



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 #: 0594

Corresponding Measures:

De.2. Measure Title: Post MI: ACE inhibitor or ARB therapy

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

De.3. Brief Description of Measure: This measure identifies patients with ST elevation MI (STEMI), or non-ST elevation MI (NSTEMI) plus a history of hypertension, heart failure and/or diabetes prior to the measurement year who are taking an ACEI or an ARB during the measurement year.

1b.1. Developer Rationale:

S.4. Numerator Statement: Patients in the denominator with at least 1 Rx claim for an ACEI or an ARB medication during the measurement year

Time Window: See below

S.7. Denominator Statement: Patients with STEMI, or NSTEMI with hypertension, HF and/or diabetes, prior to the measurement year

Time Window: See below

S.10. Denominator Exclusions: Excludes members who meet the following criteria for the ACE/ARB contraindication - >=1 claim with a diagnosis code for 'hyperkalemia', 'renal artery stenosis', 'ESRD', 'severe chronic kidney disease', 'pregnancy', or 'angioneurotic edema' (see below for the complete list of ICD9 codes)

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

0594_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):

Cardiovascular, Cardiovascular : Coronary Artery Disease (AMI)

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 with at least 1 Rx claim for an ACEI or an ARB medication during the measurement year

Time Window: See below

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 Rx claim for an 'ACE Group' or 'ARB Group' medication' (see below for the complete list of drugs used in this measure) during the measurement year

ACE Group (Medispan Drug)

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Type	GPI Code	Description

GPI	36998502506330 *Lisinopril Tab 20 MG & Dietary Management Cap Pack***
GPI	36991502200150 Amlodipine Besylate-Benazepril HCl Cap 10-20 MG
GPI	36991502200160 Amlodipine Besylate-Benazepril HCl Cap 10-40 MG
GPI	36991502200120 Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG
GPI	36991502200130 Amlodipine Besylate-Benazepril HCl Cap 5-10 MG
GPI	36991502200140 Amlodipine Besylate-Benazepril HCl Cap 5-20 MG
GPI	36991502200145 Amlodipine Besylate-Benazepril HCl Cap 5-40 MG
GPI	36991802150320 Benazepril & Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802150330 Benazepril & Hydrochlorothiazide Tab 20-12.5 MG
GPI	36991802150340 Benazepril & Hydrochlorothiazide Tab 20-25 MG
GPI	36991802150310 Benazepril & Hydrochlorothiazide Tab 5-6.25 MG
GPI	36100005100320 Benazepril HCl Tab 10 MG
GPI	36100005100330 Benazepril HCl Tab 20 MG
GPI	36100005100340 Benazepril HCl Tab 40 MG
GPI	36100005100310 Benazepril HCl Tab 5 MG
GPI	36991802250310 Captopril & Hydrochlorothiazide Tab 25-15 MG
GPI	36991802250320 Captopril & Hydrochlorothiazide Tab 25-25 MG
GPI	36991802250330 Captopril & Hydrochlorothiazide Tab 50-15 MG
GPI	36991802250340 Captopril & Hydrochlorothiazide Tab 50-25 MG
GPI	36100010000320 Captopril Tab 100 MG
GPI	36100010000305 Captopril Tab 12.5 MG
GPI	36100010000310 Captopril Tab 25 MG
GPI	36100010000315 Captopril Tab 50 MG
GPI	36991802350310 Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG
GPI	36991802350305 Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG
GPI	36100020100310 Enalapril Maleate Tab 10 MG
GPI	36100020100303 Enalapril Maleate Tab 2.5 MG
GPI	36100020100315 Enalapril Maleate Tab 20 MG
GPI	36100020100305 Enalapril Maleate Tab 5 MG
GPI	36991502300415 Enalapril Maleate-Felodipine Tab CR 5-2.5 MG
GPI	36991502300420 Enalapril Maleate-Felodipine Tab CR 5-5 MG
GPI	36100025102210 Enalaprilat IV Inj 1.25 MG/ML
GPI	36991802400310 Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802400320 Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG
GPI	36100027100310 Fosinopril Sodium Tab 10 MG
GPI	36100027100320 Fosinopril Sodium Tab 20 MG
GPI	36100027100340 Fosinopril Sodium Tab 40 MG
GPI	36991802550305 Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG
GPI	36991802550310 Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG
GPI	36991802550320 Lisinopril & Hydrochlorothiazide Tab 20-25 MG
GPI	36100030000310 Lisinopril Tab 10 MG
GPI	36100030000303 Lisinopril Tab 2.5 MG
GPI	36100030000315 Lisinopril Tab 20 MG
GPI	36100030000324 Lisinopril Tab 30 MG
GPI	36100030000330 Lisinopril Tab 40 MG
GPI	36100030000305 Lisinopril Tab 5 MG
GPI	36100033100320 Moexipril HCl Tab 15 MG
GPI	36100033100310 Moexipril HCl Tab 7.5 MG
GPI	36991802600316 Moexipril-Hydrochlorothiazide Tab 15-12.5 MG
GPI	36991802600320 Moexipril-Hydrochlorothiazide Tab 15-25 MG
GPI	36991802600310 Moexipril-Hydrochlorothiazide Tab 7.5-12.5 MG
GPI	36100035100310 Perindopril Erbumine Tab 2 MG
GPI	36100035100320 Perindopril Erbumine Tab 4 MG
GPI	36100035100330 Perindopril Erbumine Tab 8 MG

