Quality-Data Code Submission Error Report 4th Quarter 2011 Physician Quality Reporting System

Report Date: 05/14/2012

This summary is provided to assist eligible professionals and their staff in interpreting the Quality-Data Code Submission Error Report by Measure. Please note that this report is based on the number of valid quality-data codes (QDCs) submitted by measure and reasons why a submission is considered invalid. This report does not include the number of claims for which an expected QDC was not submitted on an eligible claim.

QDC Submission Attempts:

- Total QDCs Reported The number of instances where a TIN/NPI submitted a QDC for that measure.
- Total Valid QDCs Reported on Eligible Cases The number of instances where a TIN/NPI submitted a valid QDC for that measure.
- % Valid Percentage of Total Valid QDCs Reported divided by Total QDCs Reported on Eligible Cases.
- Total QDCs Reported on Eligible Cases Number of valid or invalid QDCs reported on eligible cases meeting the measure's denominator requirements.

Denominator Mismatch:

- Measure Reported with Incorrect Age and/or Gender The number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.
- Incorrect Diagnosis and/or HCPCS The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.
- Measure Reported on an Instance with a Missing CPT Code The number of occurrences of QDC reporting when there are no CPT codes for billable services on the claim associated with the denominator requirements for the measure.

How to Read the Quality-Data Code Submission Error Report by Measure:

Using Measure #1-Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus as an example, we find the following information as we read across each column:

558,331 QDC submissions were received for this measure, 445,760 of which were considered valid. Therefore, the Valid Submission Rate is 79.84%. There were a total of 446,323 QDCs reported on eligible cases. The rest of the columns explain reasons for invalid submissions for measure #1. We see that 91,281 (16.35%) submissions did not match the measure's age parameters; there is no gender parameter for this measure; 105,701 (18.93%) submissions were for patient encounters and/or diagnoses that are not listed in the denominator; 1,803 (0.32%) submissions showed only the numerator component (QDCs) on the claim and the denominator component (HCPCS) were not on the claim nor on any other related claim for the same beneficiary, date-of-service, TIN/NPI.

Analysis Findings Include:

Quality-Data Code Submission Error Report by Individual Measure (Claims)

- 1. The top 5 measures with the highest percentage of valid QDC codes submitted were:
 - #179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis (98.41%),
 - #177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity (97.95%),
 - #147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy (97.86%).
 - #225 Radiology: Reminder System for Mammograms (97.29%), and
 - #226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (97.07%).
- 2. The 5 measures with the highest rate of HCPCS/diagnosis errors were:
- #188 Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear (98.12%),
- #66 Appropriate Testing for Children with Pharyngitis (94.27%),
- #232 Asthma: Tobacco Use: Intervention Ambulatory Care Setting (94.04%),
- #231 Asthma: Tobacco Use: Screening Ambulatory Care Setting (93.98%),
- #65 Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use (93,98%), and
- #189 Referral for Otologic Evaluation for Patients with History of Active Drainage From the Ear Within the Previous 90 Days (93.41%).
- 3. The 5 measures with the highest rate of patient age/gender errors were:
- #66 Appropriate Testing for Children with Pharyngitis (99.75%),
- #65 Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use (99.74%),
- #94 Otitis Media with Effusion (OME): Diagnostic Evaluation Assessment of Tympanic Membrane Mobility (99.50%),
- #231 Asthma: Tobacco Use: Screening Ambulatory Care Setting (93.92%), and
- #232 Asthma: Tobacco Use: Intervention Ambulatory Care Setting (87.31%).

Physician Quality Reporting - Quality-Data Code Submission Error Report by Individual Measure (Claims)

Report Includes Claims Data for Services Provided from January 1, 2011 through December 31, 2011 and Processed by December 30, 2011

		QDC Submission	Attempts		Denominator Mismatch ^c							
Clinical Condition and Measure	Total Valid Total QDCs QDCs Reporte Reported ^a on Eligible		% Valid	Total QDCs Reported on Eligible Cases	Measure Reported with Incorrect Age and/or Gender ^d		Incorrect DX and/or HCPCS		Measure Reported on an Instance with a Missing CPT Code			
		Cases ^b		3	#	%	#	%	#	%		
#1 Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	558,331	445,760	79.84%	446,323	91,281	16.35%	105,701	18.93%	1,803	0.32%		
#2 Diabetes Mellitus: Low Density Lipoprotein (LDL- C) Control in Diabetes Mellitus	509,791	406,119	79.66%	406,799	80,160	15.72%	97,528	19.13%	1,637	0.32%		
#3 Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	595,779	420,079	70.51%	433,507	108,677	18.24%	154,826	25.99%	1,959	0.33%		
#6 Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	843,878	777,980	92.19%	777,980	0	0.00%	63,517	7.53%	1,984	0.24%		
#9 Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD	20,019	15,221	76.03%	15,221	0	0.00%	4,564	22.80%	196	0.98%		
#10 Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	499,217	429,233	85.98%	453,429	0	0.00%	42,785	8.57%	1,955	0.39%		
#12 Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	1,058,419	863,948	81.63%	864,418	0	0.00%	191,995	18.14%	1,379	0.13%		
#14 Age-Related Macular Degeneration (AMD): Dilated Macular Examination	1,137,761	1,093,192	96.08%	1,093,593	1,398	0.12%	42,178	3.71%	1,767	0.16%		
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	379,485	310,427	81.80%	310,490	0	0.00%	68,121	17.95%	618	0.16%		
#19 Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care	282,596	163,073	57.71%	202,730	0	0.00%	79,176	28.02%	419	0.15%		
#20 Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician	143,844	101,981	70.90%	101,981	12	0.01%	40,572	28.21%	1,291	0.90%		
#21 Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	204,523	149,958	73.32%	149,959	16	0.01%	52,752	25.79%	1,812	0.89%		
#22 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	205,030	108,331	52.84%	137,037	17	0.01%	65,969	32.18%	2,024	0.99%		
#23 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	182,581	133,732	73.25%	133,732	22	0.01%	47,321	25.92%	1,528	0.84%		

^a The number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

Note: CMMI demonstration participants are excluded from these reports.

^b The number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^d The number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.

		QDC Submission	Attempts		Denominator Mismatch ^c						
Clinical Condition and Measure	Total QDCs Reported ^a	Total Valid QDCs Reported on Eligible	% Valid	Total QDCs Reported on Eligible Cases	Incorrect /	eported with Age and/or der ^d	Incorrect DX and/or HCPCS		Measure Reported on a Instance with a Missing CPT Code		
		Cases ^b			#	%	#	%	#	%	
#24 Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	9,764	5,865	60.07%	5,866	64	0.66%	3,326	34.06%	67	0.69%	
#28 Aspirin at Arrival for Acute Myocardial Infarction (AMI)	72,334	68,434	94.61%	68,436	0	0.00%	3,575	4.94%	180	0.25%	
#30 Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics	4,071,130	3,264,637	80.19%	3,278,850	277	0.01%	772,154	18.97%	20,126	0.49%	
#31 Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage	21,802	17,594	80.70%	17,594	0	0.00%	4,047	18.56%	115	0.53%	
#32 Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy	28,252	24,057	85.15%	24,057	0	0.00%	3,940	13.95%	205	0.73%	
#35 Stroke and Stroke Rehabilitation: Screening for Dysphagia	14,804	9,856	66.58%	11,207	0	0.00%	3,544	23.94%	40	0.27%	
#36 Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services	21,124	17,663	83.62%	17,703	0	0.00%	3,246	15.37%	136	0.64%	
#39 Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	432,983	395,149	91.26%	395,149	23,242	5.37%	34,174	7.89%	3,660	0.85%	
#40 Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	26,871	10,134	37.71%	10,134	346	1.29%	16,076	59.83%	99	0.37%	
#41 Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older	66,159	52,377	79.17%	52,377	544	0.82%	13,240	20.01%	370	0.56%	
#43 Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery	26,776	17,156	64.07%	17,158	0	0.00%	9,335	34.86%	283	1.06%	
#44 Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	18,426	11,483	62.32%	11,483	0	0.00%	6,691	36.31%	252	1.37%	
#45 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	178,729	21,761	12.18%	26,822	11	0.01%	149,372	83.57%	2,535	1.42%	
#46 Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	35,300	6,473	18.34%	14,763	1,127	3.19%	3,052	8.65%	1,135	3.22%	
#47 Advance Care Plan #48 Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged	987,060	885,354	89.70%	919,042	41,005	4.15%	63,451	6.43%	4,567	0.46%	
65 Years and Older	316,988	279,581	88.20%	279,582	21,369	6.74%	34,103	10.76%	3,303	1.04%	
#50 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	72,329	54,101	74.80%	54,107	3,570	4.94%	17,792	24.60%	199	0.28%	
#49 Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older	76,136	56,241	73.87%	56,252	3,692	4.85%	19,527	25.65%	111	0.15%	
#51 Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	110,338	99,498	90.18%	99,498	0	0.00%	10,484	9.50%	285	0.26%	

^a The number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

Note: CMMI demonstration participants are excluded from these reports. Note: GPRO I participants are excluded from this report.

^bThe number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^dThe number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.

		QDC Submission	Attempts		Denominator Mismatch ^c							
Clinical Condition and Measure	Total QDCs QDCs Reported on Eligible		% Valid	Total QDCs		ported with Age and/or der ^d	Incorrect DX and/o		Measure Reported on an Instance with a Missing CPT Code			
		Cases ^b			#	%	#	%	#	%		
#52 Chronic Obstructive Pulmonary Disease												
(COPD): Bronchodilator Therapy	93,913	,	74.42%	86,744	0	0.00%	6,727	7.16%	385	0.41%		
#53 Asthma: Pharmacologic Therapy	9,178	1,919	20.91%	2,236	6,688	72.87%	6,307	68.72%	17	0.19%		
#54 12-Lead Electrocardiogram (ECG) Performed for												
Non-Traumatic Chest Pain	1,584,954	1,156,304	72.96%	1,156,320	18,968	1.20%	423,546	26.72%	3,451	0.22%		
#55 12-Lead Electrocardiogram (ECG) Performed for	4 FEC 046	244.460	22.12%	344.170	278,100	17.87%	1,205,570	77.48%	1,068	0.07%		
Syncope #56 Community-Acquired Pneumonia (CAP): Vital	1,556,016	344,169	22.12%	344,170	278,100	17.87%	1,205,570	77.48%	1,068	0.07%		
#56 Community-Acquired Pneumonia (CAP): Vital Signs	547.770	504,257	92.06%	504.280	8	0.00%	41.231	7.53%	1,276	0.23%		
#57 Community-Acquired Pneumonia (CAP):	347,770	504,257	92.00%	504,260	0	0.0078	41,231	1.33%	1,276	0.23%		
Assessment of Oxygen Saturation	577,043	549,594	95.24%	549,594	7	0.00%	25,445	4.41%	1,345	0.23%		
#58 Community-Acquired Pneumonia (CAP):	0.1,010	0.10,00.1	00.2170	0.0,00.	·	0.0070	20,110	,0	1,010	0.2070		
Assessment of Mental Status	525,528	505,368	96.16%	505,408	7	0.00%	18,642	3.55%	1,106	0.21%		
#59 Community-Acquired Pneumonia (CAP): Empiric		,		,			,		1			
Antibiotic	375,108	360,712	96.16%	360,712	6	0.00%	13,061	3.48%	894	0.24%		
#64 Asthma: Asthma Assessment	6,643	1,250	18.82%	1,250	5,282	79.51%	4,836	72.80%	3	0.05%		
#65 Treatment for Children with Upper Respiratory												
Infection (URI): Avoidance of Inappropriate Use	1,162	3	0.26%	3	1,159	99.74%	1,092	93.98%	0	0.00%		
#66 Appropriate Testing for Children with Pharyngitis	1,222	2	0.16%	2	1,219	99.75%	1,152	94.27%	0	0.00%		
#67 Myelodysplastic Syndrome (MDS) and Acute												
Leukemias: Baseline Cytogenetic Testing Performed												
on Bone Marrow	14,427	13,535	93.82%	13,535	0	0.00%	863	5.98%	26	0.18%		
#68 Myelodysplastic Syndrome (MDS):												
Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	9.291	8.388	90.28%	8.803	0	0.00%	462	4.97%	22	0.24%		
#69 Multiple Myeloma: Treatment with	9,291	0,300	90.28%	0,003	0	0.00%	402	4.97%	22	0.24%		
Bisphosphonates	11,839	11,285	95.32%	11,285	0	0.00%	528	4.46%	16	0.14%		
#70 Chronic Lymphocytic Leukemia (CLL): Baseline	11,000	11,200	33.3270	11,200		0.0070	320	4.4070	10	0.1470		
Flow Cytometry	14,906	14,200	95.26%	14,200	0	0.00%	681	4.57%	25	0.17%		
#71 Breast Cancer: Hormonal Therapy for Stage IC-		,		,								
IIIC Estrogen Receptor/Progesterone Receptor												
(ER/PR) Positive Breast Cancer	77,553	69,683	89.85%	74,801	272	0.35%	2,528	3.26%	199	0.26%		
#72 Colon Cancer: Chemotherapy for Stage III Colon												
Cancer Patients	20,625	18,473	89.57%	19,490	0	0.00%	1,090	5.28%	35	0.17%		
#76 Prevention of Catheter-Related Bloodstream												
Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol	282,279	247,007	87.50%	247,011	0	0.00%	33,020	11.70%	2,248	0.80%		
#79 End Stage Renal Disease (ESRD): Influenza	202,219	241,007	07.30%	241,011	0	0.00%	33,020	11.70%	2,240	0.00%		
Immunization in Patients with ESRD	17,212	10,580	61.47%	10,580	1	0.01%	6,424	37.32%	11	0.06%		
#84 Hepatitis C: Ribonucleic Acid (RNA) Testing	11,212	10,000	31.4770	10,000	 	3.5170	5,724	JUZ /0	<u> </u>	3.0070		
Before Initiating Treatment	3,423	2,956	86.36%	3,106	0	0.00%	310	9.06%	7	0.20%		
#85 Hepatitis C: HCV Genotype Testing Prior to	-,:	,,,,,			<u> </u>							
Treatment	3,269	2,869	87.76%	3,077	0	0.00%	187	5.72%	5	0.15%		
#86 Hepatitis C: Antiviral Treatment Prescribed	1,996	1,829	91.63%	1,829	0	0.00%	164	8.22%	3	0.15%		

