NARRATIVE SPECIFICATIONS FOR 28 CLAIMS-BASED QUALITY MEASURES INCLUDED IN THE PY2011 QUALITY AND RESOURCE USE REPORTS

(Note that while there are 28 measure categories, there are 41 individual measures within these measure categories)

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Chronic Obstructive Pulmonary Disease (COPD)				
1	Pharmacotherapy Management of COPD Exacerbation** Percentage of chronic obstructive pulmonary disease (COPD) exacerbations for patients 40 years or older who had an acute inpatient discharge or emergency department encounter between 1/ 1–11/30 of the measurement year and were dispensed appropriate medications Two rates are calculated: Rate 1: Percentage of patients dispensed a systemic corticosteroid within 14 days of the event Rate 2: Percentage of patients dispensed a bronchodilator within 30 days of the event	0549	Administrative Claims	Numerator 1: Medicare beneficiaries dispensed a prescription for systemic corticosteroid on or 14 days after the Episode Date. Numerator 2: Medicare beneficiaries dispensed prescription for a bronchodilator on or 30 days after the Episode Date.	Applies to both rates: Medicare beneficiaries (a) 40 years or older as of 1/1/11, (b) had continuous Medicare Parts A, B, and D coverage from the Episode Date through 30 days after the Episode Date with no gaps in coverage (note that the patient must be enrolled on the episode date), and (c) during 1/1/11 through 11/30/11 had an acute inpatient discharge or an emergency department visit with a primary diagnosis of COPD. Note: The eligible population is based on acute inpatient discharges and emergency department visits, not on patients. Exclusions: None.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Chronic Obstructive Pulmonary Disease (COPD) (continued)				
2	Use of Spirometry Testing to Diagnose COPD Percentage of patients at least 40 years old who had a new diagnosis of, or newly active, chronic obstructive pulmonary disease (COPD) and who received appropriate spirometry testing to confirm the diagnosis	0577	Administrative Claims	Medicare beneficiaries with at least one claim or encounter with any HCPCS code for spirometry testing within up to 1.5 years (1/1/2010) before to 180 days after the Index Episode Start Date (IESD).	Medicare beneficiaries who were a) 42 years or older as of 12/31/11, b) had continuous coverage for Medicare Parts A and B from up to 1.5 years (to 1/1/2010) prior to the IESD through 180 days after the IESD, with at most one gap in coverage of up to one month in each 12-month period prior to the IESD or in the 6-month period after the IESD, for a maximum of two gaps, and was covered as of the IESD, c) had an outpatient, emergency department, or acute inpatient visit with any diagnosis of COPD between 7/1/10 and 6/30/11, and d) had no claims with a diagnosis of COPD in the 1.5 years prior to the IESD. Exclusions: None.
	Bone, Joint, and Muscle Disorders				
3	Osteoporosis Screening for Chronic Steroid Use** Percentage of patients 18 years or older on chronic steroids for at least 180 days in the past 9 months and who had a bone density evaluation or osteoporosis treatment	0614	Administrative Claims	Medicare beneficiaries who had a bone density evaluation or osteoporosis treatment between 1/1/10 and 12/31/11.	Medicare beneficiaries 18 years or older as of 12/31/11, with continuous Medicare Parts A, B, and D coverage between 1/1/10 and 12/31/11, who were on chronic steroids for at least 180 days between 4/1/11 and 12/31/11. Exclusions: Pregnant Medicare beneficiaries.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Bone, Joint, and Muscle Disorders (continued)				
4	Osteoporosis Management in Women ≥ 67 Who Had a Fracture Percentage of women 67 years or older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the 6 months following the date of fracture	0053	Administrative Claims	Medicare beneficiaries who were appropriately treated or tested for osteoporosis after the fracture, defined by any of the following: 1) BMD test on the Index Episode Start Date (IESD) or in the 180-day period after the IESD, or 2) BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization), or 3) dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD	Medicare beneficiaries who were a) 67 years or older as of 12/31/11, b) had 12 months of continuous Medicare Parts A, B, and D coverage prior to the IESD through 6 months after the IESD, with no more than one gap in coverage of up to one month (and the patient must be enrolled on the IESD), and c) have a fracture during the 12-month Intake Period (7/1/10 to 6/30/11). Exclusion: Patients who had a BMD test or who received any osteoporosis treatment during the 365 days prior to the IESD.
