

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

Meaningful Use Core Measures- EPs must fill out all 15 Meaningful Use Core Measures

#	Measure Information	Measure Values
1	<p>Objective: Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</p> <p>Measure: More than percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.</p> <p>Exclusion: Any EP who writes fewer than prescriptions during the EHR reporting period.</p>	
	Does this exclusion apply to you?	YES NO
	EPs who write fewer than prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.	
	Numerator: The number of patients in the denominator that have at least one medication order entered using CPOE.	
	Denominator: Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.	
2	<p>Objective: Implement drug-drug and drug-allergy interaction checks.</p> <p>Measure: The EP has enabled this functionality for the entire EHR reporting period.</p> <p>Note: Eligible professionals (EPs) must attest YES to having enabled drug-drug and drug-allergy interaction checks for the length of the reporting period to meet this measure.</p>	
	Enabled Functionality?	YES NO
3	<p>Objective: Maintain an up-to-date problem list of current and active diagnoses.</p> <p>Measure: More than percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.</p>	
	Numerator: Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.	
	Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
4	<p>Objective: Generate and transmit permissible prescriptions electronically (eRx).</p> <p>Measure: More than percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.</p> <p>Exclusion: Any EP who writes fewer than prescriptions during the EHR reporting period.</p>	
	Does this exclusion apply to you?	YES NO
	EPs who write fewer than prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.	

	Numerator: Number of prescriptions in the denominator generated and transmitted electronically.	
	Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.	

#	Measure Information	Measure Values
5	Objective: Maintain active medication list. Measure: More than percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	
	Numerator: Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	
	Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
6	Objective: Maintain active medication allergy list. Measure: More than percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	
	Numerator: Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.	
	Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
7	Objective: Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth Measure: More than percent of all unique patients seen by the EP have demographics recorded as structured data.	
	Numerator: Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.	
	Denominator: Number of unique patients seen by the EP during the EHR reporting period.	

#	Measure Information	Measure Values	
8	<p>Objective: Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (BMI) (E) Plot and display growth charts for children 2-20 years, including BMI</p> <p>Measure: For more than percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data.</p> <p>Exclusion: Any EP who either see no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.</p>		
<p>An EP who sees no patients 2 years or older would be excluded from this requirement. Additionally, an EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.</p>		YES	NO
<p>Numerator: Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.</p>			
<p>Denominator: Number of unique patients age 2 or over seen by the EP during the EHR reporting period.</p>			
9	<p>Objective: Record smoking status for patients 13 years old or older.</p> <p>Measure: More than percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</p> <p>Exclusion: Any EP who sees no patients 13 years or older.</p>		
<p>An EP who sees no patients 13 years or older would be excluded from this requirement. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.</p>			
<p>Numerator: Number of patients in the denominator with smoking status recorded as structured data.</p>			
<p>Denominator: Number of unique patients age 13 or older seen by the EP during the EHR reporting period.</p>			
10	<p>Objective: Report ambulatory clinical quality measure.</p> <p>Measure: Successfully report ambulatory clinical quality measures selected by CMS in the manner specified by CMS.</p> <p>Compliance: Eligible professionals (EPs) must attest YES to reporting ambulatory clinical quality measures selected by CMS in the manner specified by CMS to meet the measure.</p>		
<p>Submitting CQM?</p>		YES	NO

#	Measure Information	Measure Values	
11	<p>Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.</p> <p>Measure: Implement one clinical decision support rule.</p> <p>Compliance: Eligible professionals (EPs) must attest YES to having implemented one clinical decision support rule for the length of the reporting period to meet the measure.</p>	YES	NO
	Implemented rule?		
12	<p>Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.</p> <p>Measure: More than percent of all patients who request an electronic copy of their health information are provided it within 3 business days.</p> <p>Exclusion: Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.</p>		
	An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.		
	Numerator: Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.		
	Denominator: Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.		
13	<p>Objective: Provide clinical summaries for patients for each office visit.</p> <p>Measure: Clinical summaries provided to patients for more than percent of all office visits within 3 business days.</p> <p>Exclusion: Any EP who has no office visits during the EHR reporting period.</p>		
	EPs who have no office visits during the EHR reporting period would be excluded from this requirement. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.		
	Numerator: Number of office visits in the denominator for which the patient is provided a clinical summary within three business days.		
	Denominator: Number of office visits by the EP during the EHR reporting period.		
14	<p>Objective: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.</p> <p>Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.</p> <p>Compliance: Eligible professionals (EPs) must attest YES to having performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information prior to the end of the EHR reporting period to meet this measure.</p>		
	Did you perform the test?	YES	NO

