

**APPENDIX A: PROPOSED MEASURES FOR MIPS QUALITY PERFORMANCE CATEGORY**

**TABLE A: Proposed Individual Quality Measures Available for MIPS Reporting in 2017** (Existing Measures Finalized in CMS-1631-FC). The 2016 PQRS Measures Specifications Supporting Documents can be found at the following link: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/measurescodes.html>.

Note: Existing measures with proposed substantive changes are noted with an asterisk (\*), new proposed measures are noted with a plus symbol (+), core measures as agreed upon by Core Measure Collaborative are noted with the symbol (§), high priority measures are noted with an exclamation point (!), and high priority measures that are appropriate use measures are noted with a double exclamation point (!!), in the “MIPS ID Number” column.

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method                     | Measure<br>Type         | Measure Title and Description*   | Measure Steward   |
|----------------|--------------|---------------------|---|--|-------------------------|--|---|
| *<br>§<br>!    | 0059/001     | 122<br>v4           | Effective<br>Clinical<br>Care             | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Intermediate<br>Outcome | <b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%):</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.  | National<br>Committee<br>for Quality<br>Assurance   |
| §              | 0081/005     | 135<br>v4           | Effective<br>Clinical<br>Care             | Registry,<br>EHR                                 | Process                 | <b>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge. | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement/<br>American<br>College of<br>Cardiology<br>Foundation/<br>American<br>Heart<br>Association |
| *<br>§         | 0067/006     | N/A                 | Effective<br>Clinical<br>Care             | Registry   | Process                 | <b>Chronic Stable Coronary Artery Disease (CAD): Antiplatelet Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who were prescribed aspirin or clopidogrel.  | American<br>College of<br>Cardiology/<br>American<br>Heart<br>Association/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement               |
| §              | 007<br>0/007 | 145<br>v4           | Effective<br>Clinical<br>Care             | Registry,<br>EHR                                 | Process                 | <b>Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease   | American<br>Medical<br>Association-<br>Physician<br>Consortium  |

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|----------------|--------------|---------------------|---|------------------------------|-----------------|--|--|
|                |              |                     |   |                              |                 | seen within a 12 month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy.  | for Performance Improvement/ American College of Cardiology Foundation/ American Heart Association   |
| *<br>§         | 0083/008     | 144<br>v4           | Effective Clinical Care                   | Registry, EHR                | Process         | <b>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD):</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.  | American Medical Association-Physician Consortium for Performance Improvement/ American College of Cardiology Foundation/ American Heart Association |
|                | 0105/<br>009 | 128<br>v4           | Effective Clinical Care                   | EHR                          | Process         | <b>Anti-Depressant Medication Management:</b> Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported<br>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).<br>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months). | National Committee for Quality Assurance   |
|                | 0086/012     | 143<br>v4           | Effective Clinical Care                   | Claims, Registry, EHR        | Process         | <b>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.  | American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance                              |
|                | 0087/014     | N/A                 | Effective Clinical Care                   | Claims, Registry             | Process         | <b>Age-Related Macular Degeneration (AMD): Dilated Macular Examination:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage  | American Academy of Ophthalmology  |

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|----------------|--------------|---------------------|---|------------------------------|-----------------|--|---|
|                |              |                     |   |                              |                 | AND the level of macular degeneration severity during one or more office visits within 12 months.  |   |
|                | 0088/018     | 167<br>v4           | Effective<br>Clinical<br>Care                       | EHR                          | Process         | <b>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.   | American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance |
| !              | 0089/019     | 142<br>v4           | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Claims,<br>Registry,<br>EHR  | Process         | <b>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.  | American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance |
| !!             | 0268/021     | N/A                 | Patient<br>Safety                                   | Claims,<br>Registry          | Process         | <b>Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin:</b> Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis.  | American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance |
| !              | 0239/023     | N/A                 | Patient<br>Safety                                   | Claims,<br>Registry          | Process         | <b>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients):</b> Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time. | American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance |
| !              | 0045/024     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina          | Claims,<br>Registry          | Process         | <b>Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older:</b> Percentage of patients aged 50 years and older  | National Committee for Quality Assurance/   |

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|                |              |                     | tion                                      |                                 |                 | treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication. | American Medical Association-Physician Consortium for Performance Improvement  |
|                | 0325/032     | N/A                 | Effective Clinical Care                   | Claims, Registry                | Process         | <b>Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an antithrombotic at discharge.  | American Academy of Neurology  |
|                | 0046/039     | N/A                 | Effective Clinical Care                   | Claims, Registry                | Process         | <b>Screening for Osteoporosis for Women Aged 65-85 Years of Age:</b> Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.  | National Committee for Quality Assurance / American Medical Association-Physician Consortium for Performance Improvement |
|                | 0134/043     | N/A                 | Effective Clinical Care                   | Registry                        | Process         | <b>Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who received an IMA graft.  | Society of Thoracic Surgeons   |
|                | 0236/044     | N/A                 | Effective Clinical Care                   | Registry                        | Process         | <b>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery:</b> Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision.  | Centers for Medicare & Medicaid Services/ Quality Insights of Pennsylvania   |
| *<br>§<br>!    | 0097/046     | N/A                 | Communication and Care Coordination       | Claims, Web Interface, Registry | Process         | <b>Medication Reconciliation Post-Discharge:</b> The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for                                      | National Committee for Quality Assurance / American Medical Association-Physician  |

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|                |              |                     |   |                              |                 | <p>whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.</p> <p>This measure is reported as three rates stratified by age group:</p> <ul style="list-style-type: none"> <li>• Reporting Criteria 1: 18-64 years of age</li> <li>• Reporting Criteria 2: 65 years and older</li> <li>• Total Rate: All patients 18 years of age and older.</li> </ul> | Consortium for Performance Improvement   |
| !              | 0326/047     | N/A                 | Communication and Care Coordination                   | Claims, Registry             | Process         | <p><b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.</p>  | National Committee for Quality Assurance / American Medical Association-Physician Consortium for Performance Improvement |
|                | N/A/048      | N/A                 | Effective Clinical Care                               | Claims, Registry             | Process         | <p><b>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months.</p>   | National Committee for Quality Assurance / American Medical Association-Physician Consortium for Performance Improvement |
| !              | N/A/050      | N/A                 | Person and Caregiver-Centered Experience and Outcomes | Claims, Registry             | Process         | <p><b>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older:</b> Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months.</p>  | National Committee for Quality Assurance / American Medical Association-Physician Consortium for Performance Improvement |
|                | 0091/051     | N/A                 | Effective Clinical Care                               | Claims, Registry             | Process         | <p><b>Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented.</p>   | American Thoracic Society  |
|                | 0102/052     | N/A                 | Effective Clinical                                    | Claims, Registry             | Process         | <p><b>Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy:</b> Percentage of</p>   | American Thoracic  |

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|----------------|--------------|---------------------|---|------------------------------|-----------------|---|--|
|                |              |                     | Care                                      |                              |                 | patients aged 18 years and older with a diagnosis of COPD and who have an FEV1 less than 60% predicted and have symptoms who were prescribed an inhaled bronchodilator.   | Society  |
| !!             | 0069/065     | 154<br>v4           | Efficiency<br>and Cost<br>Reduction       | Registry,<br>EHR             | Process         | <b>Appropriate Treatment for Children with Upper Respiratory Infection (URI):</b> Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.   | National<br>Committee<br>for Quality<br>Assurance  |
| *<br>!!        | N/A/066      | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry,<br>EHR             | Process         | <b>Appropriate Testing for Children with Pharyngitis:</b> Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.  | National<br>Committee<br>for Quality<br>Assurance  |
|                | 0377/067     | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemia: Baseline Cytogenetic Testing Performed on Bone Marrow:</b> Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow.  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement/<br>American<br>Society of<br>Hematology |
|                | 0378/068     | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy. | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement/<br>American<br>Society of<br>Hematology |
|                | 0380/069     | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Hematology: Multiple Myeloma: Treatment with Bisphosphonates:</b> Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period.  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement/<br>American<br>Society of<br>Hematology |
|                | 0379/070     | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry:</b> Percentage of patients aged 18 years and older seen within a 12 month reporting period with a diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for  |

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|                |              |                      |   |                              |                 | had baseline flow cytometry studies performed and documented in the chart.  | Performance Improvement/ American Society of Hematology                       |
| !              | N/A/076      | N/A                  | Patient Safety                            | Claims, Registry             | Process         | <b>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections:</b> Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.  | American Society of Anesthesiologists   |
| !!             | 0653/091     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Process         | <b>Acute Otitis Externa (AOE): Topical Therapy:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.   | American Academy of Otolaryngology-Head and Neck Surgery                      |
| !!             | 0654/093     | N/A                  | Efficiency and Cost Reduction             | Claims, Registry             | Process         | <b>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use:</b> Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy.   | American Academy of Otolaryngology-Head and Neck Surgery                      |
|                | 0391/099     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Process         | <b>Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade.   | College of American Pathologists  |
|                | 0392/100     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Process         | <b>Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade:</b> Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade.  | College of American Pathologists  |
| *<br>§<br>!!   | 0389/102     | 129 v5               | Efficiency and Cost Reduction             | Registry, EHR                | Process         | <b>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. | American Medical Association-Physician Consortium for Performance Improvement |

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|                | 0390/104     | N/A                  | Effective<br>Clinical<br>Care   | Registry   | Process         | <b>Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or Very High Risk Prostate Cancer:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist). | American Medical Association-Physician Consortium for Performance Improvement/ American Urological Association Education and Research |
|                | 0104/ 107    | 161<br>v4            | Effective<br>Clinical<br>Care   | EHR  | Process         | <b>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.   | American Medical Association-Physician Consortium for Performance Improvement   |
| !              | N/A/109      | N/A                  | Person<br>and<br>Caregiver<br>-Centered<br>Experienc<br>e and<br>Outcom<br>es | Claims,<br>Registry                              | Process         | <b>Osteoarthritis (OA): Function and Pain Assessment:</b> Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain.  | American Academy of Orthopedic Surgeons   |
|                | 0041/110     | 147<br>v5            | Communi<br>ty/<br>Populatio<br>n Health                                       | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Preventive Care and Screening: Influenza Immunization:</b> Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.  | American Medical Association-Physician Consortium for Performance Improvement   |
|                | 0043/111     | 127<br>v4            | Communi<br>ty/<br>Populatio<br>n Health                                       | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Pneumonia Vaccination Status for Older Adults:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.   | National Committee for Quality Assurance  |
| *<br>§         | 2372/112     | 125<br>v4            | Effective<br>Clinical<br>Care   | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Breast Cancer Screening:</b> Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer.   | National Committee for Quality Assurance  |
| §              | 0034/113     | 130<br>v4            | Effective<br>Clinical<br>Care   | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Colorectal Cancer Screening:</b> Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer.  | National Committee for Quality Assurance  |



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| §<br>!!        | 0058/116     | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry   | Process                 | <b>Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use:</b> Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode.  | National<br>Committee<br>for Quality<br>Assurance   |
| §              | 0055/117     | 131<br>v4           | Effective<br>Clinical<br>Care             | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process                 | <b>Diabetes: Eye Exam:</b> Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period.   | National<br>Committee<br>for Quality<br>Assurance   |
| *<br>§         | 0066/118     | N/A                 | Effective<br>Clinical<br>Care             | Registry   | Process                 | <b>Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF &lt; 40%):</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy. | American<br>College of<br>Cardiology/A<br>merican<br>Heart<br>Association/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
| *<br>§         | 0062/119     | 134<br>v4           | Effective<br>Clinical<br>Care             | Registry,<br>EHR                                 | Process                 | <b>Diabetes: Medical Attention for Nephropathy:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period   | National<br>Committee<br>for Quality<br>Assurance   |
| !              | N/A/122      | N/A                 | Effective<br>Clinical<br>Care             | Registry   | Intermediate<br>Outcome | <b>Adult Kidney Disease: Blood Pressure Management:</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) with a blood pressure < 140/90 mmHg OR ≥ 140/90 mmHg with a documented plan of care.   | Renal<br>Physicians<br>Association  |
|                | 0417/126     | N/A                 | Effective<br>Clinical<br>Care             | Registry   | Process                 | <b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy -Neurological Evaluation:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months.  | American<br>Podiatric<br>Medical<br>Association   |

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|----------------|--------------|---------------------|---|--|-----------------|---|---|
|                | 0416/127     | N/A                 | Effective<br>Clinical<br>Care                       | Registry   | Process         | <b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear:</b><br>Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing.   | American<br>Podiatric<br>Medical<br>Association   |
| *<br>§         | 0421/128     | 69v<br>4            | Communi-<br>ty/<br>Populatio<br>n Health            | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b><br>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter<br><br>Normal Parameters: Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m2.   | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematic<br>a/ Quality<br>Insights of<br>Pennsylvania |
| *<br>!         | 0419/130     | 68v<br>5            | Patient<br>Safety                                   | Claims,<br>Registry,<br>EHR                      | Process         | <b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration. | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematic<br>a/ Quality<br>Insights of<br>Pennsylvania |
| !              | 0420/131     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Claims,<br>Registry                              | Process         | <b>Pain Assessment and Follow-Up:</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.  | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Quality<br>Insights of<br>Pennsylvania                  |
| *<br>!         | 0418/134     | 2v5                 | Communi-<br>ty/<br>Populatio<br>n Health            | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.  | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematic<br>a/ Quality<br>Insights of<br>Pennsylvania |
| !              | 0650/137     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry   | Structure       | <b>Melanoma: Continuity of Care – Recall System:</b><br>Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:<br>• A target date for the next complete physical   | American<br>Academy of<br>Dermatology<br>/ American<br>Medical<br>Association-<br>Physician                   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain             | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward   |
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|                |              |                     |   |                              |                 | skin exam, AND<br>• A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment.  | Consortium for Performance Improvement  |
| !              | N/A/138      | N/A                 | Communication and Care Coordination                   | Registry                     | Process         | <b>Melanoma: Coordination of Care:</b> Percentage of patient visits, regardless of age, with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.   | American Academy of Dermatology / American Medical Association-Physician Consortium for Performance Improvement |
|                | 0566/140     | N/A                 | Effective Clinical Care                               | Claims, Registry             | Process         | <b>Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement:</b> Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD.  | American Academy of Ophthalmology   |
| !              | 0563/141     | N/A                 | Communication and Care Coordination                   | Claims, Registry             | Outcome         | <b>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care:</b> Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months. | American Academy of Ophthalmology   |
| §<br>!         | 0384/143     | 157 v4              | Person and Caregiver-Centered Experience and Outcomes | Registry, EHR                | Process         | <b>Oncology: Medical and Radiation - Pain Intensity Quantified:</b> Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.   | American Medical Association-Physician Consortium for Performance Improvement                                   |
| !              | 0383/144     | N/A                 | Person and Caregiver-Centered Experience              | Registry                     | Process         | <b>Oncology: Medical and Radiation - Plan of Care for Pain:</b> Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a   | American Society of Clinical Oncology   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward   |
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|                |              |                      | Efficiency and Outcomes                   |                              |                 | documented plan of care to address pain.   |   |
| !!             | N/A/145      | N/A                  | Patient Safety                            | Claims, Registry             | Process         | <b>Radiology: Exposure Time Reported for Procedures Using Fluoroscopy:</b> Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available).   | American College of Radiology/<br>American Medical Association-Physician Consortium for Performance Improvement                     |
| !              | 0508/146     | N/A                  | Efficiency and Cost Reduction             | Claims, Registry             | Process         | <b>Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening:</b> Percentage of final reports for screening mammograms that are classified as “probably benign”.  | American College of Radiology/<br>American Medical Association-Physician Consortium for Performance Improvement                     |
| !              | N/A/147      | N/A                  | Communication and Care Coordination       | Claims, Registry             | Process         | <b>Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy:</b> Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, MRI, CT, etc.) that were performed. | American Medical Association-Physician Consortium for Performance Improvement/<br>Society of Nuclear Medicine and Molecular Imaging |
| !              | 0101/154     | N/A                  | Patient Safety                            | Claims, Registry             | Process         | <b>Falls: Risk Assessment:</b> Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.  | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement          |
| !              | 0101/155     | N/A                  | Communication and Care Coordination       | Claims, Registry             | Process         | <b>Falls: Plan of Care:</b> Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.   | National Committee for Quality Assurance/   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward   |
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|                |              |                     | tion                                      |                              |                 |   | American Medical Association-Physician Consortium for Performance Improvement |
| !!             | 0382/156     | N/A                 | Patient Safety                            | Claims, Registry             | Process         | <b>Oncology: Radiation Dose Limits to Normal Tissues:</b> Percentage of patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues. | American Society for Radiation Oncology                                       |
| *<br>§         | 0405/160     | 52v4                | Effective Clinical Care                   | EHR                          | Process         | <b>HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis:</b> Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis.   | National Committee for Quality Assurance                                      |
| *<br>§         | 0056/163     | 123v4               | Effective Clinical Care                   | EHR                          | Process         | <b>Diabetes: Foot Exam:</b> Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.  | National Committee for Quality Assurance                                      |
| !              | 0129/164     | N/A                 | Effective Clinical Care                   | Registry                     | Outcome         | <b>Coronary Artery Bypass Graft (CABG): Prolonged Intubation:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours.  | Society of Thoracic Surgeons  |
| *<br>!         | 0130/165     | N/A                 | Effective Clinical Care                   | Registry                     | Outcome         | <b>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention.   | Society of Thoracic Surgeons  |
| *<br>!         | 0131/166     | N/A                 | Effective Clinical Care                   | Registry                     | Outcome         | <b>Coronary Artery Bypass Graft (CABG): Stroke:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours.   | Society of Thoracic Surgeons  |
| *              | 0114/167     | N/A                 | Effective Clinical                        | Registry                     | Outcome         | <b>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:</b> Percentage of  | Society of Thoracic   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward                            |
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| !              |              |                      | Care                                      |                              |                 | patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis.   | Surgeons                                   |
| *<br>!         | 0115/168     | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration:</b> Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason.                      | Society of<br>Thoracic<br>Surgeons         |
| *              | N/A/176      | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Rheumatoid Arthritis (RA): Tuberculosis Screening:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD). | American<br>College of<br>Rheumatolo<br>gy |
| *              | N/A/ 177     | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months.   | American<br>College of<br>Rheumatolo<br>gy |
|                | N/A/178      | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Rheumatoid Arthritis (RA): Functional Status Assessment:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.  | American<br>College of<br>Rheumatolo<br>gy |
| *              | N/A/179      | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months.   | American<br>College of<br>Rheumatolo<br>gy |
| *              | N/A/180      | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Rheumatoid Arthritis (RA): Glucocorticoid Management:</b> Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq$ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid | American<br>College of<br>Rheumatolo<br>gy |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain           | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward   |
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|                |              |                     |   |                              |                 | management plan within 12 months.   |   |
| !              | N/A/181      | N/A                 | Patient<br>Safety                                   | Claims,<br>Registry          | Process         | <b>Elder Maltreatment Screen and Follow-Up Plan:</b> Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen.   | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania   |
| !              | 2624/182     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Claims,<br>Registry          | Process         | <b>Functional Outcome Assessment:</b> Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies. | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania   |
| §<br>!!        | 0659/185     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Claims,<br>Registry          | Process         | <b>Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use:</b> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy.                      | American Medical Association-Physician Consortium for Performance Improvement/<br>American Gastroenterological Association/<br>American Society for Gastrointestinal Endoscopy/<br>American College of Gastroenterology |
| *              | N/A/187      | N/A                 | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Stroke and Stroke Rehabilitation: Thrombolytic Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well.  | American Heart Association/<br>American Society of Anesthesiologists/<br>The Joint Commission   |
| !              | 0565/191     | 133<br>v4           | Effective<br>Clinical<br>Care                       | Registry,<br>EHR             | Outcome         | <b>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of  | American Medical Association-Physician Consortium for   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method                     | Measure<br>Type | Measure Title and Description*  | Measure Steward  |
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|                |              |                     |   |  |                 | surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.  | Performance Improvement/ National Committee for Quality Assurance  |
| !              | 0564/192     | 132<br>v4           | Patient<br>Safety                         | Registry,<br>EHR                                 | Outcome         | <b>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures:</b> Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence. | American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance    |
|                | 0507/195     | N/A                 | Effective<br>Clinical<br>Care             | Claims,<br>Registry                              | Process         | <b>Radiology: Stenosis Measurement in Carotid Imaging Reports:</b> Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.  | American College of Radiology/<br>American Medical Association-Physician Consortium for Performance Improvement            |
| *<br>§         | 0068/204     | 164<br>v4           | Effective<br>Clinical<br>Care             | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | <b>Ischemic (IVD): Use of Aspirin or Another Antiplatelet:</b> Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antiplatelet during the measurement period.                              | National Committee for Quality Assurance   |
| §              | 0409/205     | N/A                 | Effective<br>Clinical<br>Care             | Registry   | Process         | <b>HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis:</b> Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection.  | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |



| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain           | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward                              |
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| *<br>!         | 0422/217     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with Knee Impairments:</b> A self-report measure of change in functional status for patients 18 year+ with knee impairments. The change in functional status assessed using FOTO's (knee) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.                                | Focus on<br>Therapeutic<br>Outcomes,<br>Inc. |
| *<br>!         | 0423/218     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with Hip Impairments:</b> A self-report measure of change in functional status for patients 18 years+ with hip impairments. The change in functional status assessed using FOTO's (hip) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.                                  | Focus on<br>Therapeutic<br>Outcomes,<br>Inc. |
| *<br>!         | 0424/219     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with Foot and Ankle Impairments:</b> A self-report measure of change in functional status for patients 18 years+ with foot and ankle impairments. The change in functional status assessed using FOTO's (foot and ankle) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. | Focus on<br>Therapeutic<br>Outcomes,<br>Inc. |
| *<br>!         | 0425/220     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with Lumbar Impairments:</b> A self-report outcome measure of functional status for patients 18 years+ with lumbar impairments. The change in functional status assessed using FOTO's (lumbar) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.                           | Focus on<br>Therapeutic<br>Outcomes,<br>Inc. |
| *<br>!         | 0426/221     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with Shoulder Impairments:</b> A self-report outcome measure of change in functional status for patients 18 years+ with shoulder impairments. The change in functional status assessed using FOTO's (shoulder) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and   | Focus on<br>Therapeutic<br>Outcomes,<br>Inc. |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain           | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward   |
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|                |              |                     |   |                              |                 | used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.   |   |
| *<br>!         | 0427/222     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with Elbow, Wrist and Hand Impairments:</b> A self-report outcome measure of functional status for patients 18 years+ with elbow, wrist and hand impairments. The change in functional status assessed using FOTO's (elbow, wrist and hand) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. | Focus on<br>Therapeutic<br>Outcomes,<br>Inc.  |
| *<br>!         | 0428/223     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Outcome         | <b>Functional Status Change for Patients with General Orthopedic Impairments:</b> A self-report outcome measure of functional status for patients 18 years+ with general orthopedic impairments. The change in functional status assessed using FOTO (general orthopedic) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality.            | Focus on<br>Therapeutic<br>Outcomes,<br>Inc.  |
| !!             | 0562/224     | N/A                 | Efficiency<br>and Cost<br>Reduction                 | Registry                     | Process         | <b>Melanoma: Overutilization of Imaging Studies in Melanoma:</b> Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.   | American<br>Academy of<br>Dermatology<br>/ American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen-<br>t |
| !              | 0509/225     | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Claims,<br>Registry          | Structure       | <b>Radiology: Reminder System for Screening Mammograms:</b> Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram.  | American<br>College of<br>Radiology/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen-<br>t    |
| §              | 0028/226     | 138<br>v4           | Communi-<br>ty/<br>Populatio                        | Claims,<br>Web<br>Interface, | Process         | <b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> Percentage of patients aged 18 years and older   | American<br>Medical<br>Association-   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method         | Measure<br>Type      | Measure Title and Description*   | Measure Steward  |
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|                |              |                      | n Health                                  | Registry,<br>EHR                     |                      | who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.   | Physician Consortium for Performance Improvement                         |
| §              | 0018/236     | 165 v4               | Effective Clinical Care                   | Claims, Web Interface, Registry, EHR | Intermediate Outcome | <b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.   | National Committee for Quality Assurance                                 |
| !              | 0022/238     | 156 v4               | Patient Safety                            | Registry, EHR                        | Process              | <b>Use of High-Risk Medications in the Elderly:</b> Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.<br>a. Percentage of patients who were ordered at least one high-risk medication.<br>b. Percentage of patients who were ordered at least two different high-risk medications.  | National Committee for Quality Assurance                                 |
|                | 0024/239     | 155 v4               | Community/<br>Population Health           | EHR                                  | Process              | <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents:</b> Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.<br>- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation<br>- Percentage of patients with counseling for nutrition<br>- Percentage of patients with counseling for physical activity. | National Committee for Quality Assurance                                 |
|                | 0038/240     | 117 v4               | Community/<br>Population Health           | EHR                                  | Process              | <b>Childhood Immunization Status:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.  | National Committee for Quality Assurance                                 |
| !              | 0643/243     | N/A                  | Communication and Care Coordination       | Registry                             | Process              | <b>Cardiac Rehabilitation Patient Referral from an Outpatient Setting:</b> Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have   | American College of Cardiology Foundation/<br>American Heart Association |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward                          |
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|                |              |                      |   |                              |                 | chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.   |  |
|                | 1854/249     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Structure       | <b>Barrett's Esophagus:</b> Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia.   | College of American Pathologists         |
| §              | 1853/250     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Structure       | <b>Radical Prostatectomy Pathology Reporting:</b> Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.   | College of American Pathologists         |
|                | 1855/251     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Structure       | <b>Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients:</b> This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the current ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer. | College of American Pathologists         |
|                | 0651/254     | N/A                  | Effective Clinical Care                   | Claims, Registry             | Process         | <b>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain:</b> Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location.  | American College of Emergency Physicians |
|                | N/A/255      | N/A                  | Effective Clinical Care                   | Claims, Registry             | Process         | <b>Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure:</b> Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED).  | American College of Emergency Physicians |
|                | 1519/257     | N/A                  | Effective Clinical Care                   | Registry                     | Process         | <b>Statin Therapy at Discharge after Lower Extremity Bypass (LEB):</b> Percentage of patients aged 18 years and older undergoing infra-inguinal lower extremity bypass who are prescribed a statin medication at discharge.   | Society for Vascular Surgeons            |

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| !              | N/A/258      | N/A                 | Patient<br>Safety                                   | Registry                     | Outcome         | <b>Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7):</b> Percent of patients undergoing open repair of small or moderate sized non-ruptured abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7).  | Society for<br>Vascular<br>Surgeons          |
| !              | N/A/259      | N/A                 | Patient<br>Safety                                   | Registry                     | Outcome         | <b>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2).  | Society for<br>Vascular<br>Surgeons          |
| !              | N/A/260      | N/A                 | Patient<br>Safety                                   | Registry                     | Outcome         | <b>Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2.   | Society for<br>Vascular<br>Surgeons          |
| !              | N/A/261      | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Claims,<br>Registry          | Process         | <b>Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness:</b> Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness.  | Audiology<br>Quality<br>Consortium           |
| !              | N/A/262      | N/A                 | Patient<br>Safety                                   | Registry                     | Process         | <b>Image Confirmation of Successful Excision of Image-Localized Breast Lesion:</b> Image confirmation of lesion(s) targeted for image guided excisional biopsy or image guided partial mastectomy in patients with nonpalpable, image-detected breast lesion(s). Lesions may include: microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious abnormalities on magnetic resonance imaging (MRI) or other breast imaging amenable to localization such as positron emission tomography (PET) mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy. | American<br>Society of<br>Breast<br>Surgeons |
|                | N/A/263      | N/A                 | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Preoperative Diagnosis of Breast Cancer:</b> The percent of patients undergoing breast cancer operations who obtained the diagnosis of breast cancer preoperatively by a minimally invasive  | American<br>Society of<br>Breast<br>Surgeons |

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|                |              |                      |   |                              |                 | biopsy method.   |   |
|                | N/A/264      | N/A                  | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Sentinel Lymph Node Biopsy for Invasive Breast Cancer:</b> The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients who undergo a sentinel lymph node (SLN) procedure.   | American Society of Breast Surgeons   |
| !              | N/A/265      | N/A                  | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Process         | <b>Biopsy Follow-Up:</b> Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician.  | American Academy of Dermatology   |
| *              | 1814/268     | N/A                  | Effective<br>Clinical<br>Care                       | Claims,<br>Registry          | Process         | <b>Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy:</b> All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year.  | American Academy of Neurology   |
| §              | N/A/271      | N/A                  | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment:</b> Percentage of patients aged 18 years and older with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year. | American Gastroenterological Association                                      |
| §              | N/A/275      | N/A                  | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.   | American Gastroenterological Association                                      |
| *              | N/A/276      | N/A                  | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Sleep Apnea: Assessment of Sleep Symptoms:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness.   | American Academy of Sleep Medicine/<br>American Medical Association-Physician |

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|                |              |                     |   |                              |                 |  | Consortium<br>for<br>Performance<br>Improvemen<br>t   |
| *              | N/A/277      | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Sleep Apnea: Severity Assessment at Initial Diagnosis:</b> Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis.   | American<br>Academy of<br>Sleep<br>Medicine/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
| *              | N/A/278      | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Sleep Apnea: Positive Airway Pressure Therapy Prescribed:</b> Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy.   | American<br>Academy of<br>Sleep<br>Medicine/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
| *              | N/A/279      | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy:</b> Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured. | American<br>Academy of<br>Sleep<br>Medicine/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
|                | N/A/281      | 149<br>v4           | Effective<br>Clinical<br>Care             | EHR                          | Process         | <b>Dementia: Cognitive Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.   | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t   |
| *              | N/A/282      | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Dementia: Functional Status Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period.   | American<br>Academy of<br>Neurology/<br>American<br>Psychologica  |

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|                |              |                      |   |                              |                 |   | I Association   |
| *              | N/A/283      | N/A                  | Effective<br>Clinical<br>Care                     | Registry                     | Process         | <b>Dementia: Neuropsychiatric Symptom Assessment:</b> Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period.   | American<br>Academy of<br>Neurology/<br>American<br>Psychologica<br>I Association |
| *              | N/A/284      | N/A                  | Effective<br>Clinical<br>Care                     | Registry                     | Process         | <b>Dementia: Management of Neuropsychiatric Symptoms:</b> Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period.          | American<br>Academy of<br>Neurology/<br>American<br>Psychologica<br>I Association |
| *<br>!         | N/A/286      | N/A                  | Patient<br>Safety                                 | Registry                     | Process         | <b>Dementia: Counseling Regarding Safety Concerns:</b> Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period.  | American<br>Academy of<br>Neurology/<br>American<br>Psychologica<br>I Association |
| *<br>!         | N/A/288      | N/A                  | Communi<br>cation<br>and Care<br>Coordina<br>tion | Registry                     | Process         | <b>Dementia: Caregiver Education and Support:</b> Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period. | American<br>Academy of<br>Neurology/<br>American<br>Psychologica<br>I Association |
| *              | N/A/290      | N/A                  | Effective<br>Clinical<br>Care                     | Registry                     | Process         | <b>Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment:</b> All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually.        | American<br>Academy of<br>Neurology   |
| *              | N/A/291      | N/A                  | Effective<br>Clinical<br>Care                     | Registry                     | Process         | <b>Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment:</b> All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually.   | American<br>Academy of<br>Neurology   |
| *<br>!         | N/A/293      | N/A                  | Communi<br>cation<br>and Care<br>Coordina<br>tion | Registry                     | Process         | <b>Parkinson's Disease: Rehabilitative Therapy Options:</b> All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually.                                      | American<br>Academy of<br>Neurology   |



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| *<br>!         | N/A/294      | N/A                  | Communi-<br>cation<br>and Care<br>Coordina-<br>tion                           | Registry                     | Process         | <b>Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed:</b> All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually.   | American<br>Academy of<br>Neurology               |
| !              | 1536/303     | N/A                  | Person<br>and<br>Caregiver<br>-Centered<br>Experienc<br>e and<br>Outcom<br>es | Registry                     | Outcome         | <b>Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey.  | American<br>Academy of<br>Ophthalmol<br>ogy       |
| !              | N/A/304      | N/A                  | Person<br>and<br>Caregiver<br>-Centered<br>Experienc<br>e and<br>Outcom<br>es | Registry                     | Outcome         | <b>Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery:</b> Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey.   | American<br>Academy of<br>Ophthalmol<br>ogy       |
|                | 0004/305     | 137<br>v4            | Effective<br>Clinical<br>Care   | EHR                          | Process         | <b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:</b> Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported.<br>a. Percentage of patients who initiated treatment within 14 days of the diagnosis.<br>b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit. | National<br>Committee<br>for Quality<br>Assurance |
| *<br>§         | 0032/309     | 124<br>v4            | Effective<br>Clinical<br>Care   | EHR                          | Process         | <b>Cervical Cancer Screening:</b> Percentage of women 21-64 years of age, who were screened for cervical cancer using either of the following criteria.<br>• Women age 21-64 who had cervical cytology performed every 3 years<br>• Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years  | National<br>Committee<br>for Quality<br>Assurance |
|                | 0033/310     | 153<br>v4            | Communi-<br>ty/   | EHR                          | Process         | <b>Chlamydia Screening for Women:</b> Percentage of women 16-24 years of age who were identified   | National<br>Committee                             |

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|                |              |                        | Population Health                         |                              |                      | as sexually active and who had at least one test for chlamydia during the measurement period.  | for Quality Assurance   |
| §<br>!!        | 0052/312     | 166<br>v5              | Efficiency and Cost Reduction             | EHR                          | Process              | <b>Use of Imaging Studies for Low Back Pain:</b> Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.  | National Committee for Quality Assurance  |
| !              | N/A/316      | 61v<br>5 &<br>64v<br>5 | Effective Clinical Care                   | EHR                          | Intermediate Outcome | <b>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C:</b> Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed AND percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.<br>*There are three criteria for this measure based on the patient's risk category.<br>1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10-Year Framingham Risk >20%<br>2. Moderate Level of Risk: Multiple (2+) Risk Factors OR 10-Year Framingham Risk 10-20%<br>3. Lowest Level of Risk: 0 or 1 Risk Factor OR 10-Year Framingham Risk <10%. | Centers for Medicare & Medicaid Services/ Quality Insights of Pennsylvania                          |
| *              | N/A/317      | 22v<br>4               | Community/ Population Health              | Claims, Registry, EHR        | Process              | <b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.  | Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania             |
| !              | 0101/318     | 139<br>v4              | Patient Safety                            | Web Interface, EHR           | Process              | <b>Falls: Screening for Fall Risk:</b> Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period.  | National Committee for Quality Assurance  |
| §<br>!!        | 0658/320     | N/A                    | Communication and Care Coordination       | Claims, Registry             | Process              | <b>Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients:</b> Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.  | American Medical Association-Physician Consortium for Performance Improvement/ American Gastroenter |

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|                |                    |                      |   |                              |                                |   | ological Association/<br>American Society for Gastrointestinal Endoscopy/<br>American College of Gastroenterology |
| §<br>!         | 0005 &<br>0006/321 | N/A                  | Person and Caregiver-Centered Experience and Outcomes | CMS-approved Survey Vendor   | Patient Engagement/ Experience | <b>CAHPS for MIPS Clinician/Group Survey: Summary Survey Measures may include:</b> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information;</li> <li>• How well Providers Communicate;</li> <li>• Patient's Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion and Education;</li> <li>• Shared Decision-Making;</li> <li>• Health Status and Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Between Visit Communication;</li> <li>• Helping You to Take Medication as Directed; and</li> <li>• Stewardship of Patient Resources.</li> </ul> | Agency for Healthcare Research & Quality  |
| !!             | N/A/322            | N/A                  | Efficiency and Cost Reduction                         | Registry                     | Efficiency                     | <b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients:</b> Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period.  | American College of Cardiology  |
| !!             | N/A/323            | N/A                  | Efficiency and Cost Reduction                         | Registry                     | Efficiency                     | <b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI):</b> Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status.  | American College of Cardiology  |
| !!             | N/A/324            | N/A                  | Efficiency and Cost Reduction                         | Registry                     | Efficiency                     | <b>Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients:</b> Percentage of all stress single-photon  | American College of Cardiology  |

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|                |              |                     |   |                              |                      | emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment.  |   |
| !              | N/A/325      | N/A                 | Communication and Care Coordination       | Registry                     | Process              | <b>Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions:</b> Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition. | American Psychiatric Association/<br>American Medical Association-Physician Consortium for Performance Improvement                              |
| §              | 1525/326     | N/A                 | Effective Clinical Care                   | Claims, Registry             | Process              | <b>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy:</b> Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.   | American College of Cardiology/<br>American Heart Association/<br>American Medical Association-Physician Consortium for Performance Improvement |
| *<br>!         | N/A/327      | N/A                 | Effective Clinical Care                   | Registry                     | Process              | <b>Pediatric Kidney Disease: Adequacy of Volume Management:</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.   | Renal Physicians Association  |
| !              | 1667/328     | N/A                 | Effective Clinical Care                   | Registry                     | Intermediate Outcome | <b>Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level &lt; 10 g/dL:</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL.  | Renal Physicians Association  |

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| !              | N/A/329      | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis:</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated.   | Renal Physicians Association                             |
| !!             | N/A/330      | N/A                 | Patient<br>Safety                         | Registry                     | Outcome         | <b>Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days:</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter.   | Renal Physicians Association                             |
| !!             | N/A/331      | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry                     | Process         | <b>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse):</b> Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.  | American Academy of Otolaryngology-Head and Neck Surgery |
| !!             | N/A/332      | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry                     | Process         | <b>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use):</b> Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis. | American Academy of Otolaryngology-Head and Neck Surgery |
| !!             | N/A/333      | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry                     | Efficiency      | <b>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis.   | American Academy of Otolaryngology-Head and Neck Surgery |
| !!             | N/A/334      | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry                     | Efficiency      | <b>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse):</b> Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis.  | American Academy of Otolaryngology-Head and Neck Surgery |
| !!             | N/A/335      | N/A                 | Patient<br>Safety                         | Registry                     | Outcome         | <b>Maternity Care: Elective Delivery or Early Induction Without Medical Indication at <math>\geq</math> 37 and &lt; 39 Weeks:</b> Percentage of patients,  | American Medical Association-                            |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain             | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward  |
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|                |              |                      |   |                              |                 | regardless of age, who gave birth during a 12-month period who delivered a live singleton at ≥ 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication.  | Physician Consortium for Performance Improvement   |
| !              | N/A/336      | N/A                  | Communication and Care Coordination                   | Registry                     | Process         | <b>Maternity Care: Post-Partum Follow-Up and Care Coordination:</b> Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning.             | American Medical Association-Physician Consortium for Performance Improvement                  |
|                | N/A/337      | N/A                  | Effective Clinical Care                               | Registry                     | Process         | <b>Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier:</b> Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test. | American Academy of Dermatology  |
| *<br>§<br>!    | 2082/338     | N/A                  | Effective Clinical Care                               | Registry                     | Outcome         | <b>HIV Viral Load Suppression:</b> The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.   | Health Resources and Services Administration   |
| *<br>§<br>!    | 2079/340     | N/A                  | Efficiency and Cost Reduction                         | Registry                     | Process         | <b>HIV Medical Visit Frequency:</b> Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits.  | Health Resources and Services Administration   |
| !              | N/A/342      | N/A                  | Person and Caregiver-Centered Experience and Outcomes | Registry                     | Outcome         | <b>Pain Brought Under Control Within 48 Hours:</b> Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours.   | National Hospice and Palliative Care Organization  |
| §<br>!         | N/A/343      | N/A                  | Effective Clinical Care                               | Registry                     | Outcome         | <b>Screening Colonoscopy Adenoma Detection Rate Measure:</b> The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy.   | American College of Gastroenterology/<br>American Gastroenterological Association/<br>American |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain         | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward   |
|----------------|--------------|---------------------|---|------------------------------|-----------------|---|---|
|                |              |                     |   |                              |                 |   | Society for<br>Gastrointesti<br>nal<br>Endoscopy          |
| !              | N/A/344      | N/A                 | Effective<br>Clinical<br>Care                     | Registry                     | Outcome         | <b>Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2):</b> Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2.  | Society for<br>Vascular<br>Surgeons                       |
| !              | 1543/345     | N/A                 | Effective<br>Clinical<br>Care                     | Registry                     | Outcome         | <b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS):</b> Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital.   | Society for<br>Vascular<br>Surgeons                       |
| !              | 1540/346     | N/A                 | Effective<br>Clinical<br>Care                     | Registry                     | Outcome         | <b>Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA):</b> Percent of asymptomatic patients undergoing CEA who experience stroke or death following surgery while in the hospital.  | Society for<br>Vascular<br>Surgeons                       |
| !              | 1534/347     | N/A                 | Patient<br>Safety                                 | Registry                     | Outcome         | <b>Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital:</b> Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) who die while in the hospital.  | Society for<br>Vascular<br>Surgeons                       |
| !              | N/A/348      | N/A                 | Patient<br>Safety                                 | Registry                     | Outcome         | <b>HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate:</b> Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD.  | The Heart<br>Rhythm<br>Society                            |
| *<br>!         | N/A/350      | N/A                 | Communi<br>cation<br>and Care<br>Coordina<br>tion | Registry                     | Process         | <b>Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy:</b> Percentage of patients regardless of age or gender undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. Nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure. | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |
| *<br>!         | N/A/351      | N/A                 | Patient<br>Safety                                 | Registry                     | Process         | <b>Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation:</b> Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to  | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain            | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward                               |
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|                |              |                      |  |                              |                 | the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke).  |   |
| *<br>!         | N/A/352      | N/A                  | Patient Safety                                       | Registry                     | Process         | <b>Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet:</b> Percentage of patients regardless of age or gender undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet.   | American Association of Hip and Knee Surgeons |
| *<br>!         | N/A/353      | N/A                  | Patient Safety                                       | Registry                     | Process         | <b>Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report:</b> Percentage of patients regardless of age or gender undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant. | American Association of Hip and Knee Surgeons |
| *<br>!         | N/A/354      | N/A                  | Patient Safety                                       | Registry                     | Outcome         | <b>Anastomotic Leak Intervention:</b> Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery.  | American College of Surgeons                  |
| *<br>!         | N/A/355      | N/A                  | Patient Safety                                       | Registry                     | Outcome         | <b>Unplanned Reoperation within the 30 Day Postoperative Period:</b> Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.  | American College of Surgeons                  |
| *<br>!         | N/A/356      | N/A                  | Effective Clinical Care                              | Registry                     | Outcome         | <b>Unplanned Hospital Readmission within 30 Days of Principal Procedure:</b> Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure.   | American College of Surgeons                  |
| *<br>!         | N/A/357      | N/A                  | Effective Clinical Care                              | Registry                     | Outcome         | <b>Surgical Site Infection (SSI):</b> Percentage of patients aged 18 years and older who had a surgical site infection (SSI).  | American College of Surgeons                  |
| !              | N/A/358      | N/A                  | Person and Caregiver-Centered Experience and Outcome | Registry                     | Process         | <b>Patient-Centered Surgical Risk Assessment and Communication:</b> Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received   | American College of Surgeons                  |



| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain           | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward                     |
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|                |              |                      | s   |                              |                 | personal discussion of those risks with the surgeon.   |                                     |
| *<br>!         | N/A/359      | N/A                  | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Process         | <b>Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description:</b> Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems.  | American<br>College of<br>Radiology |
| *<br>!!        | N/A/360      | N/A                  | Patient<br>Safety                                   | Registry                     | Process         | <b>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies:</b> Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study.                            | American<br>College of<br>Radiology |
| *<br>!         | N/A/361      | N/A                  | Patient<br>Safety                                   | Registry                     | Structure       | <b>Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry:</b> Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements.   | American<br>College of<br>Radiology |
| *<br>!         | N/A/362      | N/A                  | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Structure       | <b>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes:</b> Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study. | American<br>College of<br>Radiology |
| *<br>!         | N/A/363      | N/A                  | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Structure       | <b>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive:</b> Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that   | American<br>College of<br>Radiology |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward  |
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|                |              |                     |   |                              |                 | a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed.   |  |
| *<br>!!        | N/A/364      | N/A                 | Communication and Care Coordination       | Registry                     | Process         | <b>Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines:</b> Percentage of final reports for computed tomography (CT) imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors.   | American College of Radiology                                  |
|                | 0108/366     | 136 v5              | Effective Clinical Care                   | EHR                          | Process         | <b>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication:</b> Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.<br>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.<br>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. | National Committee for Quality Assurance                       |
|                | N/A/367      | 169 v4              | Effective Clinical Care                   | EHR                          | Process         | <b>Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use:</b> Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.  | Center for Quality Assessment and Improvement in Mental Health |
|                | N/A/369      | 158 v4              | Effective Clinical Care                   | EHR                          | Process         | <b>Pregnant Women that had HBsAg Testing:</b> This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.   | OptumInsight   |
| *<br>§<br>!    | 0710/370     | 159 v4              | Effective Clinical Care                   | Web Interface, Registry, EHR | Outcome         | <b>Depression Remission at Twelve Months:</b> Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months   | Minnesota Community Measurement                                |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain                                 | Data<br>submission<br>Method | Measure<br>Type         | Measure Title and Description*  | Measure Steward   |
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|                |              |                      |   |                              |                         | (+/- 30 days) after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.   |   |
|                | 0712/371     | 160<br>v4            | Effective<br>Clinical<br>Care   | EHR                          | Process                 | <b>Depression Utilization of the PHQ-9 Tool:</b> Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.  | Minnesota<br>Community<br>Measureme<br>nt   |
|                | N/A/372      | 82v<br>3             | Communi<br>ty/<br>Populatio<br>n Health                                   | EHR                          | Process                 | <b>Maternal Depression Screening:</b> The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life. | National<br>Committee<br>for Quality<br>Assurance   |
| !              | N/A/373      | 65v<br>5             | Effective<br>Clinical<br>Care   | EHR                          | Intermediate<br>Outcome | <b>Hypertension: Improvement in Blood Pressure:</b> Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.  | Centers for<br>Medicare &<br>Medicaid<br>Services/National<br>Committee<br>for Quality<br>Assurance |
| !              | N/A/374      | 50v<br>4             | Communi<br>cation<br>and Care<br>Coordina<br>tion                         | EHR                          | Process                 | <b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.  | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematic<br>a                               |
| *<br>!         | N/A/375      | 66v<br>4             | Person<br>and<br>Caregiver<br>-Centered<br>Experienc<br>e and<br>Outcomes | EHR                          | Process                 | <b>Functional Status Assessment for Total Knee Replacement:</b> Percentage of patients aged 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments.   | Centers for<br>Medicare &<br>Medicaid<br>Services/National<br>Committee<br>for Quality<br>Assurance |
| *<br>!         | N/A/376      | 56v<br>4             | Person<br>and<br>Caregiver<br>-Centered<br>Experienc<br>e and<br>Outcomes | EHR                          | Process                 | <b>Functional Status Assessment for Total Hip Replacement:</b> Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.  | Centers for<br>Medicare &<br>Medicaid<br>Services/National<br>Committee<br>for Quality<br>Assurance |
| *<br>!         | N/A/377      | 90v<br>4             | Person<br>and<br>Caregiver  | EHR                          | Process                 | <b>Functional Status Assessment for Patients with Congestive Heart Failure:</b> Percentage of patients aged 65 years of age and older with congestive   | Centers for<br>Medicare &<br>Medicaid   |

