CMS Quality Measure Development Plan

2020 Population Health Environmental Scan and Gap Analysis Report Appendices

For the Quality Payment Program

Prepared for the Centers for Medicare & Medicaid Services
by Health Services Advisory Group, Inc.

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Overview of Appendices

Appendix A-1. Key Source Rationale		
Column	Header	Description
A	Subtopic Identification Source	Where sources for subtopics were obtained (e.g., national reports, *Federal Register*)
B	Rationale for Inclusion	The reason for searching the source for the subtopic

Appendix A-2. Key Sources		
Column	Header	Description
A	Source	The place from which the subject (e.g., article, report) was obtained
B	Title	The name of the subject (e.g., article, report)
C	Author	The name of the entity or person responsible for writing the subject (e.g., article, report)
D	Date	The time when the subject (e.g., article, report) was published

Appendix B. Subtopic Results		
Column	Header	Description
A	Topic	The general area of interest
B	Subtopic	A more granular subject that forms part of the "Topic"
C	Search Phrase	The keywords/phrases that were searched on measure title and measure description to identify measures of interest for each "Subtopic"
D	Preliminary Results	The number of measures that were identified using the "Search Phrase" as part of the measure scan
E	Final Results	The number of applicable measures remaining after individual measure review of the "Preliminary Results"

Appendix C. CMS Programs		
Column	Header	Description
A	CMS Program	List of the 27 CMS programs searched

Appendix D. Measure Stewards Searched		
Column	Header	Description
A	Measure Steward	The entity (e.g., organization or individual) responsible for maintaining the measure

Appendix E. Measure Results		
Column	Header	Description
A	Topic	The general area of interest
B	Subtopic	A more granular subject that forms part of the "Topic"
C	Measure Title	Name of the measure as received/procured from the source
D	NQF #	Identification number assigned by the National Quality Forum
E	Measure Description	Summary of measure specifications, such as medical conditions to be measured, particular outcomes, or results that could or should result from the care specified in the measure for these patient populations
F	Measure Type	Refers to the domain of quality that the measure assesses
G	Level of Analysis	Level at which the measure is specified/assessed
H	Measure Steward	The entity (e.g., organization or individual) responsible for maintaining the measure
I	MIPS Measure	No – Measure is not in the MIPS program. Yes – Measure has gone through rulemaking and is part of the MIPS program. Yes (QCDR) – Measure has not gone through rulemaking and is a qualified clinical data registry measure in the MIPS program.

Subtopic Identification Sources	Rationale for Inclusion
National reports	Garner the perspective of national quality measurement organizations and stakeholders in identifying measure gaps and areas for future measure development.
Federal Register rules, including the CY 2020 Physician Fee Schedule final rule	Identify priorities and measurement gaps obtained from stakeholders through the federal rulemaking process.
MIDS Resource Library	Review the measurement gaps and priorities identified in previous environmental scans.
2019 MDP Annual Report	Capture prioritized crosscutting subtopic measurement gaps identified by the 2018–2019 TEP that meet the definition for population health measures.
Peer-reviewed literature	Identify population health measurement gaps from the broader health care community.

Source	Title	Author	Date
National Quality Forum	2019 NQP™ Priorities for Action	National Quality Partners™ Leadership Consortium	November 2018
National Quality Forum	2020 NQP™ Priorities for Action	National Quality Partners™ Leadership Consortium	December 2019
National Quality Forum	A Core Set of Rural Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the MAP Rural Health Workgroup	Measure Applications Partnership	August 31, 2018
National Quality Forum	Addressing Low Case-Volume in Healthcare Performance Measurement of Rural Providers Recommendations from the MAP Rural Health Technical Expert Panel	Measure Applications Partnership	March 29, 2019
National Quality Forum	Advancing Chief Complaint-Based Quality Measurement	National Quality Forum	June 24, 2019
National Quality Forum	All-Cause Admissions and Readmissions, Fall 2018 Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 18, 2019
National Quality Forum	All-Cause Admissions and Readmissions, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 14, 2019
National Quality Forum	All-Cause Admissions and Readmissions, Spring 2018 Cycle: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	All-Cause Admissions and Readmissions, Spring 2019 Cycle: CDP Report Draft Report for Comment	National Quality Forum	August 1, 2019
National Quality Forum	Ambulatory Care Patient Safety Environmental Scan Report	National Quality Forum	June 1, 2018
National Quality Forum	Approaches to Future Core Set Prioritization	National Quality Forum	June 2019

Source	Title	Author	Date
National Quality Forum	Behavioral Health and Substance Use, Spring 2018 Cycle: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	Behavioral Health and Substance Use: Fall 2018 Review Cycle Draft Report for Comment	National Quality Forum	March 11, 2019
National Quality Forum	Behavioral Health and Substance Use, Fall 2018 Cycle: CPD Report Technical Report	National Quality Forum	August 5, 2019
National Quality Forum	Cancer, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 16, 2019
National Quality Forum	Cancer, Fall 2018 Review Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 21, 2019
National Quality Forum	Cancer, Spring 2018 Cycle: CDP Report Final Report	National Quality Forum	August 20, 2018
National Quality Forum	Cardiovascular, Fall 2018 Cycle: CDP Report Final Report	National Quality Forum	August 12, 2019
National Quality Forum	Cardiovascular, Fall 2018 Review Cycle: CDP Report	National Quality Forum	March 18, 2019
National Quality Forum	Cardiovascular, Spring 2018 Cycle: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	Cost and Efficiency, Fall 2018 Cycle: CDP Report Final Report	National Quality Forum	August 16, 2019
National Quality Forum	Cost and Efficiency, Fall 2018 Review Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 21, 2019
National Quality Forum	Cost and Efficiency, Spring 2018: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	Geriatrics and Palliative Care, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 16, 2019
National Quality Forum	Geriatrics and Palliative Care, Fall 2018 Review Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 21, 2019
National Quality Forum	Healthcare System Readiness Measurement Framework Draft Report for Commenting	National Quality Forum	March 11, 2019
National Quality Forum	Healthcare System Readiness Measurement Framework Final Report	National Quality Forum	June 13, 2019

Source	Title	Author	Date
National Quality Forum	MAP 2018 Considerations for Implementing Measures in Federal Programs: Hospitals	Measure Applications Partnership	February 15, 2018
National Quality Forum	MAP 2018 Considerations for Implementing Measures in Federal Programs: Merit-Based Incentive Payment System (MIPS) and Medicare Shared Savings Program (MSSP) Final Report	Measure Applications Partnership	March 15, 2018
National Quality Forum	MAP 2018 Considerations for Implementing Measures in Federal Programs: Post-Acute Care and Long-Term Care	Measure Applications Partnership	February 15, 2018
National Quality Forum	MAP 2019 Considerations for Implementing Measures in Federal Programs: Hospitals Final Report	Measure Applications Partnership	February 15, 2019
National Quality Forum	MAP 2019 Considerations for Implementing Measures in Federal Programs: Merit-Based Incentive Payment System (MIPS) and Medicare Shared Savings Program (SSP) Final Report	Measure Applications Partnership	March 15, 2019
National Quality Forum	MAP 2019 Considerations for Implementing Measures in Federal Programs: Post-Acute Care and Long-Term Care	Measure Applications Partnership	February 15, 2019
National Quality Forum	Measure Feedback Loop – Usability and Use Draft Report Technical Report	National Quality Forum	May 29, 2019
National Quality Forum	Measure Feedback Loop – Usability and Use Final Report Technical Report	National Quality Forum	July 3, 2019
National Quality Forum	Neurology, Spring 2019 Cycle: CDP Report Draft Report for Comment	National Quality Forum	July 26, 2019
National Quality Forum	NQF Report of 2018 Activities to Congress and the Secretary of the Department of Health and Human Services	National Quality Forum	March 1, 2019
National Quality Forum	NQF-Endorsed Measures For Cardiovascular Conditions, Fall 2017 Technical Report	National Quality Forum	August 7, 2018

Source	Title	Author	Date
National Quality Forum	Opioids and Opioid Use Disorder: Quality Measurement Priorities Draft Report	National Quality Forum	November 25, 2019
National Quality Forum	Opioids and Opioid Use Disorder: An Environmental Scan of Quality Measures Final Report	National Quality Forum	September 12, 2019
National Quality Forum	Patient Experience and Function, Fall 2017 Cycle: CDP Report Technical Report	National Quality Forum	August 7, 2018
National Quality Forum	Patient Experience and Function, Fall 2018 Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 18, 2019
National Quality Forum	Patient Experience and Function, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 14, 2019
National Quality Forum	Patient Experience and Function, Spring 2018 Cycle: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	Patient Safety, Fall 2017 Cycle: CDP Report Final Technical Report	National Quality Forum	July 23, 2018
National Quality Forum	Patient Safety, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 9, 2019
National Quality Forum	Population-Based Trauma Outcomes Final Report	National Quality Forum	May 22, 2019
National Quality Forum	Prevention and Population Health Standing Committee Web Meeting	National Quality Forum	n.d.
National Quality Forum	Prevention and Population Health, Fall 2017 Cycle: CDP Report Technical Report	National Quality Forum	August 7, 2018
National Quality Forum	Prevention and Population Health, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 12, 2019
National Quality Forum	Prevention and Population Health, Spring 2018 Cycle: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	Primary Care and Chronic Illness, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 14, 2019
National Quality Forum	Primary Care and Chronic Illness, Fall 2018 Review Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 18, 2019
National Quality Forum	Renal Spring 2018–Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	May 3, 2019

Source	Title	Author	Date
National Quality Forum	Strengthening the Core Set of Healthcare Quality Measures for Adults Enrolled in Medicaid, 2018	Measure Applications Partnership	August 31, 2018
National Quality Forum	Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2018	Measure Applications Partnership	August 31, 2018
National Quality Forum	Strengthening the Medicaid and CHIP (MAC) Scorecard Final Report	Measure Applications Partnership	August 20, 2019
National Quality Forum	Surgery, Fall 2017 Cycle: CDP Report Technical Report	National Quality Forum	August 7, 2018
National Quality Forum	Surgery, Fall 2018 Cycle: CDP Report Technical Report	National Quality Forum	August 16, 2019
National Quality Forum	Surgery, Fall 2018 Review Cycle: CDP Report Draft Report for Comment	National Quality Forum	March 21, 2019
National Quality Forum	Surgery, Spring 2018 Cycle: CDP Report Technical Report	National Quality Forum	January 11, 2019
National Quality Forum	Trauma Outcomes: Final Environmental Scan Report	National Quality Forum	October 30, 2018
National Quality Forum	Well-being In the Nation (WIN) Measurement Framework Measures for Improving Health, Well-being, and Equity Across Sectors	National Quality Forum	June 2019

Source	Title	Author	Date
Federal Register	Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Revisions of Organ Procurement Organizations Conditions of Coverage; Prior Authorization Process and Requirements for Certain Covered Outpatient Department Services; Potential Changes to the Laboratory Date of Service Policy; Changes to Grandfathered Children's Hospitals Within-Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	November 12, 2019
Federal Register	Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Amounts, DMEPOS Competitive Bidding Program (CBP) Amendments, Standard Elements for a DMEPOS Order, and Master List of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Order Prior to Delivery and/or Prior Authorization	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	November 8, 2019
Federal Register	Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	November 8, 2019

Source	Title	Author	Date
Federal Register	Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations Final Rule; and Coding and Payment for Evaluation and Management, Observation and Provision of Self-Administered Esketamine Interim Final Rule	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	November 15, 2019
Federal Register	Medicare Program; FY 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	August 6, 2019
Federal Register	Medicare Program; FY 2020 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal Year Beginning October 1, 2019 (FY 2020)	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	August 6, 2019

Source	Title	Author	Date
Federal Register	Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2020 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	August 16, 2019
Federal Register	Medicare Program; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2020 and Updates to the IRF Quality Reporting Program	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	August 8, 2019
Federal Register	Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2020	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	August 7, 2019
MIDS Library: Summary Report of Environmental Scan and Empirical Analysis	Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE)	Econometrica, Inc.	March 29, 2018
MIDS Library: Summary Report of Environmental Scan and Empirical Analysis	Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project	Abt Associates	January 2019
MIDS Library: Promoting Interoperability Information Gathering Report	Merit-Based Incentive Payment System (MIPS) Practice Improvement and Measures Management Support (PIMMS)	Abt Associates	February 22, 2019

Source	Title	Author	Date
MIDS Library: Physician Level Measures Technical Expert Panel Environment Scan	End Stage Renal Disease (ESRD) Quality Measure Development, Maintenance, and Support	Contractor not specified	n.d.
MIDS Library: Summary Report of Environmental Scan and Empirical Analysis (Information Gathering Report)	Development, Reevaluation, and Implementation of Outcome/Efficiency Measures for Hospital and Eligible Clinicians	Yale New Haven Health Services Corporation/CORE	January 25, 2018
MIDS Library: Summary Report of Environmental Scan	Electronic Clinical Quality Measures Development and Maintenance for Eligible Professionals (EP eCQM)	Mathematic Policy Research	November 29, 2018
MIDS Library: Summary Report of Environmental Scan: Addendum	Electronic Clinical Quality Measures Development and Maintenance for Eligible Professionals (EP eCQM)	Mathematic Policy Research	May 23, 2019
Peer review	Rural-Urban Differences in Medicare Quality Scores Persist After Adjusting for Sociodemographic and Environmental Characteristics	Henning-Smith C, Prasad S, Casey M, Kozhimannil K, & Moscovice I	2019
Peer review	Need for Comprehensive Health Care Quality Measures for Older Adults	MacLeod S, Schwebke K, Hawkins K, Ruiz J, Hoo E, Yeh C	2018