5	Disease Modifying Antirheumatic Drug Therapy for Rheumatoid Arthritis** Percentage of patients 18 years or older diagnosed with rheumatoid arthritis who had at least one ambulatory prescription dispensed for a disease modifying antirheumatic drug (DMARD) during the measurement year	0054	Administrative Claims	Medicare beneficiaries who were dispensed at least one ambulatory prescription for a disease modifying antirheumatic drug in 2011.	Medicare beneficiaries 1) 18 years or older as of 12/31/11 and who had continuous Medicare Parts A, B, and D coverage with no more than a single one month gap in coverage in 2011 (and enrolled in December 2011), and 2) who had a diagnosis of rheumatoid arthritis between 1/1/11 and 11/30/11. Exclusions: Medicare beneficiaries who were pregnant in 2011 or who were diagnosed with HIV in 2010 or 2011.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Cancer				
6	Breast Cancer Surveillance for Women with a History of Breast Cancer** Percentage of female patients 18 years or older with a recent history of breast cancer treated with curative intent who had breast or chest wall surveillance in the past 12 months	0623	Administrative Claims	Female Medicare beneficiaries with a recent history of breast cancer treated with curative intent who had breast or chest wall surveillance (e.g., mammogram, MRI) between 1/1/11 and 12/31/11.	Female Medicare beneficiaries 18 years or older as of 12/31/11 with a recent history of breast cancer who have been treated with curative intent as defined by a combination of breast cancer diagnosis and treatment procedures between 1/1/10 and 12/31/10, who had continuous Medicare Parts A and B coverage between 1/1/11 and 12/31/11. Exclusions: Female Medicare beneficiaries who had a bilateral mastectomy or two unilateral mastectomy procedures without breast tissue reconstruction or bilateral breast implants between 1/1/10 and 12/31/11; or female Medicare beneficiaries who had evidence of metastatic disease.
7	PSA Monitoring for Men with Prostate Cancer** Percentage of males with definitively treated localized prostate cancer that have had at least one prostate-specific antigen (PSA) level monitoring in the past 12 months	0625	Administrative Claims	Male Medicare beneficiaries who had at least one PSA level monitoring between 1/1/11 and 12/31/11.	Male Medicare beneficiaries diagnosed with localized prostate cancer and received treatment with a curative intent between 1/1/10 and 12/31/10, and who had continuous Medicare Parts A and B coverage between 1/1/11 and 12/31/11. Exclusions: Male Medicare beneficiaries who received prostate cancer treatment between 1/1/11 and 12/31/11.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Diabetes				
8	Dilated Eye Exam for Beneficiaries ≤ 75 with Diabetes Percentage of patients with diabetes ages 18-75 years who received a dilated eye exam by an ophthalmologist or optometrist during the measurement year, or had a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year	0055	Administrative Claims	Medicare beneficiaries who had at least one eye exam in 2011.	Medicare beneficiaries between ages 18 and 75 by 12/31/11, who had continuous Medicare Parts A and B coverage in 2011 with no more than a single month gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries or with gestational or steroid induced diabetes during 2010 or 2011.
9	HbA1c Testing for Beneficiaries ≤ 75 with Diabetes Percentage of patients with diabetes ages 18-75 years receiving one or more hemoglobin A1c test(s) (HbA1c) in the measurement year	0057	Administrative Claims	Medicare beneficiaries who had at least HbA1c test in 2011.	Medicare beneficiaries between ages 18 and 75 by 12/31/11, who had continuous Medicare Parts A and B coverage in 2011 with no more than a single month gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries or with gestational or steroid induced diabetes during 2010 or 2011.
10	Urine Protein Screening for Beneficiaries ≤ 75 with Diabetes Percentage of patients with diabetes ages 18-75 years with at least one nephropathy screening test during the measurement year or who had evidence of existing nephropathy	0062	Administrative Claims	Medicare beneficiaries who had medical attention for nephropathy in 2011 [nephropathy screening test or evidence of existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria) or visit to a nephrologist as identified by specialty-provider codes, or evidence of ACE inhibitor/ARB therapy].	Medicare beneficiaries between ages 18 and 75 by 12/31/11, who had continuous Medicare Parts A and B coverage in 2011 with no more than a single month gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries or with gestational or steroid induced diabetes during 2010 or 2011.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Diabetes (continued)				
11	Lipid Profile for Beneficiaries ≤ 75 with Diabetes Percentage of patients with diabetes ages 18-75 years who had an LDL-C test performed during the measurement year	NCQA	Administrative Claims	Medicare beneficiaries who had at least one LDL-C screening test in 2011.	Medicare beneficiaries between ages 18 and 75 by 12/31/11, who had continuous Medicare Parts A and B coverage in 2011 with no more than a single month gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries or with gestational or steroid induced diabetes during 2010 or 2011.