^a The number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

^b The number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^d The number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.

		QDC Submission	Attempts		Denominator Mismatch ^c							
Clinical Condition and Measure	Total QDCs Reported ^a	Reported ^a on Eligible		Total QDCs Reported on Eligible Cases	Measure Re Incorrect / Gen	•			Measure Reported on an Instance with a Missing CPT Code			
		Cases ^b		3	#	%	#	%	#	%		
#87 Hepatitis C: HCV Ribonucleic Acid (RNA) Testing at Week 12 of Treatment	1,781	1,522	85.46%	1,586	0	0.00%	194	10.89%	1	0.06%		
#89 Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	3,315	2,756	83.14%	2,759	0	0.00%	552	16.65%	3	0.09%		
#90 Hepatitis C: Counseling Regarding Use of Contraception Prior to Antiviral Therapy	513	285	55.56%	336	0	0.00%	165	32.16%	0	0.00%		
#91 Acute Otitis Externa (AOE): Topical Therapy	6,418	5,972	93.05%	5,972	0	0.00%	411	6.40%	34	0.53%		
#92 Acute Otitis Externa (AOE): Pain Assessment	9,197	7,166	77.92%	7,167	0	0.00%	1,968	21.40%	43	0.47%		
#93 Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	4.930	4,544	92.17%	4,556	0	0.00%	353	7.16%	21	0.43%		
#94 Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility	399	2		2	397	99.50%	355	88.97%	0	0.00%		
#99 Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	59,019	31,646	53.62%	31,655	0	0.00%	26,855	45.50%	221	0.37%		
#100 Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	59,019	20,159	34.16%	20,167	0	0.00%	37,833	64.10%	189	0.32%		
#102 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients	8,812	4,698	53.31%	4,866	0	0.00%	3,857	43.77%	76	0.86%		
#104 Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients	5,606	4,402	78.52%	4,575	0	0.00%	950	16.95%	77	1.37%		
#105 Prostate Cancer: Three-Dimensional (3D) Radiotherapy	6,544	5,424	82.89%	5,611	0	0.00%	831	12.70%	74	1.13%		
#106 Major Depressive Disorder (MDD): Diagnostic Evaluation	14,034	8,858	63.12%	8,858	0	0.00%	5,138	36.61%	30	0.21%		
#107 Major Depressive Disorder (MDD): Suicide Risk Assessment	45,153	29,174	64.61%	29,174	1	0.00%	15,803	35.00%	107	0.24%		
#108 Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy	33,784	32,654	96.66%	32,668	0	0.00%	1,010	2.99%	98	0.29%		
#109 Osteoarthritis (OA): Function and Pain Assessment	111,026	90,135	81.18%	90,137	1	0.00%	19,418	17.49%	1,082	0.97%		
#110 Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old	979,421	937,925	95.76%	937,925	14,894	1.52%	36,874	3.76%	4,622	0.47%		
#111 Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	928,598	872,283	93.94%	872,633	31,099	3.35%	50,394	5.43%	5,571	0.60%		
#112 Preventive Care and Screening: Screening Mammography	238,812	163,683	68.54%	163,735	63,001	26.38%	67,476	28.25%	7,601	3.18%		

^a The number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

^b The number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^dThe number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.

		QDC Submission	Attempts		Denominator Mismatch ^c							
Clinical Condition and Measure	Total Valid Total QDCs QDCs Reported On Eligible		% Valid	Total QDCs Reported on Eligible Cases	Incorrect /	ported with Age and/or der ^d			Measure Reported on an Instance with a Missing CPT Code			
		Cases ^b			#	%	#	%	#	%		
#113 Preventive Care and Screening: Colorectal Cancer Screening	626,447	506,950	80.92%	507,169	100,140	15.99%	109,765	17.52%	9,513	1.52%		
#116 Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	1,178	399	33.87%	400	681	57.81%	732	62.14%	13	1.10%		
#117 Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	856,314	552,518	64.52%	553,848	280,944	32.81%	290,186	33.89%	1,245	0.15%		
#119 Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	110,685	89,280	80.66%	89,311	18,052	16.31%	18,612	16.82%	507	0.46%		
#121 Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)	22.633	13,925	61.53%	13,926	0	0.00%	8,558	37.81%	118	0.52%		
#122 Chronic Kidney Disease (CKD): Blood Pressure Management	179.413	28,834	16.07%	32,165	1	0.00%	146,620	81.72%	56	0.03%		
#123 Chronic Kidney Disease (CKD): Plan of Care – Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)	31,111	19,067	61.29%	21,373	1	0.00%	9,692	31.15%	14	0.05%		
#124 Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)	14,705,279	13,954,071	94.89%	13,954,071	0	0.00%	667,811	4.54%	83,395	0.57%		
#126 Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation	171,417	153,015	89.26%	153,015	0	0.00%	17,672	10.31%	637	0.37%		
#127 Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear	128,823	120,131	93.25%	120,131	0	0.00%	8,140	6.32%	490	0.38%		
#128 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	921,441	878,988	95.39%	878,988	2	0.00%	36,771	3.99%	5,682	0.62%		
#130 Documentation of Current Medications in the Medical Record	7,719,194	7,384,531	95.66%	7,384,531	24	0.00%	292,925	3.79%	41,738	0.54%		
#131 Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up	646,365	490,532	75.89%	490,532	7	0.00%	141,671	21.92%	14,162	2.19%		
#134 Screening for Clinical Depression and Follow- Up Plan	26,292	19,606	74.57%	19,606	0	0.00%	5,999	22.82%	687	2.61%		
#135 Chronic Kidney Disease (CKD): Influenza Immunization	4,621	1,971	42.65%	1,971	0	0.00%	2,552	55.23%	5	0.11%		
#140 Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	741,138	712,733	96.17%	715,588	821	0.11%	24,270	3.27%	1,135	0.15%		
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	274,459	235,345	85.75%	248,402	0	0.00%	25,488	9.29%	461	0.17%		
#142 Osteoarthritis (OA): Assessment for Use of Anti- Inflammatory or Analgesic Over-the-Counter (OTC) Medications	139,435	94,704	67.92%	94,740	1	0.00%	43,398	31.12%	956	0.69%		