GPI 36100040100310 Quinapril HCl Tab 10 MG
 GPI 36100040100320 Quinapril HCl Tab 20 MG
 GPI 36100040100340 Quinapril HCl Tab 40 MG
 GPI 36100040100305 Quinapril HCl Tab 5 MG
 GPI 36991802650320 Quinapril-Hydrochlorothiazide Tab 10-12.5 MG
 GPI 36991802650330 Quinapril-Hydrochlorothiazide Tab 20-12.5 MG
 GPI 36991802650335 Quinapril-Hydrochlorothiazide Tab 20-25 MG
 GPI 36100050000110 Ramipril Cap 1.25 MG
 GPI 36100050000140 Ramipril Cap 10 MG
 GPI 36100050000120 Ramipril Cap 2.5 MG
 GPI 36100050000130 Ramipril Cap 5 MG
 GPI 36100050000310 Ramipril Tab 1.25 MG
 GPI 36100050000340 Ramipril Tab 10 MG
 GPI 36100050000320 Ramipril Tab 2.5 MG
 GPI 36100050000330 Ramipril Tab 5 MG
 GPI 36100060000310 Trandolapril Tab 1 MG
 GPI 36100060000320 Trandolapril Tab 2 MG
 GPI 36100060000340 Trandolapril Tab 4 MG
 GPI 36991502700420 Trandolapril-Verapamil HCl Tab CR 1-240 MG
 GPI 36991502700432 Trandolapril-Verapamil HCl Tab CR 2-180 MG
 GPI 36991502700436 Trandolapril-Verapamil HCl Tab CR 2-240 MG
 GPI 36991502700452 Trandolapril-Verapamil HCl Tab CR 4-240 MG

ARB Group (Medispan Drug)

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Type	GPI Code	Description
GPI	36993002050330	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG
GPI	36993002050340	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG
GPI	36993002050310	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG
GPI	36993002050320	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG
GPI	36993002100330	Amlodipine Besylate-Valsartan Tab 10-160 MG
GPI	36993002100340	Amlodipine Besylate-Valsartan Tab 10-320 MG
GPI	36993002100310	Amlodipine Besylate-Valsartan Tab 5-160 MG
GPI	36993002100320	Amlodipine Besylate-Valsartan Tab 5-320 MG
GPI	36150020100330	Candesartan Cilexetil Tab 16 MG
GPI	36150020100340	Candesartan Cilexetil Tab 32 MG
GPI	36150020100310	Candesartan Cilexetil Tab 4 MG
GPI	36150020100320	Candesartan Cilexetil Tab 8 MG
GPI	36994002200320	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG
GPI	36994002200340	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG
GPI	36994002200350	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG
GPI	36150024200320	Eprosartan Mesylate Tab 400 MG
GPI	36150024200330	Eprosartan Mesylate Tab 600 MG
GPI	36994002250320	Eprosartan Mesylate-Hydrochlorothiazide Tab 600-12.5 MG
GPI	36994002250325	Eprosartan Mesylate-Hydrochlorothiazide Tab 600-25 MG
GPI	36150030000320	Irbesartan Tab 150 MG
GPI	36150030000340	Irbesartan Tab 300 MG
GPI	36150030000310	Irbesartan Tab 75 MG
GPI	36994002300320	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG
GPI	36994002300340	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG
GPI	36994002300350	Irbesartan-Hydrochlorothiazide Tab 300-25 MG
GPI	36994002450325	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG
GPI	36994002450340	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG
GPI	36994002450320	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG

GPI 36150040200340 Losartan Potassium Tab 100 MG
 GPI 36150040200320 Losartan Potassium Tab 25 MG
 GPI 36150040200330 Losartan Potassium Tab 50 MG
 GPI 36150055200340 Olmesartan Medoxomil Tab 20 MG
 GPI 36150055200360 Olmesartan Medoxomil Tab 40 MG
 GPI 36150055200320 Olmesartan Medoxomil Tab 5 MG
 GPI 36994002500320 Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG
 GPI 36994002500340 Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG
 GPI 36994002500345 Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG
 GPI 3615007000310 Telmisartan Tab 20 MG
 GPI 3615007000320 Telmisartan Tab 40 MG
 GPI 3615007000340 Telmisartan Tab 80 MG
 GPI 36994002600320 Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG
 GPI 36994002600340 Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG
 GPI 36994002600345 Telmisartan-Hydrochlorothiazide Tab 80-25 MG
 GPI 3615008000330 Valsartan Tab 160 MG
 GPI 3615008000340 Valsartan Tab 320 MG
 GPI 3615008000310 Valsartan Tab 40 MG
 GPI 3615008000320 Valsartan Tab 80 MG
 GPI 36994002700340 Valsartan-Hydrochlorothiazide Tab 160-12.5 MG
 GPI 36994002700350 Valsartan-Hydrochlorothiazide Tab 160-25 MG
 GPI 36994002700360 Valsartan-Hydrochlorothiazide Tab 320-12.5 MG
 GPI 36994002700370 Valsartan-Hydrochlorothiazide Tab 320-25 MG
 GPI 36994002700320 Valsartan-Hydrochlorothiazide Tab 80-12.5 MG

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

Patients with STEMI, or NSTEMI with hypertension, HF and/or diabetes, prior to the measurement year

Tine Window: See below

S.8. Target Population Category *(Check all the populations for which the measure is specified and tested if any):*

Elderly

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 as of the end of the measurement year

- AND either

- >=1 claim from an inpatient setting and/ or >=2 claims from an outpatient setting with a diagnosis of 'STEMI' prior to the measurement year

OR

{- >=1 claim from an inpatient setting and/ or >=2 claims from an outpatient setting with a diagnosis of 'NSTEMI' prior to the measurement year

AND

{>=1 claim from an inpatient setting and/or >=2 claims from an outpatient setting with a diagnosis of 'heart failure' or 'diabetes'

OR >=2 Rx for 'insulin' or 'oral antidiabetic group' AND No claims for 'gestational diabetes' or 'polycystic ovaries' (this is clause is an alternative definition of diabetes using claims data)

OR >=2 claims from an outpatient setting for 'hypertension'

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- AND eligible for Rx benefits during the measurement year

(See below for complete information about the diagnosis codes used for this measure)

STEMI (Diagnosis)

Type	Code	Description
ICD9	4100	ACUT MYOCARD INFARCT ANTEROLAT WALL
ICD9	41000	AC MI ANTEROLAT WALL EPIS CARE UNS
ICD9	41001	AC MI ANTEROLAT WALL INIT EPIS CARE
ICD9	41002	AC MI ANTEROLAT WALL SUBSQ EOC
ICD9	4101	ACUTE MYOCARD INFARCT OTH ANT WALL
ICD9	41010	ACUT MI OTH ANT WALL EPIS CARE UNS
ICD9	41011	ACUT MI OTH ANT WALL INIT EPIS CARE
ICD9	41012	AC MI OTH ANT WALL SUBSQ EPIS CARE
ICD9	4102	ACUT MYOCARD INFARCT INFEROLAT WALL
ICD9	41020	AC MI INFEROLAT WALL EPIS CARE UNS
ICD9	41021	AC MI INFEROLAT WALL INIT EPIS CARE
ICD9	41022	AC MI INFEROLAT WALL SUBSQ EOC
ICD9	4103	ACUT MI INFEROPOST WALL
ICD9	41030	AC MI INFEROPOST WALL EPIS CARE UNS
ICD9	41031	AC MI INFEROPOST WALL INIT EOC
ICD9	41032	AC MI INFEROPOST WALL SUBSQ EOC
ICD9	4104	ACUTE MYOCARD INFARCT OTH INF WALL
ICD9	41040	ACUT MI OTH INF WALL EPIS CARE UNS
ICD9	41041	ACUT MI OTH INF WALL INIT EPIS CARE
ICD9	41042	AC MI OTH INF WALL SUBSQ EPIS CARE
ICD9	4105	ACUTE MYOCARD INFARCT OTH LAT WALL
ICD9	41050	ACUT MI OTH LAT WALL EPIS CARE UNS
ICD9	41051	ACUT MI OTH LAT WALL INIT EPIS CARE
ICD9	41052	AC MI OTH LAT WALL SUBSQ EPIS CARE
ICD9	4106	ACUT MI TRUE POST WALL INFARCT
ICD9	41060	ACUT MI POST WALL INFARCT EOC UNS
ICD9	41061	ACUT MI POST WALL INFARCT INIT EOC
ICD9	41062	ACUT MI POST WALL INFRCT SUBSQ EOC
ICD9	4108	ACUT MYOCARD INFARCT OTH SPEC SITES
ICD9	41080	ACUT MI OTH SITE EPIS CARE UNS
ICD9	41081	ACUT MI OTH SITE INIT EPIS CARE
ICD9	41082	ACUT MI OTH SITE SUBSQ EPIS CARE

NSTEMI (Diagnosis)

Type	Code	Description
ICD9	4107	ACUT MI SUBENDOCARDIAL INFARCT
ICD9	41070	ACUT MI SUBNDOCARDL INFARCT EOC UNS
ICD9	41071	ACUT MI SUBNDOCRDL INFARCT INIT EOC
ICD9	41072	ACUT MI SUBNDOCRDL INFRCT SBSQT EOC

