



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcriterion 1b).

Brief Measure Information

NQF #: 0580

Corresponding Measures:

De.2. Measure Title: Bipolar antimanic agent

Co.1.1. Measure Steward: Resolution Health, Inc.

De.3. Brief Description of Measure: This measure identifies the percentage of patients with newly diagnosed bipolar disorder who have received at least 1 prescription for a mood-stabilizing agent during the measurement year.

1b.1. Developer Rationale:

S.4. Numerator Statement: Patients in the denominator who have received at least 1 prescription for a mood-stabilizing agent during the measurement year

S.7. Denominator Statement: Patients newly diagnosed as having bipolar disorder earlier than 30 days before the end of the measurement year

S.10. Denominator Exclusions:

De.1. Measure Type: Process

S.23. Data Source: Claims, Electronic Health Data

S.26. Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : Community, County or City

IF Endorsement Maintenance – Original Endorsement Date: Dec 04, 2009 **Most Recent Endorsement Date:** Dec 04, 2009

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all subcriteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form
[0580_Evidence_MSF5.0_Data.doc](#)

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.*

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. *(This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.*

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare. List citations in 1c.4.

1c.4. Citations for data demonstrating high priority provided in 1a.3

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. *(Describe how and from whom their input was obtained.)*

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the subcriteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the

Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Behavioral Health

De.6. Non-Condition Specific (check all the areas that apply):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment:

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients in the denominator who have received at least 1 prescription for a mood-stabilizing agent during the measurement year

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

S.6. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

>=1 claim for “Mood stabilizers” from diagnosis of bipolar disorder to end of measurement year

mood stabilizers (Medispan Drug)

=====

Type	GPI Code	Description
----	-----	-----
GPI	59070070000303	Risperidone Tab 0.25 MG
GPI	59070070000306	Risperidone Tab 0.5 MG
GPI	59070070000310	Risperidone Tab 1 MG
GPI	59070070000320	Risperidone Tab 2 MG
GPI	59070070000330	Risperidone Tab 3 MG
GPI	59070070000340	Risperidone Tab 4 MG
GPI	59070070002010	Risperidone Soln 1 MG/ML
GPI	59070070007220	Risperidone Orally Disintegrating Tab 0.5 MG
GPI	59070070007230	Risperidone Orally Disintegrating Tab 1 MG

