ADMINISTRATIVE CLAIMS-BASED QUALITY MEASURES INCLUDED IN THE 2013 QUALITY AND RESOURCE USE REPORTS

This document contains narrative specifications for the 14 administrative claims-based quality measures included in the 2013 Quality and Resource Use Reports. These claims-based quality measures reflect the most current measure specifications from the relevant measure stewards and accommodate time-specific look-back periods for the measures. The specifications maintain fidelity to the endorsed version except when prevented by the structure of Medicare data or by the availability of data for the 2013 Quality and Resource Use Reports. Deviations from the original measure-steward specifications are described in the table's endnotes.

The claims-based quality measures will not be included in subsequent years' Quality and Resource Use Reports.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
.	Chronic Obstructive Pulmonary Disease (COPD)	.	.	.
1	Use of Spirometry Testing to Diagnose Chronic Obstructive Pulmonary Disease (COPD) Percentage of patients at least 42 years old who had a new diagnosis of, or newly active, COPD and who received appropriate spirometry testing to confirm the diagnosis	0577[a]	Medicare beneficiaries with at least one claim or encounter for spirometry testing from 2 years before to 180 days after the COPD index episode start date (IESD).	Medicare beneficiaries who (a) were 42 years or older as of 12/31/13; (b) had continuous coverage for Medicare Parts A and B in the period 2 years before IESD through 180 days after the IESD, with at most one gap in coverage of up to one month in each 12-month period before the IESD or in the 6-month period after the IESD, for a maximum of two gaps; (c) had an outpatient, observation, emergency department, or acute inpatient visit with any diagnosis of COPD between 7/1/12 and 6/30/13; and (d) had no claims with a diagnosis of COPD during the 2 years prior to the IESD. Exclusions: None.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
	Bone, Joint, and Muscle Disorders	.	.	.
2	Osteoporosis Management in Women ≥ 67 Who Had a Fracture Percentage of women age 67 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 six months following the date of fracture	0053[b]	Medicare beneficiaries who were appropriately treated or tested for osteoporosis after the fracture, defined by any of the following: (a) a BMD test on the IESD or in the 180-day period after the IESD, (b) a BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization), or (c) dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD.	Medicare beneficiaries who (a) were 67 years or older as of 12/31/13; (b) had continuous Medicare Parts A, B, and D coverage twelve months prior to the IESD through 6 months (180 days) after the IESD, with no more than a one-month gap in coverage (and who were enrolled on the date of the IESD); (c) had a fracture during the 12-month intake period (7/1/12 to 6/30/13); and (d) had no fracture diagnosis for 60 days before the IESD. Exclusion: Patients who had a BMD test or who received any osteoporosis treatment between 1/1/12, and the IESD.
.	Diabetes	.	.	.
3	Dilated Eye Exam for Beneficiaries ≤ 75 with Diabetes Percentage of diabetes patients ages 18 to 75 who received a dilated eye exam by an ophthalmologist or optometrist during the measurement year, or who had a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year before the measurement year	0055[c,d]	Medicare beneficiaries who had at least one eye exam by an eye care professional in 2013 or who had a negative retinal exam by an eye care professional in 2012.	Medicare beneficiaries ages 18 to 75 as of 12/31/13 who (a) had continuous Medicare Parts A and B coverage in 2013, with no more than a one-month gap in coverage; (b) were enrolled in Medicare as of 12/31/13; and (c) had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries during 2011, 2012 or 2013, or with gestational or steroid-induced diabetes during 2012 or 2013.
4	HbA1c Testing for Beneficiaries ≤ 75 with Diabetes Percentage of diabetes patients ages 18 to 75 who received at least one hemoglobin A1c test (HbA1c) in the measurement year	0057[c,d,e]	Medicare beneficiaries who had at least one HbA1c test in 2013.	Medicare beneficiaries ages 18 to 75 as of 12/31/13 who (a) had continuous Medicare Parts A and B coverage in 2013, with no more than a one-month gap in coverage; (b) were enrolled in Medicare as of 12/31/13; and (c) had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries during 2011, 2012 or 2013, or with gestational or steroid-induced diabetes during 2012 or 2013.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
.	Diabetes *(continued)*	.	.	.
5	Nephropathy Screening Test or Evidence of Existing Nephropathy for Beneficiaries ≤ 75 with Diabetes Percentage of diabetes patients ages 18 to 75 who had at least one nephropathy screening during the measurement year or who had evidence of existing nephropathy	0062[c,d,e]	Medicare beneficiaries who had medical attention for nephropathy in 2013 (a nephropathy screening or treatment), evidence of existing nephropathy (documentation of stage 4 chronic kidney disease, ESRD, kidney transplant, microalbuminuria or albuminuria), a visit to a nephrologist as identified by specialty-provider codes, or evidence of ACE inhibitor/ARB therapy.	Medicare beneficiaries ages 18 to 75 as of 12/31/13 who (a) had continuous Medicare Parts A and B coverage in 2013, with no more than a one-month gap in coverage; (b) were enrolled in Medicare as of 12/31/13; and (c) had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries during 2011, 2012 or 2013, or with gestational or steroid-induced diabetes during 2012 or 2013.
6	Lipid Profile for Beneficiaries ≤ 75 with Diabetes Percentage of diabetes patients ages 18 to 75 who had an LDL-C test performed during the measurement year Note: The NQF-endorsed measure is titled "LDL-C Screening"	0063[c,d,e]	Medicare beneficiaries who had at least one LDL-C screening in 2013.	Medicare beneficiaries ages 18 to 75 as of 12/31/13 who (a) had continuous Medicare Parts A and B coverage in 2013, with no more than a one-month gap in coverage; (b) were enrolled in Medicare as of 12/31/13; and (c) had type I or type II diabetes. Exclusions: Medicare beneficiaries with evidence of polycystic ovaries during 2011, 2012 or 2013, or with gestational or steroid-induced diabetes during 2012 or 3.