Topic	Subtopic	Search Phrase	Preliminary Results	Final Results
Access to care	Availability – general	access, availab, shortage	54	8
Access to care	Availability – rural	access, availab, rural, shortage	54	0
Access to care	Behavioral health – access	access, availab, behavior, psych, shortage, mental health, support services	98	6
Access to care	Foreign language interpretive services	interpret, language, translation, communication	41	3
Access to care	Health insurance coverage – child	enroll, coverage, health plan, CHIP	79	3
Access to care	Nutritional support for older adults	diet, nutrition, nourish	9	9
Access to care	Telehealth	access, availab, tele, e-health	71	1
Clinical outcomes	Behavioral health – remission	remission, SMI, mental illness, depression, anxiety, behavioral, psych, suicide	99	8
Clinical outcomes	Cesarean birth	cesarean, c-section, caesarean, surgical, birth, delivery	129	2
Clinical outcomes	Function	function, ADL, limited, impair, ability, mobility, gait	125	59
Clinical outcomes	Interpregnancy interval	interpregnancy, interval, birth, pregnancy, spacing, live, beginning, postpartum	105	0
Clinical outcomes	Morbidity – opioid-related	morbidity, opioid, correlated, opiate	38	0
Clinical outcomes	Mortality – cancer	mortality, fatal, death, cancer	167	4
Clinical outcomes	Mortality – maternal	mortality, maternal, childbirth, pregnan, death, fatal	85	1
Clinical outcomes	Mortality – opioid-related	mortality, opioid, overdose, death, fatal, opiate	104	0
Clinical outcomes	Mortality – premature	mortality, premature, early, death, fatal	93	0
Clinical outcomes	Poor birth outcomes	adverse, birth, low birth, LBW, gestation, preterm, neonatal, defect	62	19
Clinical outcomes	Postpartum complications	postpartum, birth, complication, infection, sepsis, hypertension, stroke, embolism, bleed, cardiomyopathy	176	0
Clinical outcomes	Quality of life	HRQOL, QOL, quality of life, health-related	18	13
Clinical outcomes	Recovery	recovery, return, behavioral, mental, abstinence	45	1

Topic	Subtopic	Search Phrase	Preliminary Results	Final Results
Clinical outcomes	Well-being	well-being, well, contentment, happiness, prosperity	42	1
Coordination of care and community services	Breastfeeding support	breastfeeding, milk, lactat, nursing, support, latch	72	0
Coordination of care and community services	Community collaboration	community, collaboration, together, partnerships, support, organization	52	14
Coordination of care and community services	Employment	employ, job, work, business	36	0
Coordination of care and community services	Housing (e.g., availability, quality, affordability)	housing, home, dwelling, shelter, habitation	61	1
Coordination of care and community services	Identification of community services	community, resource, partnership, support, organization, counseling	73	1
Coordination of care and community services	Integration of mental health, substance use, and physical health	integration, mental, behavioral, physical, substance, coordination	89	0
Coordination of care and community services	Pain management (non-narcotic)	non-pharm, non-opi, meditation, aspirin, nsaid, acetaminophen, Tylenol	202	2
Coordination of care and community services	Referral to community services	refer, community, service, resource, consult	188	4
Coordination of care and community services	Social support for older adults	support, social, casework, community service, older adult, elder	45	0
Coordination of care and community services	Support for OUD	support, resource, opioid, opiate, pain, abuse, oud, disorder	173	3

Topic	Subtopic	Search Phrase	Preliminary Results	Final Results
Coordination of care and community services	Timely transition in care – SUD	transition, transmission, care setting, transfer, substance, opioid, oud, opiate, alcohol, beer, wine, spirit, tobacco, smok	432	0
Coordination of care and community services	Transitions in care – general	transition, transmission, care setting, transfer	375	14
Coordination of care and community services	Transitions in care – rural	transition, transmission, care setting, transfer, rural, remote	375	0
Health behaviors	Accident prevention – head injury	accident, brain, concus, headgear, helmet, protect, TBI	15	0
Health behaviors	Accident prevention – seat belt	accident, restrain, seat belt	11	0
Health behaviors	Distracted driving	distract, driv, text	8	0
Health behaviors	Health literacy	health, literacy, education, proficiency, reading, competence	177	0
Health behaviors	Nutrition/malnutrition	weight, food, nutrition, nourishment, weight, food, insecur, malnutrition, nourishment, nutrition	49	0
Health behaviors	Obesity	obes, morbid, bmi, weight	102	9
Health behaviors	Physical activity older adults	physical, activity, exercise, athletic, elder	51	7
Health behaviors	Safe medication disposal	dispos, safe, take-back	31	0
Health behaviors	Smoking	smok, tobacco	18	1
Preventive care and screening	Abuse and neglect	abuse, mistreat, neglect	6	0
Preventive care and screening	Behavioral health – screening	SMI, mental illness, depression, anxiety, behavioral, screen, psych, suicide	164	10
Preventive care and screening	Cancer screening – prostate	cancer, screen, prostate, PSA, BPH, hyperplasia	192	1
Preventive care and screening	Cancer screening – thoracic	cancer, screen, thoracic, lung, trachea, thymic, thymus	200	0
Preventive care and screening	Caregiver risk assessment	caregiver, risk, assessment, burnout	322	0
Preventive care and screening	Comprehensive substance use disorder screening	screen, substance, oud, opiate, alcohol, tobacco	130	1

Topic	Subtopic	Search Phrase	Preliminary Results	Final Results
Preventive care and screening	Family planning for interconception care	interconception, family planning, pregnan, birth control, postpartum, contracept	11	5
Preventive care and screening	Medication reconciliation	medication, reconciliation, discharge, admission	344	11
Preventive care and screening	Prescription to prevent mortality in patients at risk for opiate overdose	naloxone, overdose, opioid, mortality, opiate	89	2
Preventive care and screening	Psychosocial needs	psych, emotion, mental, social, support	83	3
Preventive care and screening	Screening – alcohol	substance, alcohol, beer, wine, spirit	28	4
Preventive care and screening	Screening – opioid abuse/misuse	substance, opioid, oud, opiate	35	3
Preventive care and screening	Screening – substance use for at-risk populations	substance, opiod, oud, opiate, alcohol, beer, wine, spirit, tobacco, smok	72	6
Preventive care and screening	Screening – tobacco	substance, opiod, oud, opiate, alcohol, beer, wine, spirit, tobacco, smok	72	4
Utilization of health services	Emergency department use – inappropriate	emergency, utilization, overuse	82	4

CMS Program
Ambulatory Surgical Center Quality Reporting Program
Dialysis Facility Compare
End-Stage Renal Disease Quality Incentive Program
Home Health Quality Reporting Program
Hospice Quality Reporting Program
Hospital Inpatient Quality Reporting Program
Hospital Outpatient Quality Reporting Program
Hospital Readmissions Reduction Program
Hospital Value-Based Purchasing Program
Hospital-Acquired Condition Reduction Program
Inpatient Psychiatric Facility Quality Reporting Program
Inpatient Rehabilitation Facilities Quality Reporting Program
Long-Term Care Hospital Quality Reporting Program
Medicaid Adult Core Set
Medicaid Child Core Set
Medicare and Medicaid Electronic Health Records (EHR) Incentive Program for Eligible Hospitals and Critical Access Hospitals
Medicare Part C & D Display Measures
Medicare Part C & D Star Ratings
Medicare Shared Savings Program
Merit-based Incentive Payment System
Nursing Home Quality Initiative/Nursing Home Compare
Prospective Payment System-Exempt Cancer Hospitals Quality Reporting Program
Quality Rating System for Qualified Health Plans
Skilled Nursing Facility Quality Reporting Program
Skilled Nursing Facility Value-Based Purchasing Program

Measure Steward
Acute Care Quality Registry
Agency for Healthcare Research and Quality
Ambulatory Surgical Centers Quality Collaborative
American Academy of Allergy, Asthma, and Immunology
American Academy of Dermatology
American Academy of Home Care Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology
American Academy of Sleep Medicine
American Association of Hip and Knee Surgeons
American Board of Family Medicine
American College of Cardiology
American College of Emergency Physicians
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Dental Association
American Gastroenterological Association
American Health Care Association
American Heart Association
American Nurses Association
American Podiatric Medical Association
American Society for Gastrointestinal Endoscopy
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Clinical Oncology
American Society of Hematology
American Society of International Pain Physicians
American Society of Plastic Surgeons
American Stroke Association
American Thoracic Society
American Urogynecologic Society
American Urological Association
Americas Hernia Society Quality Collaborative
Anesthesia Business Group
Anesthesia Quality Institute
Audiology Quality Consortium
Axon Registry
Brigham and Women´s Hospital
California Maternal Quality Care Collaborative
Center of Excellence for Pediatric Quality Measurement
Centers for Disease Control and Prevention

Measure Steward
Centers for Medicare & Medicaid Services
Children´s Hospital of Philadelphia
Christiana Care Health System
Cleveland Clinic
Collaborative Endocrine Surgery Quality Improvement Program
College of American Pathologists
Commission on Cancer
Dana-Farber Cancer Institute and Alliance of Dedicated Cancer Centers
Dartmouth Institute for Health Policy & Clinical Practice
Department of Veterans Affairs
Emergency – Clinical Performance Registry
Focus on Therapeutic Outcomes
GI Quality Improvement Consortium
Health Benchmarks – IMS Health
Health Resources and Services Administration
HealthPartners
Heart Rhythm Society
Henry Ford Hospital
Hospitalist – Clinical Performance Registry
ImageGuide Registry
IMPAQ International
Insignia Health
Keet Outcomes
Kidney Care Quality Alliance
Large Urology Group Practice Association
Louisiana State University
Massachusetts General Hospital
MEDNAX
Mental and Behavioral Health Registry
Michigan Urological Surgery Improvement Collaborative
Minnesota (MN) Community Measurement
MIPSPRO ENTERPRISE
MohsAIQ
MSN Healthcare Solutions, LLC
MUSE Collaborative
National Committee for Quality Assurance
National Home-Based Primary Care & Palliative Care Registry
National Hospice and Palliative Care Organization
National Pathology Quality Registry
New York State Department of Health
New York-Presbyterian Hospital
Oregon Urology Institute
Outpatient Endovascular and Interventional Society National Registry
Pathologists Quality Registry
PCPI
Permanente Federation

Measure Steward
Pharmacy Quality Alliance
Physician Compass
PINNACLE Registry and Diabetes Collaborative Registry
Practice Insights
Premier Clinician Performance Registry
QI-FORCE
Q-METRIC – University of Michigan
Quality Oncology Practice Initiative
RAND Corporation
Registry Clearinghouse LLC
Renal and Vascular Outcomes Improvement Program
Renal Physicians Association
Rheumatology Informatics System for Effectiveness
SaferMD Suncoast RHIO
Seattle Cancer Care Alliance
Seattle Children´s Research Institute
Society for Vascular Surgery
Society of Interventional Radiology
Society of Thoracic Surgeons
SpineTRACK Registry
Substance Abuse and Mental Health Services Administration
The Joint Commission
U.S. Wound Registry
Uniform Data System for Medical Rehabilitation
United Rheumatology Effectiveness and Quality Analytics
University of California, San Francisco
University of Colorado Denver Anschutz Medical Campus
University of Minnesota Rural Health Research Center
University of North Carolina-Chapel Hill
University of Pennsylvania, Center for Health Outcomes and Policy Research
University of Southern California
U.S. Office of Population Affairs
Vermont Oxford Network
Virtual PICU Systems, LLC
Wisconsin Collaborative for Healthcare Quality

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Access to care	Availability – general	CAHPS Clinician & Group Surveys (CG-CAHPS) – Adult, Child	0005	The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item for the following categories of care or services provided in the medical office: 1. Getting Timely Appointments, Care, and Information (5 items) 2. How Well Providers Communicate With Patients (6 items) 3. Helpful, Courteous, and Respectful Office Staff (2 items) 4. Overall Rating of Provider (1 item) The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item for the following categories of care or services provided in the medical office,: 1. Getting Timely Appointments, Care, and Information (5 items) 2. How Well Providers Communicate With Patients (6 items) 3. Helpful, Courteous, and Respectful Office Staff (2 items) 4. Overall Rating of Provider (1 item) 5. Provider´s Attention to Child´s Growth and Development (6 items) 6. Provider´s Advice on Keeping Your Child Safe and Healthy (5 items)	Outcome	Clinician	Agency for Healthcare Research and Quality
Access to care	Availability – general	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and commercial)	0006	The CAHPS Health Plan Survey is a standardized survey instrument which asks enrollees to report on their experiences accessing care and health plan information, and the quality of care received by physicians. HP-CAHPS Version 4.0 was endorsed by NQF in July 2007 (NQF #0006). The survey is part of the CAHPS family of patient experience surveys and is available in the public domain at https://cahps.ahrq.gov/surveys-guidance/hp/index.html. The survey's target population includes individuals of all ages (18 and older for the Adult version; parents or guardians of children aged 0-17 for the Child version) who have been enrolled in a health plan for a specified period of time (6 months or longer for Medicaid version, 12 months or longer for Commercial version) with no more than one 30-day break in enrollment. The CAHPS Adult Health Plan Survey has 39 items, and the CAHPS Child Health Plan Survey has 41 core items. Ten of the adult survey items and 11 of the child survey items are organized into 4 composite measures, and each survey also has 4 single-item rating measures. Each measure is used to assess a particular domain of health plan and care quality from the patient's perspective. Measure 1: Getting Needed Care (2 items) Measure 2: Getting Care Quickly (2 items) Measure 3: How Well Doctors Communicate (4 items in Adult survey & 5 items in Child survey) Measure 4: Health Plan Information and Customer Service (2 items) Measure 5: How People Rated Their Personal Doctor (1 item) Measure 6: How People Rated Their Specialist (1 item) Measure 7: How People Rated Their Health Care (1 item) Measure 8: How People Rated Their Health Plan (1 item)	Outcome	Health plan	Agency for Healthcare Research and Quality
Access to care	Availability – general	ACO 4 CAHPS for ACOs: Access to Specialists	N/A	In the last 6 months, how often was it easy to get appointments with specialists? In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?	Outcome	Integrated delivery system	Agency for Healthcare Research and Quality
Access to care	Availability – general	Access to Care	N/A	1.Got care for illness/injury as soon as needed 2.Got non-urgent appointment as soon as needed 3.Easy to get care after regular office hours 4.How often it was easy to get necessary care, tests, or treatment 5.Got appointment with specialists as soon as needed	Outcome	Health plan	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Access to care	Availability – general	Waiting Time for Initial Access to HIV Outpatient/Ambulatory Medical Care	N/A	Waiting Time for Initial Access to HIV Outpatient/Ambulatory Medical Care: Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care.	Process	Facility	Health Resources and Services Administration
Access to care	Availability – general	Children and Adolescents' Access to Primary Care Practitioners (CAP)	N/A	Percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: • Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year • Children ages 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year	Process	Health plan	National Committee for Quality Assurance
Access to care	Availability – general	Access to Primary Care Doctor Visits	N/A	The percentage of members 20 years and older (denominator) who had an ambulatory or preventive care visit during the measurement year (numerator).	Outcome	Health plan	National Committee for Quality Assurance
Access to care	Availability – general	Adults' Access to Preventive/Ambulatory Health Services (AAP)	N/A	The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.	Process	Health plan	National Committee for Quality Assurance
Access to care	Behavioral health – access	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)	0008	52 questions including patient demographic information. The survey measures patient experiences with behavioral health care (mental health and substance abuse treatment) and the organization that provides or manages the treatment and health outcomes. Level of analysis: health plan – HMO, PPO, Medicare, Medicaid, commercial	Outcome	Health plan	Agency for Healthcare Research and Quality
Access to care	Behavioral health – access	Follow-Up Care for Adult Medicaid Beneficiaries Who are Newly Prescribed an Antipsychotic Medication	3313	Percentage of new antipsychotic prescriptions for Medicaid beneficiaries age 18 years and older who have completed a follow-up visit with a provider with prescribing authority within four weeks (28 days) of prescription of an antipsychotic medication.	Process	Population	Centers for Medicare & Medicaid Services
Access to care	Behavioral health – access	Children with a mental/behavioral condition who receive treatment or counseling	N/A	Percent of children with a mental/behavioral condition who receive treatment or counseling	Process	Population	Health Resources and Services Administration
Access to care	Behavioral health – access	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: - The percentage of discharges for which the patient received follow-up within 30 days of discharge - The percentage of discharges for which the patient received follow-up within 7 days of discharge.	Process	Clinician, health plan, integrated delivery system	National Committee for Quality Assurance
Access to care	Behavioral health – access	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	2605	The percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7 and 30 days of discharge. Four rates are reported: - The percentage of emergency department visits for mental health for which the patient received follow-up within 7 days of discharge. - The percentage of emergency department visits for mental health for which the patient received follow-up within 30 days of discharge. - The percentage of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 7 days of discharge. - The percentage of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 30 days of discharge.	Process	Health plan, population	National Committee for Quality Assurance