GPI	59070070007240	Risperidone Orally Disintegrating Tab 2 MG
GPI	59070070007250	Risperidone Orally Disintegrating Tab 3 MG
GPI	59070070007260	Risperidone Orally Disintegrating Tab 4 MG
GPI	59070070101910	Risperidone Microspheres For Inj 12.5 MG
GPI	59070070101920	Risperidone Microspheres For Inj 25 MG
GPI	59070070101930	Risperidone Microspheres For Inj 37.5 MG
GPI	59070070101940	Risperidone Microspheres For Inj 50 MG
GPI	59100010100305	Haloperidol Tab 0.5 MG
GPI	59100010100310	Haloperidol Tab 1 MG
GPI	59100010100315	Haloperidol Tab 2 MG
GPI	59100010100320	Haloperidol Tab 5 MG
GPI	59100010100325	Haloperidol Tab 10 MG
GPI	59100010100330	Haloperidol Tab 20 MG
GPI	59100010102900	Haloperidol Powder
GPI	59100010201305	Haloperidol Lactate Oral Conc 2 MG/ML
GPI	59100010202005	Haloperidol Lactate Inj 5 MG/ML
GPI	59100010302010	Haloperidol Decanoate IM Soln 50 MG/ML
GPI	59100010302020	Haloperidol Decanoate IM Soln 100 MG/ML
GPI	59152020000310	Clozapine Tab 12.5 MG
GPI	59152020000320	Clozapine Tab 25 MG
GPI	59152020000325	Clozapine Tab 50 MG
GPI	59152020000330	Clozapine Tab 100 MG
GPI	59152020000340	Clozapine Tab 200 MG
GPI	59152020007210	Clozapine Orally Disintegrating Tab 12.5 MG
GPI	59152020007220	Clozapine Orally Disintegrating Tab 25 MG
GPI	59152020007230	Clozapine Orally Disintegrating Tab 100 MG
GPI	59153070100310	Quetiapine Fumarate Tab 25 MG
GPI	59153070100314	Quetiapine Fumarate Tab 50 MG
GPI	59153070100320	Quetiapine Fumarate Tab 100 MG
GPI	59153070100330	Quetiapine Fumarate Tab 200 MG
GPI	59153070100340	Quetiapine Fumarate Tab 300 MG
GPI	59153070100350	Quetiapine Fumarate Tab 400 MG
GPI	59153070107520	Quetiapine Fumarate Tab SR 24HR 200 MG
GPI	59153070107530	Quetiapine Fumarate Tab SR 24HR 300 MG
GPI	59153070107540	Quetiapine Fumarate Tab SR 24HR 400 MG
GPI	59157060000305	Olanzapine Tab 2.5 MG
GPI	59157060000310	Olanzapine Tab 5 MG
GPI	59157060000315	Olanzapine Tab 7.5 MG
GPI	59157060000320	Olanzapine Tab 10 MG
GPI	59157060000330	Olanzapine Tab 15 MG
GPI	59157060000340	Olanzapine Tab 20 MG
GPI	59157060002120	Olanzapine For IM Inj 10 MG
GPI	59157060007210	Olanzapine Orally Disintegrating Tab 5 MG
GPI	59157060007220	Olanzapine Orally Disintegrating Tab 10 MG
GPI	59157060007230	Olanzapine Orally Disintegrating Tab 15 MG
GPI	59157060007240	Olanzapine Orally Disintegrating Tab 20 MG
GPI	59200025100305	Fluphenazine HCl Tab 1 MG
GPI	59200025100310	Fluphenazine HCl Tab 2.5 MG
GPI	59200025100315	Fluphenazine HCl Tab 5 MG
GPI	59200025100320	Fluphenazine HCl Tab 10 MG
GPI	59200025101005	Fluphenazine HCl Elixir 2.5 MG/5ML
GPI	59200025101320	Fluphenazine HCl Oral Conc 5 MG/ML
GPI	59200025102005	Fluphenazine HCl Inj 2.5 MG/ML
GPI	59200025302005	Fluphenazine Decanoate Inj 25 MG/ML
GPI	59200045000305	Perphenazine Tab 2 MG