7	Adherence to Statin Therapy for Individuals with Coronary Artery Disease (CAD) Percentage of individuals with CAD ages 18 or older with proportion of 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 and the last day of the measurement period)	0543[f]	Medicare beneficiaries who filled at least two prescriptions for a statin and have a PDC for statin medications of at least 0.8.	Individuals 18 years or older as of the beginning of the measurement period (1/1/13) with CAD who (a) had no more than a one-month gap in Parts A, B, or D coverage during the measurement period; (b) were enrolled in Part D in December 2013; and (c) had at least two claims for a statin during the measurement period. Exclusions: Medicare beneficiaries who received hospice benefits in 2013, had Medicare as a secondary payor in 2013, or died in 2013.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
8	Lipid Profile for Beneficiaries with Ischemic Vascular Disease (IVD) Percentage of patients 18 years or older who had a diagnosis of IVD in the measurement year and in the year before the measurement year, and who had a complete lipid profile during the measurement year	0075[c,e,g]	Medicare beneficiaries who had a complete lipid profile in 2013.	Medicare beneficiaries 18 years or older as of 12/31/13 who had continuous Medicare Parts A and B coverage in 2012 and 2013, with no more than a one-month gap in coverage each year, and who had a diagnosis of IVD in both 2012 and 2013. Exclusions: None.
.	Mental Health	.	.	.
9	Antidepressant Treatment for Depression Two rates are calculated: Rate 1—Effective acute phase treatment (at least 12 weeks): Percentage of patients with a diagnosis of major depression who were treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks) Rate 2—Effective continuation phase treatment (at least 6 months): Percentage of patients with a diagnosis of major depression who were treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months)	0105[h]	Numerator 1: Medicare beneficiaries who had at least 84 days of continuous treatment with antidepressant medication during the 114 days following the antidepressant's index prescription start date (IPSD), with a gap in treatment of no more than 30 days during the 114-day period. Numerator 2: Medicare beneficiaries who had at least 180 days of continuous treatment with antidepressant medication during the 231 days that followed the antidepressant's IPSD, with a gap in treatment of no more than 51 days during the 231-day period.	*Applies to both rates:* Medicare beneficiaries 18 years or older as of 4/30/2013 with a diagnosis of major depression during the intake period (5/1/12 to 4/30/13) who (a) had no pharmacy claims for either new or refill of an antidepressant medication prescription during a period of 105 days before the IPSD, and (b) were dispensed an antidepressant medication prescription during the intake period. The beneficiary must have had continuous coverage for Medicare Parts A, B, and D for 90 days before the IPSD through 245 days after the IPSD, with no more than a one-month gap in coverage. The beneficiary must also have been enrolled during the index prescription start month. Exclusions: None.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
.	Mental Health (*continued*)	.	.	.
10	Follow-Up After Hospitalization for Mental Illness Percentage of discharges for patients 6 years or older 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[i]	Numerator 1: Instances of 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: Instances of 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:* Discharges of Medicare beneficiaries who (a) were 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 on or between 1/1/13 and 12/1/13. Exclusions: Discharges followed by readmission or direct transfer to an acute or nonacute facility for any principal diagnosis within the 30-day follow-up period.
.	Prevention	.	.	.
11	Breast Cancer Screening for Women Ages 50 to 74 Percentage of female patients ages 50 to 74 who received a mammogram during the measurement year or prior year	0031[c,d]	Medicare beneficiaries who had one or more mammograms during 2012 or 2013.	Female Medicare beneficiaries ages 52 to 74 as of 12/31/13 who (a) have continuous Medicare Parts A and B coverage during 2012 and 2013, (b) have no more than a one-month gap in coverage, and (c) are enrolled in Medicare as of 12/31/13. Exclusions: Female Medicare beneficiaries who had a bilateral mastectomy in 2011, 2012 or 2013 and for whom claims data do not indicate that a mammogram was performed. Female Medicare beneficiaries who had two unilateral mastectomies. The bilateral mastectomy must have occurred by 12/31/13.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
.	Medication Management	.	.	.
12	Lipid Profile for Beneficiaries Who Started Lipid-Lowering Medications Percentage of patients 18 years or older who started lipid-lowering medication during the measurement year and who had a lipid panel checked within three months after starting drug therapy	0583[j]	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 12/31/13 who (a) newly started on lipid-lowering medication between 1/1/13 and 10/2/13, (b) had continuous Medicare Parts A and B coverage for the 90 days following the onset of lipid-lowering therapy and continuous Part D coverage for the 180 days before the onset of therapy, and (c) continuously used lipid-lowering medication for the 90 days following the onset of therapy. The onset date is the earliest instance of a Medicare drug claim for lipid-lowering medication between 1/1/13 and 10/2/13. Exclusions: Medicare beneficiaries with a Medicare drug claim for a lipid-lowering medication in the 180 days before the onset of lipid-lowering therapy, and beneficiaries who had an inpatient hospitalization up to 90 days after the onset of lipid-lowering therapy.
13	Use of High-Risk Medications in the Elderly Two rates are calculated: Rate 1—Patients who received at least one drug to be avoided: percentage of patients 66 years or older who received at least one high-risk medication in the measurement year Rate 2—Patients who received at least two different drugs to be avoided: percentage of patients 66 years or older who received at least two different high-risk medications in the measurement year	0022[c,k]	Numerator 1: Medicare beneficiaries with at least one prescription dispensed for any high-risk medication during 2013. Numerator 2: Medicare beneficiaries with at least two prescriptions dispensed for different high-risk medications during 2013.	*Applies to both rates:* Medicare beneficiaries who (a) were 66 years or older as of 12/31/13; (b) had continuous Medicare Parts A, B, and D coverage in 2013, with no more than one gap in coverage of up to one month; and (c) were enrolled in Medicare as of 12/31/13. Exclusions: None.