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Access to care	Behavioral health – access	Mental Health Utilization (MPT)	N/A	This measure summarizes the number and percentage of members receiving the following mental health services during the measurement year: Inpatient. Intensive outpatient or partial hospitalization. Outpatient. ED. Telehealth. Any service.	Structure	Health plan	National Committee for Quality Assurance
Access to care	Foreign language interpretive services	Cultural Competence	N/A	1.How often got an interpreter 2.Forms available in preferred language 3.Forms available in preferred format, such as large print or braille	Outcome	Health plan	Centers for Medicare & Medicaid Services
Access to care	Foreign language interpretive services	Call Center - Foreign Language interpreter and TTY/TDD availability	N/A	Percent of the time that the TTY/TDD services and foreign language interpretation were available when needed by members who called the health plan's customer service phone number.	Structure	Health plan	Centers for Medicare & Medicaid Services
Access to care	Foreign language interpretive services	Language Diversity of Membership (LDM)	N/A	An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.	Structure	Health plan	National Committee for Quality Assurance
Access to care	Health insurance coverage – child	Enrollment by State (EBS)	N/A	The number of members enrolled as of December 31 of the measurement year, by state.	Structure	Health plan, population	National Committee for Quality Assurance
Access to care	Health insurance coverage – child	Total Membership (TLM)	N/A	The number of members enrolled as of December 31 of the measurement year.	Structure	Health plan	National Committee for Quality Assurance
Access to care	Health insurance coverage – child	Enrollment by Product Line (ENP)	N/A	The total number of members enrolled in the product line, stratified by age and gender.	Structure	Health plan	National Committee for Quality Assurance
Access to care	Telehealth	Diabetes management	N/A	Diabetes management through telehealth.	Outcome	Facility	Health Resources and Services Administration
Clinical outcomes	Behavioral health – remission	Improving or Maintaining Mental Health (HOS)	N/A	Percent of all plan members whose mental health was the same or better than expected after two years.	Outcome	Health plan	National Committee for Quality Assurance
Clinical outcomes	Behavioral health – remission	Social Role Functioning Outcome utilizing PROMIS	N/A	The percentage of adult patients (18 years of age or older) with a mood or anxiety disorder who report concerns related to their psychosocial function and demonstrated a response to treatment two months (+/- 30 days) after the index visit	Outcome	Clinician	MBHR Mental and Behavioral Health Registry
Clinical outcomes	Behavioral health – remission	Anxiety Response at 6-months	N/A	The percentage of adult patients (18 years of age or older) with an anxiety disorder (generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder, or panic disorder) who demonstrated a response to treatment at six months (+/- 60 days) after an index visit	Outcome	Clinician	MBHR Mental and Behavioral Health Registry

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Behavioral health – remission	Depression Remission at Twelve Months	0710	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider, as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.	Outcome	Clinician, facility	Minnesota Community Measurement
Clinical outcomes	Behavioral health – remission	Depression Response at Six Months- Progress Towards Remission	1884	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at six months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to both patients with newly diagnosed and existing depression identified during the defined measurement period whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.	Outcome	Clinician, facility	Minnesota Community Measurement
Clinical outcomes	Behavioral health – remission	Depression Response at Twelve Months- Progress Towards Remission	1885	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to both patients with newly diagnosed and existing depression identified during the defined measurement period whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider, as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.	Outcome	Clinician, facility	Minnesota Community Measurement
Clinical outcomes	Behavioral health – remission	Depression Remission at Six Months	0711	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider, as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.	Outcome	Clinician, facility	Minnesota Community Measurement
Clinical outcomes	Behavioral health – remission	Depression Remission or Response for Adolescents and Adults (DRR)	N/A	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4 to 8 months of the elevated score.	Outcome	Health plan	National Committee for Quality Assurance
Clinical outcomes	Cesarean birth	Measure #335: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at >= 37 and < 39 Weeks	N/A	Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at >= 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication	Outcome	Clinician	Centers for Medicare & Medicaid Services
Clinical outcomes	Cesarean birth	PC-02 Cesarean Birth	0471	This measure assesses the rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding; Beginning 1/1/2019 PC-06 Unexpected Complications in Term Newborns will be added).	Outcome	Facility	The Joint Commission

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	ACO 7 CAHPS for ACOs: Health Status/Functional Status	N/A	Self-Rated Health In general, how would you rate your overall health? Self-Rated Mental Health In general, how would you rate your overall mental or emotional health? Cognitive Functioning Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Beneficiaries without a Chronic Condition In the past 12 months, have you seen a provider 3 or more times for condition or problem that has lasted for at least 3 months? Do you need or take medicine to treat the condition? Beneficiaries' Functional Status During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)? Do you have serious difficulty walking or climbing stairs? Do you have difficulty dressing or bathing? Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Outcome	Integrated Delivery System	Agency for Healthcare Research and Quality
Clinical outcomes	Function	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	1536	Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery.	Outcome	Clinician	American Academy of Ophthalmology
Clinical outcomes	Function	Idiopathic Intracranial Hypertension: Improvement of mean deviation or stability of mean deviation	N/A	Percentage of patients with improvement in mean deviation or stability of mean deviation (+1db) within 6 months of initiating therapy.	Outcome	Clinician	American Academy of Ophthalmology
Clinical outcomes	Function	Adult Diplopia: Improvement of ocular deviation or absence of diplopia or functional improvement	N/A	Percentage of patients with a diagnosis of double vision (diplopia) who had an improvement of ocular deviation as determined by reduction of strabismus in primary gaze to < 10 prism diopters horizontal or < 2 prism diopters vertical deviation OR were absent of diplopia in primary gaze OR had functional improvement in ptosis within 6 months of initiating treatment.	Outcome	Clinician	American Academy of Ophthalmology
Clinical outcomes	Function	CARE: Improvement in Mobility	2612	The measure calculates a skilled nursing facility's (SNFs) average change in mobility for patients admitted from a hospital who are receiving therapy. The measure calculates the average change in mobility score between admission and discharge for all residents admitted to a SNF from a hospital or another post-acute care setting for therapy (i.e., PT or OT) regardless of payor status. This is a risk adjusted outcome measure, based on the mobility subscale of the Continuity Assessment and Record Evaluation (CARE) Tool and information from the admission MDS 3.0 assessment. The measure is calculated on a rolling 12 month, average updated quarterly.	Outcome	Facility	American Health Care Association
Clinical outcomes	Function	Ventral Hernia Repair: Pain and Functional Status Assessment	N/A	Percentage of patients aged 18 years and older who have undergone ventral hernia repair and who completed baseline and 30 day follow-up patient-reported functional status assessments, and achieved at least a 10% improvement in functional status score from baseline.	Outcome	Clinician	Americas Hernia Society Quality Collaborative
Clinical outcomes	Function	Improvement in bed transferring	0175	Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support	2632	This measure estimates the risk-adjusted change in mobility score between admission and discharge among LTCH patients requiring ventilator support at admission.	Outcome	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	2634	This measure estimates the mean risk-adjusted mean change in mobility score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare Part A and C patients.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	2636	This measure estimates the percentage of IRF patients who meet or exceed an expected discharge mobility score.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	2635	This measure estimates the percentage of IRF patients who meet or exceed an expected discharge self-care score.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	2633	This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare patients.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Improvement in management of oral medications	0176	The percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly, by mouth.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Improvement in Ambulation/ Locomotion	0167	Percentage of home health episodes of care during which the patient improved in ability to ambulate.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	MDS 3.0 Percentage of short-stay residents who made improvements in function	N/A	This measure reports the percentage of short-stay residents who were discharged from the nursing home that gained more independence in transfer, locomotion, and walking during their episodes of care.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	MDS 3.0 Percentage of long-stay residents whose ability to move independently worsened	N/A	The long-stay locomotion measure assesses the percentage of long-stay residents who experienced a decline in independence in locomotion. The measure includes all long-stay residents except those for whom the measure cannot be calculated, and those for whom a decline in independence in locomotion does not necessarily indicate poor quality of care.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	MDS 3.0 Measure (#0688): Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)	0688	This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.	Outcome	Facility	Centers for Medicare & Medicaid Services
Clinical outcomes	Function	Functional Status Change for Patients with Neck Impairments	3461	This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years and older with neck impairments. The change in FS is assessed using the Neck FS PROM. The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure (PM) at the patient, individual clinician, and clinic levels to assess quality.	Outcome	Clinician	Focus on Therapeutic Outcomes

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Functional status change for patients with Knee impairments	0422	A self-report measure of change in functional status for patients 14 year+ with knee impairments. The change in functional status assessed using FOTO's (knee) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional status change for patients with Hip impairments	0423	A self-report measure of change in functional status for patients 14 years+ with hip impairments. The change in functional status assessed using FOTO's (hip) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional status change for patients with Foot and Ankle impairments	0424	A self-report measure of change in functional status for patients 14 years+ with foot and ankle impairments. The change in functional status assessed using FOTO's (foot and ankle) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional status change for patients with lumbar impairments	0425	A self-report outcome measure of functional status for patients 14 years+ with lumbar impairments. The change in functional status assessed using FOTO (lumbar) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional status change for patients with Shoulder impairments	0426	A self-report outcome measure of change in functional status for patients 14 years+ with shoulder impairments. The change in functional status assess using FOTO's (shoulder) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional status change for patients with elbow, wrist and hand impairments	0427	A self-report outcome measure of functional status for patients 14 years+ with elbow, wrist, hand impairments. The change in functional status assessed using FOTO (elbow, wrist and hand) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional status change for patients with General orthopaedic impairments	0428	A self-report outcome measure of functional status for patients 14 years+ with general orthopaedic impairments. The change in functional status assessed using FOTO (general orthopedic) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level by to assess quality.	Outcome	Clinician, facility	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Measure #478: Functional Status Change for Patients with Neck Impairments	N/A	This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14+ with neck impairments. The change in FS is assessed using the Neck FS PROM.* The measure is risk-adjusted to patient characteristics known to be associated with FS outcomes. It is used as a performance measure at the patient, individual clinician, and clinic levels to assess quality.	Outcome	Clinician	Focus on Therapeutic Outcomes

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Functional Status Changes for Patients with Upper or Lower Extremity Regional Swelling	N/A	This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years+ with lymphedema or other causes of regional swelling. For patients with such conditions affecting the leg, foot, groin, or lower abdominal body regions, the change in FS is assessed using the Lower Extremity Regional Swelling (LERS) FS PROM. For patients with such conditions affecting the arm, hand, chest, or breast body regions, the change in FS is assessed using the Upper Extremity Regional Swelling (UERS) FS PROM. In order to fairly measure performance between providers, the measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure (PM) at the patient level, individual clinician level, and clinic level to assess quality. Free public access to the components needed to produce the PRO-PM score is available at https://www.fotoinc.com/science-of-foto/nqf-measure-specifications.	Outcome	Clinician	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional Status Change for Patients Post Stroke: Lower Body	N/A	This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years+ who have experienced a stroke with sequelae impacting functional abilities related to use of the foot, leg, and lower trunk. The change in FS is assessed using the Stroke Lower Extremity (SLE) FS PROM. In order to fairly measure performance between providers, the measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure (PM) at the patient level, individual clinician level, and clinic level to assess quality.	Outcome	Clinician	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Functional Status Change for Patients Post Stroke: Upper Body	N/A	This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted change in functional status (FS) for patients aged 14 years+ who have experienced a stroke with sequelae impacting functional abilities related to use of the hand, arm, and upper trunk. The change in FS is assessed using the Stroke Upper Extremity (SUE) FS PROM. In order to fairly measure performance between providers, the measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure (PM) at the patient level, individual clinician level, and clinic level to assess quality.	Outcome	Clinician	Focus on Therapeutic Outcomes
Clinical outcomes	Function	Gains in Patient Activation (PAM) Scores at 12 Months	2483	The Patient Activation Measure® (PAM®) is a 10 or 13 item questionnaire that assesses an individual´s knowledge, skill and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale. There are 4 levels of activation, from low (1) to high (4). The measure is not disease specific, but has been successfully used with a wide variety of chronic conditions, as well as with people with no conditions. The performance score would be the change in score from the baseline measurement to follow-up measurement, or the change in activation score over time for the eligible patients associated with the accountable unit. The outcome of interest is the patient's ability to self-manage. High quality care should result in gains in ability to self-manage for most chronic disease patients. The outcome measured is a change in activation over time. The change score would indicate a change in the patient´s knowledge, skills, and confidence for self-management. A positive change would mean the patient is gaining in their ability to manage their health. A "passing" score for eligible patients would be to show an average net 3-point PAM score increase in a 6-12 month period. An "excellent" score for eligible patients would be to show an average net 6-point PAM score increase in a 6-12 month period.	Outcome	Clinician	Insignia Health