Heart Failure (Diagnosis)

Type	Code	Description
ICD9	40201	MALIG HTN HRT DISEASE W/HRT FAIL
ICD9	40211	BEN HTN HEART DISEASE W/HEART FAIL
ICD9	40291	HTN HRT DISEASE UNSPEC W/HRT FAIL
ICD9	40291	UNSPEC HTN HRT DISEASE W/HRT FAIL
ICD9	40401	HTN H & CKD MAL HF&CKD ST 1-IV/UNS
ICD9	40401	HTN HEART & KIDNEY DZ MALIG W/HF
ICD9	40403	HTN HRT & CKD MAL HF&CKD ST V/ESRD
ICD9	40403	HTN HRT & K DZ MALIG W/HF & CHRN K
ICD9	40411	HTN H & CKD BEN HF&CKD ST I-IV/UNS
ICD9	40411	HTN HRT & KIDNEY DZ BEN W/HRT FAIL
ICD9	40413	HTN H & CKD BEN HF & CKD ST V/ESRD
ICD9	40413	HTN HRT & K DZ BEN W/HF & CKD
ICD9	40491	HTN H & CKD UNS HF&CKD ST I-IV/UNS
ICD9	40491	HTN HRT & KIDNEY DZ UNS W/HRT FAIL
ICD9	40493	HTN H & CKD UNS HF & CKD ST V/ESRD
ICD9	40493	HTN HRT & K DZ UNS W/HF & CHRN K DZ
ICD9	4280	CHF UNSPECIFIED
ICD9	4281	LEFT HEART FAILURE
ICD9	42820	UNSPECIFIED SYSTOLIC HEART FAILURE
ICD9	42821	ACUTE SYSTOLIC HEART FAILURE
ICD9	42822	CHRONIC SYSTOLIC HEART FAILURE
ICD9	42823	ACUTE CHRONIC SYSTOLIC HEART FAIL
ICD9	42830	UNSPECIFIED DIASTOLIC HEART FAILURE
ICD9	42831	ACUTE DIASTOLIC HEART FAILURE
ICD9	42832	CHRONIC DIASTOLIC HEART FAILURE
ICD9	42833	ACUTE CHRONIC DIASTOLIC HEART FAIL
ICD9	42840	UNS COMB SYSTOL&DIASTOL HEART FAIL
ICD9	42841	AC COMB SYSTOLIC&DIASTOLIC HRT FAIL
ICD9	42842	CHRN COMB SYSTOL&DIASTOL HEART FAIL
ICD9	42843	ACUTE CHRN SYSTOL&DIASTOL HRT FAIL
ICD9	4289	UNSPECIFIED HEART FAILURE

Diabetes (Diagnosis)

Type	Code	Description
ICD9	250	DIABETES MELLITUS
ICD9	2500	DM WITHOUT MENTION OF COMPLICATION
ICD9	25000	DB W/O COMP TYPE II/UNS NOT UNCCTRL
ICD9	25001	DB W/O COMP TYPE I NOT UNCCTRL
ICD9	25002	DB W/O COMP TYPE II/UNS UNCCTRL
ICD9	25003	DB W/O COMP TYPE I TYPE UNCCTRL
ICD9	2501	DIABETES WITH KETOACIDOSIS
ICD9	25010	DB W/KA TYPE II/UNS NOT UNCCTRL
ICD9	25011	DB W/KETOACIDOS TYPE I NOT UNCCTRL
ICD9	25012	DB W/KETOACIDOS TYPE II/UNS UNCCTRL
ICD9	25013	DB W/KETOACIDOS TYPE I UNCCTRL
ICD9	2502	DIABETES WITH HYPEROSMOLARITY
ICD9	25020	DB W/HYPEROSMLR TYPE II NOT UNCCTRL
ICD9	25021	DB W/HYPEROSMOLR TYPE I NOT UNCCTRL
ICD9	25022	DB W/HYPEROSMLR TYPE II/UNS UNCCTRL
ICD9	25023	DB W/HYPEROSMOLAR TYPE I UNCCTRL
ICD9	2503	DIABETES WITH OTHER COMA

