

**TABLE 52: Final Individual Quality Measures and Those Included in Measures Groups for the Physician Quality Reporting System to be Available for Satisfactory Reporting via Claims, Registry, or EHR Beginning in 2014**

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0059/ 1	122v2	Effective Clinical Care	<p><b>Diabetes: Hemoglobin A1c Poor Control:</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c &gt; 9.0% during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO
0064/ 2	163v2	Effective Clinical Care	<p><b>Diabetes: Low Density Lipoprotein (LDL) Management:</b> Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (&lt;100 mg/dL) during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X		X	MU2 Million Hearts
0081/ 5	135v2	Effective Clinical Care	<p><b>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker</b></p>	AMA- PCPI/ACCF/AHA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p><b>(ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b>                      Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at <b>each</b> hospital discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0067/ 6		Effective Clinical Care	<p><b>Coronary Artery Disease (CAD): Antiplatelet Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p>	AMA- PCPI/ACCF/AHA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>We solicited but received no public comment on this proposed measure. In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0070/ 7	145v2	Effective Clinical Care	<p><b>Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease</p>	AMA- PCPI/ ACCF/AHA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>seen within a 12 month period who also have prior MI OR a current or LVEF &lt; 40% who were prescribed beta-blocker therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0083/ 8	144v2	Effective Clinical Care	<p><b>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) &lt; 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at <b>each</b> hospital discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ACCF/AHA		X	X	X	X	MU2 ACO
0105/	128v2	Effective Clinical Care	<p><b>Anti-depressant Medication Management:</b> Percentage of patients 18</p>	NCQA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
9			<p>years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported</p> <ol style="list-style-type: none"> <li>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</li> </ol> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond, additionally, the EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>Several commenters were concerned with CMS’ proposal to eliminate the claims-based reporting option for this measure, stating eligible professionals who may have reported this measure will no longer be able to participate in PQRS. CMS appreciates the commenters’ concerns but notes that this measure will still be available for registry-based reporting, along with</p>							

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			<p>additional clinically-related measures. Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. As stated in the proposed rule, 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Additionally, in an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the claims-based option and the addition of the EHR-based reporting option for this measure beginning in 2014.</p>							
0086/	143v2	Effective Clinical Care	<b>Primary Open-Angle Glaucoma</b>	AMA- PCPI/	X	X	X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
12			<p><b>(POAG): Optic Nerve Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA						
0087/ 14		Effective Clinical Care	<p><b>Age-Related Macular Degeneration (AMD): Dilated Macular Examination:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months</p> <p>This measure was finalized for</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0088/ 18	167v2	Effective Clinical Care	<p><b>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy:</b>                      Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X	X			MU2
0089/ 19	142v2	Effective Clinical Care	<p><b>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care:</b>                      Percentage of patients aged 18 years and older with a diagnosis of diabetic</p>	AMA- PCPI/ NCQA	X	X	X			MU2



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p> <p>However, please note that we are updating the domain for this measure from the Communication Care Coordination domain. We are making this change to align with the domains indicated in the EHR Incentive Program final rule for 2014. It is necessary for the domains for EHR measures within the EHR Incentive Program and the PQRS to create consistency for the EHR systems used to report these measures have one set of logic.</p>							

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0270/ 20		Patient Safety	<p><b>Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X			X	
0268/ 21		Patient Safety	<p><b>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>order for a first OR second generation cephalosporin for antimicrobial prophylaxis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0271/ 22		Patient Safety	<p><b>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures):</b> Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0239/ 23		Patient Safety	<p><b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X			X	
0045/ 24		Communication and Care Coordination	<p><b>Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older treated for a hip, spine or distal radial</p>	AMA- PCPI/ NCQA	X	X				

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			<p>fracture with documentation of communication with the physician managing the patient’s on-going care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0092/ 28		Effective Clinical Care	<p><b>Aspirin at Arrival for Acute Myocardial Infarction (AMI):</b> Percentage of patients, regardless of age, with an emergency department discharge diagnosis of acute myocardial infarction (AMI) who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0269/ 30		Patient Safety	<p><b>Perioperative Care: Timing of Prophylactic Antibiotic— Administering Physician:</b> Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of a prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0240/ 31		Effective Clinical Care	<p><b>Stroke and Stroke Rehabilitation: Venous Thromboembolism (VTE) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>administered venous thromboembolism (VTE) prophylaxis the day of or the day after hospital admission</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0325/ 32		Effective Clinical Care	<p><b>Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0241/ 33		Effective Clinical Care	<p><b>Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation (AF) at Discharge:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic</p>	AMA- PCPI/ NCQA		X				

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			<p>attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0243/ 35		Effective Clinical Care	<p><b>Stroke and Stroke Rehabilitation: Screening for Dysphagia:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth (PO) for whom a dysphagia screening was performed prior to PO intake in accordance with a dysphagia screening tool approved by the institution in which the patient is receiving care</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				



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0244/ 36		Effective Clinical Care	<p><b>Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom occupational, physical, or speech rehabilitation services were ordered at or prior to inpatient discharge OR documentation that no rehabilitation services are indicated at or prior to inpatient discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0046/ 39		Effective Clinical Care	<p><b>Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who have a central dual-energy X- ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months</p>	AMA- PCPI/ NCQA	X	X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>‡</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0048/ 40		Effective Clinical Care	<p><b>Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older:</b> Percentage of patients <u>aged 50 years and older</u> with fracture of the hip, spine, or distal</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0049/ 41		Effective Clinical Care	<p><b>Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older:</b> Percentage of patients <b>aged 50 years and older</b> with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0134/ 43		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery:</b> Percentage of patients aged 18 years and older</p>	STS	X	X		X		

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			<p>undergoing isolated CABG surgery who received an IMA graft</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0236/ 44		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery:</b> Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CMS	X	X			X	
0637/ 45		Patient Safety	<p><b>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Cardiac Procedures):</b> Percentage of cardiac surgical patients aged 18 years and older undergoing</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 48 hours of surgical end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0097/ 46		Patient Safety	<p><b>Medication Reconciliation:</b> Percentage of patients aged 65 years and older <b><u>discharged from any inpatient facility</u></b> (e.g., hospital, skilled nursing facility, or rehabilitation facility) and <b><u>seen within 30 days following discharge</u></b> in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record</p>	AMA- PCPI/ NCQA	X	X		X		ACO

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			<p>documented</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0326/ 47		Communication and Care Coordination	<p><b>Advance Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014.</p>	AMA- PCPI/ NCQA	X	X				

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			<p>The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0098/ 48		Effective Clinical Care	<p><b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p>	AMA- PCPI/ NCQA	X	X			X	

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			<p>In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0099/ 49		Effective Clinical Care	<p><b>Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12</p>	AMA- PCPI/ NCQA	X	X				



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			<p>months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0100/ 50		Person and Caregiver-Centered Experience and Outcomes	<p><b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0091/ 51		Effective Clinical Care	<p><b>Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented</p>	AMA-PCPI	X	X			X	

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			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0102/ 52		Effective Clinical Care	<p><b>Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV<sub>1</sub>/FVC less than 60% and have symptoms who were prescribed an inhaled bronchodilator</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X		X		
0047/ 53		Effective Clinical Care	<p><b>Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting:</b> Percentage of patients aged 5 through 64 years with a diagnosis of persistent asthma who were prescribed long-term control medication</p> <p>*The claims-based reporting option is</p>	AMA- PCPI/ NCQA		X		X		

