eMIPP
Managing EHR Incentive Payments Today, Measuring Meaningful Use for the Future

Eligible Hospital (EH) Meaningful Use Measures applicable if previously scheduled to be in Stage 2 in Program Year 2015

Note that pdf upload will overwrite all saved meaningful use information.

Meaningful Use Objectives

- EHs must complete all 8 Meaningful Use Objectives.

1. Protect Patient Health Information	
Objective: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	
Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process.	
Compliance: Eligible hospitals and CAHs must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.	O YES O NO

2. Clinical Decision Support	
Objective: Use clinical decision support to improve performance on high-priority health conditions.	
Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.	
Compliance: Eligible hospitals and CAHs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.	O YES O NO
Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	
Compliance: Eligible hospitals or CAHs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction to meet this measure.	O YES O NO

3. Computerized Provider Order Entry (CPOE)	
Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.	
Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO
Measure 2: More than 30 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	

CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO
Measure 3: More than 30 percent of radiology orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of radiology orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

4. Electronic Prescribing	
Objective: Generate and transmit permissible prescriptions electronically (eRx).	
Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.	
Exclusion 1: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. Exclusion applies to you?	O YES O NO
Exclusion 2 *(Alternate)*: Any eligible hospital or CAH scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective in 2015. Exclusion applies to you?	O YES O NO
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.	
Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

5. Health Information Exchange	
Objective: The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	
Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must: (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	
Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.	
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

6. Patient-Specific Education	
Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.	
Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.	
Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.	

Denominator: Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.	

7. Medication Reconciliation	
Objective: The eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	
Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	
Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.	
Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

8. Patient Electronic Access	
Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	
Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.	
Numerator: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.	
Denominator: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	
Measure 2: At least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.	
Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	O YES O NO
Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.	
Denominator: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.	

Meaningful Use Public Health Measures

- EHs must minimally complete 3 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EH may provide up to 3 registries for measure 3, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
- Supporting documentation must be provided for non-State registries via the 'Upload Document' card for the reported Public Health Measures.
- If 3 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.
- Alternate exclusions are available for an EH to use, with a maximum of 1 alternate exclusion within the measures.
- An EH must either attest to or meet the exclusion for the remaining measures.

1. Immunization Registry Reporting	
Measure: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.	
Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH: - Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; - Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period. Exclusion applies to you?	O YES O NO
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement with a public health agency to submit immunization data.	O YES O NO

Registry Details

Select Registry	
Other Registry Name	

2. Syndromic Surveillance Reporting	
Measure: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	
Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: - Does not have an emergency or urgent care department; - Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period. Exclusion applies to you?	O YES O NO
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data.	O YES O NO

Registry Details

Select Registry	
Other Registry Name	

3. Specialized Registry Reporting	
The eligible hospital or CAH is in active engagement to submit data to a specialized registry. Selecting any exclusion below will exclude the whole measure.	
Measure 3.1:	
Exclusion 1: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH: - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period; - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. Exclusion applies to you?	O YES O NO
Exclusion 2 *(Alternate)*: Any eligible hospital or CAH scheduled to demonstrate Stage 2 in 2015 which does not have an equivalent measure. Exclusion applies to you?	O YES O NO
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement to submit data to a specialized registry.	O YES O NO
Registry Details	
Select Registry	
Other Registry Name	
Measure 3.2:	
Exclusion 1: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH: - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period; - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. Exclusion applies to you?	O YES O NO
Exclusion 2 *(Alternate)*: Any eligible hospital or CAH scheduled to demonstrate Stage 2 in 2015 which does not have an equivalent measure. Exclusion applies to you?	O YES O NO
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement to submit data to a specialized registry.	O YES O NO
Registry Details	
Select Registry	
Other Registry Name	
Measure 3.3:	

Exclusion 1: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH: - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period; - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. Exclusion applies to you?	O YES O NO
Exclusion 2 *(Alternate)*: Any eligible hospital or CAH scheduled to demonstrate Stage 2 in 2015 which does not have an equivalent measure. Exclusion applies to you?	O YES O NO
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement to submit data to a specialized registry.	O YES O NO

Registry Details

Select Registry	
Other Registry Name	

4. Electronic Reportable Laboratory Result Reporting	
Measure: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	
Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH: - Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; - Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or - Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period. Exclusion applies to you?	O YES O NO
Compliance: Eligible hospitals or CAHs must attest YES to being in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.	O YES O NO

Registry Details

Select Registry	
Other Registry Name	

Meaningful Use Clinical Quality Measures

- If possible, Eligible Hospitals (EHs) must report on 16 non-exempt (a measure with a denominator above 5) CQMs.
- If insufficient data is available to report on 16 non-exempt CQMs, all non-exempt data must be reported and the remaining CQMs must have an exempt value (5 or less) entered in the denominator.
- The 16 selected CQMs must cover at least 3 of 5 National Quality Strategy (NQS) domains.