ICD9	25030	DB OTH COMA TYPE II/UNS NOT UNCCTRL
ICD9	25031	DB W/OTH COMA TYPE I NOT UNCCTRL
ICD9	25032	DB W/OTH COMA TYPE II/UNS UNCCTRL
ICD9	25033	DB W/OTH COMA TYPE I UNCCTRL
ICD9	2504	DIABETES WITH RENAL MANIFESTATIONS
ICD9	25040	DB W/RENAL TYPE II/UNS NOT UNCCTRL
ICD9	25041	DB W/RENAL TYPE I [JUV] NOT UNCCTRL
ICD9	25042	DB W/RENAL TYPE II/UNS UNCCTRL
ICD9	25043	DB W/RENAL TYPE I [JUV] UNCCTRL
ICD9	2505	DIAB W/OPHTHALMIC MANIFESTATIONS
ICD9	25050	DB W/OPHTH TYPE II/UNS NOT UNCCTRL
ICD9	25051	DB W/OPHTH TYPE I [JUV] NOT UNCCTRL
ICD9	25052	DB W/OPHTH TYPE II/UNS TYPE UNCCTRL
ICD9	25053	DB W/OPHTH TYPE I [JUV] UNCCTRL
ICD9	2506	DIAB W/NEUROLOGICAL MANIFESTATIONS
ICD9	25060	DB W/NEURO TYPE II/UNS NOT UNCCTRL
ICD9	25061	DB W/NEURO TYPE I [JUV] NOT UNCCTRL
ICD9	25062	DB W/NEURO TYPE II/UNS TYPE UNCCTRL
ICD9	25063	DB W/NEURO TYPE I [JUV] UNCCTRL
ICD9	2507	DIAB W/PERIPHERAL CIRC DISORDERS
ICD9	25070	DB PERIPH CIRC TYPE II NOT UNCCTRL
ICD9	25071	DB W/PERIPH CIRC TYPE I NOT UNCCTRL
ICD9	25072	DB PERIPH CIRC TYPE II/UNS UNCCTRL
ICD9	25073	DB W/PERIPH CIRC D/O TYPE I UNCCTRL
ICD9	2508	DIABETES W/OTH SPEC MANIFESTATIONS
ICD9	25080	DB W/OTH MANIFEST TYPE II/UNS NOT UN
ICD9	25081	DB W/OTH MANIFEST TYPE I NOT UNCCTRL
ICD9	25082	DB W/OTH MANIFEST TYPE II/UNS UNCCTR
ICD9	25083	DB W/OTH MANIFEST TYPE I UNCCTRL
ICD9	2509	DIABETES W/UNSPECIFIED COMPLICATION
ICD9	25090	DB UNS COMP TYPE II/UNS NOT UNCCTRL
ICD9	25091	DB W/UNS COMP TYPE I NOT UNCCTRL
ICD9	25092	DB W/UNS COMP TYPE II/UNS UNCCTRL
ICD9	25093	DB W/UNS COMP TYPE I [JUV] UNCCTRL
ICD9	3572	POLYNEUROPATHY IN DIABETES
ICD9	3620	DIABETIC RETINOPATHY
ICD9	36201	BACKGROUND DIABETIC RETINOPATHY
ICD9	36202	PROLIFERATIVE DIABETIC RETINOPATHY
ICD9	36203	NONPROLIF DIABETIC RETINOPATHY NOS
ICD9	36204	MILD NONPROLIF DIABETIC RETINOPATHY
ICD9	36205	MOD NONPROLIF DIABETIC RETINOPATHY
ICD9	36206	SEV NONPROLIF DIABETIC RETINOPATHY
ICD9	36207	DIABETIC MACULAR EDEMA
ICD9	36641	DIABETIC CATARACT
ICD9	6480	DIABETES MELLIT IN PREG
ICD9	64800	MAT DM COMPL PG BRTH/PP UNS EOC
ICD9	64801	MATERNAL DM WITH DELIVERY
ICD9	64802	MATERNAL DM W/DELIV W/CURRENT PPC
ICD9	64803	MATERNAL DM ANTEPARTUM
ICD9	64804	MTRN DM PREVIOUS POSTPARTUM COND
ICD9	V4585	INSULIN PUMP STATUS
ICD9	V5867	LONG-TERM USE OF INSULIN

Insulin (Medispan Drug)

=====

Type	GPI Code	Description

GPI	27104002002020	Insulin Aspart Inj 100 Unit/ML
GPI	27104070001820	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)
GPI	27104006002020	Insulin Detemir Inj 100 Unit/ML
GPI	27104003002020	Insulin Glargine Inj 100 Unit/ML
GPI	27104004002022	Insulin Glulisine Inj 100 Unit/ML
GPI	27104004002020	Insulin Glulisine Subcutaneous Inj 100 Unit/ML
GPI	27104090001820	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (50-50)
GPI	27104090001810	Insulin Isophane & Regular (Human) Inj 100 Unit/ML (70-30)
GPI	27104020001805	Insulin Isophane (Human) Inj 100 Unit/ML
GPI	27103020001810	Insulin Isophane (Pork) Inj 100 Unit/ML
GPI	27104005002020	Insulin Lispro (Human) Inj 100 Unit/ML
GPI	27104080001840	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-50)
GPI	27104080001820	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-25)
GPI	27104010002960	Insulin Regular (Human) Inhalation Powder 1 & 3 MG/BLISTER
GPI	27104010002920	Insulin Regular (Human) Inhalation Powder 1 MG/BLISTER
GPI	27104010002930	Insulin Regular (Human) Inhalation Powder 3 MG/BLISTER
GPI	27104010002005	Insulin Regular (Human) Inj 100 Unit/ML
GPI	27104010002015	Insulin Regular (Human) Inj 500 Unit/ML
GPI	27104015002005	Insulin Regular (Human) Inj Buffered 100 Unit/ML
GPI	27103010002010	Insulin Regular (Pork) Inj 100 Unit/ML
GPI	27104030001805	Insulin Zinc (Human) Inj 100 Unit/ML
GPI	27103040001810	Insulin Zinc (Pork) Inj 100 Unit/ML
GPI	27104050001805	Insulin Zinc, Extended (Human) Inj 100 Unit/ML
Diabetic Oral Agents (Medispan Drug)		
=====		
Type	GPI Code	Description