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Failure to Progress (FTP): Proportion of patients not achieving a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with hip, leg or ankle injuries using the validated Lower Extremity Function Scale (LEFS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.	N/A	The proportion of patients failing to achieve an MCID of nine (9) points or more improvement in the LEFS change score for patients with hip, leg, or ankle injuries treated during the observation period will be reported. Additionally, a risk-adjusted MCID proportional difference will be determined by calculating the difference between the risk model predicted and observed MCID proportion will reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline LEFS score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit). These measures will serve as a physical or occupational therapy performance measure at the eligible physical or occupational therapist or physical or occupational therapy group level.	Outcome	Clinician	Keet Outcomes
Clinical outcomes	Function	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation patients with low back pain measured via the validated Modified Low Back Pain Disability Questionnaire (MDQ) score.	N/A	The proportion of patients failing to achieve an MCID of six (6) points or more improvement in the MDQ change score for patients with low back pain treated during the observation period will be reported. Additionally, a risk-adjusted MCID proportional difference will be determined by calculating the difference between the risk model predicted and observed MCID proportion will reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline MDQ score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit). These measures will serve as a physical or occupational therapy performance measure at the eligible physical or occupational therapist or physical or occupational therapy group level.	Outcome	Clinician	Keet Outcomes
Clinical outcomes	Function	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with arm, shoulder, and hand injury measured via the validated Disability of Arm Shoulder and Hand (DASH) score, Quick Disability of Arm Shoulder and Hand (QDASH) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.	N/A	The proportion of patients failing to achieve an MCID of ten (10) points or more improvement in the DASH change score or eight (8) points or more improvement in the QDASH change score for patients with arm, shoulder, and hand injury patients treated during the observation period will be reported. Additionally, a risk-adjusted DASH change proportional difference will be determined by calculating the difference between the risk model predicted and observed MCID proportion will reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline MDQ score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit). These measures will serve as a physical and occupational therapy performance measure at the eligible physical or occupational therapist or physical or occupational therapy group level.	Outcome	Clinician	Keet Outcomes

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in knee rehabilitation of patients with knee injury measured via their validated Knee Outcome Survey (KOS) score, or equivalent instrument which has undergone peer reviewed published validation and demonstrates a peer reviewed published MCID.	N/A	The proportion of patients failing to achieve an MCID of ten (10) points or more improvement in the KOS change score for patients with knee injury patients treated during the observation period will be reported. Additionally, a risk-adjusted MCID proportional difference will be determined by calculating the difference between the risk model predicted and observed MCID proportion will reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline KOS score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit). These measures will serve as a PT/OT performance measure at the eligible PT/OT or PT/OT group level.	Outcome	Clinician	Keet Outcomes
Clinical outcomes	Function	Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) to indicate functional improvement in rehabilitation of patients with neck pain/injury measured via the validated Neck Disability Index (NDI).	N/A	The proportion of patients failing to achieve an MCID of ten (10) points or more improvement in the NDI change score for neck pain/injury patients treated during the observation period will be reported. Additionally, a risk-adjusted NDI change proportional difference will be determined by calculating the difference between the risk model predicted and observed MCID proportion will reported for each physical therapist or physical therapy group. The risk adjustment will be calculated using a logistic regression model using: baseline NDI score, baseline pain score, age, sex, payer, and symptom duration (time from surgery or injury to baseline physical therapy visit). These measures will serve as a physical or occupational therapy performance measure at the eligible physical or occupational therapist or physical or occupational therapy group level.	Outcome	Clinician	Keet Outcomes
Clinical outcomes	Function	Outcome monitoring of ADHD functional impairment in children and youth	N/A	Percentage of children aged 4 through 18 years, with a diagnosis of attention deficit/hyperactivity disorder (ADHD), who demonstrate a change score of 0.25 or greater on the Weiss Functional Impairment Rating Scale – Parent Report (WFIRS-P) within 2 to 6 months after an initial positive finding of functional impairment.	Outcome	Clinician	MBHR Mental and Behavioral Health Registry
Clinical outcomes	Function	Measure #471: Average Change in Functional Status Following Lumbar Discectomy/Laminotomy Surgery	N/A	The average change (preoperative to postoperative) in functional status using the Oswestry Disability Index (ODI version 2.1a) for patients age 18 and older who had lumbar discectomy/laminotomy procedure.	Outcome	Clinician	Minnesota Community Measurement
Clinical outcomes	Function	Functional Status Change for Patients with Vestibular Dysfunction	N/A	Percentage of patients aged 14 years and older diagnosed with vestibular dysfunction who achieve a Minimal Clinically Important Difference (MCID) as measured via the validated Dizziness Handicap Inventory or equivalent instrument to indicate functional, emotional, and physical improvement · Submission Age Criteria 1: Patients aged 14–17 years of age · Submission Age Criteria 2: Patients aged 18–64 years of age · Submission Age Criteria 3: Patients aged 65 years and older · Submission Criteria 4: Overall total rate of patients aged 14 years and older The measure is adjusted to patient characteristics known to be associated with functional status and quality of life outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.	Outcome	Clinician	MIPSPRO ENTERPRISE

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Functional Status Change for Patients With Upper-limb Functional Status Deficit	N/A	Percentage of patients aged 13 years or older with a functional deficit related to the upper limb who achieve a Minimal Clinically Important Difference (MCID) in QuickDASH or equivalent score that indicates a functional improvement greater than zero. Two rates will be reported: •The overall proportion of patients achieving an MCID in QuickDASH change score. •The Risk-Adjusted MCID proportional difference where the difference between the risk adjusted predicted MCID and the observed MCID (measured via QuickDASH or equivalent tool) proportion is greater than zero. The measure contains two goals: 1) for patients to achieve an unadjusted MCID greater than zero and 2) for patients to achieve a risk adjusted MCID where the difference between the risk adjusted predicted MCID and the observed MCID proportion will be greater than zero. The measure is adjusted to patient characteristics known to be associated with functional status and quality of life outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician level, and at the clinic level to assess quality.	Outcome	Clinician	MIPSPRO ENTERPRISE
Clinical outcomes	Function	Functional Status Change for Patients With Neck Functional Status Deficit	N/A	Percentage of patients aged 18 years or older with a functional deficit related to the neck who achieve a Minimal Clinically Important Difference (MCID) in the Neck Disability Index (NDI) or equivalent score that indicates a functional improvement greater than zero. Two rates will be reported: •The overall proportion of patients achieving an MCID in NDI change score. •The Risk-Adjusted MCID proportional difference where the difference between the risk adjusted predicted MCID and the observed MCID (measured via NDI or equivalent tool) proportion is greater than zero. The measure contains two goals: 1) for patients to achieve an unadjusted MCID greater than zero and 2) for patients to achieve a risk adjusted MCID where the difference between the risk adjusted predicted MCID and the observed MCID proportion will be greater than zero. The measure is adjusted to patient characteristics known to be associated with functional status and quality of life outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician level, and at the clinic level to assess quality.	Outcome	Clinician	MIPSPRO ENTERPRISE
Clinical outcomes	Function	Functional Status Change for Patients With Low Back Functional Status Deficit	N/A	Percentage of patients aged 18 years or older with a functional deficit related to the low back who achieve a Minimal Clinically Important Difference (MCID) in the Modified Oswestry Low Back Pain Questionnaire (ODI) or equivalent score that indicates a functional improvement greater than zero. Two rates will be reported: · The overall proportion of patients achieving an MCID in NDI change score. · The Risk-Adjusted MCID proportional difference where the difference between the risk adjusted predicted MCID and the observed MCID (measured via NDI or equivalent tool) proportion is greater than zero. The measure contains two goals: 1) for patients to achieve an unadjusted MCID greater than zero and 2) for patients to achieve a risk adjusted MCID where the difference between the risk adjusted predicted MCID and the observed MCID proportion will be greater than zero. The measure is adjusted to patient characteristics known to be associated with functional status and quality of life outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician level, and at the clinic level to assess quality.	Outcome	Clinician	MIPSPRO ENTERPRISE

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Functional Status Change for Patients With Lower Extremity Functional Status Deficit	N/A	Percentage of patients aged 18 years or older with a functional deficit related to the lower extremity who achieve a Minimal Clinically Important Difference (MCID) in Lower Extremity Functional Scale (LEFS) score that indicates a functional improvement greater than zero. Two rates will be reported: •The overall proportion of patients achieving an MCID in LEFS change score. •The Risk-Adjusted MCID proportional difference where the difference between the risk adjusted predicted MCID and the observed MCID (measured via LEFS) proportion is greater than zero. The measure contains two goals: 1) for patients to achieve an unadjusted MCID greater than zero and 2) for patients to achieve a risk adjusted MCID where the difference between the risk adjusted predicted MCID and the observed MCID proportion will be greater than zero. The measure is adjusted to patient characteristics known to be associated with functional status and quality of life outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician level, and at the clinic level to assess quality.	Outcome	Clinician	MIPSPRO ENTERPRISE
Clinical outcomes	Function	Average change in functional status following lumbar spine fusion surgery	2643	For patients age 18 and older undergoing lumbar spine fusion surgery, the average change from pre-operative functional status to one year (nine to fifteen months) post-operative functional status using the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool.	Outcome	Clinician	Minnesota Community Measurement
Clinical outcomes	Function	Average change in functional status following total knee replacement surgery	2653	For patients age 18 and older undergoing total knee replacement surgery, the average change from pre-operative functional status to one year (nine to fifteen months) post-operative functional status using the Oxford Knee Score (OKS) patient reported outcome tool.	Outcome	Clinician	Minnesota Community Measurement
Clinical outcomes	Function	Patient-Reported Pain and/or Function Improvement after ACLR Surgery	N/A	Percentage of patients 13 years of age and older who obtained at least a 10% improvement in knee pain and/or function as measured by validated patient-reported outcome measures (PROMs) completed up to 90 days prior to and 9 to 15 months after undergoing primary anterior cruciate ligament reconstruction (ALCR) surgery. PROMs include any validated measures of knee-related measures of pain and/or function, such as KOOS-Pain, KOOS-ADL, KOOS-PS, and KOOS-JR.	Outcome	Clinician	Cleveland Clinic
Clinical outcomes	Function	Patient-Reported Pain and/or Function Improvement after APM Surgery	N/A	Percentage of patients 13 years of age and older who obtained at least a 10% improvement in knee pain and/or function as measured by validated patient-reported outcome measures (PROMs) completed up to 90 days prior to and 9 to 15 months after undergoing primary arthroscopic partial meniscectomy (APM) surgery. PROMs include any validated measures of knee-related measures of pain and/or function, such as KOOS-Pain, KOOS-ADL, KOOS-PS, and KOOS-JR.	Outcome	Clinician	Cleveland Clinic
Clinical outcomes	Function	Patient-Reported Pain and/or Function Improvement after Total Shoulder Arthroplasty	N/A	Percentage of patients 18 years of age and older who obtained at least a 20% improvement in shoulder pain and/or function as measured by validated patient-reported outcome measures (PROMs) completed up to 90 days prior to and 9 to 15 months after undergoing primary total shoulder arthroplasty (TSA) surgery. PROMs include any validated measures of shoulder-related pain and/or function, such as PSS-Pain and PSS-Function.	Outcome	Clinician	Cleveland Clinic
Clinical outcomes	Function	Patient-Reported Pain and/or Function Improvement after Total Hip Arthroplasty	N/A	Percentage of patients 18 years of age and older who obtained at least a 10% improvement in hip pain and/or function as measured by validated patient-reported outcome measures (PROMs) completed up to 90 days prior to and 9 to 15 months after undergoing primary total hip arthroplasty (THA) surgery. PROMs include any validated measures of hip-related pain and/or function, such as HOOS-Pain, HOOS-ADL, HOOS-PS, and HOOS-JR.	Outcome	Clinician	Cleveland Clinic
Clinical outcomes	Function	Patient-Reported Pain and/or Function Improvement after Total Knee Arthroplasty	N/A	Percentage of patients 18 years of age and older who obtained at least a 10% improvement in knee pain and/or function as measured by validated patient-reported outcome measures (PROMs) completed up to 90 days prior to and 9 to 15 months after undergoing primary total knee arthroplasty (TKA) surgery. PROMs include any validated measures of knee-related measures of pain and/or function, such as KOOS-Pain, KOOS-ADL, KOOS-PS, and KOOS-JR.	Outcome	Clinician	Cleveland Clinic
Clinical outcomes	Function	Hammer Toe Outcome	N/A	Percentage of patients who have a painful hammer toe, claw toe, mallet toe or other lesser toe deformity causing disability	Outcome	Clinician	Registry Clearinghouse LLC