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|                |              |                     | -Centered<br>Experienc<br>e and<br>Outcome<br>s |                              |                         | heart failure who completed initial and follow-up patient-reported functional status assessments.  | Services/<br>Mathematic<br>a  |
| !              | N/A/378      | 75v<br>4            | Communi<br>ty/<br>Populatio<br>n Health         | EHR                          | Outcome                 | <b>Children Who Have Dental Decay or Cavities:</b> Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.   | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematic<br>a                                   |
|                | N/A/379      | 74v<br>5            | Effective<br>Clinical<br>Care                   | EHR                          | Process                 | <b>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists:</b> Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.   | Centers for<br>Medicare &<br>Medicaid<br>Services/National<br>Committee<br>for Quality<br>Assurance     |
| !              | 1365/382     | 177<br>v4           | Patient<br>Safety                               | EHR                          | Process                 | <b>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:</b> Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.   | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
| !              | 1879/383     | N/A                 | Patient<br>Safety                               | Registry                     | Intermediate<br>Outcome | <b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia:</b> Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months). | Health<br>Services<br>Advisory<br>Group/<br>Centers for<br>Medicare &<br>Medicaid<br>Services           |
| !              | N/A/384      | N/A                 | Effective<br>Clinical<br>Care                   | Registry                     | Outcome                 | <b>Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery:</b> Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery.  | American<br>Academy of<br>Ophthalmol<br>ogy   |
| !              | N/A/385      | N/A                 | Effective<br>Clinical<br>Care                   | Registry                     | Outcome                 | <b>Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery:</b> Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye.   | American<br>Academy of<br>Ophthalmol<br>ogy/ The<br>Australian<br>Council on<br>Healthcare<br>Standards |

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| !              | N/A/386      | N/A                  | Person and Caregiver-Centered Experience and Outcomes | Registry                     | Process         | <b>Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences:</b> Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g. advance directives, invasive ventilation, hospice) at least once annually.  | American Academy of Neurology   |
|                | N/A/387      | N/A                  | Effective Clinical Care                               | Registry                     | Process         | <b>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users:</b> Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period.   | American Medical Association-Physician Consortium for Performance Improvement   |
| !              | N/A/388      | N/A                  | Patient Safety  | Registry                     | Outcome         | <b>Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy):</b> Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule requiring vitrectomy.   | American Academy of Ophthalmology/American College of Healthcare Sciences   |
| !              | N/A/389      | N/A                  | Effective Clinical Care                               | Registry                     | Outcome         | <b>Cataract Surgery: Difference Between Planned and Final Refraction:</b> Percentage of patients aged 18 years and older who had cataract surgery performed and who achieved a final refraction within +/- 1.0 diopters of their planned (target) refraction.   | American Academy of Ophthalmology/American College of Healthcare Sciences   |
| !              | N/A/390      | N/A                  | Person and Caregiver-Centered Experience and Outcomes | Registry                     | Process         | <b>Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options:</b> Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment. | American Medical Association-Physician Consortium for Performance Improvement/ American Gastroenterological Association |
| !              | 0576/391     | N/A                  | Communication and Care Coordination                   | Registry                     | Process         | <b>Follow-Up After Hospitalization for Mental Illness (FUH):</b> The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient  | National Committee for Quality Assurance  |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*  | Measure Steward                          |
|----------------|--------------|---------------------|---|------------------------------|-----------------|---|--|
|                |              |                     |   |                              |                 | visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:<br>- The percentage of discharges for which the patient received follow-up within 30 days of discharge<br>- The percentage of discharges for which the patient received follow-up within 7 days of discharge.  |  |
| !              | 2474/392     | N/A                 | Patient Safety                            | Registry                     | Outcome         | <b>HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation:</b> Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation<br>This measure is reported as four rates stratified by age and gender:<br>• Reporting Age Criteria 1: Females less than 65 years of age<br>• Reporting Age Criteria 2: Males less than 65 years of age<br>• Reporting Age Criteria 3: Females 65 years of age and older<br>• Reporting Age Criteria 4: Males 65 years of age and older | The Heart Rhythm Society                 |
| !              | N/A/393      | N/A                 | Patient Safety                            | Registry                     | Outcome         | <b>HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision:</b> Infection rate following CIED device implantation, replacement, or revision.  | The Heart Rhythm Society                 |
|                | 1407/394     | N/A                 | Community/<br>Population Health           | Registry                     | Process         | <b>Immunizations for Adolescents:</b> The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday.   | National Committee for Quality Assurance |
| !              | N/A/395      | N/A                 | Communication and Care Coordination       | Claims, Registry             | Process         | <b>Lung Cancer Reporting (Biopsy/Cytology Specimens):</b> Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary nonsmall cell lung cancer classified into specific histologic type or classified as NSCLC-NOS with an explanation included in the pathology report.   | College of American Pathologists         |
| !              | N/A/396      | N/A                 | Communication and Care Coordination       | Claims, Registry             | Process         | <b>Lung Cancer Reporting (Resection Specimens):</b> Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type.  | College of American Pathologists         |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain             | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward   |
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| !              | N/A/397      | N/A                  | Communication and Care Coordination                   | Claims, Registry             | Process         | <b>Melanoma Reporting:</b> Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate.  | College of American Pathologists  |
| !              | N/A/398      | N/A                  | Effective Clinical Care                               | Registry                     | Outcome         | <b>Optimal Asthma Control:</b> Patients ages 5-50 (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools.   | Minnesota Community Measurement   |
| §              | N/A/400      | N/A                  | Effective Clinical Care                               | Registry                     | Process         | <b>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk:</b> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received a one-time screening for HCV infection. | American Medical Association-Physician Consortium for Performance Improvement   |
| §              | N/A/401      | N/A                  | Effective Clinical Care                               | Registry                     | Process         | <b>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis:</b> Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period.           | American Medical Association-Physician Consortium for Performance Improvement/ American Gastroenterological Association |
|                | N/A/402      | N/A                  | Community/ Population Health                          | Registry                     | Process         | <b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.   | National Committee for Quality Assurance/National Collaborative for Innovation in Quality Measurement                   |
| !              | N/A/403‡     | N/A                  | Person and Caregiver-Centered Experience and Outcomes | Registry                     | Process         | <b>Adult Kidney Disease: Referral to Hospice:</b> Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care.  | Renal Physicians Association/ American Medical Association-Physician Consortium for Performance Improvement             |

| MIPS ID Number | NQF/<br>PQRS  | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type         | Measure Title and Description*   | Measure Steward                                |
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| !              | N/A/<br>404‡  | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Intermediate<br>Outcome | <b>Anesthesiology Smoking Abstinence:</b> The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.   | American<br>Society of<br>Anesthesiologists    |
|                | N/A/<br>405‡  | N/A                 | Effective<br>Clinical<br>Care             | Claims,<br>Registry          | Process                 | <b>Appropriate Follow-up Imaging for Incidental Abdominal Lesions:</b> Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended:<br><ul style="list-style-type: none"> <li>•Liver lesion <math>\leq</math> 0.5 cm</li> <li>•Cystic kidney lesion &lt; 1.0 cm</li> <li>•Adrenal lesion <math>\leq</math> 1.0 cm</li> </ul> | American<br>College of<br>Radiology            |
| !!             | N/A/<br>406 ‡ | N/A                 | Effective<br>Clinical<br>Care             | Claims,<br>Registry          | Process                 | <b>Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients:</b> Percentage of final reports for computed tomography (CT) or magnetic resonance imaging (MRI) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended.  | American<br>College of<br>Radiology            |
| !!             | N/A/<br>407‡  | N/A                 | Effective<br>Clinical<br>Care             | Claims,<br>Registry          | Process                 | <b>Appropriate Treatment of MSSA Bacteremia:</b> Percentage of patients with sepsis due to MSSA bacteremia who received beta-lactam antibiotic (e.g. nafcillin, oxacillin or cefazolin) as definitive therapy.   | Infectious<br>Disease<br>Society of<br>America |
|                | N/A/<br>408‡  | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Process                 | <b>Opioid Therapy Follow-up Evaluation:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.   | American<br>Academy of<br>Neurology            |
| !              | N/A/<br>409‡  | N/A                 | Effective<br>Clinical<br>Care             | Registry                     | Outcome                 | <b>Clinical Outcome Post Endovascular Stroke Treatment:</b> Percentage of patients with a mRS score of 0 to 2 at 90 days following endovascular stroke intervention.   | Society of<br>Interventional<br>Radiology      |



| MIPS ID Number | NQF/<br>PQRS  | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain                                     | Data<br>submission<br>Method | Measure<br>Type         | Measure Title and Description*   | Measure Steward                                   |
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| !              | N/A/<br>410‡  | N/A                 | Person<br>and<br>Caregiver<br>-Centered<br>Experienc<br>e and<br>Outcome<br>s | Claims,<br>Registry          | Outcome                 | <b>Psoriasis: Clinical Response to Oral Systemic or Biologic Medications:</b> Percentage of psoriasis patients receiving oral systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment. | American<br>Academy of<br>Dermatology             |
| !              | 0711/4<br>11‡ | N/A                 | Communi<br>cation<br>and Care<br>Coordina<br>tion                             | Registry                     | Outcome                 | <b>Depression Remission at Six Months:</b> Adult patients age 18 years and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.  | Minnesota<br>Community<br>Measureme<br>nt         |
|                | N/A/<br>412‡  | N/A                 | Effective<br>Clinical<br>Care   | Registry                     | Process                 | <b>Documentation of Signed Opioid Treatment Agreement:</b> All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record.  | American<br>Academy of<br>Neurology               |
| !              | N/A/<br>413‡  | N/A                 | Effective<br>Clinical<br>Care   | Registry                     | Intermediate<br>Outcome | <b>Door to Puncture Time for Endovascular Stroke Treatment:</b> Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours.   | Society of<br>Intervention<br>al Radiology        |
|                | N/A/<br>414‡  | N/A                 | Effective<br>Clinical<br>Care   | Registry                     | Process                 | <b>Evaluation or Interview for Risk of Opioid Misuse:</b> All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record.   | American<br>Academy of<br>Neurology               |
| !              | N/A/<br>415‡  | N/A                 | Efficiency<br>and Cost<br>Reduction   | Claims,<br>Registry          | Efficiency              | <b>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older:</b> Percentage of emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT.                                 | American<br>College of<br>Emergency<br>Physicians |

| MIPS ID Number | NQF/<br>PQRS  | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward   |
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| !!             | N/A/<br>416‡  | N/A                  | Efficiency<br>and Cost<br>Reduction       | Claims,<br>Registry          | Efficiency      | <b>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 through 17 Years:</b><br>Percentage of emergency department visits for patients aged 2 through 17 years who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network prediction rules for traumatic brain injury. | American<br>College of<br>Emergency<br>Physicians   |
| !              | 1523/4<br>17‡ | N/A                  | Patient<br>Safety                         | Registry                     | Outcome         | <b>Rate of Open Repair of Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive:</b> Percentage of patients undergoing open repair of abdominal aortic aneurysms (AAA) who are discharged alive.  | Society for<br>Vascular<br>Surgeons   |
|                | 0053/4<br>18‡ | N/A                  | Effective<br>Clinical<br>Care             | Claims,<br>Registry          | Process         | <b>Osteoporosis Management in Women Who Had a Fracture:</b> The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis.  | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
| !!             | N/A/<br>419‡  | N/A                  | Efficiency<br>and Cost<br>Reduction       | Claims,<br>Registry          | Efficiency      | <b>Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination:</b> Percentage of patients with a diagnosis of primary headache disorder whom advanced brain imaging was not ordered.   | American<br>Academy of<br>Neurology   |
| *              | N/A/<br>420‡  | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Varicose Vein Treatment with Saphenous Ablation: Outcome Survey:</b> Percentage of patients treated for varicose veins (CEAP C2-5) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.  | Society of<br>Interventional<br>Radiology   |
| *              | N/A/<br>421‡  | N/A                  | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal:</b> Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two   | Society of<br>Interventional<br>Radiology   |

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|                |                |                     |   |                              |                 | attempts.   |   |
| !              | 2063/4<br>22 ‡ | N/A                 | Patient<br>Safety                                   | Claims,<br>Registry          | Process         | <b>Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury:</b> Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse.  | American<br>Urogynecologic Society          |
|                | 0465/4<br>23 ‡ | N/A                 | Effective<br>Clinical<br>Care                       | Claims,<br>Registry          | Process         | <b>Perioperative Anti-platelet Therapy for Patients undergoing Carotid Endarterectomy:</b> Percentage of patients undergoing carotid endarterectomy (CEA) who are taking an anti-platelet agent (aspirin or clopidogrel or equivalent such as aggrenox/tiglacor, etc.) within 48 hours prior to surgery and are prescribed this medication at hospital discharge following surgery.   | Society for<br>Vascular<br>Surgeons         |
| !              | 2671/4<br>24 ‡ | N/A                 | Patient<br>Safety                                   | Registry                     | Process         | <b>Perioperative Temperature Management:</b> Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.  | American<br>Society of<br>Anesthesiologists |
| !              | N/A/<br>426 ‡  | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Process         | <b>Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU):</b> Percentage of patients, regardless of age, who are under the care of an anesthesia practitioner and are admitted to a PACU in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized.  | American<br>Society of<br>Anesthesiologists |
| !              | N/A/<br>427 ‡  | N/A                 | Communi-<br>cation<br>and Care<br>Coordina-<br>tion | Registry                     | Process         | <b>Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU):</b> Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member. | American<br>Society of<br>Anesthesiologists |
|                | N/A/<br>428 ‡  | N/A                 | Effective<br>Clinical<br>Care                       | Registry                     | Process         | <b>Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence:</b> Percentage of patients undergoing appropriate preoperative evaluation for the indication of  | American<br>Urogynecologic Society          |

| MIPS ID Number | NQF/<br>PQRS  | CMS<br>E-Measures ID | National<br>Quality<br>Strategy<br>Domain | Data<br>submission<br>Method | Measure<br>Type | Measure Title and Description*   | Measure Steward   |
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|                |               |                      |   |                              |                 | stress urinary incontinence per ACOG/AUGS/AUA guidelines.  |   |
| !              | N/A/<br>429‡  | N/A                  | Patient<br>Safety                         | Claims,<br>Registry          | Process         | <b>Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy:</b> Percentage of patients who are screened for uterine malignancy prior to surgery for pelvic organ prolapse.  | American<br>Urogynecolo<br>gic Society  |
| !              | N/A/<br>430‡  | N/A                  | Patient<br>Safety                         | Registry                     | Process         | <b>Prevention of Post-Operative Nausea and Vomiting (PONV) - Combination Therapy:</b> Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively. | American<br>Society of<br>Anesthesiolo<br>gists   |
|                | 2152/4<br>31‡ | N/A                  | Communi<br>ty/<br>Populatio<br>n Health   | Registry                     | Process         | <b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
| !              | N/A/<br>432‡  | N/A                  | Patient<br>Safety                         | Registry                     | Outcome         | <b>Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery.   | American<br>Urogynecolo<br>gic Society  |
| !              | N/A/<br>433‡  | N/A                  | Patient<br>Safety                         | Registry                     | Outcome         | <b>Proportion of Patients Sustaining a Major Viscus Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by perforation of a major viscus at the time of index surgery that is recognized intraoperative or within 1 month after surgery.  | American<br>Urogynecolo<br>gic Society  |
| !              | N/A/<br>434‡  | N/A                  | Patient<br>Safety                         | Registry                     | Outcome         | <b>Proportion of Patients Sustaining A Ureter Injury at the Time of any Pelvic Organ Prolapse Repair:</b> Percentage of patients undergoing a pelvic organ prolapse repair who sustain an injury to the ureter recognized either during or within 1 month after surgery.   | American<br>Urogynecolo<br>gic Society  |

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| !              | N/A/<br>435‡ | N/A                 | Effective<br>Clinical<br>Care             | Claims,<br>Registry           | Outcome         | <b>Quality Of Life Assessment For Patients With Primary Headache Disorders:</b> Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved.  | American<br>Academy of<br>Neurology   |
|                | N/A/<br>436‡ | N/A                 | Effective<br>Clinical<br>Care             | Claims,<br>Registry           | Process         | <b>Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques:</b> Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used: <ul style="list-style-type: none"> <li>• Automated exposure control</li> <li>• Adjustment of the mA and/or kV according to patient size</li> <li>• Use of iterative reconstruction technique</li> </ul>   | American<br>College of<br>Radiology/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement/<br>National<br>Committee<br>for Quality<br>Assurance |
| !              | N/A/<br>437‡ | N/A                 | Patient<br>Safety                         | Claims,<br>Registry           | Outcome         | <b>Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure:</b> Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure.  | Society of<br>Interventional<br>Radiology   |
|                | N/A/<br>438‡ | N/A                 | Effective<br>Clinical<br>Care             | Web<br>Interface,<br>Registry | Process         | <b>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:</b> Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> <li>• Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>• Adults aged ≥21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</li> </ul> | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematica/<br>Quality<br>Insights of<br>Pennsylvania  |
| §<br>!!        | N/A/<br>439‡ | N/A                 | Efficiency<br>and Cost<br>Reduction       | Registry                      | Efficiency      | <b>Age Appropriate Screening Colonoscopy:</b> The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31.  | American<br>Gastroenterological<br>Association/<br>American   |

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|                |              |                     |   |                              |                         |   | Society for<br>Gastrointestinal<br>Endoscopy/<br>American<br>College of<br>Gastroenterology |
| +<br>!         | N/A/New      |                     | Communication<br>and Care<br>Coordination | Claims,<br>Registry          | Process                 | <b>Non-melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Pathologist:</b> Length of time taken from when the pathologist completes the final biopsy report to when s/he sends the final report to the biopsying physician. This measure evaluates the reporting time between pathologist and biopsying clinician.  | American<br>Academy of<br>Dermatology   |
| +<br>!         | N/A/New      |                     | Effective<br>Clinical<br>Care             | Registry                     | Intermediate<br>Outcome | <b>Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):</b> The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include: Most recent blood pressure measurement is less than 140/90 mm Hg -- And Most recent tobacco status is Tobacco Free -- And Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And Statin Use. | Wisconsin<br>Collaborative<br>for<br>Healthcare<br>Quality<br>(WCHQ)                        |
| +<br>§         | 0071/New     |                     | Effective<br>Clinical<br>Care             | Registry                     | Process                 | <b>Persistent Beta Blocker Treatment After a Heart Attack:</b> The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.   | National<br>Committee<br>for Quality<br>Assurance   |
| +<br>§<br>!!   | N/A/New      |                     | Patient<br>Safety                         | Registry                     | Process                 | <b>Non-recommended Cervical Cancer Screening in Adolescent Females:</b> The percentage of adolescent females 16-20 years of age unnecessarily screened for cervical cancer.   | National<br>Committee<br>for Quality<br>Assurance   |

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| +<br>§<br>!    | 1799/New     |                      | Efficiency<br>and Cost<br>Reduction       | Registry                     | Process         | <b>Medication Management for People with Asthma (MMA):</b> The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.<br>1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.<br>2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.                          | National<br>Committee<br>for Quality<br>Assurance |
| +<br>§<br>!    | 0119/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Risk-Adjusted Operative Mortality for CABG:</b> Percent of patients aged 18 years and older undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure.   | The Society<br>of Thoracic<br>Surgeons            |
| +<br>§<br>!    | 0733/New     |                      | Patient<br>Safety                         | Registry                     | Outcome         | <b>Operative Mortality Stratified by the Five STS-EACTS Mortality Categories:</b> Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool. | The Society<br>of Thoracic<br>Surgeons            |
| +<br>§         | 1395/New     |                      | Communi-<br>ty/<br>Populatio<br>n Health  | Registry                     | Process         | <b>Chlamydia Screening and Follow-up:</b> The percentage of female adolescents 18 years of age who had a chlamydia screening test with proper follow-up.   | National<br>Committee<br>for Quality<br>Assurance |
| +<br>§<br>!    | 0567/New     |                      | Patient<br>Safety                         | Registry                     | Process         | <b>Appropriate Work Up Prior to Endometrial Ablation Procedure:</b> To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation   | Health<br>Benchmarks<br>- IMS Health              |
| +<br>§<br>!!   | 1857/New     |                      | Efficiency<br>and Cost<br>Reduction       | Registry                     | Process         | <b>Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab:</b> Percentage of adult patients (aged 18 or over) with invasive breast cancer that is HER2/neu negative who are not administered trastuzumab.   | American<br>Society of<br>Clinical<br>Oncology    |

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| +<br>§<br>!!   | 1858/New     |                      | Efficiency<br>and Cost<br>Reduction       | Registry                     | Process         | <b>Trastuzumab administered to patients with AJCC stage I (T1c) - III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy:</b> Percentage of adult patients (aged 18 or over) with invasive breast cancer that is HER2/neu negative who are not administered trastuzumab. | American Society of Clinical Oncology |
| +<br>§         | 1859/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>American Society of Clinical Oncology:</b> Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed.  | American Society of Clinical Oncology |
| +<br>§<br>!!   | 1860/New     |                      | Patient<br>Safety                         | Registry                     | Process         | <b>Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies:</b> Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies.         | American Society of Clinical Oncology |
| +<br>§<br>!!   | 0210/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Proportion receiving chemotherapy in the last 14 days of life:</b> Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life.  | American Society of Clinical Oncology |
| +<br>§<br>!!   | 0211/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Proportion with more than one emergency room visit in the last 30 days of life:</b> Percentage of patients who died from cancer with more than one emergency room visit in the last days of life.   | American Society of Clinical Oncology |
| +<br>§<br>!!   | 0213/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Proportion admitted to the ICU in the last 30 days of life:</b> Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life.  | American Society of Clinical Oncology |
| +<br>§<br>!!   | 0215/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Process         | <b>Proportion not admitted to hospice:</b> Percentage of patients who died from cancer not admitted to hospice.  | American Society of Clinical Oncology |
| +<br>§<br>!!   | 0216/New     |                      | Effective<br>Clinical<br>Care             | Registry                     | Outcome         | <b>Proportion admitted to hospice for less than 3 days:</b> Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there.   | American Society of Clinical Oncology |

‡ This measure was new to the Physician Quality Reporting System and was adopted for reporting beginning in CY 2016.