GPI	27999002506320	*Metformin HCl Tab 500 MG & Dietary Management Cap Pack***
GPI	27500010000340	Acarbose Tab 100 MG
GPI	27500010000310	Acarbose Tab 25 MG
GPI	27500010000320	Acarbose Tab 50 MG
GPI	27200010000305	Acetohexamide Tab 250 MG
GPI	27200010000310	Acetohexamide Tab 500 MG
GPI	27200020000305	Chlorpropamide Tab 100 MG
GPI	27200020000310	Chlorpropamide Tab 250 MG
GPI	27200027000310	Glimepiride Tab 1 MG
GPI	27200027000320	Glimepiride Tab 2 MG
GPI	27200027000340	Glimepiride Tab 4 MG
GPI	27200030002900	Glipizide Powder
GPI	27200030000310	Glipizide Tab 10 MG
GPI	27200030000305	Glipizide Tab 5 MG
GPI	27200030007520	Glipizide Tab SR 24HR 10 MG
GPI	27200030007505	Glipizide Tab SR 24HR 2.5 MG
GPI	27200030007510	Glipizide Tab SR 24HR 5 MG
GPI	27997002350320	Glipizide-Metformin HCl Tab 2.5-250 MG
GPI	27997002350325	Glipizide-Metformin HCl Tab 2.5-500 MG
GPI	27997002350340	Glipizide-Metformin HCl Tab 5-500 MG
GPI	27200040100310	Glyburide Micronized Tab 1.5 MG
GPI	27200040100320	Glyburide Micronized Tab 3 MG
GPI	27200040100330	Glyburide Micronized Tab 4.5 MG
GPI	27200040100340	Glyburide Micronized Tab 6 MG
GPI	27200040002900	Glyburide Powder