CQM Domain 1 - Patient and Family Engagement: These are CQMs that reflect the potential to improve patient-centered care and the quality of care delivered to patients. They emphasize the importance of collecting patient reported data and the ability to impact care at the individual patient level as well as the population level through greater involvement of patients and families in decision making, self care, activation, and understanding of their health condition and its effective management.

CMS26 / NQF0338: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	
Objective: An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver	
Numerator: Pediatric asthma inpatients with documentation that they or their caregivers were given a written Home Management Plan of Care (HMPC) document that addresses all of the following: 1. Arrangements for follow-up care 2. Environmental control and control of other triggers 3. Method and timing of rescue actions 4. Use of controllers 5. Use of relievers	
Denominator: Pediatric asthma inpatients with an age of 2 through 17 years, length of stay less than or equal to 120 days, and discharged to home or police custody	

CMS55 / NQF0495: Median Time from ED Arrival to ED Departure for Admitted ED Patients	
Objective: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	
Numerator 1: Median time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 1: All patients admitted as an inpatient and discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days	
Numerator 2: Median time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 2: All patients admitted as an inpatient and discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who do not have a diagnosis consistent with psychiatric/mental health disorders	
Numerator 3: Median time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 3: All patients admitted as an inpatient and discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who have a diagnosis consistent with psychiatric/mental health disorders	

CMS107 / NQF0440: Stroke Education
Objective: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke

Numerator: Ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following: 1. Activation of emergency medical system 2. Follow-up after discharge 3. Medications prescribed at discharge 4. Risk factors for stroke 5. Warning signs and symptoms of stroke	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Ischemic stroke or hemorrhagic stroke patients discharged to home, home care, or court/law enforcement	
Exclusion: Patients with comfort measures documented	

CMS110 / NQF0375: Venous Thromboembolism Discharge Instructions	
Objective: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, home care, court/law enforcement or home on hospice care on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions	
Numerator: Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: 1. Compliance issues 2. Dietary advice 3. Follow-up monitoring 4. Potential for adverse drug reactions and interactions	
Denominator: Patients age 18 and older discharged from hospital inpatient acute care with a diagnosis of venous thromboembolism (VTE) and a length of stay less than or equal to 120 days Patients with VTE confirmed through a diagnostic test and discharged to home or court/law enforcement on warfarin therapy	

CMS111 / NQF0497: Median Admit Decision Time to ED Departure Time for Admitted Patients	
Objective: Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	
Numerator 1: Median time (in minutes) from Decision to Admit to ED departure for patients in the denominator	
Denominator 1: All patients admitted as an inpatient and discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days	
Numerator 2: Median time (in minutes) from Decision to Admit to ED departure for patients in the denominator	
Denominator 2: All patients admitted as an inpatient and discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who do not have a diagnosis consistent with psychiatric/mental health disorders	
Numerator 3: Median time (in minutes) from Decision to Admit to ED departure for patients in the denominator	
Denominator 3: All patients admitted as an inpatient and discharged from acute inpatient care facility's emergency department (ED) with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, who have a diagnosis consistent with psychiatric/mental health disorders	

CQM Domain 2 - Patient Safety: These are CQMs that reflect the safe delivery of clinical services in both hospital and ambulatory settings and include processes that would reduce harm to patients and reduce burden of illness. These measures should enable longitudinal assessment of condition specific, patient-focused episodes of care.