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on removing the claims-based reporting mechanism as an option to report this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0090/ 54		Effective Clinical Care	<p><b>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain:</b> Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead electrocardiogram (ECG) performed</p> <p>This measure was finalized for</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0093/ 55		Effective Clinical Care	<p><b>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope:</b> Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead electrocardiogram (ECG) performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0232/ 56		Effective Clinical Care	<p><b>Emergency Medicine: Community-Acquired Bacterial Pneumonia (CAP): Vital Signs:</b> Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia (CAP) with vital signs documented and reviewed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0096/ 59		Effective Clinical Care	<p>69215).</p> <p><b>Emergency Medicine: Community-Acquired Bacterial Pneumonia (CAP): Empiric Antibiotic:</b>                      Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia (CAP) with an appropriate empiric antibiotic prescribed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0001/ 64		Effective Clinical Care	<p><b>Asthma: Assessment of Asthma Control – Ambulatory Care Setting:</b>                      Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were evaluated at least once during the measurement period for asthma control (comprising asthma impairment and asthma risk)</p> <p>*The claims-based and EHR-based reporting options are no longer available for reporting this measure for</p>	AMA- PCPI/ NCQA		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>2014 and beyond*</p> <p>We solicited but received no public comment on this measure, including not having this measure reportable via the claims and EHR-based reporting mechanisms beginning in 2014. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. Additionally, in an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs</p>							

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			within CMS. For these reasons, we are finalizing the removal of this measure from the claims-based and EHR-based reporting options beginning in 2014.							
0069/ 65	154v2	Efficiency and Cost Reduction	<p><b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond, additionally, the EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>We solicited but received no public comment on this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options</p>	NCQA		X	X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>available under the PQRS and to eliminate reporting options that are not widely used. Additionally, in an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the claims-based option and the addition of the EHR-based reporting option for this measure beginning in 2014.</p>							
0002/ 66	146v2	Efficiency and Cost Reduction	<p><b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A</p>	NCQA		X	X			MU2



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>streptococcus (strep) test for the episode.</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0377/ 67		Effective Clinical Care	<p><b>Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow:</b> Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome</p>	AMA- PCPI/ ASH	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>(MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0378/ 68		Effective Clinical Care	<p><b>Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ASH	X	X				
0380/ 69		Effective Clinical Care	<p><b>Hematology: Multiple Myeloma: Treatment with Bisphosphonates:</b></p>	AMA- PCPI/ ASH	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0379/ 70		Effective Clinical Care	<p><b>Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry:</b> Percentage of patients aged 18 years and older seen within a 12 month reporting period with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ASH	X	X				
0387/ 71	140v1	Effective Clinical Care	<p><b>Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer:</b> Percentage of female patients aged 18</p>	AMA-PCPI/ ASCO/ NCCN	X	X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0385/ 72	141v3	Effective Clinical Care	<p><b>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer</b>  <b>Patients:</b> Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI/ ASCO/NCCN	X	X	X		X	MU2
0464/		Patient Safety	<b>Prevention of Catheter-Related</b>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
76			<p><b>Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol:</b> Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique [cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antisepsis (or acceptable alternative antiseptics per current guideline)] followed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0323/ 81		Communication and Care Coordination	<p><b>Adult Kidney Disease: Hemodialysis Adequacy: Solute:</b> Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis three times a week for <math>\geq 90</math> days who have a <math>spKt/V \geq 1.2</math></p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0321/ 82		Communication and Care Coordination	<p><b>Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute:</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving peritoneal dialysis who have a total Kt/V <math>\geq 1.7</math> per week measured once every 4 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI		X				
0393/ 83		Effective Clinical Care	<p><b>Hepatitis C: Confirmation of Hepatitis C Viremia:</b> Percentage of patients aged 18 years and older who are hepatitis C antibody positive seen for an initial evaluation for whom hepatitis C virus (HCV) RNA testing was ordered or previously performed</p> <p>This measure was finalized for</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0395/ 84		Effective Clinical Care	<p><b>Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom hepatitis C virus (HCV) genotype testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-</p>	AMA-PCPI		X		X		

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0396/ 85		Effective Clinical Care	<p><b>Hepatitis C: HCV Genotype Testing Prior to Treatment:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom quantitative hepatitis C virus (HCV)</p>	AMA-PCPI		X			X	



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>RNA testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public comment on this measure. CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0398/ 87		Effective Clinical Care	<p><b>Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) RNA testing was performed between 4-12 weeks after the initiation of antiviral treatment</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>We solicited but received no public</p>	AMA-PCPI		X		X		

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			comment on this measure. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.							
0653/ 91		Effective Clinical Care	<p><b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0654/ 93		Communication and Care Coordination	<p><b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>diagnosis of AOE who were <b>not prescribed</b> systemic antimicrobial therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0391/ 99		Effective Clinical Care	<p><b>Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ CAP	X	X				
0392/ 100		Effective Clinical Care	<p><b>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with</b></p>	AMA- PCPI/ CAP	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p><b>Histologic Grade:</b> Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0389/ 102	129v3	Efficiency and Cost Reduction	<p><b>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did <b>not</b> have a bone scan performed at any time since diagnosis of prostate cancer</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA-PCPI	X	X	X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0390/ 104		Effective Clinical Care	<p><b>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk Prostate Cancer Patients:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH agonist or antagonist)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X				
0103/ 106		Effective Clinical Care	<p><b>Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) with evidence that they met the Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-TR criteria for MDD AND for whom there is an assessment of depression severity during the visit in which a new diagnosis or recurrent episode was identified</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0104/ 107	161v2	Effective Clinical Care	<p><b>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> 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</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries.</p>	AMA-PCPI	X	X	X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the removal of the claims-based option and the addition of the EHR-based reporting option for this measure beginning in 2014.							
0054/ 108		Effective Clinical Care	<p><b>Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy:</b> Percentage of patients aged 18 years and older who were diagnosed with RA and were prescribed, dispensed, or administered at least one ambulatory prescription for a DMARD</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X		X		
0050/ 109		Person and Caregiver-Centered Experience and Outcomes	<p><b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and</p>	AMA-PCPI	X	X				



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0041/ 110	147v2	Community/ Population Health	<p><b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X	X	X	X	MU2 ACO
0043/ 111	127v2	Effective Clinical Care	<p><b>Pneumonia Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	NCQA	X	X	X	X	X	MU2 ACO

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 112	125v2	Effective Clinical Care	<p><b>Breast Cancer Screening:</b> Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO
0034/ 113	130v2	Effective Clinical Care	<p><b>Colorectal Cancer Screening:</b> Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO
0058/ 116		Efficiency and Cost Reduction	<p><b>Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use:</b> Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were <b><u>not prescribed or dispensed</u></b> an</p>	NCQA		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>antibiotic prescription on or 3 days after the episode</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based reporting option beginning in 2014.</p>							
0055/ 117	131v2	Effective Clinical Care	<p><b>Diabetes: Eye Exam:</b> Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	NCQA	X	X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0066/ 118		Effective Clinical Care	<p><b>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) &lt; 40% who were prescribed ACE inhibitor or ARB therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ACCF/AHA		X		X		ACO
0062/ 119	134v2	Effective Clinical Care	<p><b>Diabetes: Urine Protein Screening:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.</p> <p>This measure was finalized for inclusion in</p>	NCQA	X	X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
1668/ 121		Effective Clinical Care	<p><b>Adult Kidney Disease: Laboratory Testing (Lipid Profile):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X		X		
AQA adopted/ 122		Effective Clinical Care	<p><b>Adult Kidney Disease: Blood Pressure Management:</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) and proteinuria with a blood pressure &lt; 130/80 mmHg OR ≥ 130/80 mmHg with a documented plan of care</p>	AMA-PCPI	X	X		X		

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
1666/ 123		Effective Clinical Care	<p><b>Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level &gt; 12.0 g/dL:</b> Percentage of calendar months within a 12-month period during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving erythropoiesis-stimulating agent (ESA) therapy have a hemoglobin level &gt; 12.0 g/dL</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X			X	
0417/		Effective Clinical Care	<b>Diabetes Mellitus: Diabetic Foot and</b>	APMA		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>‡</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
126			<p><b>Ankle Care, Peripheral Neuropathy – Neurological Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based reporting option beginning in 2014.</p>							
0416/ 127		Effective Clinical Care	<p><b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were</p>	APMA		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>evaluated for proper footwear and sizing</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based reporting option beginning in 2014.</p>							
0421/ 128	69v2	Community/ Population Health	<p><b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up:</b> Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous 6 months, AND when the BMI is <b><u>outside of normal parameters</u></b>, a follow-up plan is documented during the encounter or during the previous 6 months of the encounter</p> <p><b><u>Normal Parameters:</u></b> Age 65 years and</p>	CMS	X	X	X	X	X	MU2 ACO