¥ Measure details including titles, descriptions and measure owner information may vary during a particular program year. This is due to the timing of measure specification preparation and the measure versions used by the various reporting options/methods. Please refer to the measure specifications that apply for each of the reporting options/methods for specific measure details.



**TABLE B: Proposed Existing Quality Measures That Are Calculated for 2017 MIPS Performance That Do Not Require Data Submission**

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Measure Type | Measure Title and Description <sup>y</sup>   | Measure Steward                          |
|----------------|--------------|---------------------|---|--------------|--|--|
|                | N/A          | N/A                 | Communication and Care Coordination       | Outcome      | <b>Acute Conditions Composite:</b> <ul style="list-style-type: none"> <li>Bacterial Pneumonia (PQI 11) (NQF 0279)</li> <li>Urinary Tract Infection (PQI 12) (NQF 0281)</li> <li>Dehydration (PQI 10) (NQF 0280)</li> </ul>   | Agency for Healthcare Research & Quality |
|                | N/A          | N/A                 | Communication and Care Coordination       | Outcome      | <b>Chronic Conditions Composite:</b> <ul style="list-style-type: none"> <li>Diabetes (composite of 4 indicators) (PQI 03, 01, 14, 16) (NQF 0274, 0272, 0285, 0638)</li> <li>Chronic Obstructive Pulmonary Disease or Asthma (PQI 5) (NQF 0275)</li> <li>Heart Failure (PQI 8) (NQF 0277)</li> </ul>  | Agency for Healthcare Research & Quality |
|                | 1789/N/A     | N/A                 | Communication and Care Coordination       | Outcome      | <b>All-cause Hospital Readmission Measure:</b> The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge. The measure applies to solo practitioners and groups of practitioners, as identified by their Taxpayer Identification Number (TIN). | Yale University                          |

**TABLE C: Proposed Individual Quality Cross-Cutting Measures for the MIPS to Be Available to Meet the Reporting Criteria Via Claims, Registry, and EHR Beginning in 2017**

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain | Data<br>Submission<br>Method | Measure Type | Measure Title and Description <sup>y</sup>  | Measure Steward  |
|----------------|--------------|---------------------|---|------------------------------|--------------|---|--|
| !              | 0326<br>/047 | N/A                 | Communication and Care Coordination       | Claims,<br>Registry          | Process      | <b>Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan. | National Committee for Quality Assurance/<br>American Medical Association-<br>Physician Consortium for Performance Improvement |

| MIPS ID Number | NQF/<br>PORS | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain  | Data<br>Submission<br>Method                  | Measure<br>Type             | Measure Title and Description*  | Measure Steward   |
|----------------|--------------|---------------------|--|---|-----------------------------|---|---|
| *<br>!         | 0419<br>/130 | 68v<br>5            | Patient Safety                             | Claims,<br>Registry,<br>EHR                   | Process                     | <b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration. | Centers for Medicare & Medicaid Services/<br>Mathematica/<br>Quality Insights of Pennsylvania                               |
| §              | 0028<br>/226 | 138<br>v4           | Community/<br>Population<br>Health         | Claims, Web<br>Interface,<br>Registry,<br>EHR | Process                     | <b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.  | American Medical Association-<br>Physician<br>Consortium for<br>Performance<br>Improvement                                  |
| §<br>!         | 0018<br>/236 | 165<br>v4           | Effective<br>Clinical Care                 | Claims, Web<br>Interface,<br>Registry,<br>EHR | Intermedia<br>te<br>Outcome | <b>Controlling: High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.   | National<br>Committee for<br>Quality Assurance  |
| *              | N/A/<br>317  | 22v<br>4            | Community/<br>Population<br>Health         | Claims,<br>Registry,<br>EHR                   | Process                     | <b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.   | Centers for Medicare & Medicaid Services/<br>Mathematica/<br>Quality Insights of Pennsylvania                               |
| !              | N/A/<br>374  | 50v<br>4            | Communicatio<br>n and Care<br>Coordination | EHR   | Process                     | <b>Closing the Referral Loop: Receipt of Specialist Report:</b> Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.  | Centers for Medicare & Medicaid Services/<br>Mathematica  |
|                | N/A/<br>402  | N/A                 | Community/<br>Population<br>Health         | Registry                                      | Process                     | <b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.  | National<br>Committee for<br>Quality Assurance/<br>National<br>Collaborative for<br>Innovation in<br>Quality<br>Measurement |

| MIPS ID Number | NQF/<br>PORS              | CMS<br>E-Measure ID | National<br>Quality<br>Strategy<br>Domain             | Data<br>Submission<br>Method         | Measure<br>Type               | Measure Title and Description*   | Measure Steward   |
|----------------|---------------------------|---------------------|---|--------------------------------------|-------------------------------|--|---|
|                | 2152<br>/431              | N/A                 | Community/<br>Population<br>Health                    | Registry                             | Process                       | <b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b><br>Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user  | American Medical Association-Physician Consortium for Performance Improvement           |
| *<br>§         | 0421<br>/128              | 69v<br>4            | Community/<br>Population<br>Health                    | Claims, Web Interface, Registry, EHR | Process                       | <b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b><br>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.<br><br>Normal Parameters: Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m2.   | Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania |
| §<br>!         | 0005<br>&<br>0006<br>/321 | N/A                 | Person and Caregiver-Centered Experience and Outcomes | CMS-approved Survey Vendor           | Patient Engagement/Experience | <b>CAHPS for MIPS Clinician/Group Survey:</b><br><u>Summary Survey Measures may include:</u><br><ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information;</li> <li>• How well Providers Communicate;</li> <li>• Patient's Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion and Education;</li> <li>• Shared Decision-Making;</li> <li>• Health Status and Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Between Visit Communication;</li> <li>• Helping You to Take Medication as Directed; and</li> <li>• Stewardship of Patient Resources.</li> </ul> | Agency for Healthcare Research & Quality  |

**TABLE D: Proposed New Measures for MIPS Reporting in 2017**

|                         |  |
|-------------------------|--|
| <b>Title</b>            | Non-melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Pathologist   |
| <b>NQF #:</b>           | N/A  |
| <b>Description:</b>     | Length of time taken from when the pathologist completes the final biopsy report to when s/he sends the final report to the biopsying physician. This measure evaluates the reporting time between pathologist and biopsying clinician   |
| <b>Measure Steward:</b> | American Academy of Dermatology  |
| <b>Numerator:</b>       | Number of final pathology reports diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 5 business days from the time when the tissue specimen was received by the pathologist |

|                                |  |
|--------------------------------|--|
| <b>Denominator:</b>            | All pathology reports generated by the Pathologist/Dermatopathologist consistent with cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease)   |
| <b>Exclusions:</b>             | Pathologists/Dermatopathologists providing a second opinion on a biopsy  |
| <b>Measure Type:</b>           | Process  |
| <b>Measure Domain:</b>         | Communication and Care Coordination  |
| <b>Data Submission Method:</b> | Claims, Registry   |
| <b>Rationale:</b>              | CMS proposes the NMSC measure to address a clinical performance gap of communication between pathologists and clinicians regarding final biopsy reports. CMS believes this measure is relevant for pathologists which is a specialty that does not have many relevant measures they can report. During the Measures Application Partnership (MAP) review, the MAP supports this measure and encourages further development.  |
| <b>Title</b>                   | Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)  |
| <b>NQF #:</b>                  | N/A  |
| <b>Description:</b>            | The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include: Most recent blood pressure measurement is less than 140/90 mm Hg -- And Most recent tobacco status is Tobacco Free -- And Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And Statin Use   |
| <b>Measure Steward:</b>        | Wisconsin Collaborative for Healthcare Quality (WCHQ)  |
| <b>Numerator:</b>              | Most recent BP is less than 140/90 mm Hg And Most recent tobacco status is Tobacco Free (NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure) And Daily Aspirin or Other Antiplatelet Unless Contraindicated And Statin Use   |
| <b>Denominator:</b>            | Patients with CAD or a CAD Risk-Equivalent Condition 18-75 years of age and alive as of the last day of the Measurement Period. A minimum of two CAD or CAD Risk-Equivalent Condition coded office visits OR one Acute Coronary Event (AMI, PCI, CABG) from a hospital visit and must be seen by a PCP / Cardiologist for two office visits in 24 months and one office visit in 12 months   |
| <b>Exclusions:</b>             | History of Gastrointestinal Bleed or Intra-cranial Bleed or documentation of active anticoagulant use during the MP for the Aspirin/Other Anticoagulant component (numerator) of the measure. Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) for the Blood Pressure Control component (numerator) of the composite measure   |
| <b>Measure Type:</b>           | Intermediate Outcome   |
| <b>Measure Domain:</b>         | Effective Clinical Care  |
| <b>Data Submission Method:</b> | Registry   |
| <b>Rationale:</b>              | CMS proposes the All or None (Composite) measure because it provides benefits to both the patient and the practitioner. CMS believes this measure closely reflects the interests and likely desires of the patient which is a high priority of CMS. Secondly, this measure is an outcome measure that represents a systems perspective emphasizing the importance of optimal care through a patient's entire healthcare experience. During the Measures Application Partnership (MAP) review, the MAP conditionally supports this measure for implementation in 2017. However, the MAP would like to see a future measure that includes patient compliance as part of the composite. |
| <b>Title</b>                   | Persistent Beta Blocker Treatment After a Heart Attack   |
| <b>NQF #:</b>                  | 0071   |
| <b>Description:</b>            | The percentage of patients 18 years of age and older during the measurement year who were  |

|                                |   |
|--------------------------------|---|
|                                | hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge   |
| <b>Measure Steward:</b>        | National Committee for Quality Assurance  |
| <b>Numerator:</b>              | Patients who had a 180-day course of treatment with beta-blockers post discharge  |
| <b>Denominator:</b>            | Patients 18 years of age and older by the end of the measurement year who were discharged alive from an acute inpatient setting with an AMI from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year   |
| <b>Exclusions:</b>             | Exclude patients who are identified as having an intolerance or allergy to beta-blocker therapy. Look as far back as possible in the patient's history for evidence of a contraindication to beta-blocker therapy<br><br>Exclude from the denominator hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address cardiovascular care. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP).                                      |
| <b>Title</b>                   | Non-recommended Cervical Cancer Screening in Adolescent Females   |
| <b>NQF #:</b>                  | N/A   |
| <b>Description:</b>            | The percentage of adolescent females 16–20 years of age unnecessarily screened for cervical cancer  |
| <b>Measure Steward:</b>        | National Committee for Quality Assurance  |
| <b>Numerator:</b>              | Cervical cytology (Cervical Cytology Value Set) or an HPV test (HPV Tests Value Set) performed during the measurement year  |
| <b>Denominator:</b>            | Adolescent females 16-20 years as of December 31 of the measurement year  |
| <b>Exclusions:</b>             | A history of cervical cancer (Cervical Cancer Value Set), HIV (HIV Value Set) or immunodeficiency (Disorders of the Immune System Value Set) any time during the member's history through December 31 of the measurement year   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Patient Safety  |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address care coordination and patient safety within primary care. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Medication Management for People with Asthma (MMA)  |

|                               |  |
|-------------------------------|--|
| <b>NQF #:</b>                 | 1799   |
| <b>Description:</b>           | The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported<br>1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period<br>2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period  |
| <b>Measure Steward:</b>       | National Committee for Quality Assurance   |
| <b>Numerator:</b>             | Medication Compliance 50%: The number of patients who achieved a PDC* of at least 50% for their asthma controller medications during the measurement year<br><br>Medication Compliance 75%: The number of patients who achieved a PDC* of at least 75% for their asthma controller medications during the measurement year<br><br>*PDC is the proportion of days covered by at least one asthma controller medication prescription, divided by the number of days in the treatment period  |
| <b>Denominator:</b>           | Patients 5-64 years of age during the measurement year who were identified as having persistent asthma   |
| <b>Exclusions:</b>            | 1) Exclude patients who had any diagnosis of Emphysema (Emphysema Value Set, Other Emphysema Value Set), COPD (COPD Value Set), Chronic Bronchitis (Obstructive Chronic Bronchitis Value Set, Chronic Respiratory Conditions Due To Fumes/Vapors Value Set), Cystic Fibrosis (Cystic Fibrosis Value Set) or Acute Respiratory Failure (Acute Respiratory Failure Value Set) any time during the patient's history through the end of the measurement year (e.g., December 31)<br><br>2) Exclude any patients who have no asthma controller medications (Table ASM-D) dispensed during the measurement year |
| <b>Measure Type:</b>          | Process  |
| <b>Measure Domain:</b>        | Efficiency and Cost Reduction  |
| <b>Data Submission Method</b> | Registry   |
| <b>Rationale:</b>             | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address pulmonary care within primary care. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP).  |
| <b>Title</b>                  | Risk-Adjusted Operative Mortality for CABG   |
| <b>NQF #:</b>                 | 0119   |
| <b>Description:</b>           | Percent of patients aged 18 years and older undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure   |
| <b>Measure Steward:</b>       | The Society of Thoracic Surgeons   |
| <b>Numerator:</b>             | Number of patients undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure   |
| <b>Denominator:</b>           | All patients undergoing isolated CABG  |

|                                |   |
|--------------------------------|---|
| <b>Exclusions:</b>             | N/A   |
| <b>Measure Type:</b>           | Outcome   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address chronic cardiovascular condition. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Operative Mortality Stratified by the Five STS-EACTS Mortality Categories   |
| <b>NQF #:</b>                  | 0733  |
| <b>Description:</b>            | Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool   |
| <b>Measure Steward:</b>        | The Society of Thoracic Surgeons  |
| <b>Numerator:</b>              | Number of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool  |
| <b>Denominator:</b>            | All patients undergoing index pediatric and/or congenital heart surgery   |
| <b>Exclusions:</b>             | N/A   |
| <b>Measure Type:</b>           | Outcome   |
| <b>Measure Domain:</b>         | Patient Safety  |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address pediatric heart surgery. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP).          |
| <b>Title</b>                   | Chlamydia Screening and Follow-up   |
| <b>NQF #:</b>                  | 1395  |
| <b>Description:</b>            | The percentage of female adolescents 18 years of age who had a chlamydia screening test with proper follow-up   |
| <b>Measure Steward:</b>        | National Committee for Quality Assurance  |
| <b>Numerator:</b>              | Adolescents who had documentation of a chlamydia screening test with proper follow-up by the time they turn 18 years of age   |
| <b>Denominator:</b>            | Sexually active female adolescents with a visit who turned 18 years of age during the measurement year  |
| <b>Exclusions:</b>             | N/A   |

|                                |   |
|--------------------------------|---|
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Community/Population Health   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address obstetrics and gynecology conditions. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Appropriate Work Up Prior to Endometrial Ablation Procedure   |
| <b>NQF #:</b>                  | 0567  |
| <b>Description:</b>            | To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation  |
| <b>Measure Steward:</b>        | Health Benchmarks – IMS Health  |
| <b>Numerator:</b>              | Women who received endometrial sampling or hysteroscopy with biopsy during the year prior to the index date (inclusive of the index date)   |
| <b>Denominator:</b>            | Continuously enrolled women who had an endometrial ablation procedure during the measurement year   |
| <b>Exclusions:</b>             | Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Patient Safety  |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address obstetrics and gynecology conditions. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | 1857 - Patients with breast cancer and negative or undocumented human epidermal growth factor receptor 2 (HER2) status who are spared treatment with trastuzumab  |
| <b>NQF #:</b>                  | 1857  |
| <b>Description:</b>            | Percentage of adult patients (aged 18 or over) with invasive breast cancer that is HER2/neu negative who are not administered trastuzumab   |
| <b>Measure Steward:</b>        | American Society of Clinical Oncology   |
| <b>Numerator:</b>              | Trastuzumab not administered during the initial course of treatment   |
| <b>Denominator:</b>            | Adult women with AJCC stage I (T1c) – III breast cancer that is HER-2 negative or HER-2 undocumented/unknown  |
| <b>Exclusions:</b>             | Patient transfer to practice after initiation of chemotherapy   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Efficiency and Cost Reduction   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure   |



|                                |   |
|--------------------------------|---|
|                                | gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP).   |
| <b>Title</b>                   | Trastuzumab administered to patients with AJCC stage I (T1c) – III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy   |
| <b>NQF #:</b>                  | 1858  |
| <b>Description:</b>            | Percentage of adult patients (aged 18 or over) with invasive breast cancer that is HER2/neu negative who are not administered trastuzumab   |
| <b>Measure Steward:</b>        | American Society of Clinical Oncology   |
| <b>Numerator:</b>              | Trastuzumab not administered during the initial course of treatment   |
| <b>Denominator:</b>            | Adult women with AJCC stage I (T1c) – III breast cancer that is HER-2 negative or HER-2 undocumented/unknown  |
| <b>Exclusions:</b>             | Patient transfer to practice after initiation of chemotherapy   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Efficiency and Cost Reduction   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | KRAS gene mutation testing performed for patients with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy   |
| <b>NQF #:</b>                  | 1859  |
| <b>Description:</b>            | Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed  |
| <b>Measure Steward:</b>        | American Society of Clinical Oncology   |
| <b>Numerator:</b>              | KRAS gene mutation testing performed before initiation of anti-EGFR MoAb  |
| <b>Denominator:</b>            | Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy  |
| <b>Exclusions:</b>             | Patient transfer to practice after initiation of chemotherapy   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Patients with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-epidermal growth factor receptor monoclonal antibodies   |
| <b>NQF #:</b>                  | 1860  |

|                                |   |
|--------------------------------|---|
| <b>Description:</b>            | Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies   |
| <b>Measure Steward:</b>        | American Society of Clinical Oncology   |
| <b>Numerator:</b>              | Anti-EGFR monoclonal antibody therapy not received  |
| <b>Denominator:</b>            | Adult patients with metastatic colorectal cancer who have a KRAS gene mutation  |
| <b>Exclusions:</b>             | Patient transfer to practice after initiation of chemotherapy<br><br>Receipt of anti-EGFR monoclonal antibody therapy as part of a clinical trial protocol  |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Patient Safety  |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP).                   |
| <b>Title</b>                   | Proportion receiving chemotherapy in the last 14 days of life   |
| <b>NQF #:</b>                  | 0210  |
| <b>Description:</b>            | Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life  |
| <b>Measure Steward:</b>        | <b>American Society of Clinical Oncology</b>  |
| <b>Numerator:</b>              | Patients who died from cancer and received chemotherapy in the last 14 days of life   |
| <b>Denominator:</b>            | Patients who died from cancer   |
| <b>Exclusions:</b>             | N/A   |
| <b>Measure Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Proportion with more than one emergency room visit in the last 30 days of life  |
| <b>NQF #:</b>                  | 0211  |
| <b>Description:</b>            | Percentage of patients who died from cancer with more than one emergency room visit in the last days of life  |
| <b>Measure Steward:</b>        | <b>American Society of Clinical Oncology</b>  |
| <b>Numerator:</b>              | Patients who died from cancer and had >1 ER visit in the last 30 days of life   |
| <b>Denominator:</b>            | Patients who died from cancer   |
| <b>Exclusions:</b>             | N/A   |
| <b>Measure Type:</b>           | Outcome   |
| <b>Measure</b>                 | Effective Clinical Care   |

|                                |   |
|--------------------------------|---|
| <b>Domain:</b>                 |   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Proportion admitted to the ICU in the last 30 days of life  |
| <b>NQF #:</b>                  | 0213  |
| <b>Description:</b>            | Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life   |
| <b>Measure Steward:</b>        | <b>American Society of Clinical Oncology</b>  |
| <b>Numerator:</b>              | Patients who died from cancer and were admitted to the ICU in the last 30 days of life  |
| <b>Denominator:</b>            | Patients who died from cancer   |
| <b>Exclusions:</b>             | N/A   |
| <b>Measure Type:</b>           | Outcome   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Proportion not admitted to hospice  |
| <b>NQF #:</b>                  | 0215  |
| <b>Description:</b>            | Percentage of patients who died from cancer not admitted to hospice   |
| <b>Measure Steward:</b>        | <b>American Society of Clinical Oncology</b>  |
| <b>Numerator:</b>              | Patients who died from cancer without being admitted to hospice   |
| <b>Denominator:</b>            | Patients who died from cancer   |
| <b>Exclusions:</b>             | N/A   |
| <b>Process Type:</b>           | Process   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |
| <b>Title</b>                   | Proportion admitted to hospice for less than 3 days   |

|                                |   |
|--------------------------------|---|
| <b>NQF #:</b>                  | 0216  |
| <b>Description:</b>            | Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there   |
| <b>Measure Steward:</b>        | <b>American Society of Clinical Oncology</b>  |
| <b>Numerator:</b>              | Patients who died from cancer and spent fewer than three days in hospice  |
| <b>Denominator:</b>            | Patients who died from cancer who were admitted to hospice  |
| <b>Exclusions:</b>             | N/A   |
| <b>Measure Type:</b>           | Outcome   |
| <b>Measure Domain:</b>         | Effective Clinical Care   |
| <b>Data Submission Method:</b> | Registry  |
| <b>Rationale:</b>              | CMS, as part of the core measure collaborative, proposes this measure to fulfill a set of condition-specific core measures. CMS believes the core measure collaborative fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is proposed as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to propose measures that were not reviewed by the Measures Application Partnership (MAP). |

**TABLE E: 2017 Proposed MIPS Specialty Measure Sets**

| MIPS ID Number                            | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|---|--------------|---------------------|--|-----------------|---|--|--|
| <b>1. Allergy/Immunology/Rheumatology</b> |              |                     |  |                 |   |  |  |
|   | 0041<br>/110 | 147v5               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Communit<br>y/<br>Population<br>Health    | Preventive Care and Screening: Influenza<br>Immunization<br><br>Percentage of patients aged 6 months and older seen<br>for a visit between October 1 and March 31 who<br>received an influenza immunization OR who reported<br>previous receipt of an influenza immunization | American<br>Medical<br>Associatio<br>n-<br>Physician<br>Consortiu<br>m for<br>Performan<br>ce<br>Improvem<br>ent |
|   | 0043<br>/111 | 127v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Communit<br>y/<br>Population<br>Health    | Pneumonia Vaccination Status for Older Adults<br><br>Percentage of patients 65 years of age and older who<br>have ever received a pneumococcal vaccine   | National<br>Committe<br>e for<br>Quality<br>Assurance  |
| *   | 0405<br>/160 | 52v4                | EHR  | Process         | Effective<br>Clinical<br>Care             | HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP)<br>Prophylaxis<br><br>Percentage of patients aged 6 weeks and older with a<br>diagnosis of HIV/AIDS who were prescribed<br>Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis   | National<br>Committe<br>e for<br>Quality<br>Assurance  |
| *   | N/A/         | N/A                 | Registry   | Process         | Effective                                 | Rheumatoid Arthritis (RA): Tuberculosis Screening  | American   |

| MIPS ID Number                            | NQF/<br>PQRS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method   | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|---|-----------------|---------------------|--------------------------------|-----------------|---|---|--|
| <b>1. Allergy/Immunology/Rheumatology</b> |                 |                     |                                |                 |   |   |  |
|   | 176             |                     |                                |                 | Clinical<br>Care                          | Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)  | College of Rheumatology                                  |
| *   | N/A/<br>177     | N/A                 | Registry                       | Process         | Effective<br>Clinical<br>Care             | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity<br><br>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months   | American College of Rheumatology                         |
|   | N/A/<br>178     | N/A                 | Registry,<br>Measures<br>Group | Process         | Effective<br>Clinical<br>Care             | Rheumatoid Arthritis (RA): Functional Status Assessment<br><br>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months  | American College of Rheumatology                         |
| *   | N/A/<br>179     | N/A                 | Registry                       | Process         | Effective<br>Clinical<br>Care             | Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis<br><br>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months   | American College of Rheumatology                         |
| *   | N/A/<br>180     | N/A                 | Registry                       | Process         | Effective<br>Clinical<br>Care             | Rheumatoid Arthritis (RA): Glucocorticoid Management<br><br>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq$ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months | American College of Rheumatology                         |
| !!  | N/<br>A/<br>331 | N/A                 | Registry                       | Process         | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)<br><br>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms   | American Academy of Otolaryngology-Head and Neck Surgery |
| !!  | N/A/<br>332     | N/A                 | Registry                       | Process         | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulante, as a  | American Academy of Otolaryngology-Head and Neck Surgery |

| MIPS ID Number  | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|---|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>1. Allergy/Immunology/Rheumatology</b>   |              |                     |                              |                 |   |   |  |
|   |              |                     |                              |                 |   | first line antibiotic at the time of diagnosis  |  |
| !!  | N/A/<br>333  | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis  | American Academy of Otolaryngology-Head and Neck Surgery |
| !!  | N/A/<br>334  | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis   | American Academy of Otolaryngology-Head and Neck Surgery |
|   | N/A/<br>337  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care             | Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier<br><br>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test  | American Academy of Dermatology                          |
| !   | N/A/<br>398  | N/A                 | Registry                     | Process         | Efficiency<br>and Cost<br>Reduction       | Optimal Asthma Control<br><br>Patients ages 5-50 (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools  | Minnesota Community Measurement                          |
| +<br>§<br>!   | 1799<br>/ NA | NA                  | Registry                     | Process         | Efficiency<br>and Cost<br>Reduction       | Medication Management for People with Asthma (MMA):<br><br>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.<br>1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.<br>2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period. | National Committee for Quality Assurance                 |
| <b>Cross-cutting measure requirement:</b><br>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are |              |                     |                              |                 |   |   |  |

| MIPS ID Number  | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>y</sup> | Measure Steward |
|---|--------------|---------------------|------------------------------|-----------------|---|--|-----------------|
| <b>1. Allergy/Immunology/Rheumatology</b>   |              |                     |                              |                 |   |  |                 |
| considered a patient-facing provider, must report at least one cross-cutting measure from the cross-cutting measures list in Table C. |              |                     |                              |                 |   |  |                 |

| MIPS ID Number           | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type             | National<br>Quality<br>Strategy<br>Domain  | Measure Title and Description <sup>y</sup>   | Measure Steward                                 |
|--------------------------|--------------|---------------------|------------------------------|-----------------------------|--|--|---|
| <b>2. Anesthesiology</b> |              |                     |                              |                             |  |  |   |
| !                        | N/A/<br>076  | N/A                 | Claims,<br>Registry          | Process                     | Patient Safety                             | Prevention of Central Venous Catheter (CVC)-<br>Related Bloodstream Infections<br><br>Percentage of patients, regardless of age, who<br>undergo central venous catheter (CVC) insertion<br>for whom CVC was inserted with all elements of<br>maximal sterile barrier technique, hand hygiene,<br>skin preparation and, if ultrasound is used, sterile<br>ultrasound techniques followed  | American<br>Society of<br>Anesthesiolo<br>gists |
| !                        | N/A/<br>404  | N/A                 | Registry                     | Intermed<br>iate<br>Outcome | Effective<br>Clinical Care                 | Anesthesiology Smoking Abstinence<br><br>The percentage of current smokers who abstain<br>from cigarettes prior to anesthesia on the day of<br>elective surgery or procedure.  | American<br>Society of<br>Anesthesiolo<br>gists |
| !                        | 2681<br>/424 | N/A                 | Registry                     | Process                     | Patient Safety                             | Perioperative Temperature Management<br><br>Percentage of patients, regardless of age, who<br>undergo surgical or therapeutic procedures under<br>general or neuraxial anesthesia of 60 minutes<br>duration or longer for whom at least one body<br>temperature greater than or equal to 35.5<br>degrees Celsius (or 95.9 degrees Fahrenheit) was<br>recorded within the 30 minutes immediately<br>before or the 15 minutes immediately after<br>anesthesia end time | American<br>Society of<br>Anesthesiolo<br>gists |
| !                        | N/A/<br>426  | N/A                 | Registry                     | Process                     | Communicatio<br>n and Care<br>Coordination | Post-Anesthetic Transfer of Care Measure:<br>Procedure Room to a Post Anesthesia Care Unit<br>(PACU)<br><br>Percentage of patients, regardless of age, who are<br>under the care of an anesthesia practitioner and<br>are admitted to a PACU in which a post-anesthetic<br>formal transfer of care protocol or checklist which<br>includes the key transfer of care elements is<br>utilized  | American<br>Society of<br>Anesthesiolo<br>gists |

| MIPS ID Number   | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|--|--------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>2. Anesthesiology</b>   |              |                     |                              |                 |   |  |   |
| !  | N/A/<br>427  | N/A                 | Registry                     | Process         | Communication and Care Coordination       | <p>Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)</p> <p>Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member</p> | American Society of Anesthesiologists   |
| !  | N/A/<br>430  | N/A                 | Registry                     | Process         | Patient Safety                            | <p>Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</p> <p>Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively</p>  | American Society of Anesthesiologists   |
|  | 0236<br>/044 | N/A                 | Registry                     | Process         | Effective Clinical Care                   | <p>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery</p> <p>Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision</p>   | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |  |   |

| MIPS ID Number       | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>3. Cardiology</b> |              |                     |                              |                 |   |   |   |
| §                    | 0081<br>/005 | 135v<br>4           | Registry,<br>EHR             | Process         | Effective Clinical Care                   | <p>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a</p> | American Medical Association-Physician Consortium for Performance |



| MIPS ID Number       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>3. Cardiology</b> |              |                     |                              |                 |   |   |   |
|                      |              |                     |                              |                 |   | current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge   | Improvement / American College of Cardiology Foundation/ American Heart Association   |
| *<br>§               | 0083 /008    | 144v 4              | Registry, EHR                | Process         | Effective Clinical Care                   | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)<br><br>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge         | American Medical Association-Physician Consortium for Performance Improvement / American College of Cardiology Foundation/ American Heart Association |
| *<br>§               | 0066 /118    | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)<br><br>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy | American College of Cardiology/ American Heart Association/ American Medical Association-Physician Consortium for Performance Improvement             |
| *<br>§               | 0067 /006    | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Chronic Stable Coronary Artery Disease: Antiplatelet Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who were prescribed aspirin or clopidogrel   | American College of Cardiology/ American Heart Association/ American Medical Association-Physician Consortium for Performance Improvement             |
| §                    | 0070 /007    | 145v 4              | Registry, EHR                | Process         | Effective Clinical Care                   | Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)<br><br>Percentage of patients aged 18 years and older   | American Medical Association-Physician Consortium   |

| MIPS ID Number       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>3. Cardiology</b> |              |                     |                              |                 |   |  |   |
|                      |              |                     |                              |                 |   | with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy   | for Performance Improvement / American College of Cardiology Foundation/ American Heart Association   |
| §                    | 1525 /326    | N/A                 | Claims, Registry             | Process         | Effective Clinical Care                   | Chronic Anticoagulation Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism  | American College of Cardiology/ American Heart Association/ American Medical Association-Physician Consortium for Performance                         |
|                      | N/A/ 438     | N/A                 | Web Interface, Registry      | Process         | Effective Clinical Care                   | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease<br><br>Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:<br><ul style="list-style-type: none"> <li>• Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>• Adults aged ≥21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</li> </ul> | Centers for Medicare & Medicaid Services/ Mathematica /Quality Insights of Pennsylvania   |
| §                    | 0070 /007    | 145v 4              | Registry, EHR                | Process         | Effective Clinical Care                   | Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)<br><br>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or prior LVEF < 40% who were prescribed beta-blocker therapy   | American Medical Association-Physician Consortium for Performance Improvement / American College of Cardiology Foundation/ American Heart Association |

| MIPS ID Number                                  | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward                                   |
|---|--------------|---------------------|--|-----------------|---|--|---|
| <b>3. Cardiology</b>                            |              |                     |  |                 |   |  |   |
| *<br>§  | 0068<br>/204 | 164v<br>4           | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care                | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet<br><br>Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.                  | National<br>Committee<br>for Quality<br>Assurance |
| !!  | N/A/<br>322  | N/A                 | Registry   | Efficiency      | Efficiency and<br>Cost<br>Reduction       | Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients<br><br>Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low risk surgery patients 18 years or older for preoperative evaluation during the 12-month reporting period   | American<br>College of<br>Cardiology              |
| !!  | N/A/<br>323  | N/A                 | Registry   | Efficiency      | Efficiency and<br>Cost<br>Reduction       | Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)<br><br>Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status | American<br>College of<br>Cardiology              |
| !!  | N/A/<br>324  | N/A                 | Registry   | Efficiency      | Efficiency and<br>Cost<br>Reduction       | Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients<br><br>Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment  | American<br>College of<br>Cardiology              |
| <b>3a. Electrophysiology Cardiac Specialist</b> |              |                     |  |                 |   |  |   |
| !   | N/A/         | N/A                 | Registry   | Outcome         | Patient Safety                            | HRS-3: Implantable Cardioverter-Defibrillator  | The Heart   |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward          |
|--|--------------|---------------------|------------------------------|-----------------|---|--|--------------------------|
| <b>3. Cardiology</b>   |              |                     |                              |                 |   |  |                          |
|  | 348          |                     |                              |                 |   | (ICD) Complications Rate<br><br>Patients with physician-specific risk-standardized rates of procedural complications following the first time implantation of an ICD   | Rhythm Society           |
| !  | 2474 /392    | N/A                 | Registry                     | Outcome         | Patient Safety                            | HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation<br><br>Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation<br><br>This measure is reported as four rates stratified by age and gender:<br><ul style="list-style-type: none"> <li>• Reporting Age Criteria 1: Females less than 65 years of age</li> <li>• Reporting Age Criteria 2: Males less than 65 years of age</li> <li>• Reporting Age Criteria 3: Females 65 years of age and older</li> <li>• Reporting Age Criteria 4: Males 65 years of age and older</li> </ul> | The Heart Rhythm Society |
| !  | N/A/ 393     | N/A                 | Registry                     | Outcome         | Patient Safety                            | HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision<br><br>Infection rate following CIED device implantation, replacement, or revision   | The Heart Rhythm Society |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |  |                          |

| MIPS ID Number             | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method         | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward                          |
|----------------------------|--------------|---------------------|--------------------------------------|-----------------|---|--|--|
| <b>4. Gastroenterology</b> |              |                     |                                      |                 |   |  |  |
| §                          | 0034 /113    | 130v4               | Claims, Web Interface, Registry, EHR | Process         | Effective Clinical Care                   | Colorectal Cancer Screening<br><br>Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer | National Committee for Quality Assurance |

| MIPS ID Number             | NQF/<br>DORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|----------------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>4. Gastroenterology</b> |              |                     |                              |                 |   |   |  |
| §<br>!!                    | 0659<br>/185 | N/A                 | Claims,<br>Registry          | Process         | Communication<br>and Care<br>Coordination | <p>Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</p> <p>Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy</p> | American Medical Association-Physician Consortium for Performance Improvement American / Gastroenterological Association/ 'American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology |
| §<br>!!                    | 0658<br>/320 | N/A                 | Claims,<br>Registry          | Process         | Communication<br>and Care<br>Coordination | <p>Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</p> <p>Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report</p>                      | American Medical Association-Physician Consortium for Performance Improvement / American Gastroenterological Association/ 'American Society for Gastrointestinal Endoscopy/ American College of Gastroenterology |
| §<br>!                     | N/A/<br>343  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care             | <p>Screening Colonoscopy Adenoma Detection Rate Measure</p> <p>The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy</p>   | American College of Gastroenterology / American Gastroenterological Association/ 'American Society for Gastrointestinal Endoscopy  |

| MIPS ID Number   | NQF/<br>DORS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain   | Measure Title and Description*   | Measure Steward   |
|--|-----------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>4. Gastroenterology</b>   |                 |                     |                              |                 |   |  |   |
| !  | N/A/<br>390     | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver<br>-<br>Centered<br>Experien<br>ce and<br>Outcome<br>s | <p>Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options</p> <p>Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient</p> <p>To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment</p> | American Medical Association-Physician Consortium for Performance Improvement / American Gastroenterological Association              |
| §  | N/<br>A/<br>401 | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care   | <p>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period</p>  | American Medical Association-Physician Consortium for Performance Improvement / American Gastroenterological Association              |
| §<br>!!  | N/A/<br>439     | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reductio<br>n   | <p>Age Appropriate Screening Colonoscopy</p> <p>The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31</p>   | American Gastroenterological Association/<br>American Society for Gastrointestinal Endoscopy/<br>American College of Gastroenterology |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |                 |                     |                              |                 |   |  |   |

| MIPS ID Number        | NQF/<br>PQRS  | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|-----------------------|---------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>5. Dermatology</b> |               |                     |                              |                 |   |  |   |
| !                     | 0650<br>/ 137 | N/A                 | Registry                     | Structure       | Communication and Care Coordination       | <p>Melanoma: Continuity of Care – Recall System</p> <p>Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:</p> <ul style="list-style-type: none"> <li>• A target date for the next complete physical skin exam, AND</li> <li>• A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment</li> </ul> | American Academy of Dermatology/<br>American Medical Association-Physician Consortium for Performance Improvement |
| !                     | N/A/<br>138   | N/A                 | Registry                     | Process         | Communication and Care Coordination       | <p>Melanoma: Coordination of Care</p> <p>Percentage of patients visits, regardless of age, with a new occurrence of melanoma, who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis</p>  | American Academy of Dermatology/<br>American Medical Association-Physician Consortium for Performance Improvement |
| !!                    | 0562<br>/ 224 | N/A                 | Registry                     | Process         | Efficiency and Cost Reduction             | <p>Melanoma: Overutilization of Imaging Studies in Melanoma</p> <p>Percentage of patients, regardless of age, with a current diagnosis of stage 0 through IIC melanoma or a history of melanoma of any stage, without signs or symptoms suggesting systemic spread, seen for an office visit during the one-year measurement period, for whom no diagnostic imaging studies were ordered.</p>  | American Academy of Dermatology/<br>American Medical Association-Physician Consortium for Performance Improvement |
| !                     | N/A/<br>265   | N/A                 | Registry                     | Process         | Communication and Care Coordination       | <p>Biopsy Follow-Up</p> <p>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician</p>   | American Academy of Dermatology   |
|                       | N/A/<br>337   | N/A                 | Registry                     | Process         | Effective Clinical Care                   | <p>Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier</p> <p>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test</p>  | American Academy of Dermatology   |

| MIPS ID Number   | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                                    | Measure Title and Description*   | Measure Steward                       |
|--|--------------|---------------------|------------------------------|-----------------|--|--|---------------------------------------|
| <b>5. Dermatology</b>  |              |                     |                              |                 |  |  |                                       |
| !  | N/A/<br>410  |                     | Claims,<br>Registry          | Outcome         | Person<br>and<br>Caregiver<br>Centered<br>Experien<br>ce and<br>Outcome<br>s | <p>Psoriasis: Clinical Response to Oral Systemic or Biologic Medications</p> <p>Percentage of psoriasis patients receiving oral systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.</p> | American<br>Academy of<br>Dermatology |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |  |  |                                       |

| MIPS ID Number               | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|------------------------------|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>6. Emergency Medicine</b> |              |                     |                              |                 |   |   |   |
| *<br>!!                      | N/A/<br>066  | 146v<br>4           | Registry,<br>EHR             | Process         | Efficiency and<br>Cost<br>Reduction       | <p>Appropriate Testing for Children with Pharyngitis</p> <p>Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode</p>   | National<br>Committee<br>for Quality<br>Assurance                     |
| !!                           | 0653<br>/091 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical Care                | <p>Acute Otitis Externa (AOE): Topical Therapy</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations</p>  | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery |
| !!                           | 0654<br>/093 | N/A                 | Claims,<br>Registry          | Process         | Efficiency and<br>Cost<br>Reduction       | <p>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use</p> <p>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy</p>  | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery |
| §<br>!!                      | 0058<br>/116 | N/A                 | Registry                     | Process         | Efficiency and<br>Cost<br>Reduction       | <p>Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use</p> <p>Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode</p> | National<br>Committee<br>for Quality<br>Assurance                     |



| MIPS ID Number  | NQF/<br>PQRS  | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward                          |
|---|---------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>6. Emergency Medicine</b>  |               |                     |                              |                 |   |  |  |
|   | 0651<br>/ 254 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical Care                | <p>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</p> <p>Percentage of pregnant female patients aged 14 to 50 who present to the emergency department (ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or trans-vaginal ultrasound to determine pregnancy location</p>  | American College of Emergency Physicians |
|   | N/A/<br>255   | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical Care                | <p>Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure</p> <p>Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who receive Rh-Immunoglobulin (Rhogam) in the emergency department (ED)</p>  | American College of Emergency Physicians |
|   | N/A/<br>414   | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Evaluation or Interview for Risk of Opioid Misuse</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record</p>  | American Academy of Neurology            |
| !   | N/A/<br>415   | N/A                 | Claims,<br>Registry          | Efficiency      | Efficiency and<br>Cost<br>Reduction       | <p>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</p> <p>Percentage of emergency department visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who have an indication for a head CT.</p>   | American College of Emergency Physicians |
| !!  | N/A/<br>416   | N/A                 | Claims,<br>Registry          | Efficiency      | Efficiency and<br>Cost<br>Reduction       | <p>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 through 17 Years</p> <p>Percentage of emergency department visits for patients aged 2 through 17 years who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head CT for trauma ordered by an emergency care provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network prediction rules for traumatic brain injury</p> | American College of Emergency Physicians |
| <p><b>Cross-cutting measure requirement:</b><br/>           In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |               |                     |                              |                 |   |  |  |

| MIPS ID Number                             | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type      | National<br>Quality<br>Strategy<br>Domain                             | Measure Title and Description*  | Measure Steward  |
|--|--------------|---------------------|------------------------------|----------------------|---|---|--|
| <b>7. General Practice/Family Medicine</b> |              |                     |                              |                      |   |   |  |
| *<br>§<br>!                                | 0059<br>/001 | 122v4               | Claims,<br>Registry,<br>EHR  | Intermediate Outcome | Effective<br>Clinical Care  | Diabetes: Hemoglobin A1c Poor Control<br><br>Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period  | National<br>Committee<br>for Quality<br>Assurance  |
| §  | 0081<br>/005 | 135v4               | Registry,<br>EHR             | Process              | Effective<br>Clinical Care  | Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)<br><br>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge      | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance/<br>American<br>College of<br>Cardiology<br>Foundation/A<br>merican<br>Heart<br>Association |
|  | 105/<br>009  | 128v4               | EHR                          | Process              | Effective<br>Clinical Care  | Anti-Depressant Medication Management<br><br>Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment<br><br>Two rates are reported<br>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)<br>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months) | National<br>Committee<br>for Quality<br>Assurance/A<br>merican<br>Heart<br>Association   |
| !  | N/A/<br>050  | N/A                 | Claims,<br>Registry          | Process              | Person and<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older<br><br>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months   | National<br>Committee<br>for Quality<br>Assurance/A<br>merican<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement                        |

| MIPS ID Number                             | NQF/<br>PORS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                             | Measure Title and Description*  | Measure Steward  |
|--|-----------------|---------------------|--|-----------------|---|---|--|
| <b>7. General Practice/Family Medicine</b> |                 |                     |  |                 |   |   |  |
| !!   | 0069<br>/065    | 154v4               | Registry,<br>EHR                                 | Process         | Efficiency<br>and Cost<br>Reduction                                   | Appropriate Treatment for Children with Upper Respiratory Infection (URI)<br><br>Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode                     | National Committee for Quality Assurance                 |
| *<br>!!                                    | N/<br>A/<br>066 | 146v4               | Registry,<br>EHR                                 | Process         | Efficiency<br>and Cost<br>Reduction                                   | Appropriate Testing for Children with Pharyngitis<br><br>Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode  | National Committee for Quality Assurance                 |
| !!   | 0654<br>/093    | N/A                 | Claims,<br>Registry                              | Process         | Efficiency<br>and Cost<br>Reduction                                   | Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use<br><br>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy   | American Academy of Otolaryngology-Head and Neck Surgery |
| !  | N/A/<br>109     | N/A                 | Claims,<br>Registry                              | Process         | Person and<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | Osteoarthritis (OA): Function and Pain Assessment<br><br>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain  | American Academy of Orthopedic Surgeons                  |
| *<br>§                                     | 2372<br>/112    | 125v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care  | Breast Cancer Screening<br><br>Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer   | National Committee for Quality Assurance                 |
| §  | 0034<br>/113    | 130v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care  | Colorectal Cancer Screening<br><br>Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer  | National Committee for Quality Assurance                 |
| §<br>!!                                    | 0058<br>/116    | N/A                 | Registry   | Process         | Efficiency<br>and Cost<br>Reduction                                   | Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use<br><br>Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode                            | National Committee for Quality Assurance                 |
| §  | 0055<br>/117    | 131v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care  | Diabetes: Eye Exam<br><br>Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period | National Committee for Quality Assurance                 |

| MIPS ID Number                             | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|--|--------------|---------------------|--|-----------------|---|--|--|
| <b>7. General Practice/Family Medicine</b> |              |                     |  |                 |   |  |  |
| *  | 0418<br>/134 | 2v5                 | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Community/<br>Population<br>Health        | Preventive Care and Screening: Screening for Depression and Follow-Up Plan<br><br>Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen   | Centers for Medicare & Medicaid Services/<br>Mathematica / Quality Insights of Pennsylvania                                |
| !  | 0101<br>/154 | N/A                 | Claims,<br>Registry                              | Process         | Patient<br>Safety                         | Falls: Risk Assessment<br><br>Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months  | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |
| !  | 0101<br>/155 | N/A                 | Claims,<br>Registry                              | Process         | Communication and Care Coordination       | Falls: Plan of Care<br><br>Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months   | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |
| !  | NA/<br>181   | N/A                 | Claims,<br>Registry                              | Process         | Patient<br>Safety                         | Elder Maltreatment Screen and Follow-Up Plan<br><br>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen  | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania  |
| *<br>§                                     | 0068<br>/204 | 164v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care                | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet<br><br>Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period | National Committee for Quality Assurance   |

| MIPS ID Number                             | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|--|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>7. General Practice/Family Medicine</b> |              |                     |                              |                 |   |   |   |
| §<br>!!                                    | 0052<br>/312 | 166v5               | Web<br>Interface,<br>EHR     | Process         | Efficiency<br>and Cost<br>Reduction       | Use of Imaging Studies for Low Back Pain<br><br>Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis   | National<br>Committee<br>for Quality<br>Assurance   |
| §  | 1525<br>/326 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical Care                | Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism | American<br>College of<br>Cardiology/<br>American<br>Heart<br>Association/<br>American<br>Medical<br>Physician-<br>Association<br>Consortium<br>for<br>Performance<br>Improvement |
| !!   | N/A/<br>331  | N/A                 | Registry                     | Process         | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)<br><br>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms   | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery   |
| !!   | N/A/<br>332  | N/A                 | Registry                     | Process         | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis  | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery   |
| !!   | N/A/<br>333  | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis  | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery   |

| MIPS ID Number                             | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                             | Measure Title and Description*  | Measure Steward   |
|--|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>7. General Practice/Family Medicine</b> |              |                     |                              |                 |   |   |   |
| !!   | N/A/<br>334  | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reduction                                   | <p>Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis</p>  | American Academy of Otolaryngology-Head and Neck Surgery                      |
|  | N/A/<br>337  | N/A                 | Registry                     | Process         | Effective<br>Clinical Care  | <p>Tuberculosis Prevention for Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier</p> <p>Percentage of patients whose providers are ensuring active tuberculosis prevention either through yearly negative standard tuberculosis screening tests or are reviewing the patient's history to determine if they have had appropriate management for a recent or prior positive test</p> | American Academy of Dermatology   |
| *<br>§<br>!                                | 2082<br>/338 | N/A                 | Registry                     | Outcome         | Effective<br>Clinical Care  | <p>HIV Viral Load Suppression</p> <p>The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</p>   | Health Resources and Services Administration                                  |
| !  | N/A/<br>342  | N/A                 | Registry                     | Outcome         | Person and<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | <p>Pain Brought Under Control Within 48 Hours</p> <p>Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours</p>   | National Hospice and Palliative Care Organization                             |
|  | N/A/<br>387  | N/A                 | Registry                     | Process         | Effective<br>Clinical Care  | <p>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users</p> <p>Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period</p>  | American Medical Association-Physician Consortium for Performance Improvement |
|  | 1407<br>/394 | N/A                 | Registry                     | Process         | Community/<br>Population<br>Health                                    | <p>Immunizations for Adolescents</p> <p>The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday</p>  | National Committee for Quality Assurance                                      |
| !  | N/A/<br>398  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical Care  | <p>Optimal Asthma Control</p> <p>Patients ages 5-50 (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools</p>   | Minnesota Community Measurement   |

| MIPS ID Number                             | NQF/<br>PORS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|--|-----------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>7. General Practice/Family Medicine</b> |                 |                     |                              |                 |   |   |  |
| §  | N/A/<br>400     | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk</p> <p>Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received a one-time screening for HCV infection</p> | American Medical Association-Physician Consortium for Performance Improvement  |
| §  | N/<br>A/<br>401 | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period</p>           | American Medical Association-Physician Consortium for Performance Improvement / American Gastroenterological Association |
|  | N/A/<br>408     | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Opioid Therapy Follow-up Evaluation</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record</p>   | American Academy of Neurology  |
|  | N/A/<br>412     | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Documentation of Signed Opioid Treatment Agreement</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record</p>  | American Academy of Neurology  |

| MIPS ID Number  | NQF/<br>PORS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method  | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|---|-----------------|---------------------|-------------------------------|-----------------|---|--|--|
| <b>7. General Practice/Family Medicine</b>  |                 |                     |                               |                 |   |  |  |
|   | N/A/<br>414     | N/A                 | Registry                      | Process         | Effective<br>Clinical Care                | Evaluation or Interview for Risk of Opioid Misuse<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record   | American Academy of Neurology  |
|   | 0053<br>/418    | N/A                 | Claims,<br>Registry           | Process         | Effective<br>Clinical Care                | Osteoporosis Management in Women Who Had a Fracture<br><br>The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis.   | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |
|   | N/<br>A/<br>438 | N/A                 | Web<br>Interface,<br>Registry | Process         | Effective<br>Clinical Care                | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease<br><br>Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:<br><ul style="list-style-type: none"> <li>• Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR</li> <li>• Adults aged ≥21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR</li> <li>• Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</li> </ul> | Centers for Medicare & Medicaid Services/<br>Mathematica /Quality Insights of Pennsylvania                                 |
| <p><b>Cross-cutting measure requirement:</b><br/> In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |                 |                     |                               |                 |   |  |  |



| MIPS ID Number              | NOF/<br>PQRS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type             | National<br>Quality<br>Strategy<br>Domain                            | Measure Title and Description*  | Measure Steward  |
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| <b>8. Internal Medicine</b> |                  |                     |  |                             |  |   |  |
| *<br>§<br>!                 | 005<br>9/00<br>1 | 122v<br>4           | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Intermedia<br>te<br>Outcome | Effective<br>Clinical<br>Care  | Diabetes: Hemoglobin A1c Poor Control<br><br>Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period  | National<br>Committee<br>for Quality<br>Assurance  |
| §                           | 008<br>1/00<br>5 | 135v<br>4           | Registry,<br>EHR                                 | Process                     | Effective<br>Clinical<br>Care  | Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)<br><br>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge      | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement/<br>American<br>College of<br>Cardiology<br>Foundation |
|                             | 105/<br>009      | 128v<br>4           | EHR  | Process                     | Effective<br>Clinical<br>Care  | Anti-Depressant Medication Management<br><br>Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment<br><br>Two rates are reported<br>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)<br>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months) | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Heart<br>Association   |
| !                           | N/<br>A/<br>050  | N/A                 | Claims,<br>Registry                              | Process                     | Person and<br>Caregiver<br>Centered<br>Experience<br>and<br>Outcomes | Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older<br><br>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months   | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement  |
| !                           | N/<br>A/<br>109  | N/A                 | Claims,<br>Registry                              | Process                     | Person and<br>Caregiver<br>Centered<br>Experience<br>and<br>Outcomes | Osteoarthritis (OA): Function and Pain Assessment<br><br>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain  | American<br>Academy of<br>Orthopedic<br>Surgeons   |

| MIPS ID Number              | NQF/<br>PQRS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain     | Measure Title and Description <sup>v</sup>  | Measure Steward   |
|-----------------------------|------------------|---------------------|--|-----------------|---|---|---|
| <b>8. Internal Medicine</b> |                  |                     |  |                 |   |   |   |
| *<br>§                      | 237<br>2/11<br>2 | 125v<br>4           | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care                    | Breast Cancer Screening<br><br>Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer   | National<br>Committee<br>for Quality<br>Assurance   |
| §                           | 003<br>4/11<br>3 | 130v<br>4           | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care                    | Colorectal Cancer Screening<br><br>Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer  | National<br>Committee<br>for Quality<br>Assurance   |
| §<br>!!                     | 005<br>8/11<br>6 | N/A                 | Registry   | Process         | Efficiency<br>and Cost<br>Reduction           | Antibiotic Treatment for Adults with Acute<br>Bronchitis: Avoidance of Inappropriate Use<br><br>Percentage of adults 18 through 64 years of age with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode   | National<br>Committee<br>for Quality<br>Assurance   |
| §                           | 005<br>5/11<br>7 | 131v<br>4           | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care                    | Diabetes: Eye Exam<br><br>Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period                                 | National<br>Committee<br>for Quality<br>Assurance   |
| *                           | 041<br>8/13<br>4 | 2v5                 | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Community/<br>Population<br>Health            | Preventive Care and Screening: Screening for<br>Depression and Follow-Up Plan<br><br>Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematica<br>/ Quality<br>Insights of<br>Pennsylvania   |
| !                           | 010<br>1/15<br>4 | N/A                 | Claims,<br>Registry                              | Process         | Patient<br>Safety                             | Falls: Risk Assessment<br><br>Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months   | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvemen<br>t |
| !                           | 010<br>1/15<br>5 | N/A                 | Claims,<br>Registry                              | Process         | Communica<br>tion and<br>Care<br>Coordination | Falls: Plan of Care<br><br>Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months  | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical   |

| MIPS ID Number              | NQF/<br>PQRS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>v</sup>   | Measure Steward   |
|-----------------------------|------------------|---------------------|--|-----------------|---|--|---|
| <b>8. Internal Medicine</b> |                  |                     |  |                 |   |  |   |
|                             |                  |                     |  |                 |   |  | Association-Physician Consortium for Performance Improvement  |
| *<br>§                      | 005<br>6/16<br>3 | 123v<br>4           | EHR  | Process         | Effective<br>Clinical Care                | Comprehensive Diabetes Care: Foot Exam<br><br>The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year  | National Committee for Quality Assurance  |
| !                           | N/<br>A/<br>181  | N/A                 | Claims,<br>Registry                              | Process         | Patient<br>Safety                         | Elder Maltreatment Screen and Follow-Up Plan<br><br>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen  | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania   |
| *<br>§                      | 006<br>8/20<br>4 | 164v<br>4           | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical Care                | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet<br><br>Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period | National Committee for Quality Assurance  |
| §                           | 152<br>5/32<br>6 | N/A                 | Claims,<br>Registry                              | Process         | Effective<br>Clinical Care                | Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of nonvalvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin OR another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism      | American College of Cardiology/<br>American Heart Association/<br>American Medical Association-Physician Consortium for Performance Improvement |

| MIPS ID Number              | NQF/<br>PQRS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|-----------------------------|-----------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>8. Internal Medicine</b> |                 |                     |                              |                 |   |  |   |
| !!                          | N/<br>A/<br>331 | N/A                 | Registry                     | Process         | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)<br><br>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms  | American Academy of Otolaryngology-Head and Neck Surgery                      |
| !!                          | N/<br>A/<br>332 | N/A                 | Registry                     | Process         | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis | American Academy of Otolaryngology-Head and Neck Surgery                      |
| !!                          | N/<br>A/<br>333 | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis   | American Academy of Otolaryngology-Head and Neck Surgery                      |
| !!                          | N/<br>A/<br>334 | N/A                 | Registry                     | Efficiency      | Efficiency<br>and Cost<br>Reduction       | Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis  | American Academy of Otolaryngology-Head and Neck Surgery                      |
|                             | N/<br>A/<br>387 | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care             | Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users<br><br>Percentage of patients regardless of age who are active injection drug users who received screening for HCV infection within the 12 month reporting period  | American Medical Association-Physician Consortium for Performance Improvement |
| §                           | N/<br>A/<br>400 | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care             | One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk<br><br>Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis OR birthdate in the years 1945-1965 who received a one-time screening for HCV infection                     | American Medical Association-Physician Consortium for Performance Improvement |

| MIPS ID Number                            | NQF/<br>PQRS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>v</sup>   | Measure Steward  |
|---|------------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>8. Internal Medicine</b>               |                  |                     |                              |                 |   |  |  |
| §   | N/<br>A/<br>401  | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular carcinoma (HCC) at least once within the 12 month reporting period</p> <p>This measure was finalized for inclusion in 2015 PQRS in the CY 2014 PFS Final Rule (see Table 53 at 79 FR 67814)</p> | American Medical Association-Physician Consortium for Performance Improvement/ American Gastroenterological Association    |
|   | N/<br>A/<br>408  | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Opioid Therapy Follow-up Evaluation</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record</p>  | American Academy of Neurology  |
|   | N/<br>A/<br>412  | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Documentation of Signed Opioid Treatment Agreement</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record</p>   | American Academy of Neurology  |
|   | N/<br>A/<br>414  | N/A                 | Registry                     | Process         | Effective<br>Clinical Care                | <p>Evaluation or Interview for Risk of Opioid Misuse</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record</p>  | American Academy of Neurology  |
|   | 005<br>3/41<br>8 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical Care                | <p>Osteoporosis Management in Women Who Had a Fracture</p> <p>The percentage of women age 50-85 who suffered a fracture and who either had a bone mineral density test or received a prescription for a drug to treat osteoporosis</p>   | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |
| <b>Cross-cutting measure requirement:</b> |                  |                     |                              |                 |   |  |  |

| MIPS ID Number  | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description* | Measure Steward |
|---|--------------|---------------------|------------------------------|-----------------|---|--------------------------------|-----------------|
| <b>8. Internal Medicine</b>   |              |                     |                              |                 |   |                                |                 |
| In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C. |              |                     |                              |                 |   |                                |                 |

| MIPS ID Number                  | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                                | Measure Title and Description*  | Measure Steward   |
|---------------------------------|--------------|---------------------|------------------------------|-----------------|--|---|---|
| <b>9. Obstetrics/Gynecology</b> |              |                     |                              |                 |  |   |   |
|                                 | N/A/<br>048  | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care  | Urinary Incontinence: Assessment of Presence or<br>Absence of Urinary Incontinence in Women Aged 65<br>Years and Older<br><br>Percentage of female patients aged 65 years and older<br>who were assessed for the presence or absence of<br>urinary incontinence within 12 months                      | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
| !                               | N/A/<br>050  | N/A                 | Claims,<br>Registry          | Process         | Person<br>and<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | Urinary Incontinence: Plan of Care for Urinary<br>Incontinence in Women Aged 65 Years and Older<br><br>Percentage of female patients aged 65 years and older<br>with a diagnosis of urinary incontinence with a<br>documented plan of care for urinary incontinence at<br>least once within 12 months | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
| !                               | N/A/<br>265  | N/A                 | Registry                     | Process         | Communi-<br>cation<br>and Care<br>Coordinati-<br>on                      | Biopsy Follow-Up<br><br>Percentage of new patients whose biopsy results have<br>been reviewed and communicated to the primary<br>care/referring physician and patient by the performing<br>physician  | American<br>Academy of<br>Dermatology   |
|                                 | 0053<br>/418 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care  | Osteoporosis Management in Women Who Had a<br>Fracture<br><br>The percentage of women age 50-85 who suffered a<br>fracture and who either had a bone mineral density<br>test or received a prescription for a drug to treat<br>osteoporosis   | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium                                      |

| MIPS ID Number                  | NQF/<br>PORS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward                                   |
|---------------------------------|------------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>9. Obstetrics/Gynecology</b> |                  |                     |                              |                 |   |  |   |
|                                 |                  |                     |                              |                 |   |  | for<br>Performance<br>Improvement                 |
| !                               | 2063<br>/422     | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Performing Cystoscopy at the Time of Hysterectomy<br>for Pelvic Organ Prolapse to Detect Lower Urinary<br>Tract Injury<br><br>Percentage of patients who undergo cystoscopy to<br>evaluate for lower urinary tract injury at the time of<br>hysterectomy for pelvic organ prolapse   | American<br>Urogynecolog<br>ic Society            |
| !                               | N/A/<br>432      | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Proportion of Patients Sustaining a Bladder Injury at<br>the Time of any Pelvic Organ Prolapse Repair<br><br>Percentage of patients undergoing any surgery to<br>repair pelvic organ prolapse who sustains an injury to<br>the bladder recognized either during or within 1<br>month after surgery   | American<br>Urogynecolog<br>ic Society            |
| !                               | N/A/<br>433      | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Proportion of Patients Sustaining a Major Viscus Injury<br>at the Time of Any Pelvic Organ Prolapse Repair<br><br>Percentage of patients undergoing surgical repair of<br>pelvic organ prolapse that is complicated by<br>perforation of a major viscus at the time of index<br>surgery that is recognized intraoperative or within 1<br>month after surgery | American<br>Urogynecolog<br>ic Society            |
| !                               | N/A/<br>434      | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Proportion of Patients Sustaining A Ureter Injury at<br>the Time of any Pelvic Organ Prolapse Repair<br><br>Percentage of patients undergoing a pelvic organ<br>prolapse repair who sustain an injury to the ureter<br>recognized either during or within 1 month after<br>surgery   | American<br>Urogynecolog<br>ic Society            |
| *<br>§                          | 0032<br>/309     | 124v4               | EHR                          | Process         | Effective<br>Clinical<br>Care             | Cervical Cancer Screening<br><br>Percentage of women 21-64 years of age who were<br>screened for cervical cancer using either of the<br>following criteria:<br>• Women age 21-64 who had cervical cytology<br>performed every 3 years<br>• Women age 30-64 who had cervical<br>cytology/human papillomavirus (HPV) co-testing<br>performed every 5 years     | National<br>Committee<br>for Quality<br>Assurance |
| +<br>§                          | 1395<br>/<br>New | N/A                 | Registry                     | Process         | Communi<br>ty/<br>Populatio<br>n Health   | Chlamydia Screening and Follow-up<br><br>The percentage of female adolescents 18 years of age<br>who had a chlamydia screening test with proper<br>follow-up   | National<br>Committee<br>for Quality<br>Assurance |