GPI	59200045000310	Perphenazine Tab 4 MG
GPI	59200045000315	Perphenazine Tab 8 MG
GPI	59200045000320	Perphenazine Tab 16 MG
GPI	59200045001350	Perphenazine Conc 16 MG/5ML
GPI	59200080100305	Thioridazine HCl Tab 10 MG
GPI	59200080100310	Thioridazine HCl Tab 15 MG
GPI	59200080100315	Thioridazine HCl Tab 25 MG
GPI	59200080100320	Thioridazine HCl Tab 50 MG
GPI	59200080100325	Thioridazine HCl Tab 100 MG
GPI	59200080100330	Thioridazine HCl Tab 150 MG
GPI	59200080100335	Thioridazine HCl Tab 200 MG
GPI	59250015000305	Aripiprazole Tab 2 MG
GPI	59250015000310	Aripiprazole Tab 5 MG
GPI	59250015000320	Aripiprazole Tab 10 MG
GPI	59250015000330	Aripiprazole Tab 15 MG
GPI	59250015000340	Aripiprazole Tab 20 MG
GPI	59250015000350	Aripiprazole Tab 30 MG
GPI	59250015002020	Aripiprazole Oral Solution 1 MG/ML
GPI	59250015002050	Aripiprazole IM Inj 9.75 MG/1.3ML (7.5 MG/ML)
GPI	59250015007220	Aripiprazole Orally Disintegrating Tab 10 MG
GPI	59250015007230	Aripiprazole Orally Disintegrating Tab 15 MG
GPI	59400015006910	Carbamazepine (Antipsychotic) Cap SR 12HR 100 MG
GPI	59400015006920	Carbamazepine (Antipsychotic) Cap SR 12HR 200 MG
GPI	59400015006930	Carbamazepine (Antipsychotic) Cap SR 12HR 300 MG
GPI	59400085100120	Ziprasidone HCl Cap 20 MG
GPI	59400085100130	Ziprasidone HCl Cap 40 MG
GPI	59400085100140	Ziprasidone HCl Cap 60 MG
GPI	59400085100150	Ziprasidone HCl Cap 80 MG
GPI	59400085202120	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)
GPI	59500010100103	Lithium Carbonate Cap 150 MG
GPI	59500010100105	Lithium Carbonate Cap 300 MG
GPI	59500010100110	Lithium Carbonate Cap 600 MG
GPI	59500010100305	Lithium Carbonate Tab 300 MG
GPI	59500010100405	Lithium Carbonate Tab CR 300 MG
GPI	59500010100410	Lithium Carbonate Tab CR 450 MG
GPI	59500010102900	Lithium Carbonate Powder
GPI	59500010202010	Lithium Citrate Oral Soln 8 mEq/5ML
GPI	62995002500110	Olanzapine-Fluoxetine HCl Cap 3-25 MG
GPI	62995002500120	Olanzapine-Fluoxetine HCl Cap 6-25 MG
GPI	62995002500125	Olanzapine-Fluoxetine HCl Cap 6-50 MG
GPI	62995002500140	Olanzapine-Fluoxetine HCl Cap 12-25 MG
GPI	62995002500145	Olanzapine-Fluoxetine HCl Cap 12-50 MG
GPI	72500010100605	Divalproex Sodium Tab Delayed Release 125 MG
GPI	72500010100610	Divalproex Sodium Tab Delayed Release 250 MG
GPI	72500010100615	Divalproex Sodium Tab Delayed Release 500 MG
GPI	72500010106820	Divalproex Sodium Cap Sprinkle 125 MG
GPI	72500010107520	Divalproex Sodium Tab SR 24 HR 250 MG
GPI	72500010107530	Divalproex Sodium Tab SR 24 HR 500 MG
GPI	72500020101205	Valproate Sodium Syrup 250 MG/5ML
GPI	72500020102020	Valproate Sodium Inj 100 MG/ML
GPI	72500030000105	Valproic Acid Cap 250 MG
GPI	72500030006505	Valproic Acid Cap Delayed Release 125 MG
GPI	72500030006510	Valproic Acid Cap Delayed Release 250 MG
GPI	72500030006520	Valproic Acid Cap Delayed Release 500 MG
GPI	72600020000305	Carbamazepine Tab 200 MG

GPI 72600020000505 Carbamazepine Chew Tab 100 MG
 GPI 72600020001810 Carbamazepine Susp 100 MG/5ML
 GPI 72600020002900 Carbamazepine Powder
 GPI 72600020006910 Carbamazepine Cap SR 12HR 100 MG
 GPI 72600020006920 Carbamazepine Cap SR 12HR 200 MG
 GPI 72600020006930 Carbamazepine Cap SR 12HR 300 MG
 GPI 72600020007410 Carbamazepine Tab SR 12HR 100 MG
 GPI 72600020007420 Carbamazepine Tab SR 12HR 200 MG
 GPI 72600020007440 Carbamazepine Tab SR 12HR 400 MG
 GPI 72600040000310 Lamotrigine Tab 25 MG
 GPI 72600040000330 Lamotrigine Tab 100 MG
 GPI 72600040000335 Lamotrigine Tab 150 MG
 GPI 72600040000340 Lamotrigine Tab 200 MG
 GPI 72600040006420 Lamotrigine Tab 25 MG (35) Starter Kit
 GPI 72600040006430 Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit
 GPI 72600040006435 Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit
 GPI 72600040007205 Lamotrigine Tab Disp 2 MG
 GPI 72600040007210 Lamotrigine Tab Disp 5 MG
 GPI 72600040007220 Lamotrigine Tab Disp 25 MG
 GPI 72600046000310 Oxcarbazepine Tab 150 MG
 GPI 72600046000320 Oxcarbazepine Tab 300 MG
 GPI 72600046000340 Oxcarbazepine Tab 600 MG
 GPI 72600046001820 Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)
 GPI 72600075000310 Topiramate Tab 25 MG
 GPI 72600075000320 Topiramate Tab 50 MG
 GPI 72600075000330 Topiramate Tab 100 MG
 GPI 72600075000340 Topiramate Tab 200 MG
 GPI 72600075006820 Topiramate Sprinkle Cap 15 MG
 GPI 72600075006830 Topiramate Sprinkle Cap 25 MG