15	<p>Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.</p> <p>Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.</p> <p>Compliance: Eligible professionals (EPs) must attest YES to having conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implemented security updates as necessary and corrected identified security deficiencies prior to or during the EHR reporting period to meet this measure.</p>		
	Did you perform the review?	YES	NO

Meaningful Use Menu Measures- EPs must fill out 5 out of 10 measures (at least 1 of these must be a public health measure, which are noted with an asterisk)

#	Measure Information	Measure Values	
1	<p>Objective: Implement drug formulary checks.</p> <p>Measure: The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.</p> <p>Exclusion: Any EP who writes fewer than prescriptions during the EHR reporting period.</p>		
	Does this exclusion apply to you?	YES	NO
	An EP who writes fewer than prescriptions during the EHR reporting period can be excluded from this objective and associated measure. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.		
	Eligible professionals (EPs) must attest YES to having enabled this functionality and having had access to at least one internal or external formulary for the entire EHR reporting period to meet this measure.		
2	<p>Objective: Incorporate clinical lab test results into EHR as structured data.</p> <p>Measure: More than percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.</p> <p>Exclusion: An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.</p>		
	If an EP orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period they would be excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.	YES	NO
	Numerator: Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.		

	Denominator: Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.	
3	<p>Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.</p> <p>Measure: Generate at least one report listing patients of the EP with a specific condition.</p> <p>Compliance: Eligible professionals (EPs) must attest YES to having generated at least one report listing patients of the EP with a specific condition to meet this measure.</p>	
	Generating report?	YES NO
4	<p>Objective: Send reminders to patients per patient preference for preventive/follow-up care.</p> <p>Measure: More than percent of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.</p> <p>Exclusion: An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.</p>	
	If an EP has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology that EP is excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.	YES NO
	Numerator: Number of patients in the denominator who were sent the appropriate reminder.	
	Denominator: Number of unique patients 65 years old or older or 5 years old or younger.	
5	<p>Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.</p> <p>Measure: At least percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.</p> <p>Exclusion: Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period.</p>	
	If an EP neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period, they would be excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.	YES NO
	Numerator: Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology)	
	Denominator: Number of unique patients seen by the EP during the EHR reporting period.	

#	Measure Information	Measure Values
6	<p>Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.</p> <p>Measure: More than percent of all unique patients seen by the EP are provided patient-specific education resources.</p>	
	<p>Numerator: Number of patients in the denominator who are provided patient-specific education resources.</p>	
	<p>Denominator: Number of unique patients seen by the EP during the EHR reporting period.</p>	
7	<p>Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</p> <p>Measure: The EP performs medication reconciliation for more than percent of transitions of care in which the patient is transitioned into the care of the EP.</p> <p>Exclusion: An EP who was not the recipient of any transitions of care during the EHR reporting period.</p>	
	<p>If an EP was not on the receiving end of any transition of care during the EHR reporting period they would be excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.</p>	<p>YES NO</p>
	<p>Numerator: Number of transitions of care in the denominator where medication reconciliation was performed.</p>	
	<p>Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.</p>	
8	<p>Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.</p> <p>Measure: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than percent of transitions of care and referrals.</p> <p>Exclusion: An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.</p>	
	<p>If an EP does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period then they would be excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.</p>	<p>YES NO</p>
	<p>Numerator: Number of transitions of care and referrals in the denominator where a summary of care record was provided.</p>	
	<p>Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.</p>	

#	Measure Information	Measure Values	
9*	<p>Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.</p> <p>Measure: Performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).</p> <p>Exclusion: An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.</p>		
	If an EP does not perform immunizations during the EHR reporting period, or if there is no immunization registry that has the capacity to receive the information electronically, then the EP would be excluded from this requirement. EPs must select YES next to the appropriate exclusion(s), in order to attest to the exclusion(s).	YES	NO
	Eligible professionals (EPs) must attest YES to having performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically) to meet this measure.	YES	NO
10*	<p>Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.</p> <p>Measure: Performed at least one test of certified EHR technology’s capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically).</p> <p>Exclusion: An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically.</p>		
	If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period or if no public health agency that has the capacity to receive the information electronically, then the EP is excluded from this requirement. EPs must select YES next to the appropriate exclusion, in order to attest to the exclusion.	YES	NO
	Eligible professionals (EPs) must attest YES to having performed at least one test of certified EHR technology’s capacity to submit electronic syndromic surveillance data to public health agencies and follow up submission if the test was successful (unless none of the public health agencies to which the EP submits such information has the capacity to receive the information electronically) to meet this measure.	YES	NO