CMS108 / NQF0371: Venous Thromboembolism Prophylaxis

Objective: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission	
Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: - The day of or the day after hospital admission - The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission	
Denominator: Patients age 18 and older discharged from hospital inpatient acute care with a diagnosis of venous thromboembolism (VTE) and a length of stay less than or equal to 120 days	
Exclusion: - Patients who have a length of stay less than 2 days - Patients with comfort measures only documented anytime between arrival and the day after hospital admission - Patients with comfort measures only documented by the day after surgery end date for surgeries that start the day of or the day after hospital admission - Patients who are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU length of stay greater than or equal to one day - Patients with a principal diagnosis of mental disorders or stroke - Patients with a principal procedure of Surgical Care Improvement Project (SCIP) VTE selected surgeries	

CMS114 / NQF0376: Incidence of Potentially-Preventable Venous Thromboembolism	
Objective: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date	
Numerator: Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date	
Denominator: Patients age 18 and older discharged from hospital inpatient acute care with a diagnosis of venous thromboembolism (VTE) and a length of stay less than or equal to 120 days Patients who developed VTE confirmed by a diagnostic test during hospitalization	
Exclusion: - Patients with comfort measures documented - Patients with a principal diagnosis of VTE - Patients with VTE present at admission - Patients with reasons for not administering mechanical and pharmacologic prophylaxis	

CMS171 / NQF0527: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	
Objective: Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within two hours prior to surgical incision Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within two hours prior to incision time	
Numerator 1: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 1: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Coronary artery bypass graft (CABG) procedures	
Exclusion 1: - Patients who had a hysterectomy and a caesarean section performed during this hospitalization - Patients who had a principal diagnosis suggestive of preoperative infectious diseases - Patients enrolled in clinical trials-this exclusion is limited to patients participating in a clinical trial for the same conditions as covered by the measure Other clinical trials are not valid reasons for exclusion - Patients with physician/advanced practice nurse/physician assistant (physician/APN/PA) documented infection prior to surgical procedure of interest - Patients who had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for CABG or Other Cardiac Surgery) prior to or after the procedure of interest (during separate surgical episodes) during this hospital stay	

Numerator 2: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 2: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Other cardiac surgery	
Exclusion 2: Same as Exclusion 1	
Numerator 3: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 3: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Hip arthroplasty	
Exclusion 3: Same as Exclusion 1	
Numerator 4: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 4: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Knee arthroplasty	
Exclusion 4: Same as Exclusion 1	
Numerator 5: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 5: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Colon surgery	
Exclusion 5: Same as Exclusion 1	
Numerator 6: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 6: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Abdominal hysterectomy	
Exclusion 6: Same as Exclusion 1	
Numerator 7: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	
Denominator 7: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vaginal hysterectomy	
Exclusion 7: Same as Exclusion 1	
Numerator 8: Number of surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision (two hours if receiving vancomycin or a fluoroquinolone)	

Denominator 8: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vascular surgery	
Exclusion 8: Same as Exclusion 1	

CMS178 / NQF0453: Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero	
Objective: Surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 with day of surgery being day zero	
Numerator: Number of surgical patients whose urinary catheter is removed on postoperative day (POD) 1 or postoperative day (POD) 2 with day of surgery being day zero	
Denominator: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with a catheter in place postoperatively All selected surgical patients 18 years of age and older with a catheter in place postoperatively with An ICD-9-CM Principal Procedure Code of selected surgeries	
Exclusion: - Patients enrolled in clinical trials - Patients who had a urological, gynecological or perineal procedure performed - Patients who expired perioperatively - Patients whose length of stay was less than two days postoperatively - Patients who had a urinary diversion or a urethral catheter or were being intermittently catheterized prior to hospital arrival - Patients who did not have a catheter in place postoperatively - Patients who had physician/APN/PA documentation of a reason for not removing the urinary catheter postoperatively	

CMS185 / NQF0716: Healthy Term Newborn	
Objective: Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who DO NOT have significant complications during birth or the nursery care	
Numerator: The absence of conditions or procedures reflecting morbidity that happened during birth and nursery care to an otherwise normal infant	
Denominator: All patients who are single liveborn term newborns born in a hosptital The denominator is composed of singleton, term (>=37 weeks), inborn, livebirths in their birth admission The denominator further has eliminated fetal conditions likely to be present before labor Maternal and obstetrical conditions (e.g. hypertension, prior cesarean, malpresentation) are not excluded unless evidence of fetal effect prior to labor (e.g. IUGR/SGA)	
Exclusion: - Multiple gestations - Preterm - Congenital anomalies - Fetuses affected by selected maternal conditions	

CMS190 / NQF0372: Intensive Care Unit Venous Thromboembolism Prophylaxis	
Objective: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)	
Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: - The day of or the day after ICU admission (or transfer) - The day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)	