S.7. Denominator Statement (Brief, narrative description of the target population being measured)

Patients newly diagnosed as having bipolar disorder earlier than 30 days before the end of the measurement year

S.8. Target Population Category (Check all the populations for which the measure is specified and tested if any):**S.9. Denominator Details** (All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

Age >=18 years old as of the end of the measurement year

-AND newly diagnosed with "bipolar disorder" {defined by
 [>=2 outpatient claims for 'bipolar disorder'

>=1 inpatient claims for 'bipolar disorder' with the 1st claim occurring during the measurement year but earlier than 30 days before end of measurement year, saving the earliest claim as the onset date}

-AND no claims for 'bipolar disorder prior' to the onset date

-AND >=1 Inpatient or ER claim for 'Bipolar Acute mania or depression' during the measurement year

-AND has Rx eligibility from onset date of bipolar disorder to end of measurement year

-AND has member eligibility for 2 yrs prior to the end of the measurement year.

Bipolar Acute mania or depression (Diagnosis)

=====

Type	Code	Description
-----	-----	-----

ICD9	29600	BIPLR I D/O SINGLE MANIC EPIS UNS
ICD9	29601	BIPLR I D/O SINGLE MANIC EPIS MILD
ICD9	29602	BIPLR I D/O SINGLE MANIC EPIS MOD
ICD9	29603	BIPLR I D/O 1 MANIC EPIS NO PSYCHOT
ICD9	29604	BIPLR I D/O 1 MANIC EPIS W/PSYCHOT
ICD9	29610	MANIC DISORDER RECUR EPIS UNSPEC
ICD9	29611	MANIC DISORDER RECURRENT EPIS MILD
ICD9	29612	MANIC DISORDER RECURRENT EPIS MOD
ICD9	29613	MANIC RECUR D/O EPIS SEVERE
ICD9	29614	RECUR MANIC-SEV W PSYCHO
ICD9	29620	MAJ DPRSV D/O SINGLE EPIS UNSPEC
ICD9	29621	MAJ DPRSV DISORDER SINGLE EPIS MILD
ICD9	29622	MAJ DPRSV DISORDER SINGLE EPIS MOD
ICD9	29623	MAJ DEPRESS D/O 1 EPIS SEVERE
ICD9	29624	MAJ DEPRESS 1 EPIS SEVR W/PSYCHOT
ICD9	29630	MAJ DPRSV D/O RECUR EPIS UNSPEC
ICD9	29631	MAJ DPRSV DISORDER RECUR EPIS MILD
ICD9	29632	MAJOR DPRSV DISORDER RECUR EPIS MOD
ICD9	29633	MJR DEPRESS D/O RECUR EPIS-SEVERE
ICD9	29634	MJR DEPRES D/O RECUR EPIS-PSYCHOTIC
ICD9	29640	BIPLR I MOST RECENT EPIS MANIC UNS
ICD9	29641	BIPLR I MOST RECENT EPIS MANIC MILD
ICD9	29642	BIPLR I MOST RECENT EPIS MANIC MOD
ICD9	29643	BP I MOST RECNT MNIC SEV NO PSYCHOT
ICD9	29644	BP I MOST RECENT MNIC SEV W/PSYCHOT
ICD9	29650	BIPLR I MOST RECENT EPIS DPRSD UNS
ICD9	29651	BIPLR I MOST RECENT EPIS DPRSD MILD
ICD9	29652	BIPLR I MOST RECENT EPIS DPRSD MOD
ICD9	29653	BIPLR I RECENT DPRSD SEV NO PSYCHOT
ICD9	29654	BIPLR I RECENT DPRSD SEV W/PSYCHOT