	Gynecology				
12	Appropriate Workup Prior to Endometrial Ablation Procedure** [Endometrial Sampling or Hysteroscopy with Biopsy Prior to Endometrial Ablation Procedure] Percentage of female who had an endometrial ablation procedure during the measurement year and who received endometrial sampling or hysteroscopy with biopsy during the year prior to the ablation procedure	0567	Administrative Claims	Female Medicare beneficiaries who received endometrial sampling or dilation and curettage or hysteroscopy or cervical dilation with biopsy on the index date or during the year prior to the index date; or who were diagnosed with disorder of the uterus or abnormal menstrual bleeding and received biopsy during the one year prior to the index date. The index date is the first instance of the endometrial ablation procedure between 1/1/11 and 12/31/11.	Female Medicare beneficiaries who had an endometrial ablation procedure between 1/1/11 and 12/31/11, and had continuous Medicare Parts A and B coverage for the 12-month period prior to the index date. Exclusions: Female Medicare beneficiaries who had an endometrial ablation procedure during the 12-month period prior to the index date.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Heart Conditions				
13	Statin Therapy for Beneficiaries with Coronary Artery Disease Percentage of individuals with coronary artery disease (CAD) over 18 years of age with proportion days covered (PDC) for statin therapy of at least 0.8 during the measurement period. (PDC = the days supply of medication divided by the number of days between the first prescription service date of and last day of the measurement period.)	0543	Administrative Claims	Individuals who have a PDC for statin medications of at least 0.8.	Individuals 18 years or older as of the end of the measurement period (12/31/11) with CAD and enrolled in a Part D plan, with no more than a one-month gap in Parts A, B, or D coverage during the measurement period (and enrolled in Part D in December 2011), and at least two claims for a statin during the measurement period. Exclusions: None.
14	Persistence of β-Blocker Treatment After Heart Attack** Percentage of patients 18 years or older who were hospitalized with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge	0071	Administrative Claims	Medicare beneficiaries 18 years or older who filled at least 75% of the days' supply (≥135 days) of beta-blockers prescribed, within 180 days following a hospital discharge for AMI.	Medicare beneficiaries 18 years or older as of 12/31/2011, discharged alive from an acute inpatient setting with an AMI between 7/1/10 and 6/30/11, who had continuous Medicare Parts A, B, and D coverage from the discharge date through 180 days after discharge with no more than a single month gap in coverage. Exclusions: Medicare beneficiaries with a contraindication to beta-blocker therapy.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Heart Conditions (continued)				
15	Lipid Profile for Beneficiaries with Ischemic Vascular Disease Percentage of patients 18 years or older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) in the measurement year and the year prior the measurement year, who had a complete lipid profile during the measurement year	0075[a]	Administrative Claims	Medicare beneficiaries who had a complete lipid profile in 2011.	Medicare beneficiaries 18 years or older by 12/31/11, who had continuous Medicare Parts A and B coverage in 2011 with no more than a single month gap in coverage, and 1) were discharged alive for AMI, CABG, or PCI between 1/1/10 and 11/1/10, or 2) had a diagnosis of IVD in both 2010 and 2011. Exclusions: None.