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Function	Functional Change: Change in Mobility Score for Long Term Acute Care Facilities	2778	Change in Rasch derived values of mobility function from admission to discharge among adult LTAC patients aged 18 years and older who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 4 mobility items: Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion, and Stairs.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Mobility Score for Skilled Nursing Facilities	2774	Change in Rasch derived values of mobility function from admission to discharge among adult short term rehabilitation skilled nursing facility patients aged 18 years and older who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 4 mobility items: Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion, and Stairs.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Mobility Score	2321	Change in Rasch derived values of mobility function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 4 mobility FIM® items: Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Motor Score	2287	Change in Rasch derived values of motor function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 12 FIM® items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion, and Stairs.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Motor Score in Long Term Acute Care Facilities	2776	Change in Rasch derived values of motor function from admission to discharge among adult long term acute care facility patients aged 18 years and older who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 12 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion, and Stairs.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Motor Score for Skilled Nursing Facilities	2775	Change in Rasch derived values of motor function from admission to discharge among adult short term rehabilitation skilled nursing facility patients aged 18 years and older who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 12 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion, and Stairs.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Self Care Score for Skilled Nursing Facilities	2769	Change in Rasch derived values of self-care function from admission to discharge among adult patients treated as short term rehabilitation patients in a skilled nursing facility who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 8 items: Eating, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Self Care Score	2286	Change in Rasch derived values of self-care function from admission to discharge among adult patients treated at an inpatient rehabilitation facility who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 8 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Function	Functional Change: Change in Self Care Score for Long Term Acute Care Facilities	2777	Change in Rasch derived values of self-care function from admission to discharge among adult patients treated in a long term acute care facility who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 8 items: Eating, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.	Outcome	Facility	Uniform Data System for Medical Rehabilitation
Clinical outcomes	Mortality – cancer	All cancer deaths per 100,000 population per year	N/A	All deaths per year due to cancer	Outcome	Population	Centers for Disease Control and Prevention
Clinical outcomes	Mortality – cancer	Cancer deaths per 100,000 population per year for colorectal cancer	N/A	Deaths per year due to colorectal cancer	Outcome	Population	Centers for Disease Control and Prevention
Clinical outcomes	Mortality – cancer	Lung cancer deaths per 100,000 population per year	N/A	Deaths per year due to lung cancer	Outcome	Population	Centers for Disease Control and Prevention

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Mortality – cancer	Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer	1790	Percentage of patients greater than or equal to 18 years of age undergoing elective lung resection (open or VATS wedge resection, segmentectomy, lobectomy, bilobectomy, sleeve lobectomy, pneumonectomy) for lung cancer who developed any of the following postoperative complications: reintubation, need for tracheostomy, initial ventilator support > 48 hours, ARDS, pneumonia, pulmonary embolus, bronchopleural fistula, unexpected return to the operating room, myocardial infarction, or operative mortality (death during the index hospitalization, regardless of timing, or within 30 days, regardless of location).	Outcome	Facility	The Society of Thoracic Surgeons
Clinical outcomes	Mortality – maternal	Maternal mortality rate	N/A	Maternal mortality rate per 100,000 live births	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Neonatal Blood Stream Infection Rate (NQI 03)	0478	Discharges with healthcare-associated blood stream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 3 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.	Outcome	Facility	Agency for Healthcare Research and Quality
Clinical outcomes	Poor birth outcomes (baby)	Birth Trauma – Injury to Neonate (PSI 17)	0474	Percentage of newborn discharges with an ICD-9-CM diagnosis code of birth trauma in a one-year time period.	Outcome	Facility	Agency for Healthcare Research and Quality
Clinical outcomes	Poor birth outcomes (baby)	Neonatal mortality rate per 1,000 live births	N/A	The neonatal mortality rate per 1,000 live births.	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Perinatal mortality rate per 1,000 live births plus fetal deaths	N/A	The perinatal mortality rate per 1,000 live births plus fetal deaths.	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Post-neonatal mortality rate per 1,000 live birth	N/A	The post-neonatal mortality rate per 1,000 live births.	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Infant mortality rate per 1,000 live births	N/A	The infant mortality rate per 1,000 live births.	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Percentage of low birthweight births	1382	The percentage of births with birthweight < 2,500 grams	Outcome	Population, facility	Centers for Disease Control and Prevention
Clinical outcomes	Poor birth outcomes (baby)	Infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations	N/A	The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Preterm-related mortality rate per 100,000 live births	N/A	Preterm-related mortality rate per 100,000 live births	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Low birthweight deliveries (< 2,500 grams)	N/A	Percent of low birthweight deliveries (< 2,500 grams)	Outcome	Population	Health Resources and Services Administration

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Poor birth outcomes (baby)	Low birth weight deliveries (1,500–2,499 grams)	N/A	Percent of moderately low birth weight deliveries (1,500–2,499 grams)	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Very low birth weight deliveries (< 1,500 grams)	N/A	Percent of very low birth weight deliveries (< 1,500 grams)	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Early preterm births (<34 weeks gestation)	N/A	Percent of early preterm births (< 34 weeks gestation)	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Early term births (37, 38 weeks gestation)	N/A	Percent of early term births (37, 38 weeks gestation)	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	N/A	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Late preterm births (34–36 weeks gestation)	N/A	Percent of late preterm births (34–36 weeks gestation)	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	Preterm births (<37 weeks gestation)	N/A	Percent of preterm births (< 37 weeks gestation)	Outcome	Population	Health Resources and Services Administration
Clinical outcomes	Poor birth outcomes (baby)	PC-04 Health Care-Associated Bloodstream Infections in Newborns	1731	This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding).	Outcome	Facility	The Joint Commission
Clinical outcomes	Poor birth outcomes (baby)	Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)	0304	Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants	Outcome	Facility	Vermont Oxford Network
Clinical outcomes	Quality of life	Measure #435 Quality of Life Assessment For Patients With Primary Headache Disorders	N/A	Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved	Outcome	Clinician	American Academy of Neurology
Clinical outcomes	Quality of life	Quality of Life for Patients with Neurotology Disorders	N/A	Percentage of neurotology patients whose most recent Quality of Life scores were maintained or improved during the measurement period.	Outcome	Clinician	American Academy of Ophthalmology
Clinical outcomes	Quality of life	Quality of Life Outcome for Patients with Epilepsy	N/A	Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.	Outcome	Clinician	Axon Registry
Clinical outcomes	Quality of life	Quality of Life Outcome for Patients with Neurologic Conditions	N/A	Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.	Outcome	Clinician	Axon Registry

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Quality of life	Patient Reported Health-Related Quality of Life (HRQoL) during Treatment for Advanced Cancer	N/A	Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQOL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the most recent total score indicates the same or better quality of life. Two rates are reported: 1. Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQOL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart. 2. Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQOL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the most recent total score indicates the same or better quality of life.	Outcome	Clinician	Premier
Clinical outcomes	Quality of life	Quality of Life – Physical Health Outcomes by Oberd	N/A	Calculation of the percent of patients who meet the minimally clinically important difference (MCID) thresholds for improvement in quality of life (QoL) physical component score from patient-reported outcomes assessments (VR-12, SF-12, SF-36, PROMIS Global 10 or equivalent Computer Adaptive Test (CAT) assessment, if available) following a spine surgical intervention (cervical or lumbar)	Outcome	Clinician	SpineTRACK Registry
Clinical outcomes	Quality of life	Change in patient reported quality of life following epidural corticosteroid injection	N/A	Measurement of the change in patient reported quality of life following caudal, lumbar, thoracic, or cervical epidural corticosteroid injection. Quality of life measurement on standardized scale includes pain, mobility, psychological well-being, analgesic medication use, and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical outcomes	Quality of life	Change in patient reported quality of life following interspinous indirect decompression (spacer)	N/A	Measurement of the change in patient reported quality of life following interspinous indirect decompression (spacer). Quality of life measurement on standardized scale includes pain, mobility, psychological well-being, analgesic medication use, and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical outcomes	Quality of life	Change in patient reported pain and functional status following spinal cord stimulator implantation	N/A	Measurement of the change in patient reported quality of life following spinal cord stimular implantation for failed back surgery syndrome. Quality of life measurement on standardized scale includes pain, mobility, analgesic medication use, psychological well-being and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical outcomes	Quality of life	Change in patient reported quality of life following intrathecal pump implantation	N/A	Measurement of the change in patient reported quality of life following intrathecal pump implantation. Quality of life measurement on standardized scale includes pain, mobility, psychological well-being, and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical outcomes	Quality of life	Change in patient reported quality of life and functional status following medial branch radiofrequency ablation	N/A	Measurement of the change in patient reported quality of life following medial branch radiofrequency ablation. Quality of life measurement on standardized scale includes mobility, analgesic medication use, psychological well-being, and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical outcomes	Quality of life	Change in patient reported quality of life following major joint corticosteroid injection	N/A	Measurement of the change in patient reported quality of life following major joint corticosteroid injection. Quality of life measurement on standardized scale includes pain, mobility, analgesic medication use, and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical outcomes	Quality of life	Change in patient reported quality of life following epidural lysis of adhesions	N/A	Measurement of the change in patient reported quality of life following epidural lysis of adhesions. Quality of life measurement on standardized scale includes pain, mobility, analgesic medication use, and activities of daily living.	Outcome	Clinician	American Society of Interventional Pain Physicians
Clinical Outcomes	Recovery	Alcohol Use Disorder Outcome Response	N/A	The percentage of adult patients (18 years of age or older) who report problems with drinking alcohol AND with documentation of a standardized screening tool (e.g., AUDIT, AUDIT-C, DAST, TAPS) AND demonstrated a response to treatment at three months (+/- 60 days) after the index visit	Outcome	Clinician	MBHR Mental and Behavioral Health Registry