ICD9	29660	BIPLR I MOST RECENT EPIS MIX UNS
ICD9	29661	BIPLR I MOST RECENT EPIS MIX MILD
ICD9	29662	BIPLR I MOST RECENT EPIS MIX MOD
ICD9	29663	BIPLR I RECENT MIX SEV W/O PSYCHOT
ICD9	29664	BIPLR I RECENT MIX SEV W/PSYCHOT
ICD10	F3010	Manic episode without psychotic symptoms, unspecified
ICD10	F3011	Manic episode without psychotic symptoms, mild
ICD10	F3012	Manic episode without psychotic symptoms, moderate
ICD10	F3013	Manic episode, severe, without psychotic symptoms
ICD10	F302	Manic episode, severe with psychotic symptoms
ICD10	F309	Manic episode, unspecified
ICD10	F310	Bipolar disorder, current episode hypomanic
ICD10	F3110	Bipolar disorder, current episode manic without psychotic features, unspecified
ICD10	F3111	Bipolar disorder, current episode manic without psychotic features, mild
ICD10	F3112	Bipolar disorder, current episode manic without psychotic features, moderate
ICD10	F3113	Bipolar disorder, current episode manic without psychotic features, severe
ICD10	F312	Bipolar disorder, current episode manic severe with psychotic features
ICD10	F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
ICD10	F3131	Bipolar disorder, current episode depressed, mild
ICD10	F3132	Bipolar disorder, current episode depressed, moderate
ICD10	F314	Bipolar disorder, current episode depressed, severe, without psychotic features
ICD10	F315	Bipolar disorder, current episode depressed, severe, with psychotic features
ICD10	F3160	Bipolar disorder, current episode mixed, unspecified
ICD10	F3161	Bipolar disorder, current episode mixed, mild

ICD10	F3162	Bipolar disorder, current episode mixed, moderate
ICD10	F3163	Bipolar disorder, current episode mixed, severe, without psychotic features
ICD10	F3164	Bipolar disorder, current episode mixed, severe, with psychotic features
ICD10	F320	Major depressive disorder, single episode, mild
ICD10	F321	Major depressive disorder, single episode, moderate
ICD10	F322	Major depressive disorder, single episode, severe without psychotic features
ICD10	F323	Major depressive disorder, single episode, severe with psychotic features
ICD10	F329	Major depressive disorder, single episode, unspecified
ICD10	F330	Major depressive disorder, recurrent, mild
ICD10	F331	Major depressive disorder, recurrent, moderate
ICD10	F332	Major depressive disorder, recurrent severe without psychotic features
ICD10	F333	Major depressive disorder, recurrent, severe with psychotic symptoms
ICD10	F3340	Major depressive disorder, recurrent, in remission, unspecified
ICD10	F339	Major depressive disorder, recurrent, unspecified

bipolar disorder (Diagnosis)