	Human Immunodeficiency Virus (HIV)				
16	Monitoring for Disease Activity for Beneficiaries with HIV** Percentage of patients diagnosed with HIV who received a CD4 count annually and an HIV RNA level laboratory test biannually to monitor for disease activity	0568	Administrative Claims	Medicare beneficiaries who received at least one CD4 count and at least two HIV RNA level laboratory tests between 1/1/11 and 12/31/11.	Medicare beneficiaries with a diagnosis of HIV-1 or HIV-2 between 1/1/10 and 12/31/11, who had continuous Medicare Parts A and B coverage between 1/1/11 and 12/31/11. Exclusions: None.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Mental Health				
17	Antidepressant Treatment for Depression Two rates are calculated: Rate 1: Effective Acute Phase Treatment [Acute Phase Treatment (at least 12 weeks)] Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) Rate 2: Effective Continuation Phase Treatment [Continuation Phase Treatment (at least 6 months)] Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 180 days (6 months)	0105	Administrative Claims	Numerator 1: Medicare beneficiaries who had at least 84 days of continuous treatment with anti-depressant medication during the 114 days following the Index Prescription Start Date (IPSD), with a gap in medication treatment up to a total of 30 days allowed. Numerator 2: Medicare beneficiaries who had at least 180 days of continuous treatment with anti-depressant medication during the 231 days that followed the Index Prescription Start Date (IPSD), with a gap in medication treatment up to a total of 51 days allowed.	Applies to both rates: Medicare beneficiaries 18 years or older as of 12/31/11, who were diagnosed with a new episode of major depression during the intake period (5/1/10 to 4/30/11) and who were treated with anti-depressant medication. (Beneficiary is not included if there is a diagnosis of major depression in the 120 days prior to the episode start date.) Beneficiary must have had continuous coverage for Medicare Parts A, B, and D for 120 days prior to the new episode through 245 days after the new episode with no more than a single month gap in coverage, and the beneficiary must have been enrolled during the month of the episode. Exclusions: None.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Mental Health (continued)				
18	Follow-Up After Hospitalization for Mental Illness Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner after discharge Two rates are calculated: Rate 1: Percentage of patients who received follow-up within 30 days of discharge Rate 2: Percentage of patients who received follow-up within 7 days of discharge	0576	Administrative Claims	Numerator 1: Medicare beneficiaries with an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on or within 30 days of hospital discharge. Numerator 2: Medicare beneficiaries with an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on or within 7 days of hospital discharge.	Applies to both rates: Medicare beneficiaries who were a) 6 years or older as of the date of discharge, b) had continuous Medicare Parts A and B coverage on the date of discharge through 30 days after discharge, with no gaps in coverage, and c) were discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis between 1/1/11 and 12/1/11. Note: The eligible population for this measure is based on discharges, not patients. Exclusions: None.
	Prevention				
19	Breast Cancer Screening for Women ≤ 69 Percentage of female patients ages 40-69 years who received a mammogram during the measurement year or in the prior year	0031	Administrative Claims	Medicare beneficiaries who had one or more mammograms during 2010 or 2011.	Female Medicare beneficiaries ages 42-69 years as of 12/31/11 with continuous Medicare Parts A and B coverage during 2010 and 2011 with no more than a single month gap in coverage. Exclusions: Female Medicare beneficiaries who had a bilateral mastectomy and for whom claims data do not indicate that a mammogram was performed. If claims for 2 separate mastectomies are found, the beneficiary is excluded. The bilateral mastectomy must have occurred by 12/31/11.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Medication Management				
20	Viral Load Testing for Beneficiaries with Antiviral Therapy for Hepatitis C** Percentage of patients 18 years or older with Hepatitis C (HCV) who began HCV antiviral therapy during the measurement year and had HCV viral load testing prior to initiation of antiviral therapy	0584	Administrative Claims	Medicare beneficiaries who had an HCV Viral Load test between 1/1/10 and the initiation of antiviral therapy in 2011.	Medicare beneficiaries 18 years or older as of 12/31/11, diagnosed with Hepatitis C in 2010, who started antiviral therapy between 1/1/11 and 12/31/11, and with Medicare Parts A and B coverage ≥ 89% of the time between 1/1/10 and 12/31/11. Exclusions: Medicare beneficiaries with an inpatient hospitalization between 1/1/10 and 12/31/11 prior to the initiation of antiviral therapy.