Denominator: Patient age 18 and older discharged from hospital inpatient acute care with no diagnosis for obstetrics or venous thromboembolism (VTE) and a length of stay less than or equal to 120 days Patients directly admitted or transferred to ICU during the hospitalization	
Exclusion: - Patients who have a hospital length of stay (LOS) less than two days - Patients with comfort measures only documented during the specified date range - Patients with a principal procedure of surgical care improvement Project (SCIP) VTE selected surgeries that start the day of or the day after ICU admission or transfer	
Exception: Patients with ICU LOS less than one day without VTE prophylaxis administered and documentation for no VTE prophylaxis	

CQM Domain 3 - Care Coordination: These are CQMs that demonstrate appropriate and timely sharing of information and coordination of clinical and preventive services among health professionals in the care team and with patients, caregivers, and families in order to improve appropriate and timely patient and care team communication.

CMS32 / NQF0496: Median Time from ED Arrival to ED Departure for Discharged ED Patients	
Objective: Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	
Numerator 1: Median Time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 1: All patients seen in an emergency department (ED) and discharged during the measurement period	
Numerator 2: Median Time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 2: Patients seen in an emergency department (ED) with diagnosis consistent with mental disorders, and discharged during the measurement period	
Numerator 3: Median Time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 3: Patients seen in an emergency department (ED) transferred to another acute care hospital during the measurement period	
Numerator 4: Median Time (in minutes) from ED arrival to ED departure for patients in the denominator	
Denominator 4: Patients seen in an emergency department (ED), with diagnosis not consistent with mental disorders, not transferred to another acute care hospital, and discharged during the measurement period	

CMS102 / NQF0441: Assessed for Rehabilitation	
Objective: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services	
Numerator: Patients assessed for or who received rehabilitation services	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days	
Exclusion: - Patients with comfort measures documented - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	

CQM Domain 4 - Efficient Use of Healthcare Resources: These are CQMs that reflect efforts to significantly improve outcomes and reduce errors. These CQMs also impact and benefit a large number of patients and emphasize the use of evidence to best manage high priority conditions and determine appropriate use of healthcare resources.

CMS172 / NQF0528: Prophylactic Antibiotic Selection for Surgical Patients	
Objective: Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure)	
Numerator 1: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 1: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Coronary artery bypass graft (CABG) procedures	
Exclusion 1: - Patients who had a principal diagnosis suggestive of preoperative infectious diseases - Patients enrolled in clinical trials-this exclusion is limited to patients participating in a clinical trial for the same conditions as covered by the measure Other clinical trials are not valid reasons for exclusion - Patients whose principal procedure occurred prior to the date of admission - Patients with physician/advanced practice nurse/physician assistant (physician/APN/PA) documented infection prior to surgical procedure of interest - Patients who expired perioperatively - Patients who had other procedures requiring general or spinal anesthesia that occurred within 3 days (4 days for CABG or Other Cardiac Surgery) prior to or after the procedure of interest (during separate surgical episodes) during this hospital stay - Patients who did not receive any antibiotics within the timeframe 24 hours before Surgical Incision Date and Time (i.e., patient did not receive prophylactic antibiotics) through discharge - Patients who received antibiotics prior to arrival and did not receive any antibiotics during this hospitalization - Patients who received ONLY oral or intramuscular (IM) antibiotics or the route was unable to be determined - Patients who received ALL antibiotics greater than 1440 minutes prior to Surgical Incision Date and Time	
Numerator 2: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 2: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Other cardiac surgery	
Exclusion 2: Same as Exclusion 1	
Numerator 3: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 3: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Hip arthroplasty	
Exclusion 3: Same as Exclusion 1	
Numerator 4: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 4: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Knee arthroplasty	
Exclusion 4: Same as Exclusion 1	
Numerator 5: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	

Denominator 5: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Colon surgery	
Exclusion 5: Same as Exclusion 1	
Numerator 6: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 6: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Abdominal hysterectomy	
Exclusion 6: Same as Exclusion 1	
Numerator 7: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 7: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vaginal hysterectomy	
Exclusion 7: Same as Exclusion 1	
Numerator 8: Number of surgical patients who received prophylactic antibiotics recommended for their specific surgical procedure	
Denominator 8: All hospital discharges for selective surgery with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with no evidence of prior infection All selected surgical patients 18 years of age and older with no evidence of prior infection with a Principal Procedure Code of selected surgeries - Vascular surgery	
Exclusion 8: Same as Exclusion 1	