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>older BMI ≥ 23 and &lt; 30; Age 18 – 64 years BMI ≥ 18.5 and &lt; 25</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0419/ 130	68v3	Patient Safety	<p><b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list <b><i>must</i></b> include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <b><i>must</i></b> contain the medications’ name, dosage, frequency and route of administration.</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p>	CMS	X	X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.</p>							
0420/ 131		Community/ Population Health	<p><b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	CMS	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0418/ 134	2v3	Community/ Population Health	<p><b>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for clinical 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.</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.</p>	CMS	X	X	X	X		MU2 ACO
0650/		Effective Clinical Care	<b>Melanoma: Continuity of Care –</b>	AMA-		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
137			<p><b>Recall System:</b> Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:</p> <ul style="list-style-type: none"> <li>• A target date for the next complete physical skin exam, AND</li> <li>• A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment</li> </ul> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	PCPI/NCQA						
N/A/ 138		Communication and Care Coordination	<p><b>Melanoma: Coordination of Care:</b> Percentage of patient visits, regardless of age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within 1</p>	AMA- PCPI/NCQA		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>month of diagnosis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0566/ 140		Effective Clinical Care	<p><b>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0563/ 141		Communication and Care Coordination	<p><b>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care:</b></p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre- intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0051/ 142		Effective Clinical Care	<p><b>Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with an assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications</p> <p>This measure was finalized for</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0384/ 143	157v2	Person and Caregiver-Centered Experience and Outcomes	<p><b>Oncology: Medical and Radiation – Pain Intensity Quantified:</b> Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis,</p>	AMA-PCPI		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.							
0383/ 144		Person and Caregiver-Centered Experience and Outcomes	<p><b>Oncology: Medical and Radiation – Plan of Care for Pain:</b> Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI		X		X		
0510/ 145		Patient Safety	<p><b>Radiology: Exposure Time Reported for Procedures Using Fluoroscopy:</b> Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA- PCPI/ NCQA	X	X				



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0508/ 146		Efficiency and Cost Reduction	<p><b>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening:</b> Percentage of final reports for screening mammograms that are classified as “probably benign”</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
N/A/ 147		Communication and Care Coordination	<p><b>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy:</b> Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0322/ 148		Efficiency and Cost Reduction	<p><b>Back Pain: Initial Visit:</b> The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA					X	
0319/ 149		Effective Clinical Care	<p><b>Back Pain: Physical Exam:</b> Percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received a physical examination at the initial visit to the clinician for the episode of back pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0314/ 150		Effective Clinical Care	<p><b>Back Pain: Advice for Normal Activities:</b> The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA					X	
0313/ 151		Effective Clinical Care	<p><b>Back Pain: Advice Against Bed Rest:</b> The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0101/ 154		Patient Safety	<p><b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0101/ 155		Communication and Care Coordination	<p><b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
0382/ 156		Patient Safety	<p><b>Oncology: Radiation Dose Limits to Normal Tissues:</b> Percentage of patients, regardless of age, with a diagnosis of pancreatic or lung cancer receiving 3D conformal radiation therapy with documentation in medical record that radiation dose limits to</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0455/ 157		Patient Safety	<p><b>Thoracic Surgery: Recording of Clinical Stage Prior to Lung Cancer or Esophageal Cancer Resection:</b> Percentage of surgical patients aged 18 years and older undergoing resection for lung or esophageal cancer who had clinical staging provided prior to surgery</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS	X	X				
0404/ 159		Effective Clinical Care	<p><b>HIV/AIDS: CD4+ Cell Count or CD4+ Percentage Performed:</b> Percentage of patients aged 6 months and older with a diagnosis of</p>	AMA- PCPI/ NCQA		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>HIV/AIDS for whom a CD4+ cell count or CD4+ cell percentage was performed at least once every 6 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0405/ 160	52v2	Effective Clinical Care	<p><b>HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) prophylaxis:</b> Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting</p>	NCQA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the addition of the EHR-based option beginning in 2014.							
0056/ 163	123v2	Effective Clinical Care	<p><b>Diabetes: Foot Exam:</b> Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X		X	MU2
0129/ 164		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Prolonged Intubation:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation &gt; 24 hours</p>	STS		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0130/ 165		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X			X	
0131/ 166		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Stroke:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a <b>postoperative</b> stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not</p>	STS		X			X	



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			resolve within 24 hours  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0114/ 167		Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	STS		X			X	
0115/ 168		Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding	STS		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0116/ 169		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Antiplatelet Medications at Discharge:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on antiplatelet medication</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X			X	
0117/ 170		Effective Clinical Care	<p><b>Coronary Artery Bypass Graft (CABG): Beta-Blockers Administered at Discharge:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on beta-</p>	STS		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			blockers  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0118/ 171		Effective Clinical Care	<b>Coronary Artery Bypass Graft (CABG): Anti-Lipid Treatment at Discharge:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who were discharged on a statin or other lipid-lowering regimen  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	STS		X			X	
0259/ 172		Effective Clinical Care	<b>Hemodialysis Vascular Access Decision-Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula:</b> Percentage of patients aged 18 years and older with a diagnosis of advanced Chronic Kidney Disease (CKD) (stage 3, 4 or 5) or End Stage Renal Disease (ESRD) requiring hemodialysis	SVS	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			vascular access documented by surgeon to have received autogenous AV fistula  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
AQA adopted/ 173		Community/ Population Health	<p><b>Preventive Care and Screening: Unhealthy Alcohol Use – Screening:</b> Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method within 24 months</p> <p>*The claims-based and EHR-based reporting options have been removed from this measure for 2014 PQRS.*</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI		X			X	
AQA adopted/ 176		Effective Clinical Care	<p><b>Rheumatoid Arthritis (RA): Tuberculosis Screening:</b> Percentage of patients aged 18 years and older with a</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 177		Effective Clinical Care	<p><b>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:</b> Percentage of patients aged 18 years and older with a diagnosis of</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 178		Effective Clinical Care	<p><b>Rheumatoid Arthritis (RA): Functional Status Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>‡</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 179		Effective Clinical Care	<p><b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p>	AMA- PCPI		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used. For these reasons, we are finalizing the removal of the claims-based option for 2014 and beyond.</p>							
AQA adopted/ 180		Communication and Care Coordination	<p><b>Rheumatoid Arthritis (RA): Glucocorticoid Management:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone <math>\geq</math> 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p>	AMA- PCPI		X			X	



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
AQA		Patient Safety	<b>Elder Maltreatment Screen and</b>	CMS	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
adopted/ 181			<p><b>Follow-Up Plan:</b> Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
AQA adopted/ 182		Communication and Care Coordination	<p><b>Functional Outcome Assessment:</b> Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	CMS	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			69215).							
0399/ 183		Community/Population Health	<p><b>Hepatitis C: Hepatitis A Vaccination in Patients with Hepatitis C Virus (HCV):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A</p> <p>*The claims-based reporting option is no longer available for reporting this measure for 2014 and beyond.*</p> <p>CMS would like to note that although this measure was not listed in our proposal as having a reporting option change, we are finalizing it as registry-only beginning in 2014. CMS believes it necessary to maintain consistency of clinically-related measures available within a particular reporting option; therefore, we are eliminating this measure from the claims-based reporting option. 2012 claims data indicates a low threshold of eligible</p>	AMA-PCPI		X		X		