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Clinical outcomes	Well-being	Medicare Health Outcomes Survey (HOS)	N/A	This measure provides a general indication of how well a Medicare organization manages the physical and mental health of its members. The survey measures each member's physical and mental health status at the beginning and the end of a two-year period.	Outcome	Health plan	National Committee for Quality Assurance
Coordination of care and community services	Community collaboration	Discharge to Community	2858	The Discharge to Community measure determines the percentage of all new admissions from a hospital who are discharged back to the community alive and remain out of any skilled nursing center for the next 30 days. The measure, referring to a rolling year of MDS entries, is calculated each quarter. The measure includes all new admissions to a SNF regardless of payor source.	Outcome	Facility	American Health Care Association
Coordination of care and community services	Community collaboration	Discharge to Community- Post Acute Care Measure for Home Health Agencies	3477	The Discharge to Community-Post Acute Care Measure for Home Health Agencies (DTC-PAC HHA) measure was developed to address the resource use and other measures domain of Discharge to the Community, a domain mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). The measure was developed using calendar year 2012–2013 data. This Medicare claims-based outcome measure assesses successful discharge to community from an HHA, with successful discharge to community including no unplanned hospitalizations and no death in the 31 days following discharge. Specifically, this measure reports an HHA's risk-standardized rate of Medicare fee-for-service (FFS) patients who are discharged to the community following an HHA stay, and do not have an unplanned admission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. The measure is based on Medicare FFS claims data and is calculated using two consecutive years of data. This measure submission is based on CY 2015-2016 data; i.e., HHA discharges from January 1, 2015, through December 31, 2016. The measure was adopted by the Centers for Medicare & Medicaid Services (CMS) for the HH Quality Reporting Program finalized in the Calendar Year (CY) 2017 HH Quality Reporting Program (QRP) Final Rule and implementation began October 2016. Confidential feedback reports on measure performance were distributed to HH providers in early 2018. The measure will be publicly reported on the Home Health Compare website (https://www.medicare.gov/homehealthcompare) in January 2019 using CY 2016–2017 data. Four claims-based discharge to community measures were developed for IRF, LTCH, skilled nursing facility, and home health agency settings, respectively, to meet the mandate of the IMPACT Act. These measures were conceptualized uniformly across the four settings, in terms of the definition of the discharge to community outcome, the approach to risk adjustment, and the measure calculation.	Outcome	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Discharge to Community-Post Acute Care Measure for Inpatient Rehabilitation Facilities (IRF)	3479	The Discharge to Community-Post Acute Care Measure for Inpatient Rehabilitation Facilities (DTC-PAC IRF) was developed to address the resource use and other measures domain of Discharge to the Community mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). This outcome measure assesses successful discharge to community from an IRF, with successful discharge to community including no unplanned rehospitalizations and no death in the 31 days following IRF discharge. The measure reports an IRF's risk-standardized rate of Medicare fee-for-service (FFS) patients who are discharged to the community following an IRF stay, and do not have an unplanned readmission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. The measure is calculated using two consecutive years of Medicare FFS claims data and was developed using calendar year (CY) 2012-2013 data. This submission is based on fiscal year (FY) 2016-2017 data; i.e., IRF discharges from October 1, 2015, through September 30, 2017. The measure was adopted by the Centers for Medicare & Medicaid Services (CMS) for the IRF Quality Reporting Program (QRP) finalized in the FY 2017 IRF Prospective Payment System (PPS) Final Rule and implementation began October 1, 2016 [1]. Confidential feedback reports on measure performance were distributed to IRF providers in Fall 2017. The measure will be publicly reported on the IRF Compare website (https://www.medicare.gov/inpatientrehabilitationfacilitycompare/) in Fall 2018 using FY 2016–2017 data. Four claims-based discharge to community measures were developed for IRF, LTCH, skilled nursing facility, and home health agency settings to meet the mandate of the IMPACT Act. These measures were conceptualized uniformly across the four settings, in terms of the definition of the discharge to community outcome, the approach to risk adjustment, and the measure calculation. References [1] Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2017 Federal Register, Vol. 81, No. 151. https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18196.pdf	Outcome	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Discharge to Community-Post Acute Care Measure for Long-Term Care Hospitals (LTCH)	3480	The Discharge to Community-Post Acute Care Measure for Long-Term Care Hospitals (DTC-PAC LTCH) was developed to address the resource use and other measures domain of Discharge to the Community mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). This outcome measure assesses successful discharge to community from an LTCH, with successful discharge to community including no unplanned rehospitalizations and no death in the 31 days following LTCH discharge. The measure reports an LTCH's risk-standardized rate of Medicare fee-for-service (FFS) patients who are discharged to the community following an LTCH stay, and do not have an unplanned readmission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. The measure is calculated using two consecutive years of Medicare FFS claims data and was developed using calendar year (CY) 2012-2013 data. This submission is based on fiscal year (FY) 2016-2017 data; i.e., LTCH discharges from October 1, 2015, through September 30, 2017. The measure was adopted by the Centers for Medicare & Medicaid Services (CMS) for the LTCH Quality Reporting Program (QRP) finalized in the FY 2017 Inpatient Prospective Payment System (IPPS)/LTCH PPS Final Rule and implementation began October 1, 2016 [1]. Confidential feedback reports on measure performance were distributed to LTCH providers in Fall 2017. The measure will be publicly reported on the LTCH Compare website (https://www.medicare.gov/longtermcarehospitalcompare/) in Fall 2018 using FY 2016–2017 data. Four claims-based discharge to community measures were developed for LTCH, inpatient rehabilitation facility, skilled nursing facility, and home health agency settings to meet the mandate of the IMPACT Act. These measures were conceptualized uniformly across the four settings, in terms of the definition of the discharge to community outcome, the approach to risk-adjustment, and the measure calculation. References [1] Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; Technical Changes Relating to Costs to Organizations and Medicare Cost Reports; Finalization of Interim Final Rules With Comment Period on LTCH PPS Payments for Severe Wounds, Modifications of Limitations on Redesignation by the Medicare Geographic Classification Review Board, and Extensions of Payments to MDHs and Low-Volume Hospitals, Vol. 81, No. 162. htt // /fd / k /FR 2016-08-22/ df/2016-18476 df	Outcome	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF)	3481	The Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (DTC-PAC SNF) was developed to address the resource use and other measures domain of Discharge to the Community mandated by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). This outcome measure assesses successful discharge to community from a SNF, with successful discharge to community including no unplanned rehospitalizations and no death in the 31 days following SNF discharge. The measure reports a SNF's risk-standardized rate of Medicare fee-for-service (FFS) residents who are discharged to the community following a SNF stay, and do not have an unplanned readmission to an acute care hospital or long-term care hospital (LTCH) in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. The measure is calculated using one year of Medicare FFS claims data and was developed using calendar year (CY) 2013 data. This submission is based on fiscal year (FY) 2017 data; i.e., SNF admissions from October 1, 2016, through September 30, 2017. The measure was adopted by the Centers for Medicare & Medicaid Services (CMS) for the SNF Quality Reporting Program (QRP) finalized in the FY 2017 SNF Prospective Payment System (PPS) Final Rule and implementation began October 1, 2016 [1]. Confidential feedback reports on measure performance were distributed to SNF providers in Fall 2017. The measure will be publicly reported on the SNF Compare website (https://www.medicare.gov/nursinghomecompare/search.html?) in Fall 2018 using FY 2017 data. Four claims-based discharge to community measures were developed for SNF, LTCH, inpatient rehabilitation facility, and home health agency settings to meet the mandate of the IMPACT Act. These measures were conceptualized uniformly across the four settings, in terms of the definition of the discharge to community outcome, the approach to risk adjustment, and the measure calculation. References [1] Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2017, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and SNF Payment Models Research, Vol. 81, No. 151. https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18113.pdf	Outcome	Facility	Centers for Medicare & Medicaid Services
Coordination of care and community services	Community collaboration	Percentage of short-stay residents who were successfully discharged to the community	N/A	The short-stay successful community discharge measure determines the percentage of all new admissions to a nursing home from a hospital where the resident was discharged to the community within 100 calendar days of entry and for 30 subsequent days, they did not die, were not admitted to a hospital for an unplanned inpatient stay, and were not readmitted to a nursing home. Note that lower values of the short-stay successful community discharge measure indicate worse performance on the measure.	Outcome	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	CAHPS® Home- and Community-Based Services Measures	2967	CAHPS Home- and Community-Based Services measures derive from a cross disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state. (For additional information on the accountable entity, see Measures Testing form item #1.5 below.) The measures consist of 7 scale measures, 6 global rating and recommendation measures, and 6 individual measures: Scale Measures 1. Staff are reliable and helpful – top-box score composed of 6 survey items 2. Staff listen and communicate well – top-box score composed of 11 survey items 3. Case manager is helpful – top-box score composed of 3 survey items 4. Choosing the services that matter to you – top-box score composed of 2 survey items 5. Transportation to medical appointments – top-box score composed of 3 survey items 6. Personal safety and respect – top-box score composed of 3 survey items 7. Planning your time and activities – top-box score composed of 6 survey items Global Ratings Measures 8. Global rating of personal assistance and behavioral health staff- top-box score on a 0–10 scale 9. Global rating of homemaker- top-box score on a 0–10 scale 10. Global rating of case manager- top-box score on a 0–10 scale Recommendations Measures 11. Would recommend personal assistance/behavioral health staff to family and friends – top-box score on a 1–4 scale (Definitely no, Probably no, Probably yes, Definitely yes) 12. Would recommend homemaker to family and friends – top-box score on a 1–4 scale (Definitely no, Probably P b bl D fi it l)	Outcome	Population	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-1 Has Care Coordinator	2842	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 1, described below. The short descriptions of each quality measure follows; full details of FECC-1 are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-5: Care coordinator asked about concerns and health	2844	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 5, described below. The short descriptions of each quality measure follows; full details are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0-100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-7: Care coordinator assisted with specialist service referrals	2845	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 7, described below. The short descriptions of each quality measure follows; full details are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-8: Care coordinator was knowledgeable, supportive and advocated for child's needs	2846	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 8, described below. The short descriptions of each quality measure follows; full details for FECC-8 are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-9: Appropriate written visit summary content	2847	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0-17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 9, described below. The short descriptions of each quality measure follows; full details for FECC-9 are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-15: Caregiver has access to medical interpreter when needed	2849	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 15, described below. The short descriptions of each quality measure follows; full details for FECC-15 are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Community collaboration	Family Experiences with Coordination of Care (FECC)-16: Child has shared care plan	2850	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 16, described below. The short descriptions of each quality measure follows; full details for FECC-16 are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute
Coordination of care and community services	Housing (e.g., availability, quality, affordability)	Housing Status	N/A	Housing Status: Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Process	Facility	Health Resources and Services Administration

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Identification of community services	Family Experiences with Coordination of Care (FECC)-3: Care coordinator helped to obtain community services	2843	The Family Experiences with Coordination of Care (FECC) Survey was developed to gather information about the quality of care coordination being received by children with medical complexity (CMC) over the previous 12 months. The FECC Survey is completed by English- and Spanish-speaking caregivers of CMC aged 0–17 years with at least 4 medical visits in the previous year, and it includes all of the information needed to score 20 separate and independent quality measures, a sub-set of 8 of which are included in this submitted measure set. CMC are identified from administrative data using the Pediatric Medical Complexity Algorithm (PMCA)1, which uses up to 3 years' worth of International Classification of Diseases – 9th Revision (ICD-9) codes to classify a child's illness with regard to chronicity and complexity. CMC are children identified by the PMCA as having complex, chronic disease. The full NQF submission includes a set of 8 of the FECC quality measures; this submission relates to FECC 3, described below. The short descriptions of each quality measure follows; full details are provided in the Detailed Measure Specifications (see S.2b): 2842: FECC-1: Has care coordinator 2843: FECC-3: Care coordinator helped to obtain community services 2844: FECC-5: Care coordinator asked about concerns and health changes 2845: FECC-7: Care coordinator assisted with specialist service referrals 2846: FECC-8: Care coordinator was knowledgeable, supportive and advocated for child's needs 2847: FECC-9: Appropriate written visit summary content 2849: FECC-15: Caregiver has access to medical interpreter when needed 2850: FECC-16: Child has shared care plan Each of the quality measures is scored on a 0–100 scale, with higher scores indicating better care. For dichotomous measures, a score of 100 indicates the child received the recommended care; a score of 0 indicates that they did not. Please see Detailed Measure Specifications (see S.2b) for additional measure-specific scoring information.	Process	Health plan, population	Seattle Children´s Research Institute
Coordination of care and community services	Pain management (non-narcotic)	Shared decision-making for post-operative management of discomfort following Rhinoplasty	N/A	Percentage of patients aged 15 years and older who had a rhinoplasty procedure who had documentation of a pre-operative shared-decision making strategy for multi-modal post-operative management of discomfort. Definitions: Documentation of discussion of at least two mechanisms of pain management from the following terms or phrases (one term or phrase from each list) will meet the measure: List 1) Non-opioid analgesics: Non-narcotic/Non-opioid, Acetaminophen/Tylenol, Cox-II inhibitor (Celecoxib), Local/Marcaine/Block, Anxiolytic, Tramadol, NSAID/ibuprofen List 2) Non-systemic: Ice/Cooling, Elevation, Rest, Mindfulness, Meditation	Process	Clinician	American Academy of Ophthalmology
Coordination of care and community services	Pain management (non-narcotic)	Non-Opioid Pain Management Following Mohs micrographic surgery	N/A	Percentage of cases of Mohs surgery who received a prescription for opioid/narcotic pain medication (prescription prior to or at the time of surgical discharge from the Mohs surgeon) following Mohs micrographic surgery.	Process	Clinician	MohsAIQ
Coordination of care and community services	Referral to community services	Cardiac Rehabilitation Patient Referral From an Inpatient Setting	0642	Percentage of patients admitted to a hospital with a primary diagnosis of an acute myocardial infarction or chronic stable angina or who during hospitalization have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation who are referred to an early outpatient cardiac rehabilitation/secondary prevention program.	Process	Clinician, facility	American Heart Association
Coordination of care and community services	Referral to community services	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	0643	Percentage of patients evaluated in an outpatient setting who in the previous 12 months have experienced an acute myocardial infarction or chronic stable angina or who have undergone coronary artery bypass (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery (CVS), or cardiac transplantation, who have not already participated in an early outpatient cardiac rehabilitation/secondary prevention program for the qualifying event, and who are referred to an outpatient cardiac rehabilitation/secondary prevention program.	Process	Clinician, integrated delivery system	American Heart Association

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Referral to community services	TOB-3 a Tobacco Use Treatment Provided or Offered at Discharge	1656	The measure is reported as an overall rate which includes all hospitalized patients 18 years of age an older to whom tobacco use treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received tobacco use treatment at discharge. Treatment at discharge includes a referral to outpatient counseling and a prescription for one of the FDA-approved tobacco cessation medications	Process	Facility	The Joint Commission
Coordination of care and community services	Referral to community services	SUB–3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge SUB–3a Alcohol & Other Drug Use Disorder Treatment at Discharge	1664	This measure describes patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder; OR who receive or refuse a referral for addictions treatment. This measure describes patients who are identified with alcohol or drug use disorder who receive at discharge a prescription for FDA-approved medications for alcohol or drug use disorder; OR who receive a referral for addictions treatment.	Process	Facility	The Joint Commission
Coordination of care and community services	Support for OUD	Continuity of care after inpatient or residential treatment for substance use disorder (SUD)	3453	Percentage of discharges from an inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18 to 64, which was followed by a treatment service for SUD. SUD treatment includes having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or ordered a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.) Two rates are reported, continuity within 7 and 14 days after discharge.	Process	Population	Centers for Medicare & Medicaid Services
Coordination of care and community services	Support for OUD	Use of pharmacotherapy for opioid use disorder (OUD)	3400	The percentage of Medicaid beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year. The measure will report any medications used in medication-assisted treatment of opioid dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.	Process	Population	Centers for Medicare & Medicaid Services
Coordination of care and community services	Support for OUD	Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) From Alcohol and/or Drugs	3312	Percentage of discharges from a detoxification episode for adult Medicaid beneficiaries, age 18–64, that was followed by a treatment service for substance use disorder (including the prescription or receipt of a medication to treat a substance use disorder (pharmacotherapy) within 7 or 14 days after discharge. This measure is reported across all detoxification settings.	Process	Population	Centers for Medicare & Medicaid Services
Coordination of care and community services	Transitions in care – general	Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care	2789	The Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care measures the quality of preparation for transition from pediatric-focused to adult-focused health care as reported in a survey completed by youth ages 16–17 years old with a chronic health condition. The ADAPT survey generates measures for each of the 3 domains: 1) Counseling on Transition Self-Management, 2) Counseling on Prescription Medication, and 3) Transfer Planning.	Outcome	Clinician, facility, health plan	Center of Excellence for Pediatric Quality Measurement
Coordination of care and community services	Transitions in care – general	Transfer of Health Information to the Patient—Post-Acute Care (PAC) Measure	N/A	The Transfer of Health Information to the Patient Post-Acute Care (PAC) measure is a process-based measure that assesses whether or not a current reconciled medication list was provided to the patient, family, or caregiver when the patient was discharged from a PAC setting to a home setting.	Process	Facility	Centers for Medicare & Medicaid Services
Coordination of care and community services	Transitions in care – general	Transfer of Health Information to the Provider—Post-Acute Care (PAC) Measure	N/A	The purpose of this measure is to assess for and report on the timely transfer of health information when a patient is discharged from their current setting of care. For this measure, the timely transfer of health information specifically assesses for the transfer of the patient's current reconciled medication list. This process measure calculates the proportion of patient/resident stays or quality episodes with a discharge/transfer assessment indicating that a current reconciled medication list was provided to the subsequent provider at the time of discharge/transfer.	Process	Facility	Centers for Medicare & Medicaid Services
Coordination of care and community services	Transitions in care – general	ASC-15c: OAS CAHPS—Preparation for Discharge and Recovery	N/A	Q14. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	Outcome	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Coordination of care and community services	Transitions in care – general	OP–37c: OAS CAHPS—Preparation for Discharge and Recovery	N/A	Q14. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	Outcome	Facility	Centers for Medicare & Medicaid Services
Coordination of care and community services	Transitions in care – general	Critical Care Transfer of Care – Use of Verbal Checklist or Protocol	N/A	Percentage of Adult Patients Transferred from the Critical Care Service to a Non-Critical Care Service Who Had Documented Use of a Verbal Protocol for the Transfer of Care Between the Transferring Clinician and the Accepting Clinician	Process	Clinician	Hospitalist – Clinical Performance Registry
Coordination of care and community services	Transitions in care – general	Adolescents with and without special health care needs	N/A	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care	Process	Population	Health Resources and Services Administration
Coordination of care and community services	Transitions in care – general	Closing the Mohs Surgery Referral Loop: Transmission of Surgical Report	N/A	Percentage of Mohs micrographic surgery cases or Mohs surgical defect reconstruction cases for which the reconstruction was performed by a different surgeon than the Mohs surgeon, regardless of patient age, for which a report is sent from the treating provider to the referring provider within 30 days.	Process	Clinician	MohsAIQ
Coordination of care and community services	Transitions in care – general	Transitions of Care (TRC)	N/A	The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year. Four rates are reported: Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission or the following day. Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge or the following day. Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).	Process	Health plan	National Committee for Quality Assurance
Coordination of care and community services	Transitions in care – general	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care).	0648	Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge	Process	Facility, integrated delivery system	PCPI
Coordination of care and community services	Transitions in care – general	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0647	Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements	Process	Facility, integrated delivery system	PCPI
Coordination of care and community services	Transitions in care – general	Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician	N/A	Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) and who are undergoing maintenance hemodialysis or peritoneal dialysis in an outpatient dialysis facility and for whom documentation is sent to the dialysis unit or referring physician within two business days of the procedure completion or consultation by an interventional nephrologist, radiologist, or vascular surgeon.	Process	Clinician	Renal Physicians Association Kidney Quality Improvement Program
Coordination of care and community services	Transitions in care – general	3-Item Care Transition Measure (CTM-3)	0228	The CTM-3 is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days.	Outcome	Facility	University of Colorado Denver Anschutz Medical Campus
Coordination of care and community services	Transitions in care – general	EMERGENCY TRANSFER COMMUNICATION MEASURE	0291	Percentage of patients transferred to another healthcare facility whose medical record documentation indicated that REQUIRED information was communicated to the receiving facility prior to departure (SUBSECTION 1) OR WITHIN 60 MINUTES OF TRANSFER (SUBSECTION 2-7)	Process	Facility	University of Minnesota Rural Health Research Center