Meaningful Use Core Clinical Quality Measures. Please complete the first three measures below. If you have no patients that meet the denominator for any of the first three measures, enter a zero (“0”) in the denominator. If necessary, answer questions 4-6 until you have completed at least 3 Meaningful Use Core Clinical Quality Measures that do not contain a zero (“0”) denominator or you have responded to all 6.

#	Measure Information	Measure Values
NQF 0421	Objective Percentage of patients aged 18 years and older with BMI documented with encounter in the past six months.	
	Numerator 1: All Patients less than 65 years old with BMI ≥ 22 and ≤ 30 and all Patients with BMI < 22 or BMI > 30 with follow-up BMI plan	
	Denominator 1: All patients less than 65 years of age.	
	Exclusion 1: Terminally Ill, Pregnant, Documented exemption.	
	Numerator 2: All patients at least 65 years of age with BMI ≥ 18.5 and ≤ 25 and all Patients with BMI < 18.5 or BMI > 25 with follow-up BMI plan or dietary consult.	
	Denominator 2: All patients at least 65 years of age.	
	Exclusion 2: Terminally Ill, Pregnant, Documented exemption.	
NQF 0013	Objective: Percentage patients with a diagnosis of Hyper-tension and blood pressure (BP) is recorded in the group that is aged 18 years and older with at least 2 visits.	
	Numerator: All patients with finding of systolic blood pressure or diastolic blood pressure in the group.	
	Denominator: All patients in the group.	
NQF 0028	Objective A: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months.	
	Numerator 1: Patients aged 18 years and older who have at least 2 office visits and were queried about tobacco use one or more times within 24 months.	
	Denominator 1: Patients aged 18 years and older who have at least 2 office visits within 24 months.	
	Objective B: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	

	Numerator 2: Patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	
	Denominator 2: Patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits.	

#	Measure Information	Measure Values
NQF 0041	Objective: Percentage of patients who received flu vaccine during the flu season are at least 50 years old.	
	Numerator: Patients in the group who received flu vaccine.	
	Denominator: All patients in the group.	
	Exclusion: Patients with documented reason for no flu vaccine.	
NQF 0024	Objective: Percentage of patients with BMI recorded, counseling for nutrition or for physical activity in the group that is 2 -16 years old with at least one visit with OB/GYN or PCP in reporting year.	
	Numerator 1.1: BMI Recorded.	
	Numerator 1.2: Patient counseling for Nutrition.	
	Numerator 1.3: Patient counseling for Physical Activity.	
	Denominator 1: All patients in the group.	
	Numerator 2.1: BMI Recorded.	
	Numerator 2.2: Patient counseling for Nutrition.	
	Numerator 2.3: Patient counseling for Physical Activity.	
	Denominator 2: All patients in the group age ≥ 2 and ≤ 10 years old.	
	Numerator 3.1: BMI Recorded.	
	Numerator 3.2: Patient counseling for Nutrition.	
	Numerator 3.3: Patient counseling for Physical Activity.	
	Denominator 3: All patients in the group ≥ 11 and ≤ 16 years old.	

#	Measure Information	Measure Values
NQF 0038	Objective: Percentage of children who had DTaP, IPV,MMR,HIB,Hep B, VZV, PCV, Hep A, RV, and Flu vaccine in the group that is 2 years old during the reporting period.	
	Numerator 1: Children who received at least 4 doses of DTaP.	
	Numerator 2: Children who received at least 3 doses of IPV.	
	Numerator 3: Children who received at least 1 dose of MMR, or were diagnosed and treated for the treated diseases.	
	Numerator 4: Children who received at least 2 doses of HIB.	
	Numerator 5: Children who received at least 3 doses of Hep B.	
	Numerator 6: Children who received at least 1 doses of VZV.	
	Numerator 7: Children who received at least 4 doses of PCV.	
	Numerator 8: Children who received at least 2 doses of Hep A.	
	Numerator 9: Children who received at least 2 doses of RV.	
	Numerator 10: Children who received at least 2 doses of Flu.	
	Numerator 11: Children who received at least 4 doses of DTaP and at least 3 doses of IPV and at least 1 dose of MMR and at least 1 dose of VZV and at least 3 doses of Hep B.	
	Numerator 12: Children who received at least 4 doses of DTaP and at least 3 doses of IPV and at least 1 dose of MMR and at least 1 dose of VZV and at least 3 doses of Hep B and at least 4 doses of PCV”.	
Denominator: All children in the group and had an encounter.		