GPI 27200040000305 Glyburide Tab 1.25 MG
 GPI 27200040000310 Glyburide Tab 2.5 MG
 GPI 27200040000315 Glyburide Tab 5 MG
 GPI 27997002400310 Glyburide-Metformin Tab 1.25-250 MG
 GPI 27997002400320 Glyburide-Metformin Tab 2.5-500 MG
 GPI 27997002400330 Glyburide-Metformin Tab 5-500 MG
 GPI 27250050002020 Metformin HCl Oral Soln 500 MG/5ML
 GPI 27250050000350 Metformin HCl Tab 1000 MG
 GPI 27250050000320 Metformin HCl Tab 500 MG
 GPI 27250050000340 Metformin HCl Tab 850 MG
 GPI 27250050007520 Metformin HCl Tab SR 24HR 500 MG
 GPI 27250050007530 Metformin HCl Tab SR 24HR 750 MG
 GPI 27250050007590 Metformin HCl Tab SR 24HR Modified Release 1000 MG
 GPI 27250050007580 Metformin HCl Tab SR 24HR Modified Release 500 MG
 GPI 27250050007570 Metformin HCl Tab SR 24HR Osmotic 1000 MG
 GPI 27250050007560 Metformin HCl Tab SR 24HR Osmotic 500 MG
 GPI 27500050000340 Miglitol Tab 100 MG
 GPI 27500050000310 Miglitol Tab 25 MG
 GPI 27500050000320 Miglitol Tab 50 MG
 GPI 27234050000330 Nateglinide Tab 120 MG
 GPI 27234050000320 Nateglinide Tab 60 MG
 GPI 27607050100320 Pioglitazone HCl Tab 15 MG (Base Equiv)
 GPI 27607050100330 Pioglitazone HCl Tab 30 MG (Base Equiv)
 GPI 27607050100340 Pioglitazone HCl Tab 45 MG (Base Equiv)
 GPI 27997802400320 Pioglitazone HCl-Glimepiride Tab 30-2 MG
 GPI 27997802400340 Pioglitazone HCl-Glimepiride Tab 30-4 MG
 GPI 27998002400320 Pioglitazone HCl-Metformin HCl Tab 15-500 MG
 GPI 27998002400340 Pioglitazone HCl-Metformin HCl Tab 15-850 MG
 GPI 27280060000310 Repaglinide Tab 0.5 MG
 GPI 27280060000320 Repaglinide Tab 1 MG
 GPI 27280060000330 Repaglinide Tab 2 MG
 GPI 27607060100320 Rosiglitazone Maleate Tab 2 MG (Base Equiv)
 GPI 27607060100330 Rosiglitazone Maleate Tab 4 MG (Base Equiv)
 GPI 27607060100340 Rosiglitazone Maleate Tab 8 MG (Base Equiv)
 GPI 27997802600310 Rosiglitazone Maleate-Glimepiride Tab 4-1 MG
 GPI 27997802600320 Rosiglitazone Maleate-Glimepiride Tab 4-2 MG
 GPI 27997802600340 Rosiglitazone Maleate-Glimepiride Tab 4-4 MG
 GPI 27997802600355 Rosiglitazone Maleate-Glimepiride Tab 8-2 MG
 GPI 27997802600360 Rosiglitazone Maleate-Glimepiride Tab 8-4 MG
 GPI 27998002600320 Rosiglitazone Maleate-Metformin HCl Tab 1-500 MG
 GPI 27998002600335 Rosiglitazone Maleate-Metformin HCl Tab 2-1000 MG
 GPI 27998002600330 Rosiglitazone Maleate-Metformin HCl Tab 2-500 MG
 GPI 27998002600355 Rosiglitazone Maleate-Metformin HCl Tab 4-1000 MG
 GPI 27998002600350 Rosiglitazone Maleate-Metformin HCl Tab 4-500 MG
 GPI 27550070100340 Sitagliptin Phosphate Tab 100 MG (Base Equiv)
 GPI 27550070100320 Sitagliptin Phosphate Tab 25 MG (Base Equiv)
 GPI 27550070100330 Sitagliptin Phosphate Tab 50 MG (Base Equiv)
 GPI 27992502700340 Sitagliptin-Metformin HCl Tab 50-1000 MG
 GPI 27992502700320 Sitagliptin-Metformin HCl Tab 50-500 MG
 GPI 27200050000305 Tolazamide Tab 100 MG
 GPI 27200050000310 Tolazamide Tab 250 MG
 GPI 27200050000315 Tolazamide Tab 500 MG
 GPI 27200060000310 Tolbutamide Tab 500 MG

HTN (Diagnosis)

Type	Code	Description
ICD9	36211	HYPERTENSIVE RETINOPATHY
ICD9	401	ESSENTIAL HYPERTENSION
ICD9	4010	ESSENTIAL HYPERTENSION, MALIGNANT
ICD9	4011	ESSENTIAL HYPERTENSION, BENIGN
ICD9	4019	UNSPECIFIED ESSENTIAL HYPERTENSION
ICD9	402	HYPERTENSIVE HEART DISEASE
ICD9	4020	MALIG HYPERTENSIVE HEART DISEASE
ICD9	40200	MALIG HTN HRT DISEASE W/O HRT FAIL
ICD9	40201	MALIG HTN HRT DISEASE W/HRT FAIL
ICD9	4021	BENIGN HYPERTENSIVE HEART DISEASE
ICD9	40210	BEN HTN HRT DISEASE W/O HRT FAIL
ICD9	40211	BEN HTN HEART DISEASE W/HEART FAIL
ICD9	4029	UNSPEC HYPERTENSIVE HEART DISEASE
ICD9	40290	UNSPEC HTN HRT DISEASE W/O HRT FAIL
ICD9	40291	HTN HRT DISEASE UNSPEC W/HRT FAIL
ICD9	40291	UNSPEC HTN HRT DISEASE W/HRT FAIL
ICD9	403	HYPERTENSIVE CHRONIC KIDNEY DISEASE
ICD9	403	HYPERTENSIVE KIDNEY DISEASE
ICD9	4030	HYPERTENSIVE CHRNIC KIDNEY DZ MALIG
ICD9	4030	HYPERTENSIVE KIDNEY DISEASE MALIG
ICD9	40300	HTN CHR KID DZ MAL KID DZ I-IV/UNS
ICD9	40300	HTN KIDNEY DZ MALIG W/O CKD
ICD9	40301	HTN CHR KID DZ MAL KID DZ ST V/ESRD
ICD9	40301	HTN KIDNEY DZ MALIG W/CHRON KID DZ
ICD9	4031	HTN CHRONIC KIDNEY DISEASE BENIGN
ICD9	4031	HYPERTENSIVE KIDNEY DISEASE BENIGN
ICD9	40310	HTN CKD BEN CKD STAGE I THRU IV/UNS
ICD9	40310	HTN KIDNEY DZ BEN W/O CHRON KID DZ
ICD9	40311	HTN CKD BEN W/CKD STAGE V/ESRD
ICD9	40311	HTN KIDNEY DZ BEN W/CHRON KID DZ
ICD9	4039	HTN CHRONIC KIDNEY DISEASE UNS
ICD9	4039	HYPERTENSIVE KIDNEY DISEASE UNSPEC
ICD9	40390	HTN CKD UNS CKD STAGE I THRU IV/UNS
ICD9	40390	HTN KIDNEY DZ UNS W/O CKD
ICD9	40391	HTN CKD UNSPEC W/CKD STAGE V/ESRD
ICD9	40391	HTN KIDNEY DZ UNS W/ CKD
ICD9	404	HTN HEART & CHRONIC KIDNEY DISEASE
ICD9	404	HYPERTENSIVE HEART&KIDNEY DISEASE
ICD9	4040	HTN HEART&KIDNEY DISEASE MALIG
ICD9	4040	HYPERTENSIVE HEART & CKD MALIGNANT
ICD9	40400	HTN H & CKD MAL W/CKD ST I-IV/UNS
ICD9	40400	HTN HRT & K DZ MALIG W/O HF OR CKD
ICD9	40401	HTN H & CKD MAL HF&CKD ST 1-IV/UNS
ICD9	40401	HTN HEART & KIDNEY DZ MALIG W/HF
ICD9	40402	HTN H&CKD MAL W/O HF&CKD ST V/ESRD
ICD9	40402	HTN HEART & K DZ MALIG W/CHRON K DZ
ICD9	40403	HTN HRT & CKD MAL HF&CKD ST V/ESRD
ICD9	40403	HTN HRT & K DZ MALIG W/HF & CHRN K
ICD9	4041	HTN HEART & KIDNEY DISEASE BEN
ICD9	4041	HTN HEART&CHRNIC KIDNEY DISEASE BEN
ICD9	40410	HTN H & CKD BEN W/CKD ST I-IV/UNS
ICD9	40410	HTN HRT & K DZ BEN W/O HF OR CKD