21	Lipid Profile for Beneficiaries Who Started Lipid-Lowering Medications Percentage of patients 18 years or older starting lipid-lowering medication during the measurement year who had a lipid panel checked within 3 months after starting drug therapy	0583	Administrative Claims	Medicare beneficiaries who had a serum lipid panel drawn within 90 days following the start of lipid-lowering therapy.	Medicare beneficiaries 18 years or older as of 12/31/11, who newly started on lipid-lowering medication between 1/1/11 and 10/02/11, who had continuous Medicare Parts A and B coverage for the 90 days following lipid onset date and continuous Part D coverage for the 180 days prior to the lipid onset date, and had continuous use of lipid-lowering medication for the 90 days following lipid onset date. Lipid onset date is defined as the earliest instance of a Medicare drug claim for lipid-lowering medication between 1/1/11 and 10/02/11. Exclusions: Medicare beneficiaries with a Medicare drug claim for a lipid-lowering medication in the 180 days prior to the lipid onset date, and beneficiaries who had an inpatient hospitalization from 0 to 90 days after the lipid onset date.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Medication Management (continued)				
22	Annual Monitoring for Beneficiaries on Persistent Medications** Percentage of patients 18 years or older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent in the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year Five rates are calculated: Rate 1: Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) Rate 2: Digoxin Rate 3: Diuretics Rate 4: Anticonvulsants Rate 5: Total rate is equal to the sum of 4 previous numerators divided by sum of 4 previous denominators	0021	Administrative Claims	Numerator 1: Medicare beneficiaries who had at least one serum potassium and either serum creatinine or blood urea nitrogen test (or lab panel test) in 2011. Numerator 2: Medicare beneficiaries who had at least one serum potassium and either serum creatinine or blood urea nitrogen test (or lab panel test) in 2011. Numerator 3: Medicare beneficiaries who had at least one serum potassium and either serum creatinine or blood urea nitrogen test (or lab panel test) in 2011. Numerator 4: Medicare beneficiaries who had at least one drug serum concentration test for the prescribed drug in 2011. If a patient is on multiple anticonvulsants, then there must be evidence that the beneficiary received the appropriate test for each drug. Numerator 5: Sum of numerators for Rates 1-4.	Applies to all five rates: Medicare beneficiaries 18 years or older as of 12/31/11 who had continuous Medicare Parts A, B, and D coverage with no more than a single month gap in coverage in 2011. Persistence is defined as receiving a 180-day supply of medication in 2011. Denominator 1: Medicare beneficiaries who were on persistent ACE/ARB medications. Denominator 2: Medicare beneficiaries who were on persistent digoxin medications. Denominator 3: Medicare beneficiaries who were on persistent diuretic medications. Denominator 4: Medicare beneficiaries who were on persistent anticonvulsant medications. Denominator 5: Sum of denominators for Rates 1-4. Exclusions: Medicare beneficiaries who had an acute or non-acute hospital stay in 2011.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Medication Management (continued)				
23	Anticoagulation Treatment ≥ 3 Months after Deep Vein Thrombosis** Percentage of patients diagnosed with lower extremity deep vein thrombosis (DVT) who had at least 3 months of anticoagulation after the event, or patients showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the event	0581	Administrative Claims	Medicare beneficiaries who had at least 3 months of anticoagulation after being diagnosed with lower extremity DVT, or beneficiaries showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the diagnosis.	Medicare beneficiaries diagnosed with a lower extremity DVT between 1/1/11 and 9/30/11, who had continuous Medicare Parts A and B coverage from 7/1/10 through 12/31/11, and Medicare Part D coverage for at least 90 days following the DVT onset date. The onset of DVT is defined as the earliest instance of lower extremity DVT between 1/1/11 and 9/30/11. Exclusions: Medicare beneficiaries with contraindication to warfarin therapy between 7/1/10 and 12/31/11 (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma); or who had an inferior vena cava (IVC) filter within 90 days after the onset of DVT.
24	Anticoagulation Treatment ≥ 3 Months after Pulmonary Embolism** Percentage of patients diagnosed with a pulmonary embolism (PE) who had at least 3 months of anticoagulation after the event, or patients showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the event	0593	Administrative Claims	Medicare beneficiaries who had at least 3 months of anticoagulation after being diagnosed with PE, or beneficiaries showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the diagnosis.	Medicare beneficiaries diagnosed with a PE between 01/01/11 and 09/30/11, who had continuous Medicare Part D coverage from onset date to 90 days thereafter, and who had continuous Medicare Parts A and B coverage from 7/1/10 through 12/31/11. PE onset date is defined as the earliest instance of a PE diagnosis between 1/1/11 and 9/30/11. Exclusions: Medicare beneficiaries with contraindication to warfarin therapy between 7/1/10 and 12/31/11 (contraindications include: evidence of neurologic surgery, eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma), or who had an inferior vena cava (IVC) filter within 90days after the onset of PE.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Medication Management (continued)				
25	INR Testing for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications** Percentage of episodes with an International Normalized Ratio (INR) test performed 3 to 7 days after a newly-started interacting anti-infective medication for individuals receiving warfarin	0556	Administrative Claims	Number of episodes for which Medicare beneficiaries prescribed warfarin had an INR test performed 3 to 7 days after the start date of an anti-infective medication.	Medicare beneficiaries 18 years or older, alive at the end of 2011, with no more than a single month gap in coverage for Medicare Parts A, B, and D, and who had at least two claims for warfarin with different service dates in 2011. The denominator value is the number of episodes for these beneficiaries with a newly-started interacting anti-infective medication that had overlapping days' supply of warfarin. Exclusions: Beneficiaries with a diagnosis of cancer and beneficiaries who are monitoring their INR at home.
