure. The OID for each user within the Personal Information sub-tab should represent the registered OID for the organization with which that person is affiliated.
QDM	Quality Data Model
Rate Aggregation	Describes how to combine information calculated based on logic in each of several populations into one summarized result. It can also be used to describe how to risk-adjust the data based on supplemental data elements described in the eMeasure. (e.g., pneumonia hospital measures antibiotic

Term	Definition
	selection in the ICU versus non-ICU and then the roll-up of the two).
Rationale	Succinct statement of the need for the measure. Usually includes statements pertaining to Importance criterion: impact, gap in care and evidence.
Reference(s)	Identifies bibliographic citations or references to clinical practice guidelines, sources of evidence, or other relevant materials supporting the intent and rationale of the eMeasure.
Relative Timing	Conditions that describe timing relationships among individual QDM elements to represent a logical statement.
Risk Adjustment	The method of adjusting for clinical severity and conditions present at the start of care that can influence patient outcomes for making valid comparisons of outcome measures across providers. Indicates whether an eMeasure is subject to the statistical process for reducing, removing, or clarifying the influences of confounding factors to allow more useful comparisons.
Root OID	The root OID within the Personal Information sub-tab should represent the registered OID for the organization with which the user is affiliated with an extension to designate the work created in the Measure Authoring Tool. The root OID provided will be consumed by the tool to create the value set OIDs.
Share	Sharing allows an owner of a measure to share it with another user either in a Modify or View-Only mode. The user who has the measure shared with them will then have access to that measure in the designated access.
Stratification	Describes the strata for which the measure is to be evaluated. There are three recognized reasons for stratification based on existing work. These include: (1) evaluate the measure based on different age groupings within the population described in the measure (e.g., evaluate the whole <age 14-25> and each sub-stratum <14-19> and <20-25>); (2) evaluate the eMeasure based on either a specific condition, a specific discharge location, or both; (3) evaluate the eMeasure based on different locations within a facility (e.g., evaluate the overall rate for all intensive care units and also some strata include additional findings <specific birth weights for neonatal intensive care units>)

Term	Definition
Supplemental Data Elements	Supplemental Data Elements are those that should be identified for each patient for whom the measure is applicable. Such additional data can be used to evaluate for disparities in care or to risk adjust with the data listed in this section. CMS defines four required Supplemental Data Elements (payer, ethnicity, race, and ONC Administrative Sex), which are variables used to aggregate data into various subgroups. Comparison of results across strata can be used to show where disparities exist or where there is a need to expose differences in results. Additional supplemental data elements required for risk adjustment or other purposes of data aggregation can be included in the Supplemental Data Element section.
System Clause	The logic that defines the Population, Numerator, Numerator Exclusion, Denominator, Denominator Exclusion, Denominator Exception, Measure Population, or Measure Observation sections.
Transmission Format	URL or hyperlinks that link to the transmission formats that are specified for a particular reporting program.
Value Set OID	A unique identifier for each value set and grouped value set. Users can choose to enter a value set OID manually if one has already been defined outside of the Measure Authoring Tool. The user may instead choose to have the tool auto-generate a value set or grouped value set OID. The tool will use the root OID provided by the user upon account creation and append a unique identifier to this number to create the value set OID.
XML	Extensible Markup Language. XML provides a basic syntax that can be used to share information among different computers, applications, and organizations without needing to pass through many layers of conversion.