ICD9	40411	HTN H & CKD BEN HF&CKD ST I-IV/UNS
ICD9	40411	HTN HRT & KIDNEY DZ BEN W/HRT FAIL
ICD9	40412	HTN H & CKD BEN W/CKD ST V/ESRD
ICD9	40412	HTN HRT & K DZ BENIGN W/CHRON K DZ
ICD9	40413	HTN H & CKD BEN HF & CKD ST V/ESRD
ICD9	40413	HTN HRT & K DZ BEN W/HF & CKD
ICD9	4049	HTN HEART & KIDNEY DISEASE UNS
ICD9	4049	HTN HRT&CHRNIC KIDNEY DZ UNSPEC
ICD9	40490	HTN H & CKD UNS W/CDK ST I-IV/UNS
ICD9	40490	HTN HRT & KID DZ UNS W/O HF OR CKD
ICD9	40491	HTN H & CKD UNS HF&CKD ST I-IV/UNS
ICD9	40491	HTN HRT & KIDNEY DZ UNS W/HRT FAIL
ICD9	40492	HTN H & CKD UNS W/CKD STAGE V/ESRD
ICD9	40492	HTN HEART & K DZ UNS W/CHRONIC K DZ
ICD9	40493	HTN H & CKD UNS HF & CKD ST V/ESRD
ICD9	40493	HTN HRT & K DZ UNS W/HF & CHRN K DZ
ICD9	405	SECONDARY HYPERTENSION
ICD9	4050	SECONDARY HYPERTENSION, MALIGNANT
ICD9	40501	SEC RENOVASCULAR HYPERTENSION MALIG
ICD9	40509	OTHER SEC HYPERTENSION MALIGNANT
ICD9	4051	SECONDARY HYPERTENSION, BENIGN
ICD9	40511	SEC RENOVASCULAR HYPERTENSION BEN
ICD9	40519	OTHER SECONDARY HYPERTENSION BENIGN
ICD9	4059	UNSPEC SEC HYPERTENSION UNSPEC
ICD9	40591	SEC RENOVASCULAR HTN UNSPEC
ICD9	40599	OTHER SEC HYPERTENSION UNSPECIFIED
ICD9	4372	HYPERTENSIVE ENCEPHALOPATHY

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

Excludes members who meet the following criteria for the ACE/ARB contraindication

- >=1 claim with a diagnosis code for 'hyperkalemia', 'renal artery stenosis', 'ESRD', 'severe chronic kidney disease', 'pregnancy', or 'angioneurotic edema' (see below for the complete list of ICD9 codes)

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)

[See Measure Submission Form](#)

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. <u>COMPOSITE Performance Measure</u> - Additional Specifications <i>(Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)</i>
2a. Reliability – See attached Measure Testing Submission Form 2b. Validity – See attached Measure Testing Submission Form 0594_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.

Yes

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: [Resolution Health, Inc.](#)

Co.4 Point of Contact: [Kevin, Bowman, Kevin.Bowman@anthem.com](#), 240-295-1398-

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: