

HQIN Physician Practice Measure Set



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Measure	NQF	QPP	eCQM	MSSP	UDS
CMS Goal 1: Behavioral Health Outcomes/Opioids					
1. Dementia-Associated behavioral and Psychiatric Symptoms Screening and Management	---	283	---	---	---
2. Preventive Care and Screening: Screening for Depression and Follow-Up Plan*	0418	134	2v8	ACO18	6B21
3. Opioid Therapy Follow-Up Evaluation	---	408	---	---	---
4. Use of Opioids at High Dosage in Persons without Cancer	2940	---	---	---	---
5. Evaluation or Interview for Risk of Opioid Misuse	---	414	---	---	---
6. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*	0004	305	137v7	---	---
CMS Goal 2: Patient Safety/Reduce All Cause Harm					
1. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	0058	116	---	---	---
2. Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	---	331	---	---	---
CMS Goal 3: Chronic Disease Management/Prevention					
1. Chronic Care Management (CCM) - Number of medicare Patients Receiving CCM Services	---	---	---	---	---
2. Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up	---	317	22v7	ACO21	---
3. Statin Therapy for the Prevention of Cardiovascular Disease	---	---	347v2	AVO42	6B17a
4. Controlling High Blood Pressure	0018	236	165v6	ACO28	2A2c
5. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421	128	69v7	---	6B13
6. Number Patient referred to DPP Program	---	---	---	---	---
7. CKD Screening for Individuals with Diabetes	---	---	---	---	---
8. Diabetes: Medical Attention for Nephropathy*	0062	119	134v7	---	---
9. Diabetes: Eye Exam	005	117	131v7	---	---
10. Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation	0417	126	---	---	---
11. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)*	0059	001	122v7	ACO27	7, C
CMS Goal 4: Care Transitions/Coordination					
1. Advanced Care Planning (Documentation in EHR)	0326	047	---	---	---
2. Annual Wellness Visits (AWVs) - Number of Medicare Patients with an AWV	---	---	---	---	---
3. Transition of Care Management (TCM) - Number of Medicare Patients who Receive TCM Services	---	---	---	---	---
4. Closing the Referral Loop: Receipt of Specialist Report*	---	374	50v7	ACO5	---
5. Follow-Up After Hospitalization for Mental Illness	0576	391	---	---	---
6. Medication Reconciliation within 30 days Post-Discharge	0097	046	---	---	---

NQF: National Quality Forum
 QPP: Quality Payment Program
 eCQM: Electronic Clinical Quality Measure

MSSP: Medicare Shared Savings Program
 UDS: Uniform Data System
 PI: Promoting Interoperability

*Patient Centered Medical Home (PCMH) Quality Measure