CMS188 / NQF0147: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	
Objective: Immunocompetent patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines (Population 1) Immunocompetent ICU patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines (Population 2) Immunocompetent non-Intensive Care Unit (ICU) patients with Community-Acquired Pneumonia who receive an initial antibiotic regimen during the first 24 hours that is consistent with current guidelines	
Numerator 1: Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization This defines appropriate antibiotics for ICU patients	
Denominator 1: Patients admitted to the intensive care unit (ICU) Pneumonia patients 18 years of age and older at the time of admission with a discharge diagnosis of ICD-10-CM Hospital Measures-Principal Diagnosis Code of pneumonia, OR ICD-10-CM Hospital Measures-Principal Diagnosis Code of septicemia or respiratory failure (acute or chronic) and also a secondary ICD-10-CM Other Diagnosis Code of pneumonia Patient with a LOS <=120 days	

Exclusion 1: - Patients with Cystic Fibrosis - Patients with Comfort Measures Only documented on day of or day after arrival - The exclusion for patients who are clinical trial participants is limited to patients participating in a clinical trial for pneumonia, the same condition as covered by the measure Other clinical trials are not valid reasons for exclusions - Patient with normal chest x-ray/CT Scan - Patients received as a transfer from an inpatient or outpatient department of another hospital - Patients received as a transfer from an ambulatory surgery center - Patients who have no diagnosis of pneumonia either as the ED final diagnosis/impression or direct admission diagnosis/impression - Patients with a reason for Alternative Empiric Antibiotic Therapy - Patients transferred/admitted to the ICU within 24 hours after arrival to this hospital, with a beta-lactam allergy - Patients who have duration of stay less than or equal to one day - Pneumonia patients with Another Source of Infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization	
Numerator 2: Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization This defines appropriate antibiotics for non-ICU patients	
Denominator 2: Patients admitted to non-ICU hospital locations Pneumonia patients 18 years of age and older at the time of admission with a discharge diagnosis of ICD-10-CM Hospital Measures-Principal Diagnosis Code of pneumonia, OR ICD-10-CM Hospital Measures-Principal Diagnosis Code of septicemia or respiratory failure (acute or chronic) and also a secondary ICD-10-CM Other Diagnosis Code of pneumonia Patient with a LOS <=120 days	
Exclusion 2: - Patients with Cystic Fibrosis - Patients with Comfort Measures Only documented on day of or day after arrival - The exclusion for patients who are clinical trial participants is limited to patients participating in a clinical trial for pneumonia, the same condition as covered by the measure Other clinical trials are not valid reasons for exclusions - Patient with normal chest x-ray/CT Scan - Patients received as a transfer from an inpatient or outpatient department of another hospital - Patients received as a transfer from an ambulatory surgery center - Patients who have no diagnosis of pneumonia either as the ED final diagnosis/impression or direct admission diagnosis/impression - Patients with a reason for Alternative Empiric Antibiotic Therapy - Patients who have duration of stay less than or equal to one day - Pneumonia patients with Another Source of Infection who did not receive an antibiotic regimen recommended for pneumonia, but did receive antibiotics within the first 24 hours of hospitalization	

CQM Domain 5 - Clinical Processes/Effectiveness: These are CQMs that reflect clinical care processes closely linked to outcomes based on evidence and practice guidelines.

CMS9 / NQF0480: Exclusive Breast Milk Feeding	
Objective: Exclusive breast milk feeding during the newborn's entire hospitalization	
Numerator: Newborns who were fed breast milk only since birth	
Denominator: Single term newborns born in the hospital who did not have a diagnosis of galactosemia, were not subject to parenteral infusion, and had a length of stay less than or equal to 120 days Single term newborns discharged from the hospital	
Exclusion: Newborns who were admitted to the Neonatal Intensive Care Unit (NICU), who were transferred to another hospital, who expired during the hospitalization, or whose mothers chose not to exclusively breast feed	

CMS30 / NQF0639: Statin Prescribed at Discharge	
Objective: Acute myocardial infarction (AMI) patients who are prescribed a statin at hospital discharge	
Numerator: AMI patients who are prescribed a statin medication at hospital discharge	

Denominator: All hospital discharges for acute myocardial infarction (AMI) with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission Patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction (AMI)	
Exclusion: - Patients with Comfort Measures Only documented - Patients enrolled in clinical trials - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	
Exception: - Patients with LDL less than 100 mg/dL within the first 24 hours after hospital arrival or 30 days prior to hospital arrival and not discharged on a statin - Patients with a documented Reason for Not Prescribing Statin Medication at Discharge This includes patients with a statin allergy, patients with a hold on the administration of statin medications, and patients with a medical or patient reason for not prescribing this medication	

CMS31 / NQF1354: Hearing Screening Prior To Hospital Discharge (EHDI-1a)	
Objective: This measure assesses the proportion of births that have been screened for hearing loss before hospital discharge	
Numerator: All live births during the measurement time period born at a facility and screened for hearing loss prior to discharge, or not being screened due to medical reasons or medical exclusions	
Denominator: All live births discharged during the measurement time period born at a facility	
Exclusion: Patient deceased prior to discharge and has not received hearing screening	

CMS53 / NQF0163: Primary PCI Received Within 90 Minutes of Hospital Arrival	
Objective: Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less	
Numerator: AMI patients whose time from hospital arrival to primary PCI is 90 minutes or less	
Denominator: All hospital discharges for acute myocardial infarction (AMI) with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with ST-elevation on electrocardiogram (ECG) who received primary percutaneous coronary intervention (PCI) Patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for AMI AND PCI (ICD-9-CM Principal and Other Procedure Codes for PCI) AND ST-segment elevation on the last ECG performed prior to hospital arrival or the first ECG performed after hospital arrival; AND PCI performed within 24 hours after hospital arrival	
Exclusion: - Patients enrolled in clinical trials - Patients received as a transfer from an inpatient or outpatient department of another hospital - Patients received as a transfer from the emergency/observation department of another hospital - Patients received as a transfer from an ambulatory surgery center - Patients administered fibrinolytic agent prior to PCI - PCI described as non-primary by a physician/advanced practice nurse/physician assistant (physician/APN/PA)	

CMS60 / NQF0164: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	
Objective: Acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the hospital stay and having a time from hospital arrival to fibrinolysis of 30 minutes or less	
Numerator: AMI patients whose time from hospital arrival to fibrinolysis is 30 minutes or less	

Denominator: All hospital discharges for acute myocardial infarction (AMI) with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission with ST-elevation on electrocardiogram (ECG) who received fibrinolytic therapy Patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for AMI AND ST-segment elevation on the last ECG performed prior to hospital arrival or the first ECG performed after hospital arrival; AND Fibrinolytic therapy received within 6 hours after hospital arrival AND Fibrinolytic therapy is primary reperfusion therapy	
Exclusion: - Patients enrolled in clinical trials - Patients received as a transfer from an inpatient or outpatient department of another hospital - Patients received as a transfer from the emergency/observation department of another hospital - Patients received as a transfer from an ambulatory surgery center	
Exception: Patients who did not receive fibrinolytic therapy within 30 minutes and had a documented reason for delay in fibrinolytic therapy	

CMS71 / NQF0436: Anticoagulation Therapy for Atrial Fibrillation/Flutter	
Objective: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge	
Numerator: Patients prescribed anticoagulation therapy at hospital discharge	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days Patients with a principal diagnosis of ischemic stroke and current or history of atrial fibrillation/flutter	
Exclusion: - Patients with comfort measures documented - Patients admitted for elective carotid intervention This exclusion is implicitly modeled by only including non-elective hospitalizations - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	
Exception: Patients with a documented reason for not prescribing anticoagulation therapy	

CMS72 / NQF0438: Antithrombotic Therapy By End of Hospital Day 2	
Objective: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2	
Numerator: Patients who had antithrombotic therapy administered the day of or day after hospital arrival	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Patients with a principal diagnosis of Ischemic stroke	
Exclusion: - Patients who have a duration of stay less than 2 days - Patients with comfort measures documented on day or the day after arrival - Patients with intra-venous or intra-arterial Thrombolytic (t-PA) Therapy administered within 24 hours prior to arrival or anytime during hospitalization	
Exception: Patients with a documented reason for not administering antithrombotic therapy the day of or day after hospital arrival	