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>professionals reporting this measure via claims. CMS intends to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used.</p> <p>Eligible professionals who report this measure will still have an opportunity to participate in PQRS using the registry-based reporting option. For these reasons, we are finalizing the removal of the claims-based option for this measure beginning in 2014.</p>							
0659/ 185		Communication and Care Coordination	<p><b>Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use:</b> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy</p> <p>This measure was finalized for</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 187		Effective Clinical Care	<p><b>Stroke and Stroke Rehabilitation: Thrombolytic Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AHA/ ASA/ TJC		X				
0565/ 191	133v2	Effective Clinical Care	<p><b>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved</p>	AMA- PCPI/ NCQA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>within 90 days following the cataract surgery</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.</p>							
0564/ 192	132v2	Patient Safety	<p><b>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical</b></p>	AMA- PCPI/ NCQA		X	X		X	MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p><b>Procedures:</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries.</p>							

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.							
0454/ 193		Patient Safety	<p><b>Perioperative Temperature Management:</b> Percentage of patients, regardless of age, undergoing surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer, except patients undergoing cardiopulmonary bypass, for whom <i>either</i> active warming was used intraoperatively for the purpose of maintaining normothermia, OR at least one body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA-PCPI	X	X				



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0386/ 194		Effective Clinical Care	<p><b>Oncology: Cancer Stage Documented:</b> Percentage of patients, regardless of age, with a diagnosis of cancer who are seen in the ambulatory setting who have a baseline American Joint Committee on Cancer (AJCC) cancer stage or documentation that the cancer is metastatic in the medical record at least once during the 12 month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ ASCO	X	X		X		
0507/ 195		Effective Clinical Care	<p><b>Radiology: Stenosis Measurement in Carotid Imaging Reports:</b> Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>internal carotid diameter as the denominator for stenosis measurement</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0074/ 197		Effective Clinical Care	<p><b>Coronary Artery Disease (CAD): Lipid Control:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who have a LDL-C result &lt; 100 mg/dL OR patients who have a LDL-C result ≥ 100 mg/dL and have a documented plan of care to achieve LDL-C &lt; 100 mg/dL, including at a minimum the prescription of a statin</p> <p>*The EHR-based reporting mechanism is no longer available for reporting this measure for 2014 and beyond.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will no longer be reportable via EHR beginning</p>	AMA- PCPI/ ACCF/AHA		X		X	X	ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For the reasons previously stated, we are finalizing the removal of the EHR-based option beginning in 2014.</p>							
0079/ 198		Effective Clinical Care	<p><b>Heart Failure: Left Ventricular Ejection Fraction (LVEF)</b>  <b>Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure for whom the quantitative or qualitative results of a recent or prior [any time in the past] LVEF assessment is documented within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	AMA- PCPI/ ACCF/AHA		X		X		

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
0068/ 204	164v2	Effective Clinical Care	<p>69215).</p> <p><b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO Million Hearts
0409/205		Effective Clinical Care	<p><b>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia,</p>	AMA-PCPI/ NCQA		X			X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0422/ 217		Communication and Care Coordination	<p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	FOTO		X				
0423/ 218		Communication and Care Coordination	<p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments:</b> Percentage of patients aged 18 or older</p>	FOTO		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0424/ 219		Communication and Care Coordination	<p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	FOTO		X				
0425/		Communication and	<b>Functional Deficit: Change in Risk-</b>	FOTO		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
220		Care Coordination	<p><b>Adjusted Functional Status for Patients with Lumbar Spine Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0426/ 221		Communication and Care Coordination	<p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	FOTO		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			69215).							
0427/ 222		Communication and Care Coordination	<p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	FOTO		X				
0428/ 223		Communication and Care Coordination	<p><b>Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments:</b> Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other</p>	FOTO		X				



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0562/ 224		Efficiency and Cost Reduction	<p><b>Melanoma: Overutilization of Imaging Studies in Melanoma:</b> Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA		X				
0509/ 225		Communication and Care Coordination	<p><b>Radiology: Reminder System for Mammograms:</b> Percentage of patients</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>aged 40 years and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0028/ 226	138v2	Community/ Population Health	<p><b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> 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 counseling intervention if identified as a tobacco user</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI	X	X	X	X	X	MU2 ACO Million Hearts
N/A/ 228		Effective Clinical Care	<b>Heart Failure (HF): Left Ventricular Function (LVF) Testing:</b> Percentage	CMS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>of patients 18 years and older with Left Ventricular Function (LVF) testing documented as being performed within the previous 12 months or LVF testing performed prior to discharge for patients who are hospitalized with a principal diagnosis of Heart Failure (HF) during the reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 231		Effective Clinical Care	<p><b>Asthma: Tobacco Use: Screening - Ambulatory Care Setting:</b> Percentage of patients aged 5 through 64 years with a diagnosis of asthma (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	AMA- PCPI/ NCQA	X	X		X		

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			69215).							
N/A/ 232		Effective Clinical Care	<p><b>Asthma: Tobacco Use: Intervention - Ambulatory Care Setting:</b> Percentage of patients aged 5 through 64 years with a diagnosis of asthma who were identified as tobacco users (or their primary caregiver) who received tobacco cessation intervention at least once during the one-year measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI/NCQA	X	X		X		
0457/ 233		Effective Clinical Care	<p><b>Thoracic Surgery: Recording of Performance Status Prior to Lung or Esophageal Cancer Resection:</b> Percentage of patients aged 18 years and older undergoing resection for lung or esophageal cancer for whom performance status was documented and reviewed within 2 weeks prior to surgery</p> <p>This measure was finalized for</p>	STS		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0458/ 234		Patient Safety	<p><b>Thoracic Surgery: Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy):</b> Percentage of thoracic surgical patients aged 18 years and older undergoing at least one pulmonary function test within 12 months prior to a major lung resection (pneumonectomy, lobectomy, or formal segmentectomy)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	STS		X				
0018/ 236	165v2	Effective Clinical Care	<p><b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension whose blood pressure was adequately controlled (&lt;140/90 mmHg) during the measurement period.</p>	NCQA	X	X	X	X	X	MU2 ACO Million Hearts

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0022/ 238	156v2	Patient Safety	<p><b>Use of High-Risk Medications in the Elderly:</b> Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.</p> <p>a. Percentage of patients who were ordered at least one high-risk medication.</p> <p>b. Percentage of patients who were ordered at least two different high-risk medications.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
0024/ 239	155v2	Community/Population Health	<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents:</b> Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<ul style="list-style-type: none"> <li>- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation</li> <li>- Percentage of patients with counseling for nutrition</li> <li>- Percentage of patients with counseling for physical activity</li> </ul> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0038/ 240	117v2	Community/Population Health	<p><b>Childhood Immunization Status:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0075/ 241	182v3	Effective Clinical Care	<p><b>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (&lt; 100 mg/dL).</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA	X	X	X	X	X	MU2 ACO Million Hearts
N/A/		Effective Clinical Care	<b>Coronary Artery Disease (CAD):</b>	AMA- PCPI/		X			X	



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
242			<p><b>Symptom Management:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ACCF/AHA						
0643/ 243		Effective Clinical Care	<p><b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b> Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA)</p>	ACCF-AHA		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
AQA adopted/ 245		Effective Clinical Care	<p><b>Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (Overuse Measure):</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <u>without</u> the use of a wound surface culture technique</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
AQA adopted/		Effective Clinical Care	<p><b>Chronic Wound Care: Use of Wet to Dry Dressings in Patients with</b></p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
246			<p><b>Chronic Skin Ulcers (Overuse Measure):</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer <b>without</b> a prescription or recommendation to use wet to dry dressings</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
AQA adopted/ 247		Effective Clinical Care	<p><b>Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence:</b> Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA- PCPI/ NCQA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
AQA adopted/ 248		Effective Clinical Care	<p><b>Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence:</b> Percentage of patients aged 18 years and older with a diagnosis of current substance abuse or dependence who were screened for depression within the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA	X	X				
N/A/ 249		Effective Clinical Care	<p><b>Barrett's Esophagus:</b> Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	CAP	X	X				
N/A/		Effective Clinical Care	<b>Radical Prostatectomy Pathology</b>	CAP	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
250			<p><b>Reporting:</b> Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 251		Effective Clinical Care	<p><b>Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients:</b></p> <p>This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	CAP	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
0651/ 254		Effective Clinical Care	<p><b>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain:</b> Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ACEP	X	X				
0652/ 255		Effective Clinical Care	<p><b>Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure:</b> Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)</p>	ACEP	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 257		Effective Clinical Care	<p><b>Statin Therapy at Discharge after Lower Extremity Bypass (LEB):</b> Percentage of patients aged 18 years and older undergoing infra-inguinal lower extremity bypass who are prescribed a statin medication at discharge</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	SVS		X				
N/A/ 258		Communication and Care Coordination	<p><b>Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7):</b> Percent of patients undergoing open repair of small or moderate sized non-ruptured abdominal aortic aneurysms who do not experience a major</p>	SVS		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			complication (discharge to home no later than post-operative day #7)  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 259		Communication and Care Coordination	<b>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)  This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).	SVS		X				
N/A/ 260		Communication and Care Coordination	<b>Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients,</b>	SVS		X				



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p><b>without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 261		Communication and Care Coordination	<p><b>Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness:</b> Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AQC	X	X				
N/A/		Patient Safety	<b>Image Confirmation of Successful</b>	ASBS	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
262			<p><b>Excision of Image-Localized Breast Lesion:</b> Image confirmation of lesion(s) targeted for image guided excisional biopsy or image guided partial mastectomy in patients with nonpalpable, image-detected breast lesion(s). Lesions may include: microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on magnetic resonance imaging (MRI) or other breast imaging amenable to localization such as positron emission tomography (PET) mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 263		Effective Clinical Care	<p><b>Preoperative Diagnosis of Breast Cancer:</b> The percent of patients undergoing breast cancer operations</p>	ASBS	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>who obtained the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 264		Effective Clinical Care	<p><b>Sentinel Lymph Node Biopsy for Invasive Breast Cancer:</b> The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ASBS		X				
0645/ 265		Communication and Care Coordination	<p><b>Biopsy Follow-Up:</b> Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician</p> <p>This measure was finalized for</p>	AAD		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 266		Effective Clinical Care	<p><b>Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies):</b> Percentage of patient visits with a diagnosis of epilepsy who had the type(s) of seizure(s) and current seizure frequency(ies) for each seizure type documented in the medical record</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN	X	X				
N/A/ 267		Effective Clinical Care	<p><b>Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome:</b> All visits for patients with a diagnosis of epilepsy who had their etiology of epilepsy or with epilepsy syndrome(s) reviewed and documented if known, or documented as unknown or cryptogenic</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	AAN	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ 268		Effective Clinical Care	<p>69215).</p> <p><b>Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy:</b> All female patients of childbearing potential (12-44 years old) diagnosed with epilepsy who were counseled about epilepsy and how its treatment may affect contraception and pregnancy at least once a year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN	X	X				
N/A/ 269		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have documented the disease type, anatomic location and activity, at least once during the reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AGA					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 270		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA					X	
N/A/ 271		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have received dose of</p>	AGA					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>corticosteroids greater than or equal to 10 mg/day for 60 or greater consecutive days and were assessed for risk of bone loss once per the reporting year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 272		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom influenza immunization was recommended, administered or previously received during the reporting year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA					X	
N/A/ 273		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization:</b> Percentage of patients</p>	AGA					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>aged 18 years and older with a diagnosis of inflammatory bowel disease that had pneumococcal vaccination administered or previously received</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 274		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease for whom a tuberculosis (TB) screening was performed and results interpreted within 6 months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA				X		



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ 275		Effective Clinical Care	<p><b>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who had Hepatitis B Virus (HBV) status assessed and results interpreted within 1 year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AGA				X		
N/A/ 276		Effective Clinical Care	<p><b>Sleep Apnea: Assessment of Sleep Symptoms:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness</p>	AMA- PCPI/ NCQA				X		

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 277		Effective Clinical Care	<p><b>Sleep Apnea: Severity Assessment at Initial Diagnosis:</b> Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA				X		
N/A/ 278		Effective Clinical Care	<p><b>Sleep Apnea: Positive Airway Pressure Therapy Prescribed:</b> Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy</p> <p>This measure was finalized for</p>	AMA- PCPI/ NCQA				X		

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 279		Effective Clinical Care	<p><b>Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA- PCPI/ NCQA					X	
N/A/ 280		Communication and Care Coordination	<p><b>Dementia: Staging of Dementia:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period</p> <p>This measure was finalized for</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 281	149v2	Effective Clinical Care	<p><b>Dementia: Cognitive Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs</p>	AMA-PCPI			X	X	MU2	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.							
N/A/ 282		Effective Clinical Care	<p><b>Dementia: Functional Status Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of patient’s functional status is performed and the results reviewed at least once within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 283		Effective Clinical Care	<p><b>Dementia: Neuropsychiatric Symptom Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of patient’s neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period</p> <p>This measure was finalized for</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 284		Effective Clinical Care	<p><b>Dementia: Management of Neuropsychiatric Symptoms:</b> Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 285		Effective Clinical Care	<p><b>Dementia: Screening for Depressive Symptoms:</b> Percentage of patients, regardless of age, with a diagnosis of dementia who were screened for depressive symptoms within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 286		Patient Safety	<p><b>Dementia: Counseling Regarding Safety Concerns:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI					X	
N/A/ 287		Effective Clinical Care	<p><b>Dementia: Counseling Regarding Risks of Driving:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			69215).							
N/A/ 288		Effective Clinical Care	<p><b>Dementia: Caregiver Education and Support:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior AND referred to additional sources for support within a 12 month period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI				X		
N/A/ 289		Effective Clinical Care	<p><b>Parkinson’s Disease: Annual Parkinson’s Disease Diagnosis Review:</b> All patients with a diagnosis of Parkinson’s disease who had an annual assessment including a review of current medications (e.g., medications than can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor</p>	AAN				X		



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 290		Effective Clinical Care	<p><b>Parkinson’s Disease: Psychiatric Disorders or Disturbances</b>  <b>Assessment:</b> 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</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN					X	
N/A/ 291		Effective Clinical Care	<p><b>Parkinson’s Disease: Cognitive Impairment or Dysfunction</b>  <b>Assessment:</b> All patients with a</p>	AAN					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>diagnosis of Parkinson’s disease who were assessed for cognitive impairment or dysfunction at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 292		Effective Clinical Care	<p><b>Parkinson’s Disease: Querying about Sleep Disturbances:</b> All patients with a diagnosis of Parkinson’s disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN					X	
N/A/ 293		Effective Clinical Care	<p><b>Parkinson’s Disease: Rehabilitative Therapy Options:</b> 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</p>	AAN					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 294		Effective Clinical Care	<p><b>Parkinson’s Disease: Parkinson’s Disease Medical and Surgical Treatment Options Reviewed:</b> All patients with a diagnosis of Parkinson’s disease (or caregiver(s), as appropriate who had the Parkinson’s disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAN					X	
N/A/ 295		Effective Clinical Care	<p><b>Hypertension: Use of Aspirin or Other Antithrombotic Therapy:</b> Percentage of patients aged 30 through 90 years old with a diagnosis of hypertension and are eligible for aspirin</p>	ABIM					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>or other antithrombotic therapy who were prescribed aspirin or other antithrombotic therapy</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 296		Effective Clinical Care	<p><b>Hypertension: Complete Lipid Profile:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who received a complete lipid profile within <b><u>60 months</u></b></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/ 297		Effective Clinical Care	<p><b>Hypertension: Urine Protein Test:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who either have chronic kidney disease diagnosis documented or had a urine protein test done within <b><u>36 months</u></b></p>	ABIM					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
N/A/ 298		Effective Clinical Care	<p><b>Hypertension: Annual Serum Creatinine Test:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a serum creatinine test done within <b><u>12 months</u></b></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/ 299		Effective Clinical Care	<p><b>Hypertension: Diabetes Mellitus Screening Test:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension who had a diabetes screening test within <b><u>36 months</u></b></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ 300		Effective Clinical Care	<p><b>Hypertension: Blood Pressure Control:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension whose most recent blood pressure was under control (&lt; 140/90 mmHg)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/ 301		Effective Clinical Care	<p><b>Hypertension: Low Density Lipoprotein (LDL-C) Control:</b> Percentage of patients aged 18 through 90 years old with a diagnosis of hypertension whose most recent LDL cholesterol level was under control (at goal)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ABIM					X	
N/A/ 302		Effective Clinical Care	<p><b>Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed:</b> Percentage of patients</p>	ABIM					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>aged 18 through 90 years old with a diagnosis of hypertension who received dietary and physical activity counseling at least once within <b>12 months</b></p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 303		Effective Clinical Care	<p><b>Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AAO		X			X	
N/A/ 304		Person and Caregiver-Centered Experience	<p><b>Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery:</b></p>	AAO		X			X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
		and Outcomes	<p>Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0004/ 305	137v2	Effective Clinical Care	<p><b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:</b> Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.</p> <p>a. Percentage of patients who initiated treatment within 14 days of the diagnosis.</p> <p>b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</p>	NCQA			X			MU2



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
0032/ 309	124v2	Effective Clinical Care	<p><b>Cervical Cancer Screening:</b> Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
0033/ 310	153v2	Community/ Population Health	<p><b>Chlamydia Screening for Women:</b> Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
0036/ 311	126v2	Effective Clinical Care	<p><b>Use of Appropriate Medications for Asthma:</b> Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>prescribed medication during the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0052/ 312	166v3	Efficiency and Cost Reduction	<p><b>Use of Imaging Studies for Low Back Pain:</b> Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	NCQA			X			MU2
N/A/ 316	61v3 and 64v3	Effective Clinical Care	<p><b>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C:</b> Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed AND percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and</p>	CMS			X			MU2 Million Hearts

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>‡</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.</p> <p>*There are three criteria for this measure based on the patient’s risk category.</p> <ol style="list-style-type: none"> <li>1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10-Year Framingham Risk &gt;20%</li> <li>2. Moderate Level of Risk: Multiple (2+) Risk Factors OR 10-Year Framingham Risk 10-20%</li> <li>3. Lowest Level of Risk: 0 or 1 Risk Factor OR 10-Year Framingham Risk &lt;10%</li> </ol> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 317	22v2	Community/ Population Health	<p><b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting</p>	CMS	X	X	X	X	X	MU2 ACO Million Hearts

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0101/ 318	139v2	Patient Safety	<p><b>Falls: Screening for Future Fall Risk:</b> Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.</p> <p>*The EHR-based reporting option is available for reporting this measure beginning in 2014.*</p> <p>In an effort to align with the EHR Incentive Program, this measure will be reportable via EHR beginning in 2014. The alignment of measures contained within multiple CMS reporting programs eases the burden of reporting and encourages eligible professionals to</p>	NCQA			X	X		MU2 ACO

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			submit quality clinical data on care provided for Medicare beneficiaries. Alignment also promotes a robust data source and consistency in analysis, which supports other quality programs within CMS. For these reasons, we are finalizing the addition of the EHR-based reporting option for this measure beginning in 2014.							
0729/319		Effective Clinical Care	<p><b>Diabetes Composite: Optimal Diabetes Care:</b> Patients ages 18 through 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure:</p> <ul style="list-style-type: none"> <li>• A1c &lt; 8.0%,</li> <li>• LDL &lt; 100 mg/dL,</li> <li>• blood pressure &lt; 140/90 mmHg,</li> <li>• tobacco non-user and</li> <li>• for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated</li> </ul> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	MNCM				X		ACO
0658/ 320		Communication and Care Coordination	<p><b>Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for</b></p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p><b>Normal Colonoscopy in Average Risk Patients:</b> Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0005& 0006/ 321		Communication and Care Coordination	<p><b>CG-CAHPS Clinician/Group Survey</b></p> <ul style="list-style-type: none"> <li>• Getting timely care, appointments, and information;</li> <li>• How well providers Communicate;</li> <li>• Patient’s Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion &amp; Education;</li> <li>• Shared Decision Making;</li> <li>• Health Status/Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Between Visit Communication;</li> </ul>	ASPE				X		ACO

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<ul style="list-style-type: none"> <li>• Helping Your to Take Medication as Directed; and</li> <li>• Stewardship of Patient Resources</li> </ul> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
0670/ 322		Efficiency and Cost Reduction	<p><b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients:</b> Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	ACC		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			69215).							
0671/ 323		Efficiency and Cost Reduction	<p><b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI):</b> Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	ACC		X				
0672/ 324		Efficiency and Cost Reduction	<p><b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients:</b> Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic,</p>	ACC		X				



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
N/A/ 325		Effective Clinical Care	<p><b>Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions:</b> Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).							
1525/ 326		Patient Safety	<p><b>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>	AMA-PCPI/ ACCF/AHA	X	X				
N/A/ 327		Effective Clinical Care	<p><b>Pediatric Kidney Disease: Adequacy of Volume Management:</b> Percentage of calendar months within a 12-month</p>	AMA	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR 69215).</p>							
1667/ 328		Effective Clinical Care	<p><b>Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level &lt; 10 g/dL:</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level &lt; 10 g/dL</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 95 at 77 FR</p>	AMA-PCPI	X	X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			69215).							
N/A/N/A‡		Effective Clinical Care	<p><b>Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis:</b>                      Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated</p> <p>Several commenters supported the inclusion of this measure, stating catheter use is the primary contributing factor to bloodstream infections in hemodialysis patients. We appreciate the commenters' feedback and believe this measure will help deter the use of catheters for hemodialysis patients. Additionally, this measure expands upon the care that is represented in adult kidney disease patient population. It allows eligible professionals providing care for these patients a greater variety of measures to report. For the reasons previously stated, we</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			finalizing this individual measure for reporting beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p><b>Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days:</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter</p> <p>Several commenters supported the inclusion of this measure, stating physician referrals for appropriate vascular access placement in patients who will soon need dialysis and who are already on dialysis, are important to reducing the use of catheters in hemodialysis patients. We agree with the commenters’ feedback this measure expands upon the care that is represented in adult kidney disease patient population. Additionally, it allows eligible professionals providing care for these patients a greater variety of measures to report. For the reasons</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			previously stated, we finalizing this individual measure for reporting beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p><b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use):</b> Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 7 days of diagnosis or within 10 days after onset of symptoms</p> <p>Several commenters supported the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only. Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis:</b> Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>prescribed amoxicillin, without clavulante, as a first line antibiotic at the time of diagnosis</p> <p>Several commenters expressed general support for the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only. Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p>							



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Efficiency and Cost Reduction	<p><b>Adult Sinusitis: Computerized Tomography for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis</p> <p>Several commenters supported the inclusion of this measure. One commenter requested clarification as to</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.							
N/A/N/A‡		Efficiency and Cost Reduction	<p><b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis</p> <p>Several commenters expressed general support for the inclusion of this measure. One commenter requested clarification as to why this measure has been included for registry-only reporting, despite requests that it also be included for EHR-based reporting. In an effort to streamline the reporting options available under the PQRS and</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept and fills a gap in care not previously addressed by the PQRS. The measure is reportable by Ear, Nose and Throat (ENT) and other eligible professionals within this specific scope of practice that previously had a limited number of measures available for reporting within PQRS. For these reasons, we are finalizing this measure</p>							