^aThe number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

Note: CMMI demonstration participants are excluded from these reports. Note: GPRO I participants are excluded from this report.

^bThe number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^d The number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.

		QDC Submission	Attempts		Denominator Mismatch ^c							
Clinical Condition and Measure	Total Valid Total QDCs Reported ^a On Eligible		% Valid	Total QDCs Reported on Eligible Cases			Incorrect DX and/o	or HCPCS	Measure Reported on an Instance with a Missing CPT Code			
		Cases ^b			#	%	#	%	#	%		
#145 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	861,891	802,723	93.14%	803,001	0	0.00%	53,149	6.17%	5,741	0.67%		
#146 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	2,328,713	2,254,074	96.79%	2,261,751	0	0.00%	58,583	2.52%	4,697	0.20%		
#147 Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	184,347	180,407	97.86%	180,425	0	0.00%	3,438	1.86%	482	0.26%		
#153 Chronic Kidney Disease (CKD): Referral for Arteriovenous (AV) Fistula	14,954	10,297	68.86%	10,297	0	0.00%	4,610	30.83%	23	0.15%		
#154 Falls: Risk Assessment	471,975	363,638	77.05%	423,692	35,370	7.49%	44,091	9.34%	4,192	0.89%		
#155 Falls: Plan of Care	107,603	56,345	52.36%	56,348	0	0.00%	0	0.00%	4,580	4.26%		
#156 Oncology: Radiation Dose Limits to Normal Tissues	2,713	2,297	84.67%	2,298	0	0.00%	383	14.12%	25	0.92%		
#157 Thoracic Surgery: Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	863	570	66.05%	570	0	0.00%	290	33.60%	2	0.23%		
#158 Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy	4,729	4,362	92.24%	4,362	0	0.00%	352	7.44%	15	0.32%		
#163 Diabetes Mellitus: Foot Exam	166,412	111,849	67.21%	111,854	44,149	26.53%	49,508	29.75%	864	0.52%		
#172 Hemodialysis Vascular Access Decision- Making by Surgeon to Maximize Placement of Autogenous Arterial Venous (AV) Fistula	4,953	4,312	87.06%	4,312	2	0.04%	606	12.24%	33	0.67%		
#173 Preventive Care and Screening: Unhealthy Alcohol Use – Screening	514,522	497,269	96.65%	497,271	1	0.00%	15,160	2.95%	2,091	0.41%		
#175 Pediatric End Stage Renal Disease (ESRD): Influenza Immunization	0	0	0.00%	0	0	0.00%	0	0.00%	0	0.00%		
#176 Rheumatoid Arthritis (RA): Tuberculosis Screening	14,605	12,864	88.08%	14,315	0	0.00%	251	1.72%	30	0.21%		
#177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	15,072	14,763	97.95%	14,763	0	0.00%	269	1.78%	35	0.23%		
#178 Rheumatoid Arthritis (RA): Functional Status Assessment #179 Rheumatoid Arthritis (RA): Assessment and	17,481	15,201	86.96%	15,201	0	0.00%	2,227	12.74%	35	0.20%		
Classification of Disease Prognosis	10,111	9,950	98.41%	9,967	0	0.00%	124	1.23%	20	0.20%		
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management	10,990	10,487	95.42%	10,787	0	0.00%	172	1.57%	31	0.28%		
#181 Elder Maltreatment Screen and Follow-Up Plan	3,615	1,567	43.35%	1,567	269	7.44%	1,978	54.72%	70	1.94%		
#182 Functional Outcome Assessment in Chiropractic Care	213,541	202,163	94.67%	202,163	7	0.00%	9,440	4.42%	1,938	0.91%		
#183 Hepatitis C: Hepatitis A Vaccination in Patients with HCV	2,431	1,983	81.57%	1,983	0	0.00%	441	18.14%	7	0.29%		
#184 Hepatitis C: Hepatitis B Vaccination in Patients with HCV	2,374	1,929	81.26%	1,930	0	0.00%	437	18.41%	7	0.29%		

^a The number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

^b The number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^d The number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.

		QDC Submission	Attempts		Denominator Mismatch ^c							
Clinical Condition and Measure	Total QDCs Reported ^a	Total Valid QDCs Reported on Eligible	% Valid	Total QDCs Reported on Eligible Cases			Incorrect DX and/or HCPCS		Measure Reported on an Instance with a Missing CPT Code			
		Cases ^b		-	#	%	#	%	#	%		
#185 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	40,004	33,967	84.91%	33,967	0	0.00%	5,764	14.41%	120	0.30%		
#186 Wound Care: Use of Compression System in Patients with Venous Ulcers	2,642	1,879	71.12%	1,879	0	0.00%	745	28.20%	0	0.00%		
#188 Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear	2,716	2	0.07%	2	0	0.00%	2,665	98.12%	0	0.00%		
#189 Referral for Otologic Evaluation for Patients with History of Active Drainage From the Ear Within the Previous 90 Days	971	51	5.25%	53	0	0.00%	907	93.41%	1	0.10%		
#190 Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss	4,023	3,033	75.39%	3,083	0	0.00%	917	22.79%	20	0.50%		
#193 Perioperative Temperature Management	2,705,608	2,548,927	94.21%	2,613,811	0	0.00%	84,345	3.12%	7,452	0.28%		
#194 Oncology: Cancer Stage Documented	88,198	82,322	93.34%	82,374	0	0.00%	5,502	6.24%	284	0.32%		
#195 Radiology: Stenosis Measurement in Carotid Imaging Studies	558,757	522,692	93.55%	523,456	0	0.00%	33,079	5.92%	2,222	0.40%		
#201 Ischemic Vascular Disease (IVD): Blood Pressure Management Control	210,578	173,887	82.58%	185,032	0	0.00%	24,756	11.76%	615	0.29%		
#202 Ischemic Vascular Disease (IVD): Complete Lipid Profile	195,850	178,481	91.13%	178,481	0	0.00%	16,817	8.59%	405	0.21%		
#203 Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL–C) Control	133,791	120,152	89.81%	120,152	0	0.00%	13,176	9.85%	331	0.25%		
#204 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	212,658	194,458	91.44%	194,458	0	0.00%	17,427	8.19%	603	0.28%		
#225 Radiology: Reminder System for Mammograms	1,134,595	1,103,889	97.29%	1,103,891	1,240	0.11%	27,866	2.46%	2,653	0.23%		
#226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	2,727,000	2,647,141	97.07%	2,648,757	13	0.00%	68,283	2.50%	9,960	0.37%		
#231 Asthma: Tobacco Use: Screening - Ambulatory Care Setting	23,310	324	1.39%	324	21,893	93.92%	21,906	93.98%	2	0.01%		
#232 Asthma: Tobacco Use: Intervention - Ambulatory Care Setting	42,095	193		480	,	87.31%	39,588	94.04%	1	0.00%		
#235 Hypertension (HTN): Plan of Care Total	130,299 61,933,532	93,302 54,354,357	71.61% 87.76%	120,262 54,749,183		0.00% 2.16%	8,523 6,761,074	6.54% 10.92%	1,316 301,749	1.01% 0.49%		

^a The number of instances where a TIN/NPI or GPRO II submitted a QDC for that measure.

^b The number of instances where a TIN/NPI or GPRO II submitted a valid QDC for that measure.

^c The number of occurrences of QDC reporting where the QDC does not match the denominator requirements for the measure.

^d The number of occurrences of QDC reporting where the QDC does not match the demographic requirements for the measure.