Type	Code	Description
ICD9	2960	BIPLR I DISORDER SINGLE MANIC EPIS
ICD9	29600	BIPLR I D/O SINGLE MANIC EPIS UNS
ICD9	29601	BIPLR I D/O SINGLE MANIC EPIS MILD
ICD9	29602	BIPLR I D/O SINGLE MANIC EPIS MOD
ICD9	29603	BIPLR I D/O 1 MANIC EPIS NO PSYCHOT
ICD9	29604	BIPLR I D/O 1 MANIC EPIS W/PSYCHOT
ICD9	29605	BIPLR I D/O 1 MNIC EPIS PART REMISS
ICD9	29606	BIPLR I D/O 1 MNIC EPIS FULL REMISS
ICD9	2961	MANIC DISORDER, RECURRENT EPISODE
ICD9	29610	MANIC DISORDER RECUR EPIS UNSPEC
ICD9	29611	MANIC DISORDER RECURRENT EPIS MILD
ICD9	29612	MANIC DISORDER RECURRENT EPIS MOD
ICD9	29613	MANIC RECUR D/O EPIS SEVERE
ICD9	29614	RECUR MANIC-SEV W PSYCHO
ICD9	29615	MNIC D/O RECUR EPIS PART/UNS REMISS
ICD9	29616	MANIC D/O RECUR EPIS FULL REMISSION
ICD9	2964	BIPLR I D/O MOST RECENT EPIS MANIC
ICD9	29640	BIPLR I MOST RECENT EPIS MANIC UNS
ICD9	29641	BIPLR I MOST RECENT EPIS MANIC MILD
ICD9	29642	BIPLR I MOST RECENT EPIS MANIC MOD
ICD9	29643	BP I MOST RECENT MNIC SEV NO PSYCHOT
ICD9	29644	BP I MOST RECENT MNIC SEV W/PSYCHOT
ICD9	29645	BIPLR I RECENT MNIC PART/UNS REMISS
ICD9	29646	BIPLR I RECENT MANIC FULL REMISS
ICD9	2965	BIPLR I D/O MOST RECENT EPIS DPRSD
ICD9	29650	BIPLR I MOST RECENT EPIS DPRSD UNS
ICD9	29651	BIPLR I MOST RECENT EPIS DPRSD MILD
ICD9	29652	BIPLR I MOST RECENT EPIS DPRSD MOD
ICD9	29653	BIPLR I RECENT DPRSD SEV NO PSYCHOT
ICD9	29654	BIPLR I RECENT DPRSD SEV W/PSYCHOT
ICD9	29655	BIPLR I RECENT DPRSD PART/UNS REMIS
ICD9	29656	BIPLR I RECENT DPRSD FULL REMISS
ICD9	2966	BIPLR I D/O MOST RECENT EPIS MIX
ICD9	29660	BIPLR I MOST RECENT EPIS MIX UNS
ICD9	29661	BIPLR I MOST RECENT EPIS MIX MILD
ICD9	29662	BIPLR I MOST RECENT EPIS MIX MOD