26	Drugs to be Avoided for Beneficiaries ≥ 65 Two rates are calculated: Rate 1: Patients who receive at least one drug to be avoided Percentage of patients 65 years or older who received at least one high-risk medication in the measurement year Rate 2: Patients who receive at least two different drugs to be avoided Percentage of patients 65 years or older who received two or more different high-risk medications in the measurement year	0022	Administrative Claims	Numerator 1: Medicare beneficiaries with at least one prescription dispensed for any high-risk medication[b] during 2011. Numerator 2: Medicare beneficiaries with at least two prescriptions dispensed for different high-risk medications during 2011.	Applies to both rates: Medicare beneficiaries who were a) 65 years or older as of 12/31/11, and b) had continuous Medicare Parts A, B, and D coverage in 2011 with no more than one gap in enrollment of up to one month. (Note: The patient must be covered as of 12/31/11.) Exclusions: None.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Medication Management (continued)				
27	Potentially Harmful Drug-Disease Interactions for Beneficiaries ≥ 65** Percentage of patients 65 years or older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis Four rates are calculated: Rate 1: Prescription for tricyclic antidepressants, antipsychotics or sleep agents for patients with a history of falls Rate 2: Prescription for tricyclic antidepressants or anticholinergic agents for patients with dementia Rate 3: Prescription for non-aspirin NSAIDs or Cox-2 Selective NSAIDs for patients with chronic renal failure (CRF) Rate 4: Total rate equal to sum of 3 previous numerators divided by sum of 3 previous denominators	NCQA	Administrative Claims	Numerator 1: Medicare beneficiaries dispensed an ambulatory prescription for a tricyclic antidepressant or an antipsychotic or sleep agent on or between the Index Episode Start Date (IESD) and 12/31/11. Numerator 2: Medicare beneficiaries dispensed an ambulatory prescription for a tricyclic antidepressant or anticholinergic agent on or between the IESD and 12/31/11. Numerator 3: Medicare beneficiaries dispensed an ambulatory prescription for an NSAID or Cox-2 selective NSAID on or between the IESD and 12/31/11. Numerator 4: Sum of numerators for Rates 1-3.	Applies to all four rates: Medicare beneficiaries who were a) 67 years or older as of 12/31/11, b) had continuous Medicare Parts A, B, and D coverage in 2011 and 2010, with no more than one gap in coverage of up to one month during each year (and the patient must be covered as of 12/31/11). Denominator 1: Had an accidental fall or hip fracture between 1/1/10 and 12/1/11. Rate 1 Exclusions: Medicare beneficiaries with a diagnosis of psychosis between 1/1/10 and 12/1/11. Denominator 2: Had a diagnosis of dementia or a dispensed dementia medication between 1/1/10 and 12/1/11. Rate 2 Exclusions: None. Denominator 3: Had a diagnosis of CRF between 1/1/10 and 12/1/11. Rate 3 Exclusions: None. Denominator 4: Sum of denominators for Rates 1-3.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
	Medication Management (continued)				
28	Lack of Monthly INR Monitoring for Beneficiaries on Warfarin Average percentage of 40-day intervals in which patients with claims for warfarin did not receive an International Normalized Ratio (INR) test during the measurement period	0555	Administrative Claims	Sum of the percentage of 40-day intervals without an INR test for each beneficiary in the denominator.	Medicare beneficiaries 18 years or older, alive at the end of 2011, with continuous Medicare Parts A, B, and D coverage in 2011 with no more than a single month gap in coverage, and who had warfarin claims for at least 40 days during 2011. Exclusions: Beneficiaries monitoring INR at home.

[a]The NQF-endorsed version of this measure, in addition to a lipid profile, requires LDL-C control < 100.

[b]Please see http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/Elderly-High-Risk-Medications-DAE.pdf for a complete list of high-risk medications included in this measure.

* The National Quality Form (NQF) measure number is reported unless the measure is not NQF-endorsed, in which case the measure steward is reported.

** Denotes measures that will not be used in the value-based payment modifier for medical groups choosing this option.