| MIPS ID Number   | NQF/<br>PORS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>v</sup>   | Measure Steward                                   |
|--|------------------|---------------------|--|-----------------|---|--|---|
| <b>9. Obstetrics/Gynecology</b>  |                  |                     |  |                 |   |  |   |
| *<br>§   | 2372<br>/112     | 125v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical<br>Care             | Breast Cancer Screening<br><br>Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer  | National<br>Committee<br>for Quality<br>Assurance |
| +<br>§<br>!  | 0567<br>/<br>New | N/A                 | Registry   | Process         | Patient<br>Safety                         | Appropriate Work Up Prior to Endometrial Ablation Procedure<br><br>To ensure that all women have endometrial sampling performed before undergoing an endometrial ablation                    | Health<br>Benchmarks-<br>IMS Health               |
| +<br>§<br>!!   | N/<br>A/<br>New  | N/A                 | Registry   | Process         | Patient<br>Safety                         | Non-recommended Cervical Cancer Screening in Adolescent Females<br><br>The percentage of adolescent females 16-20 years of age unnecessarily screened for cervical cancer                    | National<br>Committee<br>for Quality<br>Assurance |
|  | 0033<br>/310     | 153v4               | EHR  | Process         | Communi<br>ty/<br>Populatio<br>n Health   | Chlamydia Screening for Women<br><br>Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period | National<br>Committee<br>for Quality<br>Assurance |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |                  |                     |  |                 |   |  |   |

| MIPS ID Number           | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>v</sup>  | Measure Steward   |
|--------------------------|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>10. Ophthalmology</b> |              |                     |                              |                 |   |   |   |
|                          | 0086<br>/012 | 143v4               | Claims,<br>Registry,<br>EHR  | Process         | Effective<br>Clinical<br>Care             | Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation<br><br>Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/<br>National<br>Committee<br>for Quality<br>Assurance |



| MIPS ID Number           | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain           | Measure Title and Description*  | Measure Steward  |
|--------------------------|--------------|---------------------|--|-----------------|---|---|--|
| <b>10. Ophthalmology</b> |              |                     |  |                 |   |   |  |
|                          | 0087<br>/014 | N/A                 | Claims,<br>Registry                              | Process         | Effective<br>Clinical<br>Care                       | Age-Related Macular Degeneration (AMD): Dilated Macular Examination<br><br>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months             | American Academy of Ophthalmology  |
|                          | 0088<br>/018 | 167v4               | EHR  | Process         | Effective<br>Clinical<br>Care                       | Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy<br><br>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months        | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                        | 0089<br>/019 | 142v4               | Claims,<br>Registry,<br>EHR                      | Process         | Communi-<br>cation<br>and Care<br>Coordinati-<br>on | Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care<br><br>Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| §                        | 0055<br>/117 | 131v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical<br>Care                       | Diabetes: Eye Exam<br><br>Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period   | National Committee for Quality Assurance   |
|                          | 0566<br>/140 | N/A                 | Claims,<br>Registry                              | Process         | Effective<br>Clinical<br>Care                       | Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement<br><br>Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of AMD   | American Academy of Ophthalmology  |
| !                        | 0563<br>/141 | N/A                 | Claims,<br>Registry                              | Outcome         | Communi-<br>cation<br>and Care                      | Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care   | American Academy of Ophthalmology  |

| MIPS ID Number           | NQF/<br>PORS    | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                         | Measure Title and Description*  | Measure Steward  |
|--------------------------|-----------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>10. Ophthalmology</b> |                 |                     |                              |                 |   |   |  |
|                          |                 |                     |                              |                 | Coordination  | Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within 12 months   | gy   |
| !                        | 0565<br>/191    | 133v4               | Registry,<br>EHR             | Outcome         | Effective<br>Clinical<br>Care                                     | Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery<br><br>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery   | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                        | 0564<br>/192    | 132v4               | Registry,<br>EHR             | Outcome         | Patient<br>Safety   | Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures<br><br>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                        | 1536<br>/303    | N/A                 | Registry                     | Outcome         | Person<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery<br><br>Percentage of patients aged 18 years and older in sample who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey   | American Academy of Ophthalmology  |
| !                        | N/<br>A/<br>304 | N/A                 | Registry                     | Outcome         | Person<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery<br><br>Percentage of patients aged 18 years and older in sample who had cataract surgery and were satisfied with their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey  | American Academy of Ophthalmology  |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|--|--------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>10. Ophthalmology</b>   |              |                     |                              |                 |   |  |   |
| !  | N/A/<br>384  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care             | Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery<br><br>Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery.   | American Academy of Ophthalmology   |
| !  | N/A/<br>385  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care             | Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery<br><br>Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye | American Academy of Ophthalmology/ The Australian Council on Healthcare Standards |
| !  | N/A/<br>388  | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)<br><br>Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule requiring vitrectomy  | American Academy of Ophthalmology/ American College of Healthcare Sciences        |
| !  | N/A/<br>389  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care             | Cataract Surgery: Difference Between Planned and Final Refraction<br><br>Percentage of patients aged 18 years and older who had cataract surgery performed and who achieved a final refraction within +/- 1.0 diopters of their planned (target) refraction.   | American Academy of Ophthalmology/ American College of Healthcare Sciences        |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |  |   |

| MIPS ID Number                | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward                        |
|-------------------------------|--------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>11. Orthopedic Surgery</b> |              |                     |                              |                 |   |  |  |
| !!                            | 0268<br>/021 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin<br><br>Percentage of surgical patients aged 18 years and | American Medical Association-Physician |

| MIPS ID Number                | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submissi<br>on<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                | Measure Title and Description*  | Measure Steward  |
|-------------------------------|--------------|---------------------|----------------------------------|-----------------|--|---|--|
| <b>11. Orthopedic Surgery</b> |              |                     |                                  |                 |  |   |  |
|                               |              |                     |                                  |                 |  | older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis  | Consortium for Performance Improvement / National Committee for Quality Assurance  |
| !                             | 0239 / 023   | N/A                 | Claims, Registry                 | Process         | Patient Safety   | <p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                             | N/A/ 109     | N/A                 | Claims, Registry                 | Process         | Person and Caregiver - Centered Experiences and Outcomes | <p>Osteoarthritis (OA): Function and Pain Assessment</p> <p>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain</p>   | American Academy of Orthopedic Surgeons  |
|                               | N/A/ 178     | N/A                 | Registry, Measures Group         | Process         | Effective Clinical Care                                  | <p>Rheumatoid Arthritis (RA): Functional Status Assessment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months</p>   | American College of Rheumatology   |
| *                             | N/A/ 179     | N/A                 | Registry                         | Process         | Effective Clinical Care                                  | <p>Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months</p>  | American College of Rheumatology   |
| *                             | N/A/ 180     | N/A                 | Registry                         | Process         | Effective Clinical Care                                  | <p>Rheumatoid Arthritis (RA): Glucocorticoid Management</p> <p>Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone <math>\geq</math> 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months</p>   | American College of Rheumatology   |

| MIPS ID Number                | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submissi<br>on<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain   | Measure Title and Description*  | Measure Steward   |
|-------------------------------|--------------|---------------------|----------------------------------|-----------------|---|---|---|
| <b>11. Orthopedic Surgery</b> |              |                     |                                  |                 |   |   |   |
| §<br>!!                       | 0052<br>/312 | 166v5               | Web<br>Interface,<br>EHR         | Process         | Efficiency<br>and Cost<br>Reductio<br>n   | Use of Imaging Studies for Low Back Pain<br><br>Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis   | National<br>Committee<br>for Quality<br>Assurance         |
| *<br>!                        | N/A/<br>350  | N/A                 | Registry                         | Process         | Communi<br>cation<br>and Care<br>Coordina<br>tion                                 | Total Knee Replacement: Shared Decision-Making:<br>Trial of Conservative (Non-surgical) Therapy<br><br>Percentage of patients regardless of age or gender undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. Nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure                                  | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |
| *<br>!                        | N/A/<br>351  | N/A                 | Registry                         | Process         | Patient<br>Safety   | Total Knee Replacement: Venous Thromboembolic<br>and Cardiovascular Risk Evaluation<br><br>Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke) | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |
| *<br>!                        | N/A/<br>352  | N/A                 | Registry                         | Process         | Patient<br>Safety   | Total Knee Replacement: Preoperative Antibiotic<br>Infusion with Proximal Tourniquet<br><br>Percentage of patients regardless of age or gender undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet   | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |
| *<br>!                        | N/A/<br>353  | N/A                 | Registry                         | Process         | Patient<br>Safety   | Total Knee Replacement: Identification of Implanted<br>Prosthesis in Operative Report<br><br>Percentage of patients regardless of age or gender undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant   | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |
| !                             | N/A/<br>358  | N/A                 | Registry,<br>Measures<br>Group   | Process         | Person<br>and<br>Caregiver<br>-<br>Centered<br>Experien<br>ce and<br>Outcome<br>s | Patient-Centered Surgical Risk Assessment and<br>Communication<br><br>Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon  | American<br>Association<br>of Hip and<br>Knee<br>Surgeons |
| *                             | N/A/<br>359  | N/A                 | Measures                         | Process         | Person  | Functional Status Assessment for Total Knee   | Centers for   |

| MIPS ID Number   | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submissi<br>on<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain   | Measure Title and Description <sup>Y</sup>   | Measure Steward   |
|--|--------------|---------------------|----------------------------------|-----------------|---|--|---|
| <b>11. Orthopedic Surgery</b>  |              |                     |                                  |                 |   |  |   |
| !  | 375          |                     | Group                            |                 | and<br>Caregiver<br>-<br>Centered<br>Experien<br>ce and<br>Outcome<br>s           | Replacement<br><br>Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments   | Medicare & Medicaid Services/<br>National Committee for Quality Assurance             |
| *<br>!   | N/A/<br>376  | N/A                 | EHR                              | Process         | Person<br>and<br>Caregiver<br>-<br>Centered<br>Experien<br>ce and<br>Outcome<br>s | Functional Status Assessment for Total Hip Replacement<br><br>Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments | Centers for Medicare & Medicaid Services/<br>National Committee for Quality Assurance |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                                  |                 |   |  |   |

| MIPS ID Number            | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>Y</sup>  | Measure Steward  |
|---------------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>12. Otolaryngology</b> |              |                     |                              |                 |   |   |  |
| !!                        | 0268<br>/021 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin<br><br>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                         | 0239<br>/023 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)<br><br>Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an   | American Medical Association-Physician Consortium for  |

| MIPS ID Number            | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|---------------------------|--------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>12. Otolaryngology</b> |              |                     |                              |                 |   |  |  |
|                           |              |                     |                              |                 |   | order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time   | Performance Improvement / National Committee for Quality Assurance |
| !!                        | 0653 / 091   | N/A                 | Claims, Registry             | Process         | Effective Clinical Care                   | Acute Otitis Externa (AOE): Topical Therapy<br><br>Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations  | 'American Academy of Otolaryngology-Head and Neck Surgery          |
| !!                        | 0654 / 093   | N/A                 | Claims, Registry             | Process         | Efficiency and Cost Reduction             | Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use<br><br>Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobial therapy  | American Academy of Otolaryngology-Head and Neck Surgery           |
| !!                        | N/A/ 331     | N/A                 | Registry                     | Process         | Efficiency and Cost Reduction             | Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)<br><br>Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms  | American Academy of Otolaryngology-Head and Neck Surgery           |
| !!                        | N/A/ 332     | N/A                 | Registry                     | Process         | Efficiency and Cost Reduction             | Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis | American Academy of Otolaryngology-Head and Neck Surgery           |
| !!                        | N/A/ 333     | N/A                 | Registry                     | Efficiency      | Efficiency and Cost Reduction             | Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of acute sinusitis who had a computerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis   | American Academy of Otolaryngology-Head and Neck Surgery           |
| !!                        | N/A/ 334     | N/A                 | Registry                     | Efficiency      | Efficiency and Cost Reduction             | Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)<br><br>Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis  | American Academy of Otolaryngology-Head and Neck Surgery           |

| MIPS ID Number   | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain   | Measure Title and Description*  | Measure Steward                    |
|--|--------------|---------------------|------------------------------|-----------------|---|---|------------------------------------|
| <b>12. Otolaryngology</b>  |              |                     |                              |                 |   |   |                                    |
| *<br>!   | N/A/<br>357  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care   | Surgical Site Infection (SSI)<br><br>Percentage of patients aged 18 years and older who had a surgical site infection (SSI)   | American<br>College of<br>Surgeons |
| !  | N/A/<br>358  | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver<br>-<br>Centered<br>Experien<br>ce and<br>Outcome<br>s | Patient-Centered Surgical Risk Assessment and Communication<br><br>Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon | American<br>College of<br>Surgeons |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |   |                                    |

| MIPS ID Number       | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward                        |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>13. Pathology</b> |              |                     |                              |                 |   |  |  |
|                      | 0391<br>/099 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care             | Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade<br><br>Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade              | College of<br>American<br>Pathologists |
|                      | 0392<br>/100 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care             | Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade<br><br>Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade | College of<br>American<br>Pathologists |



| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward                        |
|--|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>13. Pathology</b>   |              |                     |                              |                 |   |   |  |
|  | 1854<br>/249 | N/A                 | Claims,<br>Registry          | Structure       | Effective<br>Clinical<br>Care             | Barrett's Esophagus<br><br>Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia   | College of<br>American<br>Pathologists |
| §  | 1853<br>/250 | N/A                 | Claims,<br>Registry          | Structure       | Effective<br>Clinical<br>Care             | Radical Prostatectomy Pathology Reporting<br><br>Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status   | College of<br>American<br>Pathologists |
|  | 1855<br>/251 | N/A                 | Claims,<br>Registry          | Structure       | Effective<br>Clinical<br>Care             | Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients<br><br>This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the current ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer | College of<br>American<br>Pathologists |
| !  | N/A/<br>395  | N/A                 | Claims,<br>Registry          | Process         | Communication and<br>Care<br>Coordination | Lung Cancer Reporting (Biopsy/Cytology Specimens)<br><br>Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary nonsmall cell lung cancer classified into specific histologic type or classified as NSCLC-NOS with an explanation included in the pathology report   | College of<br>American<br>Pathologists |
| !  | N/A/<br>396  | N/A                 | Claims,<br>Registry          | Process         | Communication and<br>Care<br>Coordination | Lung Cancer Reporting (Resection Specimens)<br><br>Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type  | College of<br>American<br>Pathologists |
| !  | N/A/<br>397  | N/A                 | Claims,<br>Registry          | Process         | Communication and<br>Care<br>Coordination | Melanoma Reporting<br><br>Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate   | College of<br>American<br>Pathologists |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |   |  |

| MIPS ID Number        | NOF/<br>PORS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|-----------------------|------------------|---------------------|--|-----------------|---|---|---|
| <b>14. Pediatrics</b> |                  |                     |  |                 |   |   |   |
| !!                    | 0069<br>/065     | 154v4               | Registry,<br>EHR                                 | Process         | Efficiency<br>and Cost<br>Reduction       | Appropriate Treatment for Children with Upper<br>Respiratory Infection (URI)<br><br>Percentage of children 3 months through 18 years of<br>age who were diagnosed with upper respiratory<br>infection (URI) and were not dispensed an antibiotic<br>prescription on or three days after the episode.  | National<br>Committee<br>for Quality<br>Assurance   |
| *<br>!!               | N/A/<br>066      | 146v4               | Registry,<br>EHR                                 | Process         | Efficiency<br>and Cost<br>Reduction       | Appropriate Testing for Children with Pharyngitis<br><br>Percentage of children 3-18 years of age who were<br>diagnosed with pharyngitis, ordered an antibiotic and<br>received a group A streptococcus (strep) test for the<br>episode.  | National<br>Committee<br>for Quality<br>Assurance   |
| !!                    | 0653<br>/091     | N/A                 | Claims,<br>Registry                              | Process         | Effective<br>Clinical<br>Care             | Acute Otitis External (AOE): Topical Therapy<br><br>Percentage of patients aged 2 years and older with a<br>diagnosis of AOE who were prescribed topical<br>preparations  | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery   |
| !!                    | 0654<br>/<br>093 | N/A                 | Claims,<br>Registry                              | Process         | Efficiency<br>and Cost<br>Reduction       | Acute Otitis Externa (AOE): Systemic Antimicrobial<br>Therapy - Avoidance of Inappropriate Use<br><br>Percentage of patients aged 2 years and older with a<br>diagnosis of AOE who were not prescribed systemic<br>antimicrobial therapy  | American<br>Academy of<br>Otolaryngolo<br>gy-Head and<br>Neck Surgery   |
|                       | 0041<br>/110     | 147v5               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Communit<br>y/<br>Population<br>Health    | Preventive Care and Screening: Influenza<br>Immunization<br><br>Percentage of patients aged 6 months and older seen<br>for a visit between October 1 and March 31 who<br>received an influenza immunization OR who reported<br>previous receipt of an influenza immunization  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement               |
| *                     | 0418<br>/134     | 2v5                 | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Communit<br>y/<br>Population<br>Health    | Preventive Care and Screening: Screening for<br>Depression and Follow-Up Plan<br><br>Percentage of patients aged 12 years and older<br>screened for depression on the date of the encounter<br>using an age appropriate standardized depression<br>screening tool AND if positive, a follow-up plan is<br>documented on the date of the positive screen | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>'Mathematica<br>/<br>Quality<br>Insights of<br>Pennsylvania |
| *<br>§                | 0405<br>/160     | 52v4                | EHR  | Process         | Effective<br>Clinical<br>Care             | HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP)<br>Prophylaxis<br><br>Percentage of patients aged 6 weeks and older with a<br>diagnosis of HIV/AIDS who were prescribed<br>Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis  | National<br>Committee<br>for Quality<br>Assurance   |
| §                     | 0409<br>/205     | N/A                 | Registry   | Process         | Effective<br>Clinical<br>Care             | HIV/AIDS: Sexually Transmitted Disease Screening for<br>Chlamydia, Gonorrhea, and Syphilis  | National<br>Committee<br>for Quality  |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|--|--------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>14. Pediatrics</b>  |              |                     |                              |                 |   |  |   |
|  |              |                     |                              |                 |   | Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection  | Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
|  | 0024<br>/239 | 155v4               | EHR                          | Process         | Community/<br>Population<br>Health        | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents<br><br>Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.<br>- Percentage of patients with height, weight, and body mass index (BMI) percentile documentation<br>- Percentage of patients with counseling for nutrition<br>- Percentage of patients with counseling for physical activity | National<br>Committee<br>for Quality<br>Assurance   |
|  | 0038<br>/240 | 117v4               | EHR                          | Process         | Community/<br>Population<br>Health        | Childhood Immunization Status<br><br>Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday  | National<br>Committee<br>for Quality<br>Assurance   |
| <b>Cross-cutting measure requirement:</b><br>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C. |              |                     |                              |                 |   |  |   |

| MIPS ID Number               | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward                                  |
|------------------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>15. Physical Medicine</b> |              |                     |                              |                 |   |   |  |
| !                            | N/A/<br>109  | N/A                 | Claims,<br>Registry          | Process         | Person<br>and<br>Caregiver-<br>Centered   | Osteoarthritis (OA): Function and Pain Assessment<br><br>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with | American<br>Academy of<br>Orthopedic<br>Surgeons |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|--|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>15. Physical Medicine</b>   |              |                     |                              |                 |   |   |   |
|  |              |                     |                              |                 | Experience and Outcomes                   | assessment for function and pain  |   |
| !  | 0420<br>/131 | N/A                 | Claims,<br>Registry          | Process         | Communication and Care Coordination       | Pain Assessment and Follow-Up<br><br>Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present  | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania |
| !  | 2624<br>/182 | N/A                 | Claims,<br>Registry          | Process         | Communication and Care Coordination       | Functional Outcome Assessment<br><br>Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies | Centers for Medicare & Medicaid Services/<br>Quality Insights of Pennsylvania |
| §<br>!!  | 0052<br>/312 | 166v5               | Web Interface,<br>EHR        | Process         | Efficiency and Cost Reduction             | Use of Imaging Studies for Low Back Pain<br><br>Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis   | National Committee for Quality Assurance                                      |
|  | N/A/<br>408  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Opioid Therapy Follow-up Evaluation<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record  | American Academy of Neurology   |
|  | N/A/<br>412  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Documentation of Signed Opioid Treatment Agreement<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record   | American Academy of Neurology   |
|  | N/A/<br>414  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Evaluation or Interview for Risk of Opioid Misuse<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record                                    | American Academy of Neurology   |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |   |   |

| MIPS ID Number  | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                                | Measure Title and Description*  | Measure Steward  |
|---|--------------|---------------------|------------------------------|-----------------|--|---|--|
| <b>16. Plastic Surgery</b>  |              |                     |                              |                 |  |   |  |
| !!  | 0268<br>/021 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety  | <p>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis</p>  | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !   | 0239<br>/023 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety  | <p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !   | N/A/<br>358  | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | <p>Patient-Centered Surgical Risk Assessment and Communication</p> <p>Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon</p>  | American College of Surgeons   |
| <p><b>Cross-cutting measure requirement:</b><br/> In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |  |   |  |

| MIPS ID Number                 | NOF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type             | National<br>Quality<br>Strategy<br>Domain                                 | Measure Title and Description*   | Measure Steward   |
|--------------------------------|--------------|---------------------|--|-----------------------------|---|--|---|
| <b>17. Preventive Medicine</b> |              |                     |  |                             |   |  |   |
| *<br>§<br>!                    | 0059<br>/001 | 122v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Intermed<br>iate<br>Outcome | Effective<br>Clinical<br>Care   | Diabetes: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)<br><br>Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period  | National<br>Committee<br>for Quality<br>Assurance   |
| !                              | 0045<br>/024 | N/A                 | Claims,<br>Registry                              | Process                     | Communi<br>cation<br>and Care<br>Coordinati<br>on                         | Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older<br><br>Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
|                                | 0046<br>/039 | N/A                 | Claims,<br>Registry                              | Process                     | Effective<br>Clinical<br>Care   | Screening for Osteoporosis for Women Aged 65-85 Years of Age<br><br>Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis  | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
|                                | N/A/<br>048  | N/A                 | Claims,<br>Registry                              | Process                     | Effective<br>Clinical<br>Care   | Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older<br><br>Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months   | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
| !                              | N/A/<br>109  | N/A                 | Claims,<br>Registry                              | Process                     | Person<br>and<br>Caregiver-<br>Centered<br>Experienc<br>e and<br>Outcomes | Osteoarthritis (OA): Function and Pain Assessment<br><br>Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis (OA) with assessment for function and pain   | American<br>Academy of<br>Orthopedic<br>Surgeons  |
|                                | 0041<br>/110 | 147v5               | Claims,<br>Web                                   | Process                     | Communi<br>ty/  | Preventive Care and Screening: Influenza Immunization  | American<br>Medical   |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                     | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|--|--------------|---------------------|--|-----------------|---|---|--|
| <b>17. Preventive Medicine</b>   |              |                     |  |                 |   |   |  |
|  |              |                     | Interface,<br>Registry,<br>EHR                   |                 | Populatio<br>n Health                     | Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization | Association-Physician Consortium for Performance Improvement |
|  | 0043<br>/111 | 127v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Communi<br>ty/<br>Populatio<br>n Health   | Pneumonia Vaccination Status for Older Adults<br><br>Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine   | National Committee for Quality Assurance                     |
| *<br>§   | 2372<br>/112 | 125v4               | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR | Process         | Effective<br>Clinical<br>Care             | Breast Cancer Screening<br><br>Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer   | National Committee for Quality Assurance                     |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |  |                 |   |   |  |