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			for registry-based reporting beginning in 2014.							
N/A/N/A‡		Patient Safety	<p><b>Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and &lt; 39 Weeks:</b> Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at ≥ 37 and &lt; 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication</p> <p>One commenter expressed general support for the inclusion of this measure and proposed it be adopted for EHR reporting in the future. We appreciate the commenter’s support of this measure. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept within PQRS, reportable by Obstetrics/Gynecologist and other eligible professionals within this specific scope of practice who previously had a limited number of measures available for reporting. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							
N/A/N/A‡		Communication and Care Coordination	<p><b>Maternity Care: Post-Partum Follow-Up and Care Coordination:</b> 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</p>	AMA-PCPI		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>One commenter expressed general support for the inclusion of this measure and proposed it be adopted for EHR reporting in the future. We appreciate the commenter’s support of this measure. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure for EHR-based reporting may be considered in the future.</p> <p>This measure represents a new medical concept within PQRS, reportable by Obstetrics/Gynecologist and other eligible professionals within this specific scope of practice who previously had a limited number of measures available for reporting. For these reasons, we are finalizing this measure for registry-based reporting beginning in 2014.</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/N/A‡		Effective Clinical Care	<p><b>Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier:</b> Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient’s history to determine if they have had appropriate management for a recent or prior positive test</p> <p>One commenter expressed general support for the inclusion of this measure. We appreciate the commenters’ feedback.</p> <p>Psoriasis is a new medical concept for reporting within PQRS and fills a gap in care not previously addressed by the PQRS. This measure would provide Dermatology and other related eligible professionals an additional measure to report within PQRS. This measure could also be reported by other professionals that treat joint care, such</p>	AAD		X				



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			as Family Practice and Rheumatologists. For these reasons, we are finalizing this measure for reporting beginning in 2014.							
2082/N/A‡		Effective Clinical Care	<p><b>HIV Viral Load Suppression:</b> The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	HRSA		X		X		
2083/N/A‡		Effective Clinical Care	<p><b>Prescription of HIV Antiretroviral Therapy:</b> Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	HRSA		X		X		
N/A/ 2079‡		Efficiency and Cost Reduction	<p><b>HIV Medical Visit Frequency:</b> Percentage of patients, regardless of age</p>	HRSA				X		

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ 2080‡		Efficiency and Cost Reduction	<p><b>Gap in HIV Medical Visits:</b> Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	HRSA					X	
0209/N/A‡		Person and Caregiver-Centered Experience and Outcomes	<p><b>Pain Brought Under Control Within 48 Hours:</b> Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours</p>	NHPCO		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>One commenter expressed general support for the inclusion of this measure. We appreciate the commenter’s support.</p> <p>Previously, there were no measures within the PQRS that addressed care for patients being managed by palliative care or eligible professionals that would provide these services to patients. Pain management for patients receiving palliative care will provide beneficial data for this medical concept. For these reasons, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Screening Colonoscopy Adenoma Detection Rate Measure:</b> The percentage of patients age 50 years or older with at least one adenoma or other colorectal cancer precursor or colorectal cancer detected during screening colonoscopy</p> <p>One commenter agreed with CMS that this measure, along with other existing</p>	ACG/ ASGE		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>PQRS colonoscopy measures, is vital to improving patient outcomes. Another commenter supported the inclusion of this measure but was concerned that it was proposed for registry-only reporting.</p> <p>In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure addresses a broad patient</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>population for screening and detection of colorectal cancer and is medically significant in the measurement of utilizing preventive healthcare services.. For this reason, we are finalizing this individual measure for registry reporting beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2</p> <p>Several commenters expressed general support for the inclusion of this measure in PQRS beginning in 2014. We appreciate the commenters’ support</p> <p>Additionally, this measure provides opportunity for Vascular Surgical eligible professionals to report a greater number of measures. CMS’ goal is to provide ample reporting opportunities</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.							
N/A/N/A‡		Effective Clinical Care	<p><b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS):</b> Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital</p> <p>Several commenters expressed general support for the inclusion of this measure in 2014 PQRS. One commenter supported the inclusion of this measure but was concerned that it was proposed for registry-only reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p>	SVS		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure provides opportunity for Vascular Surgical eligible professionals to report a greater number of measures. CMS’ goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Rate of Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy (CEA):</b> Percent of</p>	SVS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>asymptomatic patients undergoing CEA who experience stroke or death following surgery while in the hospital</p> <p>Several commenters expressed general support for the inclusion of this measure in 2014 PQRS. One commenter supported the inclusion of this measure but was concerned that it was proposed for registry-only reporting. In an effort to streamline the reporting options available under the PQRS and to eliminate reporting options that are not widely used, all new measures incorporated in PQRS are available via registry-only.</p> <p>Additionally, for CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting</p>							



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>options may considered in the future.</p> <p>This measure provides opportunity for Vascular Surgical eligible professionals to report a greater number of measures. CMS’ goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital:</b> Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) who die while in the hospital</p> <p>Several commenters expressed general support for the inclusion of this measure. We appreciate the commenters’ feedback.</p>	SVS		X				

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>This measure provides opportunity for Vascular Surgical eligible professionals to report a greater number of measures. CMS’ goal is to provide ample reporting opportunities to eligible professionals, especially those who are unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate:</b> Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD</p> <p>Several commenters supported the inclusion of this measure in 2014 PQRS as it has the potential to significantly improve the quality of care delivered to patients with advanced heart disease. One commenter also expressed support for including this measure for registry-based reporting, stating the risk</p>	HRS		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>adjustment in this measure includes a number of data elements that could not be found in claims data. We appreciate the commenters' support.</p> <p>This measure provides opportunity for Electrophysiologists and other eligible professionals within this scope of practice to report a greater number of measures. CMS' goal is to provide ample reporting opportunities to eligible professionals, especially those who may be unable to report other broadly applicable measures. For this reason, we are finalizing this measure for inclusion in PQRS beginning in 2014.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Optimal Vascular Composite:</b> Percent of patients aged 18 to 75 with ischemic vascular disease (IVD) who have optimally managed modifiable risk factors demonstrated by meeting all of the numerator targets of this patient level all-or-none composite measure: LDL less than 100, blood pressure less than 140/90, tobacco-free status, and</p>	MNCM		X				

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>daily aspirin use</p> <p>One commenter provided general support for this measure but opposed its use due to its target population and emphasis on numerical value targets as numerical targets as they believe numerical targets provide an incentive to treat tests rather than symptoms. We respectfully disagree, as this composite encompasses measurements that address risk factors for the specific patient population diagnosed with vascular disease. Addressing risk factors with treatment such as antiplatelet therapy and assessing blood pressure, lipid control and smoking within this patient population are common annual assessments and treatment for patients diagnosed with vascular disease. Management of blood pressure and lipids and encouraging patients to avoid smoking and maintain an antiplatelet treatment is beneficial for this patient population. Additionally, it is reportable by a</p>							

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			variety of eligible professionals. Therefore, we are finalizing this measure for inclusion in PQRS beginning in 2014.							
N/A/ N/A‡		Communication and Care Coordination	<p><b>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy:</b> Percentage of patients undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy prior to the procedure</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	AAHKS				X		
N/A/ N/A‡		Patient Safety	<p><b>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation:</b> Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including</p>	AAHKS				X		

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>history of Deep Vein Thrombosis, Pulmonary Embolism, Myocardial Infarction, Arrhythmia and Stroke</p> <p>One commenter expressed general support for the inclusion of this measure. We appreciate the commenter’s feedback and are finalizing it for inclusion in 2014 PQRS</p>							
N/A/ N/A‡		Patient Safety	<p><b>Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet:</b> Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	AAHKS					X	
N/A/ N/A‡		Patient Safety	<p><b>Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report:</b> Percentage of patients regardless of age or gender undergoing total knee</p>	AAHKS					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of prosthetic implant and the size of prosthetic implant</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/N/A‡		Effective Clinical Care	<p><b>Anastomotic Leak Intervention:</b> Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	ACS					X	
N/A/N/A‡		Effective Clinical Care	<p><b>Unplanned Reoperation within the 30 Day Postoperative Period:</b> Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period</p> <p>This measure was finalized for</p>	ACS					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.							
N/A/N/A‡		Effective Clinical Care	<p><b>Unplanned Hospital Readmission within 30 Days of Principal Procedure:</b> Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	ACS					X	
N/A/N/A‡		Effective Clinical Care	<p><b>Surgical Site Infection (SSI):</b> Percentage of patients aged 18 years and older who had a surgical site infection (SSI)</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	ACS					X	
N/A/N/A‡		Person and Caregiver-Centered Experience and Outcomes	<p><b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical</p>	ACS		X			X	



NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon</p> <p>One commenter requested clarification regarding the target patient population and the patient-specific risk calculator. The commenter encouraged CMS to provide clarification to providers regarding measure applicability and guidance on which measures CMS believes are best suited for an eligible professional or group practice to report. Please note that these questions are not typically addressed in rulemaking. We urge the commenters to review the 2014 PQRS program documentation and contact the QualityNet Help Desk for assistance with reporting applicable measures.</p>							
N/A/ N/A‡		Communication and Care Coordination	<b>Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT)</b>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p><b>Imaging Description:</b> Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution’s computer systems</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Patient Safety	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies:</b> Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>received in the 12-month period prior to the current study</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Patient Safety	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry:</b> Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	AMA-PCPI					X	
N/A/ N/A‡		Communication and Care Coordination	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes:</b> Percentage of final reports for computed tomography (CT) studies performed for all patients,</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Communication and Care Coordination	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Imaging Studies Through a Secure, Authorized, Media-Free, Shared Archive:</b> Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external entities within the</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
N/A/ N/A‡		Communication and Care Coordination	<p><b>Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines:</b> Percentage of final reports for CT imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (eg, follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	AMA-PCPI					X	

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule.							
0060/ N/A‡	148v2	Effective Clinical Care	<p><b>Hemoglobin A1c Test for Pediatric Patients:</b> Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	NCQA			X			MU2
0108/ N/A‡	136v3	Effective Clinical Care	<p><b>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:</b> Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>practitioner within 270 days (9 months) after the Initiation Phase ended.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>							
0110/ N/A‡	169v2	Effective Clinical Care	<p><b>Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CQAIMH			X			MU2
0403/ N/A‡	62v2	Effective Clinical Care	<p><b>HIV/AIDS: Medical Visit:</b> Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			PFS Final Rule.							
0608/ N/A‡	158v2	Effective Clinical Care	<p><b>Pregnant women that had HBsAg testing:</b> This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	OptumInsight			X			MU2
0710/N/A‡	159v2	Effective Clinical Care	<p><b>Depression Remission at Twelve Months:</b> Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score &gt; 9 who demonstrate remission at twelve months defined as 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</p> <p>One commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. In an effort to</p>	MNCM			X			MU2



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.</p>							
0712/ N/A‡	160v2	Effective Clinical Care	<p><b>Depression Utilization of the PHQ-9</b>  <b>Tool:</b> Adult patients age 18 and older with the diagnosis of major depression</p>	MNCM			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.</p> <p>One commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider</p>							

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			reporting to assess quality care while allowing specialty professionals to participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.							
1401/ N/A‡	82v1	Community/ Population Health	<p><b>Maternal Depression Screening:</b> The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child’s first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.</p> <p>One commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for 2014 PQRS EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of</p>	NCQA			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.</p>							
N/A/ N/A‡	65v3	Effective Clinical Care	<p><b>Hypertension: Improvement in Blood Pressure:</b> Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.</p> <p>One commenter expressed concern with attaching numerical targets to blood</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>pressure measures, stating this measure still encourages a focus on management of numbers over management of patients. CMS appreciates the commenters' feedback and acknowledges that the focus of medicine should be with the management of the patients. Analytically, this measure excludes patients that may have clinical conditions such as end-stage renal disease, pregnancy and/or renal transplant, hemodialysis or peritoneal dialysis. Exclusion of these populations is an attempt to allow the blood pressure measurement as guide lined by JNC-7 to apply to a more generalized population of patient diagnosed with hypertension. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted for the PQRS EHR-based reporting option beginning in 2014. Alignment of measures contained within multiple CMS reporting programs eases the burden of reporting</p>							

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			and encourages eligible professionals to submit quality clinical data on care provided for Medicare beneficiaries. For these reasons, we are finalizing this measure as proposed.							
N/A/ N/A‡	50v2	Communication and Care Coordination	<p><b>Closing the referral loop: receipt of specialist report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/N/A‡	66v2	Person and Caregiver- Centered Experience and Outcomes	<p><b>Functional Status Assessment for Knee Replacement:</b> Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
N/A/ N/A‡	56v2	Person and Caregiver- Centered Experience and Outcomes	<p><b>Functional Status Assessment for Hip Replacement:</b> Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/ N/A‡	90v3	Person and Caregiver- Centered Experience and Outcomes	<p><b>Functional Status Assessment for Complex Chronic Conditions:</b> Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments</p> <p>One commenter appreciates the value of assessing functional status in heart failure patients, however, is concerned the measure requires a questionnaire and the potential of associated cost. CMS would like to note that many of the assessment tools are readily available to the public and generally do</p>	CMS			X			MU2

NQF/ PQRS	CMS E-Measure	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			not have an associated cost. We are finalizing this measure as for inclusion in the EHR-based reporting option for PQRS beginning in 2014.							
N/A/N/A‡	75v2	Effective Clinical Care	<p><b>Children Who Have Dental Decay or Cavities:</b> Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/N/A‡	74v3	Effective Clinical Care	<p><b>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists:</b> Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
N/A/N/A‡	179v2	Patient Safety	<p><b>ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range:</b> Average percentage of time in</p>	CMS			X			MU2



NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.</p> <p>One commenter supported the inclusion of this measure but cautioned against the use of a single measure and methodology for tracking the appropriateness of anticoagulant therapy. CMS appreciates the commenters support and feedback. This measure is analytically challenging for reporting in a claims-based or registry-based mechanisms, therefore is currently implemented as an EHR measure. Patients with atrial fibrillation are at an increased risk for stroke, therefore CMS agrees that this measure is a valuable measurement within PQRS and the EHR Incentive Program. In an effort to completely align programs, all measures in the EHR Incentive Program have been adopted</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			for 2014 PQRS EHR-based reporting option. CMS appreciates the suggestion and encourages societies and measure developers to develop measures they believe address possible gaps in quality reporting. We are finalizing this measure for inclusion, as proposed, beginning in 2014.							
N/A/N/A‡	77v2	Effective Clinical Care	<p><b>HIV/AIDS: RNA Control for Patients with HIV:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is &lt;200 copies/mL.</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule.</p>	CMS			X			MU2
1365/ N/A‡	177v2	Patient Safety	<p><b>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment</p>	AMA-PCPI			X			MU2

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			<p>for suicide risk</p> <p>One commenter supported the addition of this measure and it’s alignment with the EHR Incentive Program. We appreciate the support of this measure and our actions to align quality reporting programs. Another commenter was concerned that this measure was only proposed for inclusion using the EHR-based reporting option. For CY 2014, CMS was unable to determine the feasibility of incorporation of this measure for other reporting options; however, CMS intends to continue working toward complete alignment of measure specifications across programs whenever possible and incorporation of this measure in other PQRS reporting options may considered in the future.</p> <p>This measure identifies specific gaps in care and encourages more provider reporting to assess quality care while allowing specialty professionals to</p>							

NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
			participate in the program. For these reasons, we are finalizing this measure as proposed for PQRS beginning in 2014.							

‡ This measure is new to the Physician Quality Reporting System and has been adopted for reporting beginning in CY 2014.

¥ Titles and descriptions in this table are aligned with the 2014 Physician Quality Reporting System Claims and Qualified Registry measure titles and descriptions, and may differ based on reporting mechanism within PQRS. Additionally, there may be title and description variations for the same measure across other quality reporting programs. Please reference the National Quality Forum (NQF) and Physician Quality Reporting System numbers for clarification. This column also contains summary of public comments and CMS’s responses, if applicable.

Table 53 includes the measures we proposed to include in the PQRS measure set for 2014 and beyond but, for the reasons specified in Table 53, we are not finalizing for 2014 and beyond.

**TABLE 53: Measures Proposed for Inclusion in the Physician Quality Reporting System Measure Beginning in 2014 that are Not Finalized to be Included in the Physician Quality Reporting System Measure Beginning in 2014**

NQF/ PQRS	NQS Domain	Measure Title and Description <sup>¥</sup>	Measure Steward	Claims	Registry	EHR	GPRO (Web Interface)*	Measures Groups	Other Quality Reporting Programs
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