Meaningful Use Menu Clinical Quality Measure(Complete at least 3 of the following for which you have observations.)

#	Measure Information	Measure Values
NQF 0059	Objective: Percentage of patients of age with diabetes (type 1 or type 2) for at least 2 years who had hemoglobin A1c > 9.0% and do not have polycystic ovaries in the group between 18 - 75 years of age.	
	Numerator: Patients with most recent HbA1c test > 9.0%.	
	Denominator: All patients in the group.	
	Exclusion: Polycystic ovaries and Active diabetes or Active diabetes.	
NQF 0064	Objective: Percentage of patients with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL between 18-75 years of age.	
	Numerator 1: Patients with LDL test result.	
	Numerator 2: Patients with LDL test result < 100 mg/dl.	
	Denominator: All patients in the group.	
NQF 0061	Objective: Percentage of patients of age with diabetes (type 1 or type 2) for at least 2 years who had blood pressure <140/90 mmHg and exclude patients with polycystic ovaries, inpatient, ED or ophthalmology encounter within 2 years in the group between 18 - 75 years of age.	
	Numerator: All non-excluded patients with BP<140/90 and most recent encounter greater than 2 years for excluded patients with BP<140/90 mmHg.	
	Denominator: All non-excluded patients plus excluded patients with diabetic medication and diabetic diagnosis.	
	Exclusion: Polycystic ovaries and Active diabetes or Active diabetes.	
NQF 0081	Objective: Percentage of patients with LVSD who were prescribed ACE inhibitor or ARB therapy in the group of patients that are diagnosed with health failure and are at least 18 years old and do not have contraindicating events or diagnoses.	
	Numerator: Patients in the group with prescribed ACE inhibitor or ARB.	
	Denominator: All patients in the group.	
	Exclusion: Various Medications and Diagnoses.	
NQF 0070	Objective: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy and do not have contraindicating events or diagnoses.	

	Numerator: Patients in the group who were prescribed beta blocker therapy.	
	Denominator: All patients in the group.	
	Exclusion: Various Medications and Diagnoses.	

#	Measure Information	Measure Values
NQF 0043	Objective: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	
	Numerator: Patients in the group who have received pneumococcal vaccine.	
	Denominator: All patients in the group.	
NQF 0031	Objective: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	
	Numerator: Patients in the group who have had a mammogram within 2 yrs.	
	Denominator: All patients in the group.	
NQF 0034	Objective: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer and have not had colorectal cancer.	
	Numerator: Patients in the group who had appropriate screening.	
	Denominator: All patients in the group.	
	Exclusion: Any diagnosis of colorectal cancer, active or inactive.	
NQF 0067	Objective: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	
	Numerator: Patients in the group who received antiplatelet therapy.	
	Denominator: All patients in the group.	
	Exclusion: Active diagnosis of bleeding coagulation disorders or related reason or medication.	
NQF 0083	Objective: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta blocker therapy and do not have contraindicating events or diagnoses.	
	Numerator : Patients in the group who were prescribed beta blocker therapy.	

	Denominator: All patients in the group.	
	Exclusion : Various Medications and Diagnoses.	
NQF 0105	Objective: The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treated and maintained with antidepressant medication treatment.	
	Numerator 1: Patients in the group with antidepressant medications ≥ 84 days after major depression was first diagnosed.	
	Numerator 2: Patients in the group with antidepressant medications ≥ 180 days after major depression was first diagnosed.	
	Denominator: All patients in the group.	

#	Measure Information	Measure Values
NQF 0086	Objective: Percentage of patients aged 18 years and older with a diagnosis of Primary Open Angle Glaucoma (POAG) with at least 2 encounters with at least one optic nerve head evaluation.	
	Numerator: Patients in the group with at least one optic nerve head evaluation.	
	Denominator: All patients in the group.	
	Exclusion: Documented exemption.	
NQF 0088	Objective: Percentage of patients at least 18 years old with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed or findings documented.	
	Numerator: Patients in the group with exam or findings documented.	
	Denominator: All patients in the group.	
	Exclusion: Documented exemption.	
NQF 0089	Objective: Percentage of patients at least 18 years old with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed or findings that were communicated to physician who cares for patient with diabetes mellitus.	
	Numerator: Patients in the group with exam or findings and communicated to diabetes mellitus physician.	
	Denominator: All patients in the group.	
	Exclusion: Documented exemption.	