ICD9	29663	BIPLR I RECENT MIX SEV W/O PSYCHOT
ICD9	29664	BIPLR I RECENT MIX SEV W/PSYCHOT
ICD9	29665	BIPLR I RECENT MIX PART/UNS REMISS
ICD9	29666	BIPLR I RECENT EPIS MIX FULL REMISS
ICD9	2967	BIPLR I D/O MOST RECENT EPIS UNSPEC
ICD9	2968	OTHER&UNSPECIFIED BIPOLAR DISORDERS
ICD9	29680	BIPOLAR DISORDER UNSPECIFIED
ICD9	29681	ATYPICAL MANIC DISORDER
ICD9	29689	OTHER&UNSPECIFIED BIPOLAR DISORDERS
ICD10	F3010	Manic episode without psychotic symptoms, unspecified
ICD10	F3011	Manic episode without psychotic symptoms, mild
ICD10	F3012	Manic episode without psychotic symptoms, moderate
ICD10	F3013	Manic episode, severe, without psychotic symptoms
ICD10	F302	Manic episode, severe with psychotic symptoms
ICD10	F303	Manic episode in partial remission
ICD10	F304	Manic episode in full remission
ICD10	F308	Other manic episodes
ICD10	F309	Manic episode, unspecified
ICD10	F310	Bipolar disorder, current episode hypomanic
ICD10	F3110	Bipolar disorder, current episode manic without psychotic features, unspecified
ICD10	F3111	Bipolar disorder, current episode manic without psychotic features, mild
ICD10	F3112	Bipolar disorder, current episode manic without psychotic features, moderate
ICD10	F3113	Bipolar disorder, current episode manic without psychotic features, severe
ICD10	F312	Bipolar disorder, current episode manic severe with psychotic features
ICD10	F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
ICD10	F3131	Bipolar disorder, current episode depressed, mild
ICD10	F3132	Bipolar disorder, current episode depressed, moderate
ICD10	F314	Bipolar disorder, current episode depressed, severe, without psychotic features
ICD10	F315	Bipolar disorder, current episode depressed, severe, with psychotic features
ICD10	F3160	Bipolar disorder, current episode mixed, unspecified
ICD10	F3161	Bipolar disorder, current episode mixed, mild
ICD10	F3162	Bipolar disorder, current episode mixed, moderate
ICD10	F3163	Bipolar disorder, current episode mixed, severe, without psychotic features
ICD10	F3164	Bipolar disorder, current episode mixed, severe, with psychotic features
ICD10	F3170	Bipolar disorder, currently in remission, most recent episode unspecified
ICD10	F3171	Bipolar disorder, in partial remission, most recent episode hypomanic
ICD10	F3172	Bipolar disorder, in full remission, most recent episode hypomanic
ICD10	F3173	Bipolar disorder, in partial remission, most recent episode manic
ICD10	F3174	Bipolar disorder, in full remission, most recent episode manic
ICD10	F3175	Bipolar disorder, in partial remission, most recent episode depressed
ICD10	F3176	Bipolar disorder, in full remission, most recent episode depressed
ICD10	F3177	Bipolar disorder, in partial remission, most recent episode mixed
ICD10	F3178	Bipolar disorder, in full remission, most recent episode mixed
ICD10	F3181	Bipolar II disorder
ICD10	F3189	Other bipolar disorder
ICD10	F319	Bipolar disorder, unspecified
ICD10	F328	Other depressive episodes

S.10. Denominator Exclusions *(Brief narrative description of exclusions from the target population)*

S.11. Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*

S.12. Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)

S.13. Risk Adjustment Type (Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)

S.15. Detailed risk model specifications (must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

If other:

S.17. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

S.18. Calculation Algorithm/Measure Logic (Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment (You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

S.20. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

S.21. Survey/Patient-reported data (If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.24.

Claims, Electronic Health Data

S.24. Data Source or Collection Instrument (Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.)

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

S.25. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

S.26. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : Community, County or City

S.27. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Ambulatory Care : Clinician Office

If other:

S.28. COMPOSITE Performance Measure - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

2a. Reliability – See attached Measure Testing Submission Form

2b. Validity – See attached Measure Testing Submission Form

0580_MeasureTesting_MSF5.0_Data.doc

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields? (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields)

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

If a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Planned	Current Use (for current use provide URL)
Public Reporting	
Quality Improvement (Internal to the specific organization)	

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (trends in performance results, number and percentage of people receiving high-quality healthcare)
- Geographic area and number and percentage of accountable entities and patients included

4b.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on

interpretability and data collection burden.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

Attachment:

Contact Information

Co.1 Measure Steward (Intellectual Property Owner): [Resolution Health, Inc.](#)

Co.2 Point of Contact: [Aurel Iuga](#), aurel.iuga@wellpoint.com, 240-295-6205-

Co.3 Measure Developer if different from Measure Steward:

Co.4 Point of Contact:

Additional Information

Ad.1 Workgroup/Expert Panel involved in measure development

Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released:

Ad.3 Month and Year of most recent revision:

Ad.4 What is your frequency for review/update of this measure?

Ad.5 When is the next scheduled review/update for this measure?

Ad.6 Copyright statement:

Ad.7 Disclaimers:

Ad.8 Additional Information/Comments: