Quality ID #238 (NQF 0022): Use of High-Risk Medications in Older Adults
– National Quality Strategy Domain: Patient Safety
– Meaningful Measure Area: Medication Management

2022 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class

INSTRUCTIONS:
This measure is to be submitted a minimum of once per performance period for patients seen during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate and for medications where use under all but specific indications is potentially inappropriate.

This measure will be calculated with 2 performance rates:
1. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.
2. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses.

For accountability reporting in the CMS MIPS program, the rate for submission criteria 1 is used for performance.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: PERCENTAGE OF PATIENTS 65 YEARS OF AGE AND OLDER WHO WERE ORDERED AT LEAST TWO HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS

DENOMINATOR (SUBMISSION CRITERIA 1):
Patients 65 years and older who had a visit during the measurement period

Denominator Criteria:
Patients aged ≥ 65 years on date of encounter
AND
Patient encounter during performance period (CPT or HCPCS): 92002, 92004, 92012, 92014, 99202, 99203,
NUMERATOR (SUBMISSION CRITERIA 1):
Patients ordered at least two high-risk medications from the same drug class during the measurement year.

Definitions:
The intent of the measure is to assess if the eligible clinician ordered high-risk medication(s). The intent of the numerator is to assess if the patient has either been ordered:

- At least two high-risk medications from the same drug class (grouped by row) in Table 1 on different dates of service, or
- At least two high-risk medications from the same drug class (grouped by row) in Table 2 on different dates of service, where the sum of days supply exceeds 90 days

If the patient had a high-risk medication previously prescribed by another provider, they would not be counted towards the numerator unless the submitting provider also ordered a high-risk medication for them from the same drug class.

Cumulative Medication Duration – an individual’s total number of medication days over a specific period; the period counts multiple prescriptions with gaps in between, but does not count the gaps during which a medication was not dispensed.

To determine the “cumulative medication duration”, determine first the number of the Medication Days for each prescription in the period: the number of doses divided by the dose frequency per day. Then add the Medication Days for each prescription without counting any days between the prescriptions.

For example, there is an original prescription for 30 days with 2 refills for thirty days each. After a gap of 3 months, the medication was ordered again for 60 days with 1 refill for 60 days. The “cumulative medication duration” is \((30 \times 3) + (60 \times 2) = 210\) days over the 10 month period.

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticholinergics, first-generation antihistamines</td>
<td>Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dextromethorphan, Dimenhydrinate, Doxylamine, Hydroxyzine, Meclizine, Promethazine, Pyrilamine, Triprolidine, Diphenhydramine (oral), Trihexyphenidyl</td>
</tr>
<tr>
<td>Anticholinergics, anti-Parkinson agents</td>
<td>Benztpoline (oral)</td>
</tr>
<tr>
<td>Antispasmodics</td>
<td>Atropine (exclude ophthalmic), Belladonna alkaloids, Chlordiazepoxide-clidinium, Dicyclomide</td>
</tr>
</tbody>
</table>
### Description

<table>
<thead>
<tr>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dipyridamole, oral short-acting</td>
</tr>
<tr>
<td>Methyldopa</td>
</tr>
<tr>
<td>Guanfacine</td>
</tr>
<tr>
<td>Disopyramide</td>
</tr>
<tr>
<td>Nifedipine, immediate release</td>
</tr>
<tr>
<td>Amtriptyline</td>
</tr>
<tr>
<td>Clomipramine</td>
</tr>
<tr>
<td>Amoxapine</td>
</tr>
<tr>
<td>Desipramine</td>
</tr>
<tr>
<td>Imipramine</td>
</tr>
<tr>
<td>Trimipramine</td>
</tr>
<tr>
<td>Nortriptyline</td>
</tr>
<tr>
<td>Paroxetine</td>
</tr>
<tr>
<td>Protriptyline</td>
</tr>
<tr>
<td>Amobarbital</td>
</tr>
<tr>
<td>Butabarbital</td>
</tr>
<tr>
<td>Butalbital</td>
</tr>
<tr>
<td>Pentobarbital</td>
</tr>
<tr>
<td>Phenobarbital</td>
</tr>
<tr>
<td>Secobarbital</td>
</tr>
<tr>
<td>Ergot mesylates</td>
</tr>
<tr>
<td>Isoxsuprine</td>
</tr>
<tr>
<td>Meprobamate</td>
</tr>
<tr>
<td>Conjugated estrogen</td>
</tr>
<tr>
<td>Estropipate</td>
</tr>
<tr>
<td>Estradiol</td>
</tr>
<tr>
<td>Esterified estrogen</td>
</tr>
<tr>
<td>Chlorpropamide</td>
</tr>
<tr>
<td>Glimepiride</td>
</tr>
<tr>
<td>Glyburide</td>
</tr>
<tr>
<td>Desiccated thyroid</td>
</tr>
<tr>
<td>Megestrol</td>
</tr>
<tr>
<td>Eszopiclon</td>
</tr>
<tr>
<td>Zaleplon</td>
</tr>
<tr>
<td>Zolpidem</td>
</tr>
<tr>
<td>Carisoprodol</td>
</tr>
<tr>
<td>Chlorzoxazone</td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
</tr>
<tr>
<td>Metaxalone</td>
</tr>
<tr>
<td>Methocarbamol</td>
</tr>
<tr>
<td>Orphenadrine</td>
</tr>
<tr>
<td>Indomethacin</td>
</tr>
<tr>
<td>Meperidine</td>
</tr>
<tr>
<td>Ketorolac, includes parenteral</td>
</tr>
</tbody>
</table>

*The registry version of the measure specifications only indicates the classes of drugs that are considered high-risk and do not include the specific coding of RxNorm. However, this measure aligns with the eCQM measure (CMS 156) and providers may review the RxNorm codes in the applicable eCQM value sets for submission.

### Table 2 - High-Risk Medications With Days Supply Criteria

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
<th>Days Supply Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Infectives, other</td>
<td>Nitrofurantoin</td>
<td>&gt;90 days</td>
</tr>
<tr>
<td></td>
<td>Nitrofurantoin macrocrystals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nitrofurantoin macrocrystals-monohydrate</td>
<td></td>
</tr>
</tbody>
</table>
to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

A high-risk medication is identified by either of the following:

- A prescription for medications classified as high risk at any dose and for any duration listed in Table 1
- Prescriptions for medications classified as high risk at any dose with greater than a 90 day cumulative medication duration listed in Table 2

**Numerator Options:**

**Performance Met:** At least two orders for high-risk medications from the same drug class (G9367)

**Performance Not Met:** At least two orders for high-risk medications from the same drug class not ordered (G9368)

**SUBMISSION CRITERIA 2: PERCENTAGE OF PATIENTS 65 YEARS OF AGE AND OLDER WHO WERE ORDERED AT LEAST TWO HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS, EXCEPT FOR APPROPRIATE DIAGNOSES**

**DENOMINATOR (SUBMISSION CRITERIA 2):**

Patients 65 years and older who had a visit during the measurement period

**Denominator Criteria:**

Patients aged ≥ 65 years on date of encounter

**AND**

Patient encounter during performance period (CPT or HCPCS): 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

Patients who use hospice services any time during the measurement period: G9741

**OR**

Patients receiving palliative care during the measurement period: G0034

**NUMERATOR (SUBMISSION CRITERIA 2):**

Patients with at least two orders of high-risk medications from the same drug class (i.e., antipsychotics and benzodiazepines), except for appropriate diagnoses.

**Definitions:**

The intent of the numerator is to assess if the patient has been ordered at least two high-risk medications from the same drug class (grouped by row) in Table 3 on different dates or service. The intent of the measure is to assess if the submitting provider ordered the high-risk medication(s). If the patient had a high-risk medication previously prescribed by another provider, they would not be counted towards the numerator unless the submitting provider also ordered a high-risk medication for them from the same drug class.

**Index Prescription Start Date** – the start date of the earliest prescription ordered for a high-risk medication during the measurement period.

**Table 3 - High-Risk Medications**
<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
</table>
| Antipsychotics, first (conventional) and second (atypical) generation | • Aripiprazole
• Asenapine
• Brexpiprazole
• Cariprazine
• Chlorpromazine
• Clozapine
• Fluphenazine
• Haloperidol
• Iloperidone
• Loxapine
• Lurasidone                      |
|                                                  | • Molindone
• Olanzapine
• Paliperidone
• Perphenazine
• Pimavanserin
• Pimozide
• Quetiapine
• Risperidone
• Thioridazine
• Thiothixene
• Trifluoperazine
• Ziprasidone |
| Benzodiazepines, long, short and intermediate acting | • Alprazolam
• Chlordiazepoxide
• Clonazepam
• Clorazepate
• Diazepam
• Estazolam
• Flurazepam      |
|                                                  | • Lorazepam
• Midazolam
• Oxazepam
• Quazepam
• Temazepam
• Triazolam        |

*The registry version of the measure specifications only indicates the classes of drugs that are considered high-risk and do not include the specific coding of RxNorm. However, this measure aligns with the eCQM measure (CMS 156) and providers may review the RxNorm codes in the applicable eCQM value sets for submission.

**Numerator Instructions:**

**INVERSE MEASURE** – A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

A high-risk medication is identified by:

- A prescription for medications classified as high risk at any dose and for any duration listed in Table 3

**Numerator Options:**

**Performance Met:**

At least two orders for high-risk medications from the same drug class

(G9367)

**OR**

**Performance Not Met:**

At least two orders for high-risk medications from the same drug class not ordered (G9368)

**OR**

**Performance Not Met:**

Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement
period and the Index Prescription Start Date (IPSD) for antipsychotics (G0032)

OR

Performance Not Met:

Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines (G0033)

RATIONALE:

Certain medications (MacKinnon & Hepler, 2003) are associated with increased risk of harm from drug side-effects and drug toxicity and pose a concern for patient safety. There is clinical consensus that these drugs pose increased risks in older adults (Kaufman, Brodin, & Sarafian, 2005). Potentially inappropriate medication use in older adults has been connected to significantly longer hospital stay lengths and increased hospitalization costs (Hagstrom et al., 2015) as well as increased risk of death (Lau et al., 2004). Use of specific high-risk medications such as hypnotics, including benzodiazepine receptor agonists, and nonsteroidal anti-inflammatory drugs (NSAIDS) can result in increased risk of delirium, falls, fractures, gastrointestinal bleeding and acute kidney injury (Merel et al., 2017). Long-term use of benzodiazepines in older adults has been associated with increased risk of dementia (Zhong et al., 2015; Takada et al., 2016). Additionally, the use of antipsychotics can lead to increased risk of stroke and greater cognitive decline in older adults with dementia (Tampi et al., 2016).

Older adults receiving inappropriate medications are more likely to report poorer health status at follow-up, compared to those who receive appropriate medications (Lau et al. 2004). A study of the prevalence of potentially inappropriate medication use in older adults found that 40 percent of individuals 65 and older filled at least one prescription for a potentially inappropriate medication and 13 percent filled two or more (Fick et al. 2008). While some adverse drug events are unavoidable, studies estimate that between 30 and 80 percent of adverse drug events in older adults are preventable (MacKinnon and Hepler 2003).

Reducing the number of inappropriate prescriptions can lead to improved patient safety and significant cost savings. Conservative estimates of extra costs due to potentially inappropriate medications in older adults average $7.2 billion a year (Fu et al. 2007). Medication use by older adults will likely increase further as the U.S. population ages, new drugs are developed, and new therapeutic and preventive uses for medications are discovered (Rothberg et al. 2008). The annual direct costs of preventable adverse drug events (ADEs) in the Medicare population have been estimated to exceed $800 million (IOM, 2007). By the year 2030, nearly one in five U.S. residents is expected to be aged 65 years or older; this age group is projected to more than double in number from 38.7 million in 2008 to more than 88.5 million in 2050. Likewise, the population aged 85 years or older is expected to increase almost four-fold, from 5.4 million to 19 million between 2008 and 2050. As the older adult population continues to grow, the number of older adults who present with multiple medical conditions for which several medications are prescribed will continue to increase, resulting in polypharmacy concerns (Gray and Gardner 2009).

CLINICAL RECOMMENDATION STATEMENTS:

The measure is based on recommendations from the American Geriatrics Society Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2019). The criteria were developed through key clinical expert consensus processes by Beers in 1997, Zahn in 2001 and an updated process by Fick in 2003, 2012, 2015 and 2019. The Beers Criteria identifies lists of drugs that are potentially inappropriate for all older adults and drugs that are potentially inappropriate in older adults based on various high-risk factors such as dosage, days' supply and underlying diseases or conditions.

NCQA’s Geriatric Measurement Advisory Panel recommended a subset of drugs that should be used with caution in older adults for inclusion in the proposed measure based upon the recommendations in the Beers Criteria.
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**2022 Clinical Quality Measure Flow for Quality ID #238 (NQF 0022):**  
Use of High-Risk Medications in Older Adults  
Submission Criteria One

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

![Diagram of measure submission criteria]

**SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE**

\[
\text{Data Completeness} = \frac{\text{Performance Met} (a=40 \text{ patients}) + \text{Performance Not Met} (c=30 \text{ patients})}{\text{Eligible Population} / \text{Denominator} (d=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%  
\]

\[
\text{Performance Rate} = \frac{\text{Performance Met} (a=40 \text{ patients})}{\text{Data Completeness Numerator} (70 \text{ patients})} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%  
\]

* See the posted measure specification for specific coding and instructions to submit this measure.

**NOTE:** Submission Frequency: Patient-Process

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Submission Criteria Two

**Denominator**

- Patients aged ≥ 65 years on date of encounter
  - Yes: Include in Eligible Population/Denominator (80 patients)
  - No: Data Completeness Not Met

**Patient encounter during performance period as listed in Denominator**

- Yes: Patients who use hospice services any time during the measurement period: G9741 or equivalent
  - Yes: Include in Eligible Population/Denominator (80 patients)
  - No: Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics

- No: Patients receiving palliative care during the measurement period: G0034 or equivalent
  - Yes: Data Completeness Met + Performance Not Met G0032 or equivalent (0 patients)
  - No: Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines

**Numerator**

- At least two orders for high-risk medications from the same drug class
  - Yes: Data Completeness Met + Performance Met G9367 or equivalent (40 patients)
  - No: Data Completeness Met + Performance Not Met G9368 or equivalent (30 patients)

- At least two orders for high-risk medications from the same drug class not ordered
  - Yes: Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics
  - No: Data Completeness Met + Performance Not Met G0032 or equivalent (0 patients)

- Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines

- Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)
## SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

**Data Completeness**

\[
\text{Data Completeness} = \frac{\text{Perf Met (a}^2=40\text{ patients)} + \text{Perform Not Met (c}^2 + c^3 = 30\text{ patients)}}}{\text{Eligible Pop / Denominator (d}^2 = 80\text{ patients)}} = \frac{70\text{ patients}}{80\text{ patients}} = 87.50\%
\]

**Performance Rate**

\[
\text{Performance Rate} = \frac{\text{Perf Met (a}^2=40\text{ patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40\text{ patients}}{70\text{ patients}} = 57.14\%
\]

* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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2022 Clinical Quality Measure Flow Narrative for Quality ID #238 (NQF 0022):
Use of High-Risk Medications in Older Adults

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Submission Criteria One:

1. Start with Denominator

2. Check Patients aged greater than or equal to 65 years of age on date of encounter:
   a. If Patients aged greater than or equal to 65 years of age on date of encounter equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patients aged greater than or equal to 65 years of age on date of encounter equals Yes, proceed to check Patient encounter during performance period as listed in Denominator*.

3. Check Patient encounter during performance period as listed in Denominator*:
   a. If Patient encounter during performance period as listed in Denominator* equals No, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patient encounter during performance period as listed in Denominator* equals Yes, proceed to check Patients who use hospice services any time during the measurement period.

4. Check Patients who use hospice services any time during the measurement period:
   a. If Patients who use hospice services any time during the measurement period equals Yes, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patients who use hospice services any time during the measurement period equals No, proceed to Patients receiving palliative care during the measurement period.

5. Check Patients receiving palliative care during the measurement period:
   a. If Patients receiving palliative care during the measurement period equals Yes, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patients receiving palliative care during the measurement period equals No, include in Eligible Population/Denominator.

6. Denominator Population:
   - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d₁ equals 80 patients in the Sample Calculation.

7. Start Numerator

8. Check At least two orders for high-risk medications from the same drug class:
   a. If At least two orders for high-risk medications from the same drug class equals Yes, include in Data Completeness Met and Performance Met.
      - Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a₁
equals 40 patients in Sample Calculation.

b. If At least two orders for high-risk medications from the same drug class equals No, proceed to check At least two orders for high-risk medications from the same drug class not ordered.

9. Check At least two orders for high-risk medications from the same drug class not ordered:

a. If At least two orders for high-risk medications from the same drug class not ordered equals Yes, include in Data Completeness Met and Performance Not Met.
   
   • Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 30 patients in the Sample Calculation.

b. If At least two orders for high-risk medications from the same drug class not ordered equals No, proceed to check Data Completeness Not Met.

10. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a¹ equals 40 patients) plus Performance Not Met (c¹ equals 30 patients) divided by Eligible Population / Denominator (d¹ equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a¹ equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

Submission Criteria Two:

1. Start with Denominator

2. Check Patients aged greater than or equal to 65 years of age on date of encounter:

   a. If Patients aged greater than or equal to 65 years of age on date of encounter equals No, do not include in Eligible Population/Denominator. Stop processing.

   b. If Patients aged greater than or equal to 65 years of age on date of encounter equals Yes, proceed to check Patient encounter during performance period as listed in Denominator*.

3. Check Patient encounter during performance period as listed in Denominator*:

   a. If Patient encounter during performance period as listed in Denominator* equals No, do not include in Eligible
Population/Denominator. Stop processing.

b. If Patient encounter during performance period as listed in Denominator* equals Yes, proceed to check Patients who use hospice services any time during the measurement period.

4. Check Patients who use hospice services any time during the measurement period:
   a. If Patients who use hospice services any time during the measurement period equals Yes, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patients who use hospice services any time during the measurement period equals No, proceed to Patients receiving palliative care during the measurement period.

5. Check Patients receiving palliative care during the measurement period:
   a. If Patients receiving palliative care during the measurement period equals Yes, do not include in Eligible Population/Denominator. Stop processing.
   b. If Patients receiving palliative care during the measurement period equals No, include in Eligible Population/Denominator.

6. Denominator Population:
   • Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d2 equals 80 patients in the Sample Calculation.

7. Start Numerator

8. Check At least two orders for high-risk medications from the same drug class:
   a. If At least two orders for high-risk medications from the same drug class equals Yes, include in Data Completeness Met and Performance Met.
      • Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 40 patients in Sample Calculation.
   b. If At least two orders for high-risk medications from the same drug class equals No, proceed to check At least two orders for high-risk medications from the same drug class not ordered.

9. Check At least two orders for high-risk medications from the same drug class not ordered:
   a. If At least two orders for high-risk medications from the same drug class not ordered equals Yes, include in Data Completeness Met and Performance Not Met.
      • Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c2 equals 30 patients in the Sample Calculation.
   b. If At least two orders for high-risk medications from the same drug class not ordered equals No, proceed to check Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics.

10. Check Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia,
schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics:

a. If Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics equals Yes, include in Data Completeness Met and Performance Not Met.

   • Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c3 equals 30 patients in the Sample Calculation.

b. If Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics equals No, proceed to check Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines.

11. Check Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines:

a. If Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines equals Yes, include in Data Completeness Met and Performance Not Met.

   • Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c4 equals 30 patients in the Sample Calculation.

b. If Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines equals No, proceed to check Data Completeness Not Met.

12. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a2 equals 40 patients) plus Performance Not Met (c2 plus c3 plus c4 equals 30 patients) divided by Eligible Population / Denominator (d2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a2 equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

* See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.