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Health behaviors	Nutrition/ malnutrition	Percent of High Risk Residents with Pressure Ulcers (Long Stay)	0679	This measure reports the percentage of long-stay residents identified as at high risk for pressure ulcers in a nursing facility who have one or more Stage 2–4 or unstageable pressure ulcer(s) reported on a target Minimum Data Set (MDS) assessment (OBRA, PPS, and/or discharge) during their episode during the selected target quarter. High risk populations are defined as those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition. Long-stay residents are identified as residents who have had at least 101 cumulative days of nursing facility care. A separate measure (NQF #0678, Percent of Residents With Pressure Ulcers That are New or Worsened (Short-Stay)) is to be used for residents whose length of stay is less than or equal to 100 days.	Outcome	Facility	Centers for Medicare & Medicaid Services
Health behaviors	Nutrition/ malnutrition	Percent of Residents Who Lose Too Much Weight (Long-Stay)	0689	This measure reports the percentage of long-stay nursing home residents with a target Minimum Data Set (MDS) assessment (OBRA, PPS, Discharge) that indicates a weight loss of 5% or more of the baseline weight in the last 30 days or 10% or more of the baseline weight in the last 6 months, which is not a result of a physician-prescribed weight-loss regimen. The baseline weight is the resident's weight closest to 30 or 180 days before the date of the target assessment. Long-stay residents are identified as residents who have had at least 101 cumulative days of nursing facility care.	Outcome	Facility	Centers for Medicare & Medicaid Services
Health behaviors	Nutrition/ malnutrition	Unintentional Weight Loss – Risk Assessment and Plan of Care	N/A	Percentage of Adult Post-acute Facility Patients that Had a Risk Assessment for Unintentional Weight Loss and a Plan of Care for Unintentional Weight Loss Documented by Provider	Process	Clinician	Hospitalist – Clinical Performance Registry
Health behaviors	Nutrition/ malnutrition	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	0024	Percentage of patients 3–17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year: - Body mass index (BMI) percentile documentation - Counseling for nutrition - Counseling for physical activity	Process	Clinician, health plan, integrated delivery system	National Committee for Quality Assurance
Health behaviors	Nutrition/ malnutrition	Appropriate Documentation of a Malnutrition Diagnosis	N/A	Percentage of patients age 18 years and older who are found to be severely or moderately malnourished based on a nutrition assessment that have appropriate documentation in the medical record of a malnutrition diagnosis	Process	Clinician	Premier
Health behaviors	Nutrition/ malnutrition	Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist	N/A	Percentage of patients age 18 years and older who are nutritionally at-risk that have documented nutrition intervention recommendations by a registered dietitian nutritionist or clinical qualified nutrition professional if identified with moderate or severe malnutrition as part of a nutrition assessment	Process	Clinician	Premier
Health behaviors	Nutrition/ malnutrition	Obtaining Preoperative Nutritional Recommendations from a Registered Dietitian Nutritionist (RDN) in Nutritionally At-Risk Surgical Patients	N/A	Percentage of patients age 18 years and older who have undergone a surgical procedure and were identified to be at-risk for malnutrition based on a malnutrition screening OR who were referred to a registered dietitian nutritionist or clinically qualified nutrition professional and have a preoperative nutrition assessment which was documented in the medical record along with documentation of any recommended nutrition interventions.	Process	Clinician	U.S. Wound Registry

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Health behaviors	Nutrition/ malnutrition	Patient Reported Nutritional Assessment in Patients with Wounds and Ulcers	N/A	The percentage of patients aged 18 years and older with a diagnosis of a wound or ulcer of any type who self-report nutritional screening with a validated tool (such as the Self-MNA by Nestlé) within the 12-month reporting period. Using the Self-MNA® by Nestlé, if a patient at risk of malnutrition has an MNA score of 8–11 and documented weight loss, the clinician should subsequently create a follow-up plan (e.g., diet enhancement and oral supplementation of 400 kcal/d2), close weight monitoring, and a more in-depth nutrition assessment. Malnourished patients with scores of 0–7 would be offered treatment with nutritional intervention (ONS 400-600 kcal/d2 and diet enhancement), close weight monitoring and a more in-depth nutrition assessment. No specific products will be recommended as part of the measure. A follow-up plan is documented during the encounter from the patient reported nutritional assessment.	Process	Clinician	U.S. Wound Registry
Health behaviors	Nutrition/ malnutrition	Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist	N/A	Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/Interventions by a Registered Dietitian Nutritionist	Process	Clinician	U.S. Wound Registry
Health behaviors	Obesity	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter Normal Parameters: Age 18 years and older BMI >= 18.5 and < 25 kg/m2	Process	Clinician	Centers for Medicare & Medicaid Services
Health behaviors	Obesity	Adults age 20 and over with obesity who had been told by a doctor or health professional that they were overweight	N/A	Percentage of patients age 20 and over with a body mass index of 30 or greater who had an outpatient visit and received information about their BMI status	Process	Population	Centers for Disease Control and Prevention
Health behaviors	Obesity	Adults with obesity who ever received advice from a health professional about eating fewer high-fat or high-cholesterol foods	N/A	Percentage of patients age 18 and over with a body mass index of 30 or greater who had an outpatient visit and received counseling for nutrition	Process	Facility	Agency for Healthcare Research and Quality
Health behaviors	Obesity	Adults with obesity who ever received advice from a health professional to exercise more	N/A	Percentage of patients age 18 and over with a body mass index of 30 or greater who had an outpatient visit and received counseling for physical activity	Process	Facility	Agency for Healthcare Research and Quality
Health behaviors	Obesity	Children ages 2-19 with obesity who had been told by a doctor or health professional that they were overweight	N/A	Percent of children ages 2–19 with a body mass index (BMI) greater than or equal to the 95th percentile on the BMI-for-age, sex-specific 2000 CDC growth charts who received information about their BMI status	Process	Population	Substance Abuse and Mental Health Services Administration
Health behaviors	Obesity	Children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	N/A	Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	Outcome	Population	Health Resources and Services Administration
Health behaviors	Obesity	Adult BMI Assessment	N/A	Percent of plan members with an outpatient visit who had their "Body Mass Index" (BMI) calculated from their height and weight and recorded in their medical records.	Process	Health plan	National Committee for Quality Assurance

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Health behaviors	Obesity	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	2601	The percentage of patients 18 years and older with a serious mental illness who received a screening for body mass index and follow-up for those people who were identified as obese (a body mass index greater than or equal to 30 kg/m2). Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (Preventive Care & Screening: Body Mass Index: Screening and Follow-Up NQF #0421). It is currently stewarded by CMS.	Process	Health plan	National Committee for Quality Assurance
Health behaviors	Obesity	Adult Body Mass Index Assessment (ABA-AD)	N/A	Percentage of Medicaid beneficiaries ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Process	Health plan	National Committee for Quality Assurance
Health behaviors	Physical activity older adults	ACO 5 CAHPS for ACOs: Health Promotion and Education	N/A	In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness? In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits? In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get? In the last 6 months, did anyone on your health care team talk with you about specific goals for your health? In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed? In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?	Outcome	Integrated delivery system	Agency for Healthcare Research and Quality
Health behaviors	Physical activity older adults	Measure #293: Parkinson's Disease: Rehabilitative Therapy Options	N/A	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually	Process	Clinician	American Academy of Neurology
Health behaviors	Physical activity older adults	Exercise and Appropriate Physical Activity Counseling for Patients with MS	N/A	Percentage of patients with MS who are counseled* on the benefits of exercise and appropriate physical activity for patients with MS in the past 12 months.	Process	Clinician	Axon Registry
Health behaviors	Physical activity older adults	Improvement in pain interfering with activity	0177	The percentage of home health episodes of care during which the frequency of the patient´s pain when moving around improved.	Outcome	Facility	Centers for Medicare & Medicaid Services
Health behaviors	Physical activity older adults	Monitoring Physical Activity	0029	Percent of senior plan members who discussed exercise with their doctor and were advised to start, increase, or maintain their physical activity during the year. HEDIS Label: Physical Activity in Older Adults (PAO)	Process	Health plan	National Committee for Quality Assurance
Health behaviors	Physical activity older adults	Improving or Maintaining Physical Health (HOS)	N/A	Percent of all plan members whose physical health was the same or better than expected after two years.	Outcome	Health plan	National Committee for Quality Assurance
Health behaviors	Physical activity older adults	Physical Therapy or Nursing Rehabilitation/Restorative Care for Long-stay Patients with New Balance Problem	0673	Percentage of long-stay nursing home patients 65 years old or older who have a new balance problem who receive physical therapy or nursing rehabilitation/restorative care	Process	Facility, health plan, integrated delivery system, population	RAND Corporation

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Health behaviors	Smoking	Women who smoke during pregnancy	N/A	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes	Structure	Population	Health Resources and Services Administration
Preventive care and screening	Behavioral health – screening	Measure #283: Dementia: Neuropsychiatric Symptom Assessment	N/A	Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and reviewed at least once in a 12-month period. Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management Symptoms screening is for three domains: activity disturbances, mood disturbances, and thought and perceptual disturbances, including depression. To meet the measure, a documented behavioral and psychiatric symptoms screen inclusive of at least one or more symptoms from each of three defined domains AND documented symptom management recommendations if safety concerns screening is positive within the last 12 months.	Process	Clinician	American Academy of Neurology
Preventive care and screening	Behavioral health – screening	Measure #290: Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment	N/A	All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually	Process	Clinician	American Academy of Neurology
Preventive care and screening	Behavioral health – screening	Querying and follow-up for co-morbid conditions of tic disorder (TD) and Tourette syndrome (TS)	N/A	Percentage of patients who were queried for psychological and/or behavioral co-morbid conditions of tic disorder (TD) or Tourette syndrome (TS) and, if present, treated or referred for treatment of co-morbid conditions	Process	Clinician	Axon Registry
Preventive care and screening	Behavioral health – screening	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	0418	Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Process	Clinician	Centers for Medicare & Medicaid Services
Preventive care and screening	Behavioral health – screening	Posttraumatic Stress Disorder (PTSD) Screening and Outcome Assessment	N/A	The percentage of patients with a history of a traumatic event (i.e., an experience that was unusually or especially frightening, horrible, or traumatic) who report symptoms consistent with PTSD for at least one month following the traumatic event AND with documentation of a standardized symptom monitor (PCL-5 for adults, CATS for child/adolescent) AND demonstrated a response to treatment at three months (+/- 60 days) after the index visit. This measure is a multi-strata measure, which addresses symptom monitoring for both child and adult patients being treated for post-traumatic stress symptoms. Assessment instruments monitoring severity of symptoms for PTSD are validated either for adult or child populations. Thus, while the measurement structure will be similar for both populations, the specified instruments for symptom monitoring will be different.	Outcome	Clinician	MBHR Mental and Behavioral Health Registry
Preventive care and screening	Behavioral health – screening	Depression Screening and Follow-Up for Adolescents and Adults (DSF)	N/A	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.	Process	Health Plan	National Committee for Quality Assurance

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Preventive care and screening	Behavioral health – screening	Screening for Depression and Follow-up Plan in Home-Based Primary Care and Palliative Care Patients	N/A	Percentage of actively enrolled home-based primary care and palliative care patients who were screened for the presence of depression symptoms at enrollment and annually AND if positive, have a treatment plan for depression documented on the date of the positive screen.	Process	Clinician	National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine, Powered by Premier, Inc.
Preventive care and screening	Behavioral health – screening	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	0104	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Process	Clinician	PCPI
Preventive care and screening	Behavioral health – screening	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	1365	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Process	Clinician	PCPI
Preventive care and screening	Behavioral health – screening	HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed	1922	The proportion of patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths.	Process	Facility	The Joint Commission
Preventive care and screening	Cancer screening – prostate	Non-Recommended PSA-Based Screening in Older Men (PSA)	N/A	The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.	Process	Health plan	National Committee for Quality Assurance
Preventive care and screening	Comprehensive substance use disorder screening	Substance Use Screening and Intervention Composite	2597	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results	Composite	Clinician	American Society of Addiction Medicine
Preventive care and screening	Family planning for interconception care	Measure #336: Maternity Care: Post-Partum Follow-Up and Care Coordination	N/A	Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning	Process	Clinician	Centers for Medicare & Medicaid Services
Preventive care and screening	Family planning for interconception care	Prenatal and Postpartum Care: Postpartum Care (PPC-AD)	1517	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	Process	Health plan, integrated delivery system, population	National Committee for Quality Assurance
Preventive care and screening	Family planning for interconception care	Contraceptive Care - Access to LARC	2904	Percentage of women aged 15–44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS). It is an access measure because it is intended to identify situations in which women do not have access to the long-acting reversible methods of contraception (LARC), i.e., contraceptive implants and intrauterine devices.	Structure	Facility, health plan, population	U.S. Office of Population Affairs

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Preventive care and screening	Family planning for interconception care	Contraceptive Care – Most & Moderately Effective Methods	2903	The percentage of women aged 15–44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) methods of contraception. The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy.	Outcome	Facility, health plan, population	U.S. Office of Population Affairs
Preventive care and screening	Family planning for interconception care	Contraceptive Care - Postpartum	2902	Among women ages 15 through 44 who had a live birth, the percentage that is provided: 1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery. 2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.	Outcome	Health plan, population	U.S. Office of Population Affairs
Preventive care and screening	Medication reconciliation	Pediatric Medication reconciliation	N/A	Percentage of pediatric patients who had a medication review at every encounter and a medication list present in the medical record.	Process	Clinician	Axon Registry
Preventive care and screening	Medication reconciliation	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient	2456	This measure assesses the actual quality of the medication reconciliation process by identifying errors in admission and discharge medication orders due to problems with the medication reconciliation process. The target population is any hospitalized adult patient. The time frame is the hospitalization period. At the time of admission, the admission orders are compared to the preadmission medication list (PAML) compiled by trained pharmacist (i.e., the gold standard) to look for discrepancies and identify which discrepancies were unintentional using brief medical record review. This process is repeated at the time of discharge where the discharge medication list is compared to the PAML and medications ordered during the hospitalization.	Outcome	Facility	Brigham and Women´s Hospital
Preventive care and screening	Medication reconciliation	Medication Reconciliation on Admission	3317	Percentage of patients for whom a designated PTA medication list was generated by referencing one or more external sources of PTA medications and for which all PTA medications have a documented reconciliation action by the end of Day 2 of the hospitalization.	Process	Facility	Centers for Medicare & Medicaid Services
Preventive care and screening	Medication reconciliation	DRR Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP	N/A	Percentage of stays Inpatient Rehabilitation Facility (IRF), Long Term Care Facility (LTCH), and Skilled Nursing Facility (SNF) or care episodes Home Health (HH) in which a drug regimen review was conducted at the Admission (IRF, LTCH or SNF)/ Start of Care (SOC)/ Resumption of Care (ROC) (HH) and timely follow-up with a physician occurred each time potentially significant medication issues were identified throughout the stay (IRF, LTCH, or SNF) or care episode (HH).	Process	Facility	Centers for Medicare & Medicaid Services
Preventive care and screening	Medication reconciliation	DRR: Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	N/A	Percentage of stays Inpatient Rehabilitation Facility (IRF), Long Term Care Facility (LTCH), and Skilled Nursing Facility (SNF) or care episodes Home Health (HH) in which a drug regimen review was conducted at the Admission (IRF, LTCH or SNF)/ Start of Care (SOC)/ Resumption of Care (ROC) (HH) and timely follow-up with a physician occurred each time potentially significant medication issues were identified throughout the stay (IRF, LTCH, or SNF) or care episode (HH).	Process	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Preventive care and screening	Medication reconciliation	DRR: Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care	N/A	Percentage of stays Inpatient Rehabilitation Facility (IRF), Long Term Care Facility (LTCH), and Skilled Nursing Facility (SNF) or care episodes Home Health (HH) in which a drug regimen review was conducted at the Admission (IRF, LTCH or SNF)/ Start of Care (SOC)/ Resumption of Care (ROC) (HH) and timely follow-up with a physician occurred each time potentially significant medication issues were identified throughout the stay (IRF, LTCH, or SNF) or care episode (HH).	Process	Facility	Centers for Medicare & Medicaid Services
Preventive care and screening	Medication reconciliation	Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews	N/A	Some plan members are in a program (called a Medication Therapy Management program) to help them manage their drugs. The measure results are the percentage of members in the program who had an assessment of their medications from the plan. The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.	Process	Health plan	Centers for Medicare & Medicaid Services
Preventive care and screening	Medication reconciliation	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities	2988	Percentage of patient-months for which medication reconciliation* was performed and documented by an eligible professional.** * "Medication reconciliation" is defined as the process of creating the most accurate list of all home medications that the patient is taking, including name, indication, dosage, frequency, and route, by comparing the most recent medication list in the dialysis medical record to one or more external list(s) of medications obtained from a patient or caregiver (including patient-/caregiver-provided "brown bag" information), pharmacotherapy information network (e.g., Surescripts), hospital, or other provider. ** For the purposes of medication reconciliation, "eligible professional" is defined as: physician, RN, ARNP, PA, pharmacist, or pharmacy technician.	Process	Facility	Kidney Care Quality Alliance
Preventive care and screening	Medication reconciliation	Medication Reconciliation Post-Discharge	0097	The percentage of discharges for patients 18 years of age and older for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record by a prescribing practitioner, clinical pharmacist or registered nurse.	Process	Clinician, health plan, integrated delivery system	National Committee for Quality Assurance
Preventive care and screening	Medication reconciliation	Care for Older Adults (COA) – Medication Review	0553	Percentage of adults 65 years and older who had a medication review during the measurement year. A medication review is a review of all a patient's medications, including prescription medications, over-the-counter (OTC) medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist.	Process	Health plan	National Committee for Quality Assurance
Preventive care and screening	Medication reconciliation	Medication Reconciliation Post-Discharge	0554	The percent of plan members whose medication records were updated within 30 days after leaving the hospital. To update the record, a doctor (or other health care professional) looks at the new medications prescribed in the hospital and compares them with the other medications the patient takes. Updating the medication records can help to prevent errors that can occur when medications are changed.	Process	Health plan, integrated delivery system	National Committee for Quality Assurance
Preventive care and screening	Prescription to prevent mortality in patients at risk for opiate overdose	Safe Opioid Prescribing Practices	N/A	Percentage of patients, aged 18 years and older, prescribed opioid medications for longer than six weeks' duration for whom ALL of the following opioid prescribing best practices are followed: 1. Chemical dependency screening (includes laboratory testing and/or questionnaire) within the immediate 6 months prior to the encounter 2. Co-prescription of naloxone or documented discussion regarding offer of Naloxone co-prescription, if prescription is ≥50 MME/day 3. Non co-prescription of benzodiazepine medications by prescribing pain physician and documentation of a discussion with patient regarding risks of concomitant use of benzodiazepine and opioid medications.	Process	Clinician	Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Preventive care and screening	Prescription to prevent mortality in patients at risk for opiate overdose	Discharge Prescription of Naloxone after Opioid Poisoning or Overdose	N/A	Percentage of Opioid Poisoning or Overdose Patients Presenting to An Acute Care Facility Who Were Prescribed Naloxone at Discharge	Process	Clinician	Emergency–Clinical Performance Registry
Preventive care and screening	Psychosocial needs	Psychosocial Screening Using the Pediatric Symptom Checklist-Tool (PSC-Tool)	3332	Percentage of children from 3.00 to 17.99 years of age seen for a pediatric well child visit who have a Pediatric Symptom Checklist (PSC) Tool administered as a component of that visit.	Process	Clinician, population	Massachusetts General Hospital
Preventive care and screening	Psychosocial needs	Screening and monitoring for psychosocial problems among children and youth	N/A	Percentage of children from 3.00 to 17.99 years of age who are administered a parent-report, standardized and validated screening tool to assess broad-band psychosocial problems during an intake visit AND who demonstrated a reliable change in parent-reported problem behaviors 2 to 6 months after initial positive screen for externalizing and internalizing behavior problems.	Outcome	Clinician	MBHR Mental and Behavioral Health Registry
Preventive care and screening	Psychosocial needs	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	2801	Percentage of children and adolescents 1–17 years of age with a new prescription for an antipsychotic, but no indication for antipsychotics, who had documentation of psychosocial care as first-line treatment.	Process	Health plan, integrated delivery system, population	National Committee for Quality Assurance
Preventive care and screening	Screening – alcohol	Unhealthy Alcohol Use Screening and Follow-Up (ASF)	N/A	The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized tool and, if screened positive, received appropriate follow-up care.	Process	Health plan	National Committee for Quality Assurance
Preventive care and screening	Screening – alcohol	Alcohol Problem Use Assessment & Brief Intervention for Home-Based Primary Care and Palliative Care Patients	N/A	Percentage of newly enrolled and active home-based primary care and palliative care patients who were assessed for a problem with alcohol use at enrollment AND if positive, have a brief intervention for problematic alcohol use documented on the date of the positive assessment.	Process	Clinician	National Home-Based Primary Care & Palliative Care Registry in Collaboration with the American Academy of Home Care Medicine, Powered by Premier, Inc.
Preventive care and screening	Screening – alcohol	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	2152	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user	Process	Clinician	PCPI
Preventive care and screening	Screening – alcohol	SUB-1 Alcohol Use Screening	1661	Hospitalized patients 18 years of age and older who are screened within the first day of admission using a validated screening questionnaire for unhealthy alcohol use.	Process	Facility	The Joint Commission
Preventive care and screening	Screening – opioid misuse/abuse	Measure #414 Evaluation or Interview for Risk of Opioid Misuse	N/A	All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record	Process	Clinician	American Academy of Neurology
Preventive care and screening	Screening – opioid misuse/abuse	Safe Use of Opioids – Concurrent Prescribing	3316	Patients age 18 years and older prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge from a hospital-based encounter (inpatient or emergency department [ED], including observation stays)	Process	Facility	Centers for Medicare & Medicaid Services

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Preventive care and screening	Screening – opioid misuse/abuse	Use of a "PEG Test" to Manage Patients Receiving Opioids	N/A	Percentage of patients in an outpatient setting, aged 18 and older, in whom a stable dose of opioids are prescribed for greater than 6 weeks for pain control, and the results of a "PEG Test" are correctly interpreted and applied to the management of their opioid prescriptions.	Process	Clinician	MEDNAX
Preventive care and screening	Screening – substance use for at-risk populations	Measure #408 Opioid Therapy Follow-up Evaluation	N/A	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record	Process	Clinician	American Academy of Neurology
Preventive care and screening	Screening – substance use for at-risk populations	Substance Abuse Screening	N/A	Substance Abuse Screening: Percentage of new clients with a diagnosis of HIV who have been screened for substance use (alcohol and drugs) in the measurement year.	Process	Facility	Health Resources and Services Administration
Preventive care and screening	Screening – substance use for at-risk populations	Tobacco Use and Help with Quitting Among Adolescents	2803	Percentage of adolescents 12 to 20 years of age during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	Process	Clinician	National Committee for Quality Assurance
Preventive care and screening	Screening – substance use for at-risk populations	Alcohol Screening and Follow-up for People with Serious Mental Illness	2599	The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user. Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (NQF #2152: Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling). It was originally endorsed in 2014 and is currently stewarded by the American Medical Association (AMA-PCPI).	Process	Health plan	National Committee for Quality Assurance
Preventive care and screening	Screening – substance use for at-risk populations	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	2600	The percentage of patients 18 years and older with a serious mental illness or alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Two rates are reported. Rate 1: The percentage of patients 18 years and older with a diagnosis of serious mental illness who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Rate 2: The percentage of adults 18 years and older with a diagnosis of alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention NQF #0028). This measure is currently stewarded by PCPI.	Process	Health plan	National Committee for Quality Assurance
Preventive care and screening	Screening – substance use for at-risk populations	Pediatric Psychosis: Screening for Drugs of Abuse in the Emergency Department	2806	Percentage of children/adolescents age >= 5 to <= 19 years-old seen in the emergency department with psychotic symptoms who are screened for alcohol or drugs of abuse	Process	Facility	Seattle Children´s Research Institute
Preventive care and screening	Screening – tobacco	Tobacco Use: Screening and Cessation Intervention for Patients with Asthma and COPD	N/A	Percentage of patients aged 18 years and older with a diagnosis of asthma or COPD seen in the ED who were screened for tobacco use during any ED encounter AND who received tobacco cessation intervention if identified as a tobacco user	Process	Clinician	American College of Emergency Physicians
Preventive care and screening	Screening – tobacco	Measure #404 Anesthesiology Smoking Abstinence	N/A	The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure	Outcome	Clinician	American Society of Anesthesiologists

Topic	Subtopic	Measure Title	NQF #	Measure Description	Measure Type	Level of Analysis	Measure Steward
Preventive care and screening	Screening – tobacco	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Process	Clinician	PCPI
Preventive care and screening	Screening – tobacco	TOB-1 Tobacco Use Screening	1651	Hospitalized patients age 18 years and older who are screened within the first day of admission for tobacco use (cigarettes, smokeless tobacco, pipe and cigars) within the past 30 days	Process	Facility	The Joint Commission
Utilization of health services	Emergency department use – inappropriate	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	2689	Number of emergency department visits for caries-related reasons per 100,000 member months for all enrolled children	Outcome	Integrated delivery system	American Dental Association in behalf of the Dental Quality Alliance
Utilization of health services	Emergency department use – inappropriate	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health	2505	Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay.	Outcome	Facility	Centers for Medicare & Medicaid Services
Utilization of health services	Emergency department use – inappropriate	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	0173	Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.	Outcome	Facility	Centers for Medicare & Medicaid Services
Utilization of health services	Emergency department use – inappropriate	Emergency Department Utilization (EDU)	N/A	For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.	Structure	Health plan	National Committee for Quality Assurance