#	Measure Information	Measure Values
NQF 0047	Objective: Percentage of patients aged 5 through 40 years with a diagnosis of persistent asthma who were prescribed inhaled corticosteroid or an acceptable alternative treatment.	
	Numerator: Patients in the group prescribed inhaled corticosteroid or an acceptable alternative treatment.	
	Denominator: All patients in the group.	
	Exclusion: Documented exemption.	
NQF 0001	Objective Percentage of patients 5 to 41 years of age with a diagnosis of asthma with at least 2 encounters and at least one assessment for daytime and nighttime asthma symptoms within 12 months.	
	Numerator: Patients in the group and at least one assessment for daytime and nighttime asthma symptoms within 12 months.	
	Denominator: All patients in the group.	
NQF 0002	Objective: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	
	Numerator: Patients in the group dispensed an antibiotic and received a group A streptococcus (strep) test.	
	Denominator: All patients in the group.	
NQF 0387	Objective: : Percentage of female patients at least 18 years old with Stage IC - IIIC, ER or PR breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the reporting period without contraindications.	
	Numerator: Patients in the group who were prescribed tamoxifen or aromatase inhibitor (AI).	
	Denominator: All patients in the group.	
	Exclusion: Various Medications, Procedures and Diagnoses.	
NQF 0385	Objective: Percentage of patients aged 18 years and older with Stage III colon cancer who will, are or have received adjuvant chemotherapy within the reporting period without contraindications.	
	Numerator: Patients in the group who will are or have received adjuvant chemotherapy.	
	Denominator: All patients in the group.	
	Exclusion: Various Medications and Diagnoses.	
NQF 0389	Objective: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence who is receiving treatment and did not have a bone scan at any time since prostate cancer was diagnosed.	
	Numerator: Patients in the group who did not have a bone scan.	

	Denominator: All patients in the group.	
	Exclusion: Various Procedures and Diagnoses.	

#	Measure Information	Measure Values
NQF 0027	Objective: Percentage of patients at least 18 years old who were documented as current tobacco users, with at least on encounter during the reporting period.	
	Numerator 1: Patients in the group that are documented tobacco users.	
	Numerator 2: Patients in the groups who were documented and counseled tobacco users.	
	Denominator: All patients in the group.	
NQF 0055	Objective: Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal Exam with no contraindications.	
	Numerator: Patients in the group who received exam prior to diagnosis of diabetic retinopathy.	
	Denominator: All patients in the group.	
	Exclusion: Polycystic ovaries and Active diabetes or Active diabetes.	
NQF 0062	Objective: Percentage of patients 18 - 75 years of age with diabetes (type 1 or 2) who had a screening test for or evidence of nephropathy.	
	Numerator: Patients in the group who had a screening test for or evidence of nephropathy.	
	Denominator: All patients in the group.	
	Exclusion: Polycystic ovaries and Active diabetes or Active diabetes.	
NQF 0056	Objective: The percentage of patients aged 18 - 75 years with diabetes (type 1 or 2) and had a foot exam and no contraindications.	
	Numerator: Patients in the group who had a foot exam.	
	Denominator: All patients in the group.	
	Exclusion: Polycystic ovaries and Active diabetes or Active diabetes.	
NQF 0074	Objective: Percentage of patients aged 18 years and older with a diagnosis of CAD and prescribed a lipid lowering therapy.	
	Numerator: Patients in the group who were prescribed a lipid lowering therapy.	
	Denominator: All patients in the initial patient population.	

	Exclusion: Various Lab and Medication Reasons.	
NQF 0084	Objective: Percentage of all patients aged 18 years and older with a diagnosis of heart failure with at least two encounters who were prescribed warfarin therapy that is not contraindicated.	
	Numerator: Patients in the group who were prescribed warfarin therapy.	
	Denominator: All patients in the group.	
	Exclusion: Various Medications and Diagnoses.	