.	Measure title and description	NQF measure number	Numerator statement	Denominator statement
.	Medication Management *(continued)*	.	.	.
14	Lack of Monthly International Normalized Ratio (INR) Monitoring for Individuals on Warfarin Average percentage of 40-day intervals during the measurement period in which patients 18 years or older and with claims for Warfarin did not receive an INR test	0555	Sum of the percentage of 40-day intervals without an INR test for each Medicare beneficiary in the denominator, calculated as the number of monthly intervals without an INR test divided by the number of monthly intervals with Warfarin.	Medicare beneficiaries 18 years or older as of the beginning of the measurement period (1/1/13) who had continuous Medicare Parts A, B, and D coverage in 2013, with no more than a one-month gap in coverage, and who had Warfarin claims for at least 40 days during 2013. Exclusions: Medicare beneficiaries who monitored INR at home in 2013, received hospice benefits in 2013, with Medicare as a secondary payor in 2013, or died in 2013.

[a]Allowed gaps in Medicare Parts A and B, 730 days prior to the IESD to 180 days after the IESD, are one month instead of 45 days.

[b]A one-month gap in Medicare Parts A, B, and D is permitted in the 6 months before the IESD, instead of a single 45-day gap in the prior 12 months, due to the structure of Medicare's beneficiary enrollment data and data availability.

[c]A one-month enrollment gap in Medicare coverage is permitted, instead of a single 45-day gap, due to the structure of Medicare's beneficiary enrollment data.

[d]The search for exclusions is limited to 2011, 2012, and 2013 due to data availability.

[e]Logical Observation Identifiers Names and Codes (LOINC®) are not used for numerator inclusion because they are not contained in Medicare claims data.

[f]The measure steward's option to use inpatient stays to comprise a prescription service date (admit date) and subsequent days' supply (length of stay) of statins is not applied.

[g]The measure includes only the lipid profile component and not the LDL-C control component of the NQF-endorsed measure because LDL levels cannot be determined using Medicare claims data.

[h]A one-month enrollment gap in Medicare Parts A, B, and D is permitted in the three months before and eight months after the IPSD, instead of a single 45-day gap in the 105 days prior to the IPSD and 231 days after the IPSD, due to the structure of Medicare's beneficiary enrollment data and claims data availability.

[i]Enrollment in Medicare Parts A and B is required in the month of discharge and the month in which the 30th day after discharge falls, instead of enrollment on the date of discharge and 30 days after discharge, due to the structure of Medicare's beneficiary enrollment data.

[j]Enrollment in Medicare Parts A and B is required in the month of the IESD through the month in which the 90th day after the IESD falls, instead of enrollment in the 90 days after the IESD, due to the structure of Medicare's beneficiary enrollment data. Drug codes were converted from generic product identifier (GPI) codes to national drug codes (NDCs) format because Medicare claims identifies drugs using NDCs.

[k]See http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2013-QRUR.html for a complete list of high-risk medications included in this measure.

Acronyms: BMD = Bone Mineral Density; CAD = Coronary Artery Disease; COPD = Chronic Obstructive Pulmonary Disease; IESD = index episode start date; INR = international normalized ratio; IPSD = index prescription start date; IVD = Ischemic Vascular Disease; NDC = national drug code; NQF = National Quality Forum; PDC = proportion of days covered