CMS73 / NQF0373: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

Objective: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy For patients who received less than five days of overlap therapy, they should be discharged on both medications or have a reason for discontinuation of overlap therapy Overlap therapy should be administered for at least five days with an international normalized ratio (INR) greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharged on both medications or have a reason for discontinuation of overlap therapy	
Numerator: Patients who received overlap therapy (warfarin and parenteral anticoagulation): - Five or more days, with an INR greater than or equal to 2 prior to discontinuation of parenteral therapy OR - Five or more days, with an INR less than 2 and discharged on overlap therapy OR - Less than five days and discharged on overlap therapy OR - With documentation of reason for discontinuation of parenteral therapy OR - With documentation of a reason for no overlap therapy	
Denominator: Patients with a diagnosis code for venous thromboembolism (VTE), a patient age greater than or equal to 18 years, and a length of stay less than or equal to 120 days Patients with confirmed VTE who received warfarin	
Exclusion: - Patients with Comfort Measures documented - Patients discharged to a health care facility for hospice care - Patients discharged to home for hospice care - Patients who expired - Patients who left against medical advice - Patients discharged to another hospital - Patients without warfarin therapy during hospitalization - Patients without VTE confirmed by diagnostic testing	

CMS91 / NQF0437: Thrombolytic Therapy	
Objective: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well	
Numerator: Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to 180 minutes) of when it was witnessed or reported that the patient was last known to be without the signs and symptoms of the current stroke or at his or her baseline state of health	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Ischemic stroke patients admitted through the Emergency Department whose time of arrival is within 2 hours (less than or equal to 120 minutes) of 1) Time they were known to be at their baseline state of health; or 2) Time of symptom onset if time last known at baseline state is not known	
Exception: Patients with a documented Reason For Not Initiating IV Thrombolytic	

CMS100 / NQF0142: Aspirin Prescribed at Discharge	
Objective: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge	
Numerator: Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge	
Denominator: All hospital discharges for acute myocardial infarction (AMI) with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission Patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction (AMI)	
Exclusion: - Patients with Comfort Measures Only documented - Patients enrolled in clinical trials - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	

Exception: Patients with a documented Reason for No Aspirin at Discharge This includes patients with an Aspirin allergy, patients discharged on Warfarin or other specific anticoagulant medications, patients with a hold on the administration of Aspirin medications, and patients with a medical or patient reason for not prescribing this medication	

CMS104 / NQF0435: Discharged on Antithrombotic Therapy	
Objective: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge	
Numerator: Patients prescribed antithrombotic therapy at hospital discharge	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Patients with a principal diagnosis of Ischemic stroke	
Exclusion: - Patients with comfort measures documented - Patients admitted for elective carotid intervention This exclusion is implicitly modeled by only including non-elective hospitalizations - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	
Exception: Patients with a documented reason for not prescribing antithrombotic therapy at discharge	

CMS105 / NQF0439: Discharged on Statin Medication	
Objective: Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge	
Numerator: Patients prescribed statin medication at hospital discharge	
Denominator: Patients age 18 and older discharged from inpatient care (non-elective admissions) with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less or equal to 120 days Patients with a principal diagnosis of ischemic stroke and an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival	
Exclusion: - Patients with comfort measures documented - Patients admitted for elective carotid intervention This exclusion is implicitly modeled by only including non-elective hospitalizations - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	
Exception: Patients with a reason for not prescribing statin medication at discharge	

CMS109 / NQF0374: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	
Objective: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol	
Numerator: Patients who have their IV UFH therapy dosages and platelet counts monitored according to defined parameters such as a nomogram or protocol Patients who are on UFH therapy for less than 24 hours and have their UFH therapy dosages monitored according to defined parameters such as a nomogram or protocol	
Denominator: Patients age 18 and older discharged from hospital inpatient acute care with a diagnosis of venous thromboembolism (VTE) and a length of stay less than or equal to 120 days Patients with VTE confirmed through a diagnostic test and receiving IV UFH therapy	

Exclusion: - Patients with comfort measures documented - Patients discharged to another hospital - Patients who left against medical advice - Patients who expired - Patients discharged to home for hospice care - Patients discharged to a health care facility for hospice care	

CMS113 / NQF0469: Elective Delivery	
Objective: Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed	
Numerator: Patients with elective deliveries with medical induction of labor or cesarean section and not in labor	
Denominator: Patients age >= 8 years and < 65 admitted to the hospital for inpatient acute care and had a length of stay < 120 days Patients delivering newborns with >= 37 and < 39 weeks of gestation completed	
Exclusion: Patients with conditions possibly justifying elective delivery prior to 39 weeks gestation	