Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

Encyclopedia of Measures (EOM)
QIN-QIO 13 Scope of Work
Setting: Outpatient Clinical Practice

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Contents

Aim: Advancing Healthcare Quality Through Technology

Percentage of Practices Advancing Readiness Tiers in the Advancing Health Care Quality Through Technology (AHQT) Pilot

Measure Name	Percentage of practices advancing AHQT Readiness tiers
Measure Identifier	ocp_ahqt_advancement
Sub Aim	Advancing access and use of Health IT and interoperability for improving quality and outcomes
Numerator	Number of Tier 1 (Basic Technology) outpatient clinical practices in the pilot advancing to Tier 2 (Interoperability Adopter)
Denominator	Number of practices with a baseline of AHQT Readiness of tier 1
Inclusions/Exclusions	N/A
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	As a Quality Innovation Network-Quality Improvement Organization (QIN-QIO), we're assessing facilities' readiness to electronically access, share, and use data for quality improvement and reporting. This AHQT Readiness Assessment places providers into one of four Technical Readiness Tiers (0–3), helping us tailor support based on your current systems and infrastructure. The assessment includes questions on foundational, technical, administrative, and operational topics. The QIO team will share more details.
Data source(s)	QIN-QIO AHQT Readiness Assessment
Evaluator(s)	QIN-QIO
Evaluation period	To Be Determined
Target	90% of Tier 1 (Basic Technology) outpatient clinical practices in the pilot advance to Tier 2 (Interoperability Adopter)
Additional Notes	N/A

Aim: Behavioral Health

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Measure Name	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Measure Identifier	ocp_depression_screening
Sub Aim	Depression and Suicide
Numerator	Patients screened for depression on the date of the encounter or 14 days before the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.
Denominator	All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period.
Inclusions/Exclusions	Denominator Exclusions: Patients with an active diagnosis of depression or a diagnosis of bipolar disorder. Denominator Exceptions: Patient Reason(s) Patient refuses to participate OR Medical Reason(s) Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status)
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
CMS Measures Inventory Tool (CMIT) ID	672 - Preventive Care and Screening: Screening for Depression and Follow-Up Plan. - Active (00672-07-E-MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 20% (Relative Improvement Rate)
Additional Notes	N/A

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

Measure Name	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
Measure Identifier	ocp_suicide_risk_assessment
Sub Aim	Depression and Suicide
Numerator	Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified, and a suicide risk assessment was completed during the visit.
Denominator	Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified.
Inclusions/Exclusions	None
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
CMS Measures Inventory Tool (CMIT) ID	30 - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment. - Active (00030-02-E- MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 5% relative improvement rate (RIR)
Additional Notes	N/A

Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Measure Name	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
Measure Identifier	ocp_alcohol_screening_counseling
Sub Aim	Substance Use Disorders
Numerator	Submission Criteria 1: Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months. Submission Criteria 2: Patients who received brief counseling. Submission Criteria 3: Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within 12 months AND who received brief counseling if identified as an unhealthy alcohol user.
Denominator	Submission Criteria 1: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period. Submission Criteria 2: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for unhealthy alcohol use and identified as an unhealthy alcohol user. Submission Criteria 3: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.
Inclusions/Exclusions	Denominator Exclusions: • Patients with dementia any time during the patient's history through the end of the measurement period. • Patients who use hospice services any time during the measurement period
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
CMS Measures Inventory Tool (CMIT) ID	597 - Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling. - Active (00597-02-C-MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider

Evaluation period	To Be Determined
Target	Increase by 5% relative improvement rate (RIR)
Additional Notes	N/A

Aim: Care Coordination

30-day Readmissions per 1,000 Medicare Beneficiaries

Measure Name	30-day readmissions per 1,000 Medicare beneficiaries
Measure Identifier	ocp_30d_readmissions
Sub Aim	Hospital 30-Day Readmissions
Numerator	The outcome for this measure is unplanned all-cause 30-day readmission. Readmission is defined as a subsequent inpatient admission to any acute care facility that occurs within 30 days of the discharge date of an eligible index admission. Any readmission is eligible to be counted as an outcome, except those that are considered planned. To align with data years used, the planned readmission algorithm version 4.0 was used to classify readmissions as planned or unplanned.
Denominator	Patients eligible for inclusion in the measure have an index admission hospitalization to which the readmission outcome is attributed, and includes admissions for patients: • Enrolled in Medicare Fee-For-Service (FFS) Part A for the 12 months before the date of admission • Aged 65 or over • Discharged alive from a non-federal short-term acute care hospital • Not transferred to an acute care facility
Inclusions/Exclusions	<u>Denominator Exclusions:</u> 1. Patients discharged against medical advice are excluded. 2. Admissions for patients to a PPS-exempt cancer hospital are excluded. 3. Admissions primarily for medical treatment of cancer are excluded. 4. Admissions primarily for psychiatric disease are excluded. 5. Admissions for “rehabilitation care; fitting of prostheses and adjustment devices” (CCS 254) are excluded. 6. Admissions where patient cannot be attributed to a clinician group.
Rate calculation	Numerator / Denominator X 1000%
Specifications/definitions	N/A

CMS Measure Inventory Tool (CMIT) ID	356 - Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Groups. - Active
Data source(s)	Medicare Fee-for-Service Claims
Evaluator(s)	Program Monitoring and Evaluation Contractor
Evaluation period	To Be Determined
Target	Reduce by 2% relative improvement rate (RIR)
Additional Notes	N/A

Chronic Ambulatory Care Sensitive Conditions (ACSC) ED Visits per 1,000 Medicare Beneficiaries

Measure Name	Chronic ACSC ED Visits per 1,000 Medicare Beneficiaries
Measure Identifier	ocp_chronic_acsc_ed
Sub Aim	ED Utilization
Numerator	ED visits among beneficiaries contributing to Chronic ACSCs.
Denominator	Medicare Fee-for-Service (FFS) Part A and Part B beneficiary-years
Inclusions/Exclusions	Numerator Inclusions: Chronic ACSC ICD-10 Codes in the CMS Measure Information Form: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2016-ACSC-MIF.pdf. Denominator Inclusions: • Beneficiaries with FFS Part A and Part B coverage for any days of the reporting time period • Beneficiaries residing in any valid ZIP code • And is among ACSC chronic conditions: short-term complications from diabetes, long-term complications from diabetes, uncontrolled diabetes, lower extremity amputation among patients with diabetes, chronic obstructive pulmonary disease or asthma in older adults, and congestive heart failure. • ED visits or observation stays at short-term hospitals, critical access hospitals, and inpatient psychiatric hospitals and units with a discharge date during the reporting time period.
Rate calculation	Numerator / Denominator X 1000%
Specifications/definitions	N/A
Data source(s)	Medicare Fee-for-Service Claims
Evaluator(s)	Program Monitoring and Evaluation Contractor
Evaluation period	To Be Determined
Target	Reduce by 17% relative improvement rate (RIR)
Additional Notes	N/A

Aim: Patient Safety

ADE Among High-Risk Medicare Beneficiaries

Measure Name	ADE Among High-Risk Medicare Beneficiaries
Measure Identifier	ocp_ade_highrisk
Sub Aim	Adverse Drug Events (ADE)
Numerator	Hospital utilization (the sum of emergency department (ED) visits, observation stays, and admissions) with a diagnosis indicating an anticoagulant, antidiabetic, or opioid adverse drug event (ADE) among beneficiaries included in the denominator for the same drug class.
Denominator	Medicare Fee-for-Service (FFS) Part A and Part B beneficiary-years among high-risk medication (HRM) beneficiaries (anticoagulant, antidiabetic, or opioid), based on the number and duration of Stand-Alone (S) drug plan prescriptions, including a high-risk medication (High-risk drug list) and other medications filled during the reporting time period.
Inclusions/Exclusions	<u>Numerator Inclusions:</u> • In the case of a transfer, only the first hospitalization is used to determine if an ADE occurred. • ADEs are drug-class specific and only count for those beneficiaries identified as HRM in the same drug class. • ADE diagnosis codes (ADE diagnosis codes) must be in the first-listed/principal diagnosis code position with discharge date any time during the reporting time period. <u>Denominator Inclusions:</u> • Medicare beneficiaries residing in any valid ZIP code • Medicare HRM beneficiaries for the reporting time period; a beneficiary identified in more than one drug class (anticoagulant, antidiabetic agent, opioid) only counts once in the denominator • Medicare beneficiaries with any Fee-for-Service Part A and Part B coverage during the reporting time period <u>Denominator Exclusions:</u> Beneficiaries with hospice care for any days in the reporting time period.

Rate calculation	Numerator / Denominator X 1000%
Specifications/definitions	See Definitions. See Appendix A for Drug List. See Appendix B for ADE Diagnosis Codes.
Data source(s)	Medicare Part A claims; Medicare Part D claims stand-alone prescription drug plan claims; Beneficiary Information on the Cloud (BIC); FDA Drug Files
Evaluator(s)	Program Monitoring and Evaluation Contractor
Evaluation period	To Be Determined
Target	Reduce by 28% relative improvement rate (RIR)
Additional Notes	Leap year adjustment to the numerator (as applicable). Rate of anticoagulant, antidiabetic agent, and opioid adverse drug events per 1,000 beneficiary-years among Medicare high-risk medication beneficiaries. The description below is based on fee-for-service beneficiaries only. Inclusion of Medicare Advantage beneficiaries is under development. Drug names meeting the definition of an anticoagulant, antidiabetic, or opioid medication are subject to updates.

Falls Risk Assessment

Measure Name	Falls Risk Assessment
Measure Identifier	ocp_falls_risk_assessment
Sub Aim	Safety Events
Numerator	Patients who were screened for future fall risk at least once within the measurement period
Denominator	Patients aged 65 years and older who had a visit during the measurement period
Inclusions/Exclusions	Exclude patients who are in hospice care for any part of the measurement period.
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 26% relative improvement rate (RIR)
Additional Notes	N/A

Falls Plan of Care

Measure Name	Falls Plan of Care
Measure Identifier	ocp_falls_plan
Sub Aim	Safety Events
Numerator	Patients with a documented plan of care for falls within the last 12 months.
Denominator	All patients aged 65 years and older with a history of falls (history of falls is defined as two or more falls in the past year or any fall with injury in the past year). Documentation of the patient-reported history of falls is sufficient.
Inclusions/Exclusions	Hospice services for the patient occurred any time during the measurement period. Denominator exceptions: Patient not ambulatory, bedridden, immobile, confined to chair, wheelchair user, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	255 - Falls: Plan of Care. - Active (00255-02-C-MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 5% relative improvement rate (RIR)
Additional Notes	N/A

Aim: Prevention and Chronic Disease Management

Adult Immunization Status (Up to date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and pneumococcal.)

Measure Name	Adult Immunization Status: up to date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and pneumococcal.
Measure Identifier	ocp_adult_immunization
Sub Aim	Vaccinations
Numerator	• Submission Criteria 1: Patients in Denominator 1 (D1) who received an influenza vaccine on or between July 1 of the year before the measurement period and June 30 of the measurement period. • Submission Criteria 2: Patients in D2 who received at least 1 Td vaccine or 1 Tdap vaccine between 9 years before the encounter and the end of the measurement period. • Submission Criteria 3: Patients in D3 who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine anytime on or after the patients' 50th birthday. • Submission Criteria 4: Patients in D4 who were administered any pneumococcal conjugate vaccine or polysaccharide vaccine, on or after their 60th birthday and before the end of the measurement period.
Denominator	• Submission Criteria 1: Patients 19 years of age and older on the date of the encounter with a visit during the measurement period. • Submission Criteria 2: Patients 19 years of age and older on the date of the encounter with a visit during the measurement period. • Submission Criteria 3: Patients 50 years of age and older on the date of the encounter with a visit during the measurement period. • Submission Criteria 4: Patients 66 years of age or older on the date of the encounter with a visit during the measurement period.

Inclusions/Exclusions	Denominator Exclusions: • Medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine). • Documentation of medical reason(s) for not administering Td or Tdap vaccine (e.g., prior anaphylaxis due to the Td or Tdap vaccine or history of encephalopathy within seven days after a previous dose of a Td-containing vaccine. • Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine). • Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine).
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	Adult Immunization Status: Up-to-date routine vaccinations for influenza, Td, Tdap, zoster, pneumococcal
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 30% up to date relative improvement rate (RIR)
Additional Notes	N/A

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

Measure Name	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Measure Identifier	ocp_bmi_screening
Sub Aim	Type 2 Diabetes
Numerator	Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.
Denominator	All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period
Inclusions/Exclusions	Denominator Exclusions: Documentation stating the patient has received or is currently receiving palliative or hospice care. Documentation of patient pregnancy anytime during the measurement period, before and including the current encounter.
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
CMS Measure Inventory Tool (CMIT) ID	594 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan. - Active (00594-02-E-MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 30% relative improvement rate (RIR)
Additional Notes	N/A

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Measure Name	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
Measure Identifier	ocp_diabetes_hba1c
Sub Aim	Type 2 Diabetes
Numerator	Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.
Denominator	Patients 18-75 years of age with diabetes who had a visit during the measurement period.
Inclusions/Exclusions	Denominator Exclusions: • Hospice services provided to patient any time during the measurement period. • Palliative care services provided to patient any time during the measurement period. • Patients age 66 and older (at the end of the measurement period) in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period. • Patients 66 years of age and older (at the end of the measurement period) with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year before the measurement period. • Patients 66 years of age and older (at the end of the measurement period) with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED, or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis.
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
CMS Measure Inventory Tool (CMIT) ID	204 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%). - Active (00204-03-E-MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider

Evaluation period	To Be Determined
Target	Decrease by 20% relative improvement rate (RIR)
Additional Notes	N/A

Hypertension: Controlling High Blood Pressure

Measure Name	Hypertension: Controlling High Blood Pressure
Measure Identifier	ocp_hypertension
Sub Aim	Hypertension
Numerator	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period+H49.
Denominator	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time before the measurement period.
Inclusions/Exclusions	Denominator Exclusions: • Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period. • Patients with a diagnosis of pregnancy during the measurement period. • Patients who are in hospice care for any part of the measurement period. • Patients 66 and older by the end of the measurement period who are living long-term in a nursing home any time on or before the end of the measurement period. • Patients 66-80 by the end of the measurement period, with an indication of frailty for any part of the measurement period, who also meet any of the following advanced illness criteria: - Advanced illness with two outpatient encounters during the measurement period or the year prior - OR advanced illness with one inpatient encounter during the measurement period or the year prior - OR taking dementia medications during the measurement period or the year prior. • Exclude patients 81 and older by the end of the measurement period, with an indication of frailty for any part of the measurement period. • Exclude patients receiving palliative care for any part of the measurement period.
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A

CMS Measure Inventory Tool (CMIT) ID	167 - Controlling High Blood Pressure. - Active (00167-04-E- MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 10% relative improvement rate (RIR)
Additional Notes	N/A

Kidney Health Evaluation

Measure Name	Kidney Health Evaluation
Measure Identifier	ocp_kidney_evaluation
Sub Aim	Chronic Kidney Disease
Numerator	Patients who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.
Denominator	All patients aged 18-75 years with a diagnosis of diabetes at the start of the measurement period, who had a visit during the measurement period.
Inclusions/Exclusions	Denominator Exclusions: • Patients with a diagnosis of End Stage Renal Disease (ESRD); • Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5; • Patients who have an order for or are receiving hospice or palliative care.
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	N/A
CMS Measure Inventory Tool (CMIT) ID	989 - Kidney Health Evaluation. - Active (00989-01-E-MIPS)
Data source(s)	Provider Medical Records
Evaluator(s)	Submitted by Provider
Evaluation period	To Be Determined
Target	Increase by 5% relative improvement rate (RIR)
Additional Notes	N/A

Timely Referral to Nephrologist

Measure Name	Timely Referral to Nephrologist
Measure Identifier	ocp_kidney_timely_referral
Sub Aim	Chronic Kidney Disease
Numerator	Beneficiaries who began dialysis, had a primary care visit 6-12 months before initiation of dialysis, and who have a first nephrology claim at least 6 months before initiation of dialysis.
Denominator	Beneficiaries who began dialysis and had a primary care visit 6-12 months before initiation of dialysis.
Inclusions/Exclusions	Data was filtered to match other outpatient clinician measures, thus limiting the analysis to patients 65 and over in 2022.
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	Definitions: Beneficiaries who began dialysis are defined as those who initiated dialysis in a given year, as provided by the Health Services Advisory Group from Form 2728. Form 2728 was selected as the source data because it facilitates identification of Medicare/Medicare Advantage status.
Data source(s)	Medicare Part B Claims
Evaluator(s)	Program Monitoring and Evaluation Contractor
Evaluation period	To Be Determined
Target	Increase to 80% absolute rate
Additional Notes	N/A

Annual Wellness Visit

Measure Name	Annual Wellness Visit (AWV)
Measure Identifier	ocp_awv
Sub Aim	Prevention and Wellness: Health Planning
Numerator	Beneficiaries with a claim for an Annual Wellness Visit (HCPS Codes G0438, G0439, or G0402) within the performance year.
Denominator	All Medicare Fee-for-Service beneficiaries
Inclusions/Exclusions	N/A
Rate calculation	Numerator / Denominator X 100%
Specifications/definitions	AWV is defined as the percentage of beneficiaries receiving an Annual Wellness Visit per year
Data source(s)	Medicare Part B Claims
Evaluator(s)	Program Monitoring and Evaluation Contractor
Evaluation period	To Be Determined
Target	Increase the number of beneficiaries who have an annual wellness visit by 25% (66.67% overall RIR) over baseline.
Additional Notes	N/A

Definitions

Admission

- An admission is a hospitalization that occurs without transfer from another facility. When a transfer occurs, the hospitalization at the hospital transferred to is not counted as an admission. A hospitalization is a Medicare Part A hospital inpatient claim with an NCH_CLM_TYPE_CD of '60' or '61' among short-term hospitals, critical access hospitals, and inpatient psychiatric facilities (including psychiatric hospitals and psychiatric units). Claims are processed to remove claims over 365 days long, remove overlapping claims, and combine continuing stay claims (same or next day, to the same hospital with HSE_CLM_STUS_CD equal to '30'). A transfer occurs when a hospitalization is followed by a subsequent hospitalization on the same day or the next day at a different hospital by the same beneficiary.

Ambulatory Care Sensitive Condition (ACSC)

- A health condition for which appropriate outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

Beneficiary-Years

- Beneficiary-years are calculated as the days of eligibility divided by 365. For time periods that include the February of a leap year, each 12-month period is converted to a 365-day period by counting only 28 eligible days when a beneficiary has 29 covered days in February. Eligibility is determined by evaluating monthly Fee-for-Service enrollment, monthly Medicare Advantage (MA) enrollment, and death date. Days enrolled in MA and days after death are not counted.

Critical Access Hospital (CAH)

- A critical access hospital (CAH) is a facility with the value in the 3rd through 6th positions of the CMS Certification Number (CCN) in the range 1300 through 1399. Emergency Department (ED) Visit: An emergency department (ED) visit is determined from a Part A outpatient claim (NCH_CLM_TYPE_CD equal to 40) with a REV_CNTR_CD equal to 0450, 0451, 0452, 0456, 0459 or 0981. A claims hierarchy eliminates overlapping claims such that an ED visit that leads to an observation stay or inpatient stay is not included.

Emergency Department (ED) Visit

- An emergency department (ED) visit is a Part A claim with a REV_CNTR_CD equal to '0450', '0451', '0452', '0456', '0459' or '0981'. A claims hierarchy eliminates overlapping claims and assigns each claim to one category (ED visits, observation stays, or

admissions) such that ED visits that lead to an observation stay or admission are not included.

Fee-for-Service (FFS)

- Fee-for-Service (FFS) refers to Medicare coverage provided through "original" Medicare. It excludes coverage through Medicare Advantage plans. Original Medicare may include Part A (Hospital Insurance) and/or Part B (Medical Insurance) plans, determined from the Beneficiary Information on the Cloud (BIC) Appendixes: Part A and Part B coverage are determined from ENTITLEMENT_PART_A and ENTITLEMENT_PART_B Appendixes for months included in the ranges determined by START_DATE and STOP_DATE variables where AUDIT_SEQUENCE is equal to 0, excluding months where Medicare Advantage enrollment is determined from the ENROLLMENT_MAPD Appendix using months included in the ranges determined by the ENROLLMENT_EFFECTIVE_DATE and DISENROLLMENT_DATE variables and where PROGRAM_TYPE is equal to 1 or 3 and AUDIT_SEQUENCE is equal to 0. Coverage is limited to days alive determined from the DEATH_DATE in the BENEFICIARY Appendix.

Hospice Care

- A hospice claim is a Part A claim with either NCH_CLM_TYPE_CD of '50' or the last four digits of the CCN in the range of '1500' to '1799' inclusive. Both HSE_CLM_FROM_DT and HSE_CLM_THRU_DT on the hospice claim are used to determine when a beneficiary received hospice care. OBSERVATION STAY: An observation stay is a Part A claim with REV_CNTR_CD equal to '0760' or '0762', and HCPCS_CODE equal to 'G0378'. A claims hierarchy eliminates overlapping claims and assigns each claim to one category (ED visits, observation stays, or admissions) such that observation stays that lead to admissions are not included.

High-Risk Medication (HRM) Beneficiary

- A high-risk medication (HRM) beneficiary is a beneficiary at high risk for an adverse drug event. To be included, the beneficiary must meet at least one of the following prescription claims criteria during the reporting time period:
    - Prescriptions for three or more distinct non-proprietary drugs of which at least one is an anticoagulant, antidiabetic agent, or opioid. Each of the three drugs must have a total days' supply of 60 or more consecutive or non-consecutive days.
    - Prescriptions for three or more distinct non-proprietary drugs of which each of the three drugs must have a total days' supply of 60 or more consecutive or non-consecutive days, PLUS prescription(s) for a fourth drug which must be an anticoagulant, antidiabetic agent, or opioid and have a total days' supply of 30 or more consecutive or non-consecutive days.

Inpatient Discharge

- An inpatient discharge is a hospitalization without transfer at discharge. When a transfer occurs, the hospitalization at the transferring hospital is not counted as an inpatient discharge. A hospitalization is a Medicare Part A hospital inpatient claim with an NCH_CLM_TYPE_CD equal to 60. Claims are processed to remove claims over 365 days long, remove overlapping claims, and combine continuing stay claims (same or next day, to the same hospital with HSE_CLM_STUS_CD equal to 30). A transfer occurs when a hospitalization is followed by a subsequent hospitalization on the same day or the next day at a different hospital. Inpatient Psychiatric Hospital and Unit: An inpatient psychiatric hospital is a facility with the value in the 3rd through 6th positions of the CMS Certification Number (CCN) in the range 4000 through 4499. An inpatient psychiatric unit has the value in the 3rd position of the CCN equal to M or the value in the 3rd through 6th positions in the range S001 through S899.

Leap Year Adjustment

- For time periods that include the February of a leap year, numerator events in February for beneficiaries with 29 days of coverage are multiplied by 0.965517 (28/29). This is equivalent to computing events per day for February and then multiplying by 28.

Observation Stay

- An observation stay is determined from a Part A outpatient claim (NCH_CLM_TYPE_CD equal to 40) with HCPCS_CODE equal to G0378 and REV_CNTR_CD equal to 0760 or 0762. A claims hierarchy eliminates overlapping claims such that an observation stay that leads to an inpatient stay is not included.

Program Monitoring and Evaluation Contractor (PMEC)

- Supports the QIO program with data validation, data auditing, troubleshooting of measure specifications, assistance in reviewing data reports, CMS templates, data collection tools and data processes. Additionally, they conduct activities for both routine program monitoring and objective evaluation of impact using developmental evaluation techniques and other necessary methods.

Relative Improvement Rate (RIR)

- A calculation of the percent change from baseline.

Short-term Hospital

- A short-term hospital is a facility with the 3rd through 6th positions of the CMS Certification Number (CCN) having a value in the range 0001 through 0899 and the 6th position not equal to E or F.

Valid ZIP Code

- A valid ZIP code is a 5-digit ZIP code based on the first five numbers of the ZIP variable from the Beneficiary Information on the Cloud (BIC): STATE_COUNTY_SCRUBBED (historical data) and MAILING_ADDRESS_SCRUBBED (current data). A beneficiary's ZIP code is determined each month based on the ZIP code on the last day of the month, as determined by the START_DATE and STOP_DATE variables (historical data limited to where AUDIT_IDENTIFIER equals V). Valid ZIP codes are limited to the 50 states, DC, PR, VI, AS, GU, and MP. ZIP codes of 99999 or 00000 or with a length not equal to 5 or 9 are excluded. Additionally, ZIP codes for which the ZIPSTATE function in SAS could not determine a state/territory are excluded.

Appendix A: Adverse Drug Event (ADE) Drug List

- Anticoagulant Inclusions:
  - Apixaban
  - Argatroban
  - Betrixaban
  - Dabigatran
  - Dalteparin
  - Desirudin
  - Edoxaban
  - Enoxaparin
  - Fondaparinux
  - Heparin
  - Rivaroxaban
  - Tinzaparin
  - Warfarin
- Antidiabetic Agent Inclusions:
  - Acarbose
  - Albiglutide
  - Alogliptin
  - Alogliptin and Metformin
  - Alogliptin and Pioglitazone
  - Canagliflozin
  - Chlorpropamide
  - Bromocriptine
  - Dapagliflozin
  - Dapagliflozin and Metformin
  - Dapagliflozin and Saxagliptin
  - Dulaglutide
  - Empagliflozin
  - Empagliflozin and Linagliptin
  - Empagliflozin and Metformin
  - Ertugliflozin
  - Exenatide
  - Glimepiride
  - Glimepiride and Rosiglitazone
  - Glimepiride and Pioglitazone
  - Glipizide
  - Glyburide
  - Glyburide and Metformin
  - Insulin Glulisine
  - Insulin Degludec and Liraglutide
  - Insulin Degludec
  - Insulin Aspart
  - Insulin Lispro
  - Insulin Glargine and Lixisenatide
  - Insulin Glargine
  - Insulin Isophane
  - Insulin
  - Insulin Detemir
  - Human Insulin
  - Linagliptin
  - Linagliptin and Metformin
  - Liraglutide
  - Lixisenitide
  - Metformin
  - Miglitol
  - Nateglinide
  - Pioglitazone
  - Pioglitazone and Warfarin
  - Pramlintide
  - Repaglinide
  - Repaglinide and Metformin
  - Rosiglitazone
  - Saxagliptin
  - Sitagliptin
  - Semaglutide
  - Tolazamide
  - Tolbutamide
- Opioid Inclusions/Exclusions:*
  - Buprenorphine**
  - Butorphanol
  - Benzhydrocodone
  - Codeine

- Dihydrocodeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Levorphanol
- Meperidine
- Methadone
- Morphine
- Opium
- Oxycodone
- Oxymorphone
- Pentazocine
- Tapentadol
- Tramadol

*Excludes IV/injectable, epidural and powder formulations
*Includes prescription opioid cough medications
*Combination opioid medications will be included (this will include naltrexone and naloxone opioid combination products)
**Excludes single-agent and combination buprenorphine products used to treat opioid use disorder (OUD)

Appendix B: Adverse Drug Event ICD-10-CM Diagnosis Codes

Anticoagulants

Code	*Description*
D500	Iron deficiency anemia secondary to blood loss (chronic)
D62	Acute post-hemorrhagic anemia
D649	Anemia, unspecified
H05231	Hemorrhage of right orbit
H05232	Hemorrhage of left orbit
H05233	Hemorrhage of bilateral orbit
H05239	Hemorrhage of unspecified orbit
H1130	Conjunctival hemorrhage, unspecified eye
H1131	Conjunctival hemorrhage, right eye
H1132	Conjunctival hemorrhage, left eye
H1133	Conjunctival hemorrhage, bilateral
H3560	Retinal hemorrhage, unspecified eye
H3561	Retinal hemorrhage, right eye
H3562	Retinal hemorrhage, left eye
H3563	Retinal hemorrhage, bilateral
H4310	Vitreous hemorrhage, unspecified eye
H4311	Vitreous hemorrhage, right eye
H4312	Vitreous hemorrhage, left eye
H4313	Vitreous hemorrhage, bilateral
I312	Hemopericardium, not elsewhere classified
I6000	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I6001	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I6002	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I6010	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
I6011	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I6012	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I602	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I6030	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I6031	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I6032	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I604	Nontraumatic subarachnoid hemorrhage from basilar artery
I6050	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I6051	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I6052	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I606	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I607	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I608	Other nontraumatic subarachnoid hemorrhage

I609	Nontraumatic subarachnoid hemorrhage, unspecified
I610	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I611	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I612	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I613	Nontraumatic intracerebral hemorrhage in brain stem
I614	Nontraumatic intracerebral hemorrhage in cerebellum
I615	Nontraumatic intracerebral hemorrhage, intraventricular
I616	Nontraumatic intracerebral hemorrhage, multiple localized
I618	Other nontraumatic intracerebral hemorrhage
I619	Nontraumatic intracerebral hemorrhage, unspecified
I6200	Nontraumatic subdural hemorrhage, unspecified
I6201	Nontraumatic acute subdural hemorrhage
I6202	Nontraumatic subacute subdural hemorrhage
I6203	Nontraumatic chronic subdural hemorrhage
I621	Nontraumatic extradural hemorrhage
I629	Nontraumatic intracranial hemorrhage, unspecified
K2211	Ulcer of esophagus with bleeding
K250	Acute gastric ulcer with hemorrhage
K252	Acute gastric ulcer with both hemorrhage and perforation
K254	Chronic or unspecified gastric ulcer with hemorrhage
K256	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K260	Acute duodenal ulcer with hemorrhage
K262	Acute duodenal ulcer with both hemorrhage and perforation
K264	Chronic or unspecified duodenal ulcer with hemorrhage
K266	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K270	Acute peptic ulcer, site unspecified, with hemorrhage
K272	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K274	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K276	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K280	Acute gastrojejunal ulcer with hemorrhage
K282	Acute gastrojejunal ulcer with both hemorrhage and perforation
K284	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K286	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K2931	Chronic superficial gastritis with bleeding
K2941	Chronic atrophic gastritis with bleeding
K2951	Unspecified chronic gastritis with bleeding
K2961	Other gastritis with bleeding
K2971	Gastritis, unspecified, with bleeding
K2991	Gastroduodenitis, unspecified, with bleeding
K625	Hemorrhage of anus and rectum
K649	Unspecified hemorrhoids
K661	Hemoperitoneum

K920	Hematemesis
K921	Melena
K922	Gastrointestinal hemorrhage, unspecified
M2500	Hemarthrosis, unspecified joint
M25011	Hemarthrosis, right shoulder
M25012	Hemarthrosis, left shoulder
M25019	Hemarthrosis, unspecified shoulder
M25021	Hemarthrosis, right elbow
M25022	Hemarthrosis, left elbow
M25029	Hemarthrosis, unspecified elbow
M25031	Hemarthrosis, right wrist
M25032	Hemarthrosis, left wrist
M25039	Hemarthrosis, unspecified wrist
M25041	Hemarthrosis, right hand
M25042	Hemarthrosis, left hand
M25049	Hemarthrosis, unspecified hand
M25051	Hemarthrosis, right hip
M25052	Hemarthrosis, left hip
M25059	Hemarthrosis, unspecified hip
M25061	Hemarthrosis, right knee
M25062	Hemarthrosis, left knee
M25069	Hemarthrosis, unspecified knee
M25071	Hemarthrosis, right ankle
M25072	Hemarthrosis, left ankle
M25073	Hemarthrosis, unspecified ankle
M25074	Hemarthrosis, right foot
M25075	Hemarthrosis, left foot
M25076	Hemarthrosis, unspecified foot
M2508	Hemarthrosis, other specified site
N950	Postmenopausal bleeding
R040	Epistaxis
R041	Hemorrhage from throat
R042	Hemoptysis
R0489	Hemorrhage from other sites in respiratory passages
R049	Hemorrhage from respiratory passages, unspecified
R233	Spontaneous ecchymoses
R310	Gross hematuria
R319	Hematuria, unspecified
R58	Hemorrhage, not elsewhere classified
R791	Abnormal coagulation profile
T45511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45511D	Poisoning by anticoagulants, accidental (unintentional), subsequent encounter
T45511S	Poisoning by anticoagulants, accidental (unintentional), sequela

T45513A	Poisoning by anticoagulants, assault, initial encounter
T45513D	Poisoning by anticoagulants, assault, subsequent encounter
T45513S	Poisoning by anticoagulants, assault, sequela
T45514A	Poisoning by anticoagulants, undetermined, initial encounter
T45514D	Poisoning by anticoagulants, undetermined, subsequent encounter
T45514S	Poisoning by anticoagulants, undetermined, sequela
T45515A	Adverse effect of anticoagulants, initial encounter
T45515D	Adverse effect of anticoagulants, subsequent encounter
T45515S	Adverse effect of anticoagulants, sequela
T45521A	Poisoning by antithrombotic drugs, accidental (unintentional), initial encounter
T45521D	Poisoning by antithrombotic drugs, accidental (unintentional), subsequent encounter
T45521S	Poisoning by antithrombotic drugs, accidental (unintentional), sequela
T45523A	Poisoning by antithrombotic drugs, assault, initial encounter
T45523D	Poisoning by antithrombotic drugs, assault, subsequent encounter
T45523S	Poisoning by antithrombotic drugs, assault, sequela
T45524A	Poisoning by antithrombotic drugs, undetermined, initial encounter
T45524D	Poisoning by antithrombotic drugs, undetermined, subsequent encounter
T45524S	Poisoning by antithrombotic drugs, undetermined, sequela
T45525A	Adverse effect of antithrombotic drugs, initial encounter
T45525D	Adverse effect of antithrombotic drugs, subsequent encounter
T45525S	Adverse effect of antithrombotic drugs, sequela

Antidiabetics	
Code	*Description*
E08649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E160	Drug-induced hypoglycemia without coma
E161	Other hypoglycemia
E162	Hypoglycemia, unspecified
R410	Disorientation, unspecified
R4182	Altered mental status, unspecified
R55	Syncope and collapse
T383X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
T383X1D	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), subsequent encounter
T383X1S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), sequela
T383X3A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, initial encounter
T383X3D	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, subsequent encounter
T383X3S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, sequela

T383X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter
T383X4D	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, subsequent encounter
T383X4S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, sequela
T383X5A	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter
T383X5D	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter
T383X5S	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, sequela

Opioids	
Code	*Description*
J80	Acute respiratory distress syndrome
J9600	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J9601	Acute respiratory failure with hypoxia
J9602	Acute respiratory failure with hypercapnia
J9690	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J9691	Respiratory failure, unspecified with hypoxia
J9692	Respiratory failure, unspecified with hypercapnia
R0603	Acute respiratory distress
R0901	Asphyxia
R0902	Hypoxemia
R092	Respiratory arrest
R400	Somnolence
R401	Stupor
R4020	Unspecified coma
R403	Persistent vegetative state
R404	Transient alteration of awareness
R410	Disorientation, unspecified
R4182	Altered mental status, unspecified
R440	Auditory hallucinations
R442	Other hallucinations
R443	Hallucinations, unspecified
R55	Syncope and collapse
F1112	Opioid abuse with intoxication, uncomplicated
F1112	Opioid abuse with intoxication delirium
F1112	Opioid abuse with intoxication with perceptual disturbance
F1112	Opioid abuse with intoxication, unspecified
F1113	Opioid abuse with withdrawal
F1114	Opioid abuse with opioid-induced mood disorder
F1115	Opioid abuse with opioid-induced psychotic disorder with delusions
F1115	Opioid abuse with opioid-induced psychotic disorder with hallucinations

F1115	Opioid abuse with opioid-induced psychotic disorder, unspecified
F1118	Opioid abuse with opioid-induced sexual dysfunction
F1118	Opioid abuse with opioid-induced sleep disorder
F1118	Opioid abuse with other opioid-induced disorder
F1119	Opioid abuse with unspecified opioid-induced disorder
F1122	Opioid dependence with intoxication, uncomplicated
F1122	Opioid dependence with intoxication delirium
F1122	Opioid dependence with intoxication with perceptual disturbance
F1122	Opioid dependence with intoxication, unspecified
F1123	Opioid dependence with withdrawal
F1124	Opioid dependence with opioid-induced mood disorder
F1125	Opioid dependence with opioid-induced psychotic disorder with delusions
F1125	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F1125	Opioid dependence with opioid-induced psychotic disorder, unspecified
F1128	Opioid dependence with opioid-induced sexual dysfunction
F1128	Opioid dependence with opioid-induced sleep disorder
F1128	Opioid dependence with other opioid-induced disorder
F1129	Opioid dependence with unspecified opioid-induced disorder
F1192	Opioid use, unspecified with intoxication, uncomplicated
F1192	Opioid use, unspecified with intoxication delirium
F1192	Opioid use, unspecified with intoxication with perceptual disturbance
F1192	Opioid use, unspecified with intoxication, unspecified
F1193	Opioid use, unspecified with withdrawal
F1194	Opioid use, unspecified with opioid-induced mood disorder
F1195	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
F1195	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F1195	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F1198	Opioid use, unspecified with opioid-induced sexual dysfunction
F1198	Opioid use, unspecified with opioid-induced sleep disorder
F1198	Opioid use, unspecified with other opioid-induced disorder
F1199	Opioid use, unspecified with unspecified opioid-induced disorder
T402X	Poisoning by other opioids, accidental (unintentional), initial encounter
T402X	Poisoning by other opioids, accidental (unintentional), subsequent encounter
T402X	Poisoning by other opioids, accidental (unintentional), sequela
T402X	Poisoning by other opioids, assault, initial encounter
T402X	Poisoning by other opioids, assault, subsequent encounter
T402X	Poisoning by other opioids, assault, sequela
T402X	Poisoning by other opioids, undetermined, initial encounter
T402X	Poisoning by other opioids, undetermined, subsequent encounter
T402X	Poisoning by other opioids, undetermined, sequela
T402X	Adverse effect of other opioids, initial encounter
T402X	Adverse effect of other opioids, subsequent encounter
T402X	Adverse effect of other opioids, sequela

T403X	Poisoning by methadone, accidental (unintentional), initial encounter
T403X	Poisoning by methadone, accidental (unintentional), subsequent encounter
T403X	Poisoning by methadone, accidental (unintentional), sequela
T403X	Poisoning by methadone, assault, initial encounter
T403X	Poisoning by methadone, assault, subsequent encounter
T403X3S	Poisoning by methadone, assault, sequela
T403X4A	Poisoning by methadone, undetermined, initial encounter
T403X4D	Poisoning by methadone, undetermined, subsequent encounter
T403X4S	Poisoning by methadone, undetermined, sequela
T403X5A	Adverse effect of methadone, initial encounter
T403X5D	Adverse effect of methadone, subsequent encounter
T403X5S	Adverse effect of methadone, sequela
T40411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
T40415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
T40415S	Adverse effect of fentanyl or fentanyl analogs, sequela
T40421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40421S	Poisoning by tramadol, accidental (unintentional), sequela
T40423A	Poisoning by tramadol, assault, initial encounter
T40423D	Poisoning by tramadol, assault, subsequent encounter
T40423S	Poisoning by tramadol, assault, sequela
T40424A	Poisoning by tramadol, undetermined, initial encounter
T40424D	Poisoning by tramadol, undetermined, subsequent encounter
T40424S	Poisoning by tramadol, undetermined, sequela
T40425A	Adverse effect of tramadol, initial encounter
T40425D	Adverse effect of tramadol, subsequent encounter
T40425S	Adverse effect of tramadol, sequela
T40491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40493A	Poisoning by other synthetic narcotics, assault, initial encounter

T40493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40493S	Poisoning by other synthetic narcotics, assault, sequela
T40494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40495A	Adverse effect of other synthetic narcotics, initial encounter
T40495D	Adverse effect of other synthetic narcotics, subsequent encounter
T40495S	Adverse effect of other synthetic narcotics, sequela
T404X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T404X1D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T404X1S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T404X3A	Poisoning by other synthetic narcotics, assault, initial encounter
T404X3D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T404X3S	Poisoning by other synthetic narcotics, assault, sequela
T404X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T404X4D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T404X4S	Poisoning by other synthetic narcotics, undetermined, sequela
T404X5A	Adverse effect of other synthetic narcotics, initial encounter
T404X5D	Adverse effect of other synthetic narcotics, subsequent encounter
T404X5S	Adverse effect of other synthetic narcotics, sequela
T40601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40601D	Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter
T40601S	Poisoning by unspecified narcotics, accidental (unintentional), sequela
T40603A	Poisoning by unspecified narcotics, assault, initial encounter
T40603D	Poisoning by unspecified narcotics, assault, subsequent encounter
T40603S	Poisoning by unspecified narcotics, assault, sequela
T40604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40604D	Poisoning by unspecified narcotics, undetermined, subsequent encounter
T40604S	Poisoning by unspecified narcotics, undetermined, sequela
T40605A	Adverse effect of unspecified narcotics, initial encounter
T40605D	Adverse effect of unspecified narcotics, subsequent encounter
T40605S	Adverse effect of unspecified narcotics, sequela
T40691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40691D	Poisoning by other narcotics, accidental (unintentional), subsequent encounter
T40691S	Poisoning by other narcotics, accidental (unintentional), sequela
T40693A	Poisoning by other narcotics, assault, initial encounter
T40693D	Poisoning by other narcotics, assault, subsequent encounter
T40693S	Poisoning by other narcotics, assault, sequela
T40694A	Poisoning by other narcotics, undetermined, initial encounter
T40694D	Poisoning by other narcotics, undetermined, subsequent encounter
T40694S	Poisoning by other narcotics, undetermined, sequela

T40695A	Adverse effect of other narcotics, initial encounter
T40695D	Adverse effect of other narcotics, subsequent encounter
T40695S	Adverse effect of other narcotics, sequela

For more information: Use of Medicare Administrative Claims to Identify a Population at High Risk for Adverse Drug Events and Hospital Use for Quality Improvement. J Manag Care Spec Pharm, 2019 Mar;25(3):402-410.

Summary of Updates

- 8/7/2025:
  - Initial template created
  - Measure names and information based on 13 SOW Appendix 5 – Measure Definitions and Specifications
- 10/7/2025:
  - Evaluator(s) for applicable measures updated to reflect ‘Program Monitoring and Evaluation Contractor’ exclusively, replacing the previous designation of ‘PMEC or CMS’.
- 10/29/2025
  - Edited to improve clarity in metric descriptions and include acronym descriptions for each table.
- 12/4/2025
  - Added measure “Annual Wellness Visit”.

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 13SOW-QINQIO-R4-25-27 091125