#	Measure Information	Measure Values
NQF 0073	Objective: Percentage of patients at least 18 years of age who were discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had ischemic vascular disease (IVD) during or the year prior to the reporting year and their most recent blood pressure is <140/90 mmHg.	
	Numerator: Patients in the group and their most recent blood pressure is <140/90 mmHg.	
	Denominator: All patients in the initial patient population.	
NQF 0068	Objective: Percentage of patients at least 18 years of age who were discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had ischemic vascular disease (IVD) during or the year prior to the reporting year and used an antithrombotic during the measurement year.	
	Numerator: Patients in the group and used an antithrombotic during the measurement year.	
	Denominator: All patients in the initial patient population.	
NQF 0004	Objective: The percentage of patients at least 12 years old with a new episode of alcohol-drug dependence (AOD) who initiate treatment within 14 days of the diagnosis and had two or more additional services for AOD within 30 days of the first visit.	
	Numerator 1: Patients in the group age ≤ 16 years old with one treatment or inpatient admission within 14 days of the diagnosis.	
	Numerator 2: Patients in the group age ≤ 16 years old with more than one treatment or inpatient admission within 30 days of the diagnosis.	
	Numerator 3: Patients in the group age ≥ 17 years old with one treatment or inpatient admission within 14 days of the diagnosis.	
	Numerator 4: Patients in the group age ≥ 17 years old with more than one treatment or inpatient admission within 30 days of the diagnosis.	
	Numerator 5: Patients in the group with one treatment or inpatient admission within 14 days of the diagnosis.	

	Numerator 6: Patients in the group with more than one treatment or inpatient admission within 30 days of the diagnosis.	
	Denominator: All patients in the group.	
NQF 0012	Objective: Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	
	Numerator: Percentage of patients, who gave birth during a 12-month period and were screened for HIV during the first or second prenatal care visit.	
	Denominator: All patients in the group.	
	Exclusion: Any HIV diagnosis and any documented exemption.	
NQF 0014	Objective: Percentage of D (Rh) negative, unsensitized patients who gave birth during a 12-month period and received anti-D immune globulin at 26-30 week's gestation.	
	Numerator: Patients in the group and received anti-D immune globulin.	
	Denominator: All patients in the group.	
	Exclusion: Pregnant, no birth or any documented exemption.	
NQF 0018	Objective: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was < 140/90 mmHg during the measurement year.	
	Numerator: Patients in the group whose BP was < 140/90 mmHg.	
	Denominator: All patients in the group.	
NQF 0032	Objective: The percentage of women 21-64 years of age who received at least one Pap tests to screen for cervical cancer.	
	Numerator: Patients in the group who received Pap test.	
	Denominator: All patients in the group.	
NQF 0033	Objective: Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	
	Numerator: All Patients in the group who had at least one test for chlamydia.	
	Denominator: All patients in the group.	
	Exclusion: Lab Pregnancy test during measurement period.	

#	Measure Information	Measure Values
NQF 0036	Objective: Percentage of patients 5 to 50 years of age with persistent asthma and prescribed medication during the measurement year and no contraindications.	
	Numerator 1: Patients in the 5 to 50 group who were prescribed medication.	
	Denominator 1: Patients in the 5 to 50 group.	
	Exclusion 1: Various Diagnoses.	
	Numerator 2: Patients in the group aged 5 to 11 who were prescribed medication.	
	Denominator 2: Patients in the group aged 5 to 11.	
	Exclusion 2: Various Diagnoses.	
	Numerator 3: Patients in the group aged 12 to 50 who were prescribed medication.	
	Denominator 3: Patients in the group 12 to 50.	
	Exclusion 3: Various Diagnoses.	
NQF 0052	Objective: Percentage of patients with a primary diagnosis of low back pain who did not have imaging within 28 days of diagnosis.	
	Numerator: Patients in the group who did not have imaging.	
	Denominator: All patients in the group.	
NQF 0075	Objective: Percentage of patients at least 18 years of age who were discharged with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had ischemic vascular disease (IVD) during or the year prior to the reporting year and had a complete lipid profile performed during the measurement year.	
	Numerator 1: Patients in the group who had a complete lipid profile.	
	Numerator 2: Patients in the group who had a complete lipid profile with LDL < 100 mg/dl or triglyceride test < 400 mg/dl.	
	Denominator: All patients in the group.	
NQF 0575	Objective: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.	
	Numerator: Patients in the group who had HbA1c <8.0%.	
	Denominator: All patients in the group.	
	Exclusion: Polycystic ovaries and Active diabetes or Active diabetes.	