2023 QCDR Measure IDs	Measure Title	Measure Description	Decominator	Numerator	Denominator Exclusions	Decoránster Exceptions	Numerator Exclusions	High Priority	High Priority	Massure Type	includes Talabasim?	Inverse Measure	Proportional Manage	Continuous Variable Ratio Measure	Variable and/or Ratio is chosen, what would be the range of the econe/ki/? NA.	Overall Performance Rate	Risk-Adjusted Status Submission	Pathway Care Setting	If Multiple Care Settings selected, list Care Settings here
ACEP19	Emergency Department Utilization of CT for Minor Sturt Head Trauma for Patients Aged 18 Years and Older	Percentage of emergency department visits for patients aged 15 years and older who-presented with a minor blurt hand traums who had a head of Tor traums ordered by an emergency care provider who have an indication for a head	All emergency department visits for patients aged 18 years and older who presented with a minor blant head trauma	Emergency department visits for patients who have an indication for a head CT	Patients with any of the following:Ventrioular shunt	None	Nicre	Yes /	ppropriate Use Pro	ocess N	io b	No 1	Test.	No No	of the score(s)? submitted	1st Performance Rate 8	No Traditional MPS	Emergency Department Services	and NA
					Patients with any of the following:(untricular sharing(untricular sharing(untri														
ACEP21		Percentage of emergency department valles for patient aged 19 years and other with an emergency department and other with an emergency department of the control of the con		Emergency department with change which compatition states (FF, FFT, and Mental) were advented by an emergency care problem.	Preferris with any of the Minimary circuis indications for ordering compations studies: compations studies: compations studies: compations of	COVID-10	Nova	Yes	ppropriate Use Pro	ocean No	io Y	Yes Y	Gas.	No No	366	1st Pedomanos Rate 8	No. Traditional MPS, MAP	Energies Copyriment Sanicas	nol NA
KLIPZ		Precentage of energency department violal during which patients aged this were and other had a CT patients aged this were seen didn't had a CT patientary analogous (CTP) ordered by an energency care provided regardless of discharge deposition, with other moderate or regardless of discharge deposition, with other moderate or high pre-text college probability to patients or yearnoonly embodies on OR positive nexult or elevated D-dimensional.		unterprice; deplatment unes to passets with deter- 1. Moderate or right pre-sest clinical probability for pulmona modern 2. Clivated D-dimer level	hamiltonech A	o Medical reason for ordering a CTPA without moderate or high pre-text Circuit probability for spinnorary embolisms AND no positive neutro or sinusted C-dimentional (e.g., CT ordered for serior dissection). o Patients who had CT pulmonary anglogram (CTPA) contained that serior is emergency department with for trauma or dangerous machanisms of signy.	PECIN	766	ppropriate Use Pri	oceas No		No. 1	100	No. No.	NA 1	Tet Petoritatics loss	NO ITERATIONAL MAPS	Limitigately Expairment Sandoss	ISS NA
ACEP26	Tobacco Use: Screening and Cessation Intervention for Patients with Authors and COPO	Percentage of potients aged 1th years and older with a diagnosis of arithms or COFO seen in the CD and classing-either were screened for thisco use during any CD encounter ARD who received tobacco use suring any intervention if identified as a tobacco user.	All patients aged 16 years and older with a diagnosis of aethrea or COPO seen in the EO and discharged	Patients who were screened for stateco-use during any Li- encounter ARD who received tobacco-cessation intervertie if identified as a stateco-user		Documented medical reason(s) for not screening for tobacco use OR for one providing statecto-season intervention for particular identifies a state of season intervention for particular identifies as stated use of seasons (e.g., finited life expectancy, other medical reasons)	None	No 9	iiA Po	ocess Ni	io P	No Y	Sea	No No	NA 1	1st Performance Rate 8	No Traditional MPS	Emergency Department Services	no NA
ACSP00	Sepan Management Septic Stroot: Lacosa Chamacoa Rod off-15	Projecting and interapersy department with the primary and the project of the primary of the pri	All energy-ray department value mealing in houghed and provided and pr	Energying dispetitions has for patients with a locate colorate term of in 10th during the energying dispetition and	Televier in our of the familine; "Televier is to a registrate from profits of case data case being our on a pointer local case being our on a pointer local case and case data case and case data case and case data case and case data case data case data case and case data case	Note	Non	Yes	hatoms Ou	Ne Ne	io P	No Y	rios.	No No	30.0	1st Petermanos Rate 2	No. Traditional MPS	Emergency Department Services	ned MA
ACEP2H	Appropriate Foley catheter use in the emergency department	Percentage of emergency department (ICI) white for admitted patients aged fit years and other where an induceing Fully cambers in admined and the patient had at least one indication for an industring Folley cambelor	All emergency department visits for admitted patients aged filly years and other where an including Folley catheter is ordered.	Emergency department visits where the gasters had at least one of the following indications for an indexelling Folloy catheter: -house universe resources are indexer outlet observation. -house universe measurement of universe vary with no reasonable attentions -essential attentions -present an accordant an accordant supplied procedures. -present requires proteins securities in coordinate patients -trained requires proteins described in coordinate patients -patient requires proteins described in some filters.		None	Nice	Yes F	Tablent Sallety Pro	ocess N	io Þ	No Y	Na.	No No	NA 1	1st Performance Rose 8	No Traditional MPS	Emergency Department Services	and NA
ACSPIB	Sees Management Suglis Shore Lectors Land Makes are may settlisful Charles and Fluid Sees school Charles and Fluid Sees schools	Percentage of managency algorithms cloth modeling in the contraction of the contraction of the contraction of the and data with august contraction or other for all the contraction of the contraction of the contraction of the leastern level, will before, and 3 %, of oppositude to the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of	Alemangency department with managers fraudal with again of a part and other with again of part and other with a		Platina to one of the Manage Management and the American Section of the Management of the American Management of the American Section of the Management of the Management of the Could single the recognition of the American Section of the Management of the Manage	Pallerin additional value for of ECD referal	None	No. 9	IIA Pro	OCHRIS N	9	No Y	Gea	No. No.	NA S	1st Performance Rate 7	Tadional MPG	Energy Coparations Services	and NAA
ACEPS0	EO Median Time from EO annual to EO departure for all Adult Patients	Time (in minutes) from ED annual to ED departure for all Adult Platents	AllEmergency Department encounters for patients aged 18 years and older with documented discharge disposition	Time (in minutes) from ED annual to ED departure for discharged Adult galants.	Transfers: Psychiatric and mercal hashin patients: Padients who expired in the emergency-department: Patients transferred to observation - Admissions	None	Nice	Yes (Outcome Ou	dome N	io Y	Ves. 7	b	Yes No	Time as measured in 1 minutes; -6-infolly minutes	1st Performance Rate 1	Traditional MPS, MAP	Emergency Department Services	ing NA
ACEPSI		Times (in minutes) from ED antenits ED departure for all Packaric Pasients		Time (in minutes) from ED anisal to ED departure for discharged Padatric patients	Transfers: Psychiatric and mercal health patients: palacets who expired in the emergency-departments-palacets transferred to observation - Admissions	None	Nicro	Yes C	Outcome Ou	dome N	io Y	Yes P	io .	Yes No	Time as measured in 1 minutes, 4- infinity minutes.	1st Performance Rate 1	Traditional MPS	Emergency Department Services	inc NA
ACEPE		Percentage of energency department violat during which patients aged till years and otter had a CT or 16% of the segurities of characteristics of the segurities of discharge disposition, presenting with acute, non-complex two back pairs.			Nize	None	None	Yes A	ippropriate Use Pro	ocess N	io P	No 1	Sec	No No	NA 1	1st Performance Rate P	No Traditional MPS, MVP	Emergency Department Services	nol NA
ACEPSI	Aggroprisis Use of Imaging for Recurrent Renal Colic	Percentage of emergency department (ICD) visits for patients aged 16-50 pears presenting with finite pain with a interney of listory some carriery with on imaging is ordered, CR appropriate imaging (i.e., plain film radiography or ultrasound) is ordered.	All emergency department vials for patients aged 18 - 50 years presenting with flank pain with any history of kidney stones.	Emergency department violat during which no imaging is ordered OP appropriate imaging (i.e., plain film nadiograph or ultrasound) is ordered	-brinction flower, developed while blood cell court, absoratory confirmation of arrany text effectively -flower -flower countries counted consumer, and consumer -flower counter crucins and diseases also, transplant, casalitims >> 15 -flower -flower counterflowery, policycell fellowy diseases, acute fellowy -flower -f	None	None	Yes /	ippropriate Use Pro	ocess Ni	io P	No Y	Sec.	No No	NAA 1	1st Performance Rate 8	No Traditional MEPS	Emergency Department Services	noi MA
ACEPSA		Percentage of emergency department violat for patients ages if types and older presenting with monopolymerically extracted before abother treams planet treams and a systicit blood pressure less than 60 mmH or hard total 1-20 bgs or journating (horazoolations) at some who had a FAGT earn ordered switch preferred during the emergency department will	All emissions of separate and season of separate and separate and other presenting with hemodynamically unstable busined statements (but it teams and a systolic blood pressures less than 50 forming or heart state > 100 types) or penetrating thorscoalbdominal trauma.	Emergency department when to placete who had a F-Vail exam included and/or performed during the emergency department visit.	Platers who sociated energet thoisocarry Platers who sociated energet operation management	None	None	Yes A	ppropriate Use Pro	ocess N	io P	No Y	Sas	No No	NA 1	1st Performance Rate 8	No Traditional MPS	Emergency Department Services	nd NA
ACEPSS		Pwcertage of emergency department violats for patients ages 2 through 17 years who presented with a minor blant head trauma who had a head CT for terms or desered year emergency care provider who are clearated an label on excepting the PEC-MNN prediction rules for traumatic trails lightly				None	None	Yes	ippropriate Use Pro	ocess Ni	io P	No 1	Sec.	No No	NAA 1	1st Performance Ratie 8	No Traditional MEPS	Smargancy Department Services	not NA
ACEPSE	Fallow-Up Case Coordination Documental in Discharge Summary	Precentage of patients aged 19 years and claim for which takes up care coordination was documented in Hospital Discharge Summary	Any patient >+18 years of age and patient encounter during the performance period (CPT or IAP-CS) 69238, 69239, 69224, 69225, 69238, 69218, 69229	Patients decharged with communication to follow-up provider documented in decharge summary. Definition of follow-up care coordination attempt: - Specific date and time of a cheduled follow-up with provider: - Communication documented to follow-up provider: - Communication documented to follow-up provider: - Emmanication documented to follow-up provider: - All complete guide provider: - All complete guide guide for un a numbra definition of the provider of	Cognition of transferred, elogat or 46th polaries. Tograms warning admission M. pressionins PS, solid dissection Color Colorado, and Color	None	None	Yes C	Care Pro coordination	ocess N	io P	No Y	Ses	No No	NA 1	1st Performance Rate P	No Traditional MPS	Emergency Department Services; Hospital	INFA NA
		Pwcortage of adult palants who came to the Emergency Copatiment with low-tisk cheer pain and were discharged	All adult palients 35-64 years of age with an ED degrosis of cheet pain	Another pains who were decharged with an CD diagnosis of the pain who were decharged.	Diagnosis varianting administer M, pravemoria PE, sortic dissaction PPC, open-from a emisperior prince, reclusions in parameter PPC, open-from a emisperior prince, reclusions in communities. Other Chaptoria: Active canon; CSRD, CSLD, SSLD, SSLD, ADS, cardiomyspathy, coaguispathy, LIBED	None	Nine	Yes C	Outcome Ou	Bome N	io P	No 1	Sec.	No No	NAA 1	1st Performance Ratie 8	No Traditional MEPS	Smargancy Department Services	not NA
					Heart Dissesse (corrows yating dissesse, Myccardial Inflancion, CHF, cardiony opathy, etc.) select Physics Disorders (Arthytherian, Shou Node Dystraction, Actic Dissession, etc.) Artic Dissession, Actic Dissession Palmonary Embolans Disorder (Artic Dissession) Cardional Confliction (Artic Dissession) Cardional Confliction (Artic Dissession) Cardional Cardional Confliction (Artic Dissession) Cardional Ca	Death, LAMI	None	Yes C	Outcome Ou	Jone N	io P	No Y	Sea.	No No	NAA 1	1st Performance Rate 8	Traditional MPS	Emergency Department Serolcas	not MA
ACEPH	Assistance of Cheer X-ray in pediatric patients with Aethera, Sennchiolitis or Crossp	Percentage of ED visits for pediatic patients with Ashma, Biochicidis or Crosp for whom a Cheet X-ray was ordered partitioned.	All pasients aped 1th years or less conting to the Chargency Department with a diagnosis of Authens, Bronchistilis or Chaup	All passions aged 1th years and less with a diagnosis of Authma, Benchildian or Croup and for whom a cheet a ray was ordered performed.	History of Cystic Ehranis, Airwey Malformations, Instruvoideficiency Syndromes, Preumonia	None	None	Yes #	ppropriate Use Pro	No.	io Y	Yes. Y	Sea.	No. No.	NA 1	1st Performance Rate 8	Traditional MPS	Emergency Department Services	MA

ACEPI2	Audidance of Opisid therapy for dental pain.	All acute encounters for patients aged 18 years and older	All acute encounters for patients aged 18 years and older	All acute encounters for patients who were not prescribed	Patients with active cancer, pallative care, end-of-life care.	Opiate prescribed for acute dental trauma (e.g., tooth or facial fracture, etc.)	None	Yes	Opioid-related	Process	No No	Yes	No	No NA	1	1st Performance Rate	No.	Traditional MPS	Emergency Department and NA	
		with, diagnosis of dental pain, who were not prescribed Opinids or Opintes	evaluated by the Eligible Professional with a diagnosis of dental pain	Opinide or Opinios		facial fracture, etc.)													Senices	
		Opide of Opinio	dental pain																	
ECPR39	Audid Head CT for Patients with Uncomplicated Syncope	Percentage of Adult Syncope Patients Who Did Not Receive	 Any patient greater than or equal to 18 years of age evaluated by the Eligibia Professional in the Emergency Department, Urgent Care Click, Spatient and Observation Status settings PLUS Disposits of Syncope (Not including transferred, eloped or ABA patients) 	Syncope Patients Who Did Not Have a Head CT Ordered by the Provider	None	Patients who did have a head CT ordered for medical reason documented by the eligible professional (i.e., seizure; alcoholiding intoxication; vomiting; abend mental	None	Yes	Appropriate Use	Process	Yes No	Yes	No	No NA	1 1	1st Performance Rate	No.	Traditional MPS	Ambulatory Care: Urgert NA	
		a Head CT Scan Ordered by the Provider	evaluated by the Eligible Professional in the Emergency Department, Urgent Care Clinic, Inpatient and Observation	the Provider		reason documented by the eligible professional (i.e., seizure: alcoholidrup intoxication: vomiting: abered mental													Care; Emergency Department and Services;	
			Status settings PLUS Diagnosis of Syncope (Not including			status; abnormal neurologic exam; concern for intracranial injury/hemorrhage, stroke, or mass lesion)													Hospital Inpatient	
			transferred, expector Adai, patients)			epoymenormage, estate, or mass secon)														
			Any Female Patient greater than or equal to 14 Years of Age			Patients who did not have Rh status evaluated or did not				-						1st Performance Rate		Traditional MPS		
NA.	Risk of Fetal Blood Exposure	Street European Withought Their Str. Status European in the	Any Female Pitters greater than or equal to 14 Years of Age and less than 51 Years of Ana Contrated by the Clinitis	Percentage of this one at Hosk of Heat alload Exposure White Their Dh. Stetus Cushoded in the Emergency	None		None	No.	NA.	Process	Yes No	766	No.	No No	, ,	1st Petormance rose	No.	Traditional Maria	Senices	`
		Emergency Department (ED) and Received Rh-	and less than 51 Years of Age Evaluated by the Eligibie Professional in the EID PLUS EID Diagnosis of high risk pregnancy-complication. (Not including transferred, eloped or AMA patients)	Department (ED) and Received Rh-Immunoglobulin		receive an other of thirtenium aground indepting it into negative for documented medical research. Pleatest who do not have Rh status evaluated or did not receive an order of Rh-tensunoglobulin (Plogam) if Rh-negative for documented patient research) (e.g., patient reliused Rh testing or Rhogam).														
		Immunopicibulin (Rhogam) if Rh-negative	pregnancy complication. (Not including transferred, eloped or AMS outlents).	(Rhogam) if Rh-negative		not have Rh status evaluated or did not receive an order of Others an order of Phones of Phones (or														
			1 ' '			documented patient reason(s) (s.g., patient refused Rh														
						many or Anagemy														
ECPR46	Audidance of Opistes for Low Back Pain or Maraines	Percentage of Patients with Low Back Pain and/or Migrain	s Any outlent greater than or equal to 18 years of age	Patients who were not prescribed an opiate	Patients with active cancer, paliative care, end-of-life care	Opiate prescribed for medical reason documented by the	None	Yes	Opinid-related	Process	Yes No	Yes	No	No NA	1	1st Performance Rate	No.	Traditional MPS, MAP	Ambulatory Ambulatory NA	
		Who Were Not Prescribed an Opiate	 Any patent greater than or equal to 1s years of age evaluated by the Eligible Professional PLUS Diagnosis of low back pain OR Diagnosis of migraine PLUS Disposition of Discharged 			Opiate prescribed for medical reason documented by the Eligible Professional (e.g., suspected or diagnosed herniated disk, fracture, sciatica, radiculopathy)												1	Care Clinician Office/Clinic Ambulatory Care: Hospital; Ambulatory Care: Urgent	
			of Discharged			hernated dax, fracture, scanca, radicalopathy)													Andulatory Care: Urgett	
																			Care; Emergency Department and Services:	
																			Hospital; Outpatient	
					I .	1											1	1	Senices	
ECPRS0	Door to Diagnostic Evaluation by a Provider Within 30 Minutes – Litgent Care Patients	Percentage of Lirgent Care Patients Who Made Provider Contact Within 30 Minutes of Lirgent Care Clinic (UCC)	Any Patient Dustasted by the Eligible Professional	Urgent Care Patients Who Made Provider (MDIDO/PAINP) Contact Within 30 Minutes of Urgent Care Clinic Annel	Nine	None	None	Yes	Patient Salety	Process	Yes No	Yes	No	No NF	1	1st Performance Rate	No	Traditional MPS	Ambulatory Care: Urgert NP	
	mente - organ care ramili	Artisal	(Management) in the original Calls Calls	Const. Warm Johnson of Organ Care Citic Artist															Law	
					I .	1											1	1		
					I .	1											1			
crees	Discharge Prescription of Nationone after Opinid Poleoning		Any patient evaluated by the Elipbie Professional in the	Date of the State	lane.	Nationare was not prescribed at discharge due to medical	- Internal Control of the Control of	War.	Organismos		Mary Mary	Was .		No		1st Performance Rate	No.	Traditional MPS	Common Domestons	
ECPRIN	Discharge Prescription of Natiosone after Opioid Poleoning or Overdose	Percentage of Opioid Poisoning or Overdose Patients Presenting to An Acute Care Facility Who Were Prescribe	Any patient evaluated by the Eligible Professional in the acute care setting PLUS diagnoses of opicid poisoning from	Patients Who Were Prescribed Nalosone AND Educated About Utilization at Discharge	None	National was not prescribed at discharge due to medical reasons such as allergy	None	Yes	Opicid-related	Process.	Yes No	Yes	No.	No NA	' '	1st Performance Rate	No	Traditional MPS	Emergency Department and N/A Services; Hospital; Hospital	`
		Nalosone at Discharge	heroin, methadone, morphine, opium, codeine,			-													Inpatient	
			acute care setting PLLIS diagnoses of opicid poisoning from heroir, methadore, morphine, opicm, codelne, hydrocotom, or another opicid substance PLUS Dispositio of Discharged (hitz including transferred, eloped or ABIA	1																
			patients)																	
ECPRS2	Appropriate Treatment of Psychosis and Aplation in the	Percentage of Adult Patients With Psychosis or Asitation	Any patient greater than or equal to 18 years of age evaluated by the Eligibia Professional in the Emergency Department (ED) PLUS ED length of stay of 4 hours or	Patients who were ordered at least one oral dose of a typical	None	Onal dose of a topical or attained antipsychotic or an	None	No	NA	Process	Yes No	Yes	No	No NA	1	1st Performance Rate	No.	Traditional MPS	Emergency Department and NP	
	Emergency Department	Who Wiere Ordered an Oral Antipsychotic Medication in the	evaluated by the Eligible Professional in the Emergency	or atypical antipsychotic or an antipsychotic combination		Oral dose of a typical or atypical antipsychotic or an antipsychotic combination medication not prescribed for					- -	1	-				-		Senices	
		Emergency Department	Department (ED) PLUS ED length of stay of 4 hours or more PLUS primary ICD-10 diagnosis codes for psychosis.	medication		medical reason documented by the eligible professional (e.g., patient refusal, inability to tolerate, allergy, other														
						documented medical reason)														
			schizophrenia, schizoeffective disorder, agitation due to psychosis (hitt including eloped or AMA patients)																	
ECPRSS	Aucidance of Long-Acting (LA) or Extended Release (ER)	Percentage of Adult Patients Who Were Prescribed an	Any patient greater than or equal to 18 years of age	Patients who were not prescribed a long-acting (LA) or	Nime	LASR formulation opiate prescribed for terminal (late-stage) None	Yes	Opinid-related	Process	Yes No	Yes	No.	No NA	1	1st Performance Rate	No.	Traditional MPS	Ambulatory, Ambulatory NP	
ECPRSS	Arcidance of Long-Acting (LA) or Estended Release (ER) Opine Prescriptions and Opine Prescriptions for Greater Than 3 Daws Durston for Acute Pain	Percentage of Adult Pedients Witho Ware Prescribed an Opinis Who Ware Nat Prescribed a Long-Acting (LA) or Extended Pediesee (ED) Formulation and for Without the	Any patient greater than or equal to 18 years of age evaluated by the Sigbia Professional PLLS Oppose prescribed PLUS ICD-19 disposals codes for calls straine.	Patients who were not prescribed a long-acting (LA) or extended release (ER) opates, and not prescribed an opiate and any colorate prescribed in or censer than a disen duration	Nane	LASR formulation opiate prescribed for terminal (late-stage cancer, contribit case measures, pallative care, or coordinates size of care for Medication Assistant Treatment) None	Yes	Opicid-related	Process	Yes No	Yes	No.	No NO	1	1st Performance Rate	No	Traditional MPG	Ambulatory, Ambulatory Cane, Clinician Officer (Innic; Ambulatory Cane, Hospital)	
ECPRIS	Auditinos of Long-Acting (LA) or Extended-Release (ER) Opiate Precorptions and Opiate Precorptions for Greater Than 3 Days Duration for Acute Pain	Percentage of Adult Pasients Witho Wiere Prescribed an Opinin Who Wiere hits Prescribed a Long-Acting (LA) or Eatendade Shalease (ER) Formulation and for Whom the Prescription Dunation Was Not Greater than 2 days for	Any patient greater than or equal to 16 years of age evaluated by the Slights Professional PLUS Opinios prescribed PLUS ICO-10 diagnosis codes for pain, strains, agrains, lacerations, open wounds and fractures PLUS	Patients who were not prescribed a long-acting (LA) or extended release (ER) spline, and not prescribed an opiate and any opiate prescription for greater than 3 days duration	Nane	LASR formulation opinis psecribed for terminal (late-stage cancer, conflort case measures, pallietive case, or coordinated plan of care for Medication Assisted Treatment (MRT)	None	Yes	Opinid-related	Process	Yes No	Yes	No	No NA	1	1st Performance Rate	No.	Traditional MIPS	Ambulatory Care: Hospital;	`
ECPRIS	Audidence of Long-Arting (LA) or Extended-Release (ER). Opiate Precolptions and Opiate Precolptions for Greater Than 3 Days Duration for Acute Pain.	Percentage of Adult Platients Who Wave Prescribed an Opinior Who Wave Nat Prescribed a Long-Acting (J.A) or Extended-Reviewe (ER) Formulation and for Whom the Prescription Duration Was Nat Genetic than 3 days for Acute Pain	Any patient greater than or equal to 18 years of age evaluated by the Stipble Problemic and PLLS Cycle evaluated by the Stipble Problemic state for pair, which is provided to the problemic special to the problem of Chi	Patients who were not prescribed a long-acting (LA) or extended release (DC) opins, and not prescribed an opine and any opinis prescription for greater than 3 days duration	Nize	LASR termulation opiose prescribed for terminal (bits-stage cancer, conflor case measures, palletive case, or coordinated plan of care for thirdcasion Assistant Treatment (MAT)	None	Yes	Opinid-related	Process	Yes No	Yes	No	No NP	1	1st Performance Rate	No	Traditional MPG	Ambulatory Cane Hospital; Ambulatory Cane Urgent Cane Emergency Department and Services;	\$
ECPRES	Auditance of Lang-Acting (LA) or Satended-Paleissee (SR): Opisie Prescriptions and Opisie Prescriptions for Greater Than 3 Days Duration for Acute Pale	Percentage of Adult Potents Who Were Prescribed as Opate Who Were Not Prescribed a Long-Acting (LA) or Extended-Poisses (ER) Formulation and for inflorm the Prescription Duration Was Not Greater than 3 days for Acute Pain	Any patient greater than or equal to 19 years of age evaluated by the Digible Probestional PLUS Opace prescribed PLUS Co. 29 diagnosis codes for pain, strains, sprains, locendors, open wounds and fractures PLUS Cognosion of Chichaged	Patients who were not prescribed a long-acting (EA) or extended-release (ER) optime, and not prescribed an opiate and any opiate prescription for greater than 3 days duration	Abrie	LAGR formulation opine precribed for terminal (see-stage canon; conflict care measures, pallative care, or coordinated plan of care for Medication Assisted Teatment (MIXT)	None	Yes	Opicid-vitated	Process	Yes No	Yes	No	No NO	,	1st Performance Rate	No	Traditional MPS	Ambulatory Cane: Hospital; Ambulatory Cane: Urgent Cane; Emergency Department and Services; Hospital: Hospital	`
ECPRSS	Acidance of Long-Acting (LA) or Extended-Paleases (ER) Opinis-Prescriptions and Opinis-Prescriptions for Greater Than 3 Days Chustion for Acuse Pale.	Percentage of Adult Patients Who Ware Prescribed as Opinis Who Ware Nat Prescribed a Long-Acting (J.A) or Extended-Raisses (ER) Formulation and for Whom the Prescription Dutation Was Nat Gessler tran 3 days for Actin Pain	Any patient greater than or equal to 18 years of age evaluated by the flights Protestized PLUS Opinio prescribed PLUS ICO-19 diagnosis codes for pair, strains, paralles, speak mounts and tractures PLUS Clegosition of Chartraged	Palaires who were not prescribed a long-acting (JA) or extended releases (CEQ splant, and not prescribed an opinion and any opinion prescription for greater than 3 days duration and any opinion prescription for greater than 3 days duration.	None	LACR termination opinis personibul for terminal (dise-tage cannot control case measures, palloline case, or coordinated piles of care for Medication Assisted Teatment (MAT)	None	Yés	Opinid-winted	Process	Yes No	Yes	No	No No	h 1	1st Pedormance Rate	No	Traditional MIPS	Ambulatory Care: Hospital; Ambulatory Care: Urgent Care; Emergency Department and Services; Hospital; Hospital Outsteller: Outselfert	`
					None	LASR termulation opinio prescribed for terminal (date-stage cancer, conflor case neasures, pallative case, or coordinate) plan of cure for Nediculation Assisted Treatment (NAT)	None	Yes		Process	Yes No	Yes	Nis	No No	1		No.		Ambulatory Care: Hospital; Ambulatory Care: Urgent Care; Emergency Department and Services; Hospital; Hospital Outpallent; Outpatient Services	
ECPRSS HCPRSH	Assistance of Long-Acting (I.A) or Standard Plateaus (ER) Opiniar Prescriptions and Opiniar Prescriptions for Greater Tans 3 Days Duration for Acade Plate Appropriate Utilization of Vanconrycin for Celulation Appropriate				Nation Nation	LASCR termination opinis prescribed for terminal plan-tage cannot, control case measures, pallative case, or coordinated plan of care for Medication Assisted Teatment (MAT) None	Notes Notes	Yes	Opinid-related Appropriate Use	Ргосия	Yes No. No. No.	Yes	No No	No No No	1	1st Performance Rate 1st Performance Rate	No No	Traditional MPS Traditional MPS	Archalatory Cane Hospital; Archalatory Cane Ulgert Cane; Emergency Capertment and Services; Hospital; Hospital Outpallert, Outpallert Services	
					Nation Nation	LACR termination gains prescribed for terminal gains engage cancer, conflict case measures, pallative case, or confidence gains of case for the duction Auction Teammer (MS)	Note:	Yes		Process	Yes 90	Yes	No No	No No	h 1		No No		Ambulatory Care: Hospital; Ambulatory Care: Urgent Care; Emergency Department and Services; Hospital; Hospital Outpallent; Outpatient Services	X
			Any public of present that our request to 10 years of day present that you to 10 years of the years of years of the years of year		Nata	LACR termination going prescribed for terminal (pize-despite concentration) and the state of the	Nome Nome	Yes		Ргосия: Ргосия:	Yes No.	Yes	No.	No No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		No No		Archalatory Cane Hospital; Archalatory Cane Ulgert Cane; Emergency Cane; Emergency Hospital; Hospital Outpatient; Outpatient Services	X
					Nata Nata	AACK termination opinis paracribes for servinal (side-disparacribes) and constraints of the constitution of the first field of the constitution of the first field of the constitution of the field of the field of the const	Name Name	Yes		Process	Yes No. No. No. No. No. No. No.	Yes	No No	No No	h 1		No No		Archalatory Cane Hospital; Archalatory Cane Ulgert Cane; Emergency Cane; Emergency Hospital; Hospital Outpatient; Outpatient Services	
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