| MIPS ID Number       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward               |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|---|-------------------------------|
| <b>18. Neurology</b> |              |                     |                              |                 |   |   |                               |
|                      | 0325<br>/032 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care             | Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an antithrombotic at discharge | American Academy of Neurology |
| *                    | 1814<br>/268 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care             | Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy<br><br>All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year             | American Academy of Neurology |
|                      | N/A/<br>281  | 149v4               | EHR                          | Process         | Effective<br>Clinical<br>Care             | Dementia: Cognitive Assessment<br><br>Percentage of patients, regardless of age, with a   | American Medical Association- |

| MIPS ID Number       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>18. Neurology</b> |              |                     |                              |                 |   |   |  |
|                      |              |                     |                              |                 |   | diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period  | Physician Consortium for Performance Improvement                   |
| *                    | N/A/<br>282  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Dementia: Functional Status Assessment<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period  | American Academy of Neurology/<br>American Psychiatric Association |
| *                    | N/A/<br>283  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Dementia: Neuropsychiatric Symptom Assessment<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period   | American Academy of Neurology/<br>American Psychiatric Association |
| *                    | N/A/<br>284  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Dementia: Management of Neuropsychiatric Symptoms<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period          | American Academy of Neurology/<br>American Psychiatric Association |
| *<br>!               | N/A/<br>286  | N/A                 | Registry                     | Process         | Patient Safety                            | Dementia: Counseling Regarding Safety Concerns<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period  | American Academy of Neurology/<br>American Psychiatric Association |
| *<br>!               | N/A/<br>288  | N/A                 | Registry                     | Process         | Communication and Care Coordination       | Dementia: Caregiver Education and Support<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period | American Academy of Neurology/<br>American Psychiatric Association |
| *                    | N/A/<br>290  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment:<br><br>All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually       | American Academy of Neurology                                      |
| *                    | N/A/<br>291  | N/A                 | Registry                     | Process         | Effective Clinical Care                   | Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment<br><br>All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually   | American Academy of Neurology                                      |



| MIPS ID Number       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                                 | Measure Title and Description*   | Measure Steward                     |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|--|-------------------------------------|
| <b>18. Neurology</b> |              |                     |                              |                 |   |  |                                     |
| *<br>!               | N/A/<br>293  | N/A                 | Registry                     | Process         | Communi-<br>cation<br>and Care<br>Coordinati<br>on                        | Parkinson's Disease: Rehabilitative Therapy Options<br><br>All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually   | American<br>Academy of<br>Neurology |
| *<br>!               | N/A/<br>294  | N/A                 | Registry                     | Process         | Communi-<br>cation<br>and Care<br>Coordinati<br>on                        | Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed<br><br>All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually | American<br>Academy of<br>Neurology |
| !                    | N/A/<br>386  | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver-<br>Centered<br>Experienc<br>e and<br>Outcomes | Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences<br><br>Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g. advance directives, invasive ventilation, hospice) at least once annually   | American<br>Academy of<br>Neurology |
|                      | N/A/<br>408  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care   | Opioid Therapy Follow-up Evaluation<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record   | American<br>Academy of<br>Neurology |
|                      | N/A/<br>412  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care   | Documentation of Signed Opioid Treatment Agreement<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record  | American<br>Academy of<br>Neurology |
|                      | N/A/<br>414  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care   | Evaluation or Interview for Risk of Opioid Misuse<br><br>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAAP-R) or patient interview documented at least once during Opioid Therapy in the medical record                       | American<br>Academy of<br>Neurology |
| !!                   | N/A/<br>419  | N/A                 | Claims,<br>Registry          | Efficiency      | Efficiency<br>and Cost<br>Reduction                                       | Overuse Of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination<br><br>Percentage of patients with a diagnosis of primary headache disorder whom advanced brain imaging was not ordered   | American<br>Academy of<br>Neurology |
| !                    | N/A/<br>435  | N/A                 | Claims,<br>Registry          | Outcome         | Effective<br>Clinical<br>Care   | Quality Of Life Assessment For Patients With Primary Headache Disorders<br><br>Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life   | American<br>Academy of<br>Neurology |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward |
|--|--------------|---------------------|------------------------------|-----------------|---|--|-----------------|
| <b>18. Neurology</b>   |              |                     |                              |                 |   |  |                 |
|  |              |                     |                              |                 |   | (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved |                 |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |  |                 |

| MIPS ID Number                      | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method  | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|-------------------------------------|--------------|---------------------|---|-----------------|---|--|---|
| <b>19. Mental/Behavioral Health</b> |              |                     |   |                 |   |  |   |
|                                     | 105/<br>009  | 128v4               | EHR   | Process         | Effective<br>Clinical<br>Care             | <p>Anti-Depressant Medication Management</p> <p>Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment</p> <p>Two rates are reported</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p> | National<br>Committee<br>for Quality<br>Assurance/A<br>merican<br>Heart<br>Association                        |
| *                                   | 0418<br>/134 | N/A                 | Claims,<br>Web<br>Interface,<br>Registry,<br>EHR,<br>Measures<br>Groups | Process         | Communit<br>y/<br>Population<br>Health    | <p>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</p> <p>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen</p>  | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Mathematica<br>/ Quality<br>Insights of<br>Pennsylvania |
| !                                   | N/A/<br>181  | N/A                 | Claims,<br>Registry   | Process         | Patient<br>Safety                         | <p>Elder Maltreatment Screen and Follow-Up Plan</p> <p>Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening Tool on the date of encounter AND a documented follow-up plan on the date of the positive screen</p>   | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>Quality<br>Insights of<br>Pennsylvania                  |

| MIPS ID Number                      | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain         | Measure Title and Description*  | Measure Steward  |
|-------------------------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>19. Mental/Behavioral Health</b> |              |                     |                              |                 |   |   |  |
|                                     | N/A/<br>281  | 149v4               | EHR                          | Process         | Effective<br>Clinical<br>Care                     | Dementia: Cognitive Assessment<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period  | American Medical Association-Physician Consortium for Performance Improvement                                      |
| *                                   | N/A/<br>282  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care                     | Dementia: Functional Status Assessment<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period  | American Academy of Neurology/<br>American Psychiatric Association   |
| *                                   | N/A/<br>283  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care                     | Dementia: Neuropsychiatric Symptom Assessment<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period   | American Academy of Neurology/<br>American Psychiatric Association   |
| *                                   | N/A/<br>284  | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care                     | Dementia: Management of Neuropsychiatric Symptoms<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period  | American Academy of Neurology/<br>American Psychiatric Association   |
| *<br>!                              | N/A/<br>286  | N/A                 | Registry                     | Process         | Patient<br>Safety                                 | Dementia: Counseling Regarding Safety Concerns<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period  | American Academy of Neurology/<br>American Psychiatric Association   |
| *<br>!                              | N/A/<br>288  | N/A                 | Registry                     | Process         | Communica<br>tion and<br>Care<br>Coordinati<br>on | Dementia: Caregiver Education and Support<br><br>Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period   | American Academy of Neurology/<br>American Psychiatric Association   |
| !                                   | N/A/<br>325  | N/A                 | Registry                     | Process         | Communica<br>tion/<br>Care<br>Coordinati<br>on    | Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions<br><br>Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician | American Psychiatric Association/<br>American Medical Association-Physician Consortium for Performance Improvement |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type         | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>y</sup>  | Measure Steward  |
|--|--------------|---------------------|------------------------------|-------------------------|---|---|--|
| <b>19. Mental/Behavioral Health</b>  |              |                     |                              |                         |   |   |  |
|  |              |                     |                              |                         |   | treating the comorbid condition   | t  |
| !  | 1879<br>/383 | N/A                 | Registry                     | Intermediate<br>Outcome | Patient<br>Safety                         | Adherence to Antipsychotic Medications for Individuals with Schizophrenia<br><br>Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months)  | Health Services Advisory Group/ Centers for Medicare & Medicaid Services |
| !  | 0576<br>/391 | N/A                 | Registry                     | Process                 | Communication/<br>Care<br>Coordination    | Follow-up After Hospitalization for Mental Illness (FUH)<br><br>The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:<br>- The percentage of discharges for which the patient received follow-up within 30 days of discharge<br>- The percentage of discharges for which the patient received follow-up within 7 days of discharge | National Committee for Quality Assurance                                 |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                         |   |   |  |

| MIPS ID Number            | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description <sup>y</sup>   | Measure Steward   |
|---------------------------|--------------|---------------------|------------------------------|-----------------|---|--|---|
| <b>20. Radiology</b>      |              |                     |                              |                 |   |  |   |
| 20a. Diagnostic Radiology |              |                     |                              |                 |   |  |   |
| !!                        | N/A/<br>145  | N/A                 | Registry                     | Process         | Patient<br>Safety                         | Radiology: Exposure Time Reported for Procedures Using Fluoroscopy<br><br>Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available) | American College of Radiology/<br>American Medical Association-Physician Consortium |

| MIPS ID Number       | NQF/<br>PORS     | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain     | Measure Title and Description*  | Measure Steward   |
|----------------------|------------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>20. Radiology</b> |                  |                     |                              |                 |   |   |   |
|                      |                  |                     |                              |                 |   |   | for<br>Performance<br>Improvement   |
| !                    | 0508<br>/<br>146 | N/A                 | Claims,<br>Registry          | Process         | Efficiency<br>and Cost<br>Reduction           | Radiology: Inappropriate Use of "Probably Benign"<br>Assessment Category in Mammography Screening<br><br>Percentage of final reports for screening<br>mammograms that are classified as "probably<br>benign"  | American<br>College of<br>Radiology/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement                               |
| !                    | N/A/<br>147      | N/A                 | Claims,<br>Registry          | Process         | Communica<br>tion and<br>Care<br>Coordination | Nuclear Medicine: Correlation with Existing Imaging<br>Studies for All Patients Undergoing Bone Scintigraphy<br><br>Percentage of final reports for all patients, regardless<br>of age, undergoing bone scintigraphy that include<br>physician documentation of correlation with existing<br>relevant imaging studies (e.g., x-ray, MRI, CT, etc.)<br>that were performed   | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/<br>Society of<br>Nuclear<br>Medicine and<br>Molecular<br>Imaging |
|                      | 0507<br>/<br>195 | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical Care                    | Radiology: Stenosis Measurement in Carotid Imaging<br>Reports<br><br>Percentage of final reports for carotid imaging studies<br>(neck magnetic resonance angiography [MRA], neck<br>computed tomography angiography [CTA], neck<br>duplex ultrasound, carotid angiogram) performed<br>that include direct or indirect reference to<br>measurements of distal internal carotid diameter as<br>the denominator for stenosis measurement | American<br>College of<br>Radiology/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement                               |
| !                    | 0509<br>/225     | N/A                 | Claims,<br>Registry          | Structure       | Communica<br>tion and<br>Care<br>Coordination | Radiology: Reminder System for Screening<br>Mammograms<br><br>Percentage of patients undergoing a screening<br>mammogram whose information is entered into a<br>reminder system with a target due date for the next<br>mammogram  | American<br>College of<br>Radiology/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement                               |

| MIPS ID Number       | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward               |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|--|-------------------------------|
| <b>20. Radiology</b> |              |                     |                              |                 |   |  |                               |
| *<br>!               | N/A/<br>359  | N/A                 | Registry                     | Process         | Communication and Care Coordination       | <p>Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging</p> <p>Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems</p>   | American College of Radiology |
| *<br>!!              | N/A/<br>360  | N/A                 | Registry                     | Process         | Patient Safety                            | <p>Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies</p> <p>Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study.</p>  | American College of Radiology |
| *<br>!               | N/A/<br>361  | N/A                 | Registry                     | Structure       | Patient Safety                            | <p>Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry</p> <p>Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements</p>  | American College of Radiology |
| *<br>!               | N/A/<br>362  | N/A                 | Registry                     | Structure       | Communication and Care Coordination       | <p>Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes</p> <p>Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study</p> <p>This measure was finalized for inclusion in 2014 PQRS in the CY 2013 PFS Final Rule (see Table 52 at 78 FR 74667)</p> | American College of Radiology |
| *<br>!               | N/A/<br>363  | N/A                 | Registry                     | Process         | Communication and Care Coordination       | <p>Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive</p> <p>Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of</p>  | American College of Radiology |

| MIPS ID Number       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|----------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>20. Radiology</b> |              |                     |                              |                 |   |   |  |
|                      |              |                     |                              |                 |   | age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed   |  |
| *<br>!!              | N/A/<br>364  | N/A                 | Registry                     | Process         | Communication and Care Coordination       | Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines<br><br>Percentage of final reports for computed tomography (CT) imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors | American College of Radiology  |
|                      | N/A/<br>405  | N/A                 | Claims, Registry             | Process         | Effective Clinical Care                   | Appropriate Follow-up Imaging for Incidental Abdominal Lesions<br><br>Percentage of final reports for abdominal imaging studies for asymptomatic patients aged 18 years and older with one or more of the following noted incidentally with follow-up imaging recommended: <ul style="list-style-type: none"> <li>• Liver lesion <math>\leq</math> 0.5 cm</li> <li>• Cystic kidney lesion <math>&lt;</math> 1.0 cm</li> <li>• Adrenal lesion <math>\leq</math> 1.0 cm</li> </ul>  | American College of Radiology  |
| !!                   | N/A/<br>406  | N/A                 | Claims, Registry             | Process         | Effective Clinical Care                   | Appropriate Follow-Up Imaging for Incidental Thyroid Nodules in Patients<br><br>Percentage of final reports for computed tomography (CT) or magnetic resonance imaging (MRI) studies of the chest or neck or ultrasound of the neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule $<$ 1.0 cm noted incidentally with follow-up imaging recommended   | American College of Radiology  |
|                      | N/A/<br>436  | N/A                 | Claims, Registry             | Process         | Effective Clinical Care                   | Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques<br><br>Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used: <ul style="list-style-type: none"> <li>• Automated exposure control</li> <li>• Adjustment of the mA and/or kV according to patient size</li> <li>• Use of iterative reconstruction technique</li> </ul>   | American College of Radiology/<br>American Medical Association-Physician Consortium for Performance Improvement / National Committee |

| MIPS ID Number                       | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain            | Measure Title and Description*  | Measure Steward   |
|--------------------------------------|--------------|---------------------|------------------------------|-----------------|--|---|---|
| <b>20. Radiology</b>                 |              |                     |                              |                 |  |   |   |
|                                      |              |                     |                              |                 |  |   | for Quality Assurance   |
| <b>20b. Interventional Radiology</b> |              |                     |                              |                 |  |   |   |
| !                                    | N/A/<br>259  | N/A                 | Registry                     | Outcome         | Patient Safety                                       | Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)<br><br>Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2)                                  | Society for Vascular Surgeons   |
| !                                    | N/A/<br>265  | N/A                 | Registry                     | Process         | Communication and Care Coordination                  | Biopsy Follow-Up<br><br>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician   | American Academy of Dermatology   |
| !                                    | N/A/<br>344  | N/A                 | Registry                     | Outcome         | Effective Clinical Care                              | Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)<br><br>Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2  | Society for Vascular Surgeons   |
| !                                    | N/A/<br>345  | N/A                 | Registry                     | Outcome         | Effective Clinical Care                              | Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)<br><br>Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital   | Society for Vascular Surgeons   |
| <b>20c. Radiation Oncology</b>       |              |                     |                              |                 |  |   |   |
| *<br>§<br>!!                         | 0389<br>/102 | 129v5               | Registry,<br>EHR             | Process         | Efficiency and Cost Reduction                        | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients<br><br>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer | American Medical Association-Physician Consortium for Performance Improvement |
| §<br>!                               | 0384<br>/143 | 157v4               | Registry,<br>EHR             | Process         | Person and Caregiver Centered Experience and Outcome | Oncology: Medical and Radiation – Pain Intensity Quantified<br><br>Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified  | American Medical Association-Physician Consortium for Performance Improvement |



| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                           | Measure Title and Description*  | Measure Steward                         |
|--|--------------|---------------------|------------------------------|-----------------|---|---|---|
| <b>20. Radiology</b>   |              |                     |                              |                 |   |   |   |
| !  | 0383<br>/144 | N/A                 | Registry                     | Process         | Person and<br>Caregiver<br>Centered<br>Experience<br>and<br>Outcome | Oncology: Medical and Radiation – Plan of Care for Pain<br><br>Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain   | American Society of Clinical Oncology   |
| !!   | 0382<br>/156 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety   | Oncology: Radiation Dose Limits to Normal Tissues<br><br>Percentage of patients, regardless of age, with a diagnosis of breast, rectal, pancreatic or lung cancer receiving 3D conformal radiation therapy who had documentation in medical record that radiation dose limits to normal tissues were established prior to the initiation of a course of 3D conformal radiation for a minimum of two tissues | American Society for Radiation Oncology |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |   |   |

| MIPS ID Number               | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward               |
|------------------------------|--------------|---------------------|------------------------------|-----------------|---|---|-------------------------------|
| <b>21. Surgery</b>           |              |                     |                              |                 |   |   |                               |
| <b>21a. Vascular Surgery</b> |              |                     |                              |                 |   |   |                               |
| !                            | N/A/<br>258  | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Rate of Open Elective Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)<br><br>Percent of patients undergoing open repair of small or moderate sized non-ruptured abdominal aortic aneurysms who do not experience a major complication (discharge to home no later than post-operative day #7) | Society for Vascular Surgeons |

| MIPS ID Number              | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|-----------------------------|--------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>21. Surgery</b>          |              |                     |                              |                 |   |  |  |
| !                           | N/A/<br>259  | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged at Home by Post-Operative Day #2)<br><br>Percent of patients undergoing endovascular repair of small or moderate non-ruptured abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to home no later than post-operative day #2) | Society for Vascular Surgeons  |
| !                           | N/A/<br>260  | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)<br><br>Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-operative day #2)   | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                           | N/A/<br>344  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care             | Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)<br><br>Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-operative day #2   | Society for Vascular Surgeons  |
| !                           | N/A/<br>345  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care             | Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)<br><br>Percent of asymptomatic patients undergoing CAS who experience stroke or death following surgery while in the hospital  | Society for Vascular Surgeons  |
| !                           | 1534<br>/347 | N/A                 | Registry                     | Outcome         | Patient<br>Safety                         | Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die While in Hospital<br><br>Percent of patients undergoing endovascular repair of small or moderate abdominal aortic aneurysms (AAA) who die while in the hospital   | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| <b>21b. General Surgery</b> |              |                     |                              |                 |   |  |  |
| !!                          | 0268<br>/021 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin<br><br>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a  | American Medical Association-Physician Consortium  |

| MIPS ID Number     | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|--------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>21. Surgery</b> |              |                     |                              |                 |   |   |  |
|                    |              |                     |                              |                 |   | first OR second generation cephalosporin prophylactic antibiotic, which had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis   | for Performance Improvement / National Committee for Quality Assurance   |
| !                  | 0271 /022    | N/A                 | Claims, Registry             | Process         | Patient Safety                            | <p>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)</p> <p>Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</p>   | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| !                  | 0239 /023    | N/A                 | Claims, Registry             | Process         | Patient Safety                            | <p>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</p> <p>Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</p> | American Medical Association-Physician Consortium for Performance Improvement / National Committee for Quality Assurance |
| *<br>!             | N/A/ 354     | N/A                 | Registry                     | Outcome         | Patient Safety                            | <p>Anastomotic Leak Intervention</p> <p>Percentage patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery</p>   | American College of Surgeons   |
| *<br>!             | N/A/ 355     | N/A                 | Registry                     | Outcome         | Patient Safety                            | <p>Unplanned Reoperation within the 30 Day Postoperative Period</p> <p>Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period</p>  | American College of Surgeons   |
| *<br>!             | N/A/ 356     | N/A                 | Registry                     | Outcome         | Effective Clinical Care                   | <p>Unplanned Hospital Readmission within 30 Days of Principal Procedure</p> <p>Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure</p>   | American College of Surgeons   |

| MIPS ID Number   | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                                | Measure Title and Description*  | Measure Steward                    |
|--|--------------|---------------------|------------------------------|-----------------|--|---|------------------------------------|
| <b>21. Surgery</b>   |              |                     |                              |                 |  |   |                                    |
| *<br>!   | N/A/<br>357  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care  | Surgical Site Infection (SSI)<br><br>Percentage of patients aged 18 years and older who had a surgical site infection (SSI)   | American<br>College of<br>Surgeons |
| !  | N/A/<br>358  | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver-<br>Centered<br>Experience<br>and<br>Outcomes | Patient-Centered Surgical Risk Assessment and Communication<br><br>Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon | American<br>College of<br>Surgeons |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |  |   |                                    |

| MIPS ID Number              | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|-----------------------------|--------------|---------------------|------------------------------|-----------------|---|---|--|
| <b>22. Thoracic Surgery</b> |              |                     |                              |                 |   |   |  |
| !!                          | 0268<br>/021 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin<br><br>Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis   | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance/<br>National<br>Committee<br>for Quality<br>Assurance |
| !                           | 0239<br>/023 | N/A                 | Claims,<br>Registry          | Process         | Patient<br>Safety                         | Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)<br><br>Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance/<br>National<br>Committee<br>for Quality<br>Assurance |

| MIPS ID Number              | NQF/<br>PORS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain                    | Measure Title and Description*   | Measure Steward              |
|-----------------------------|--------------|---------------------|------------------------------|-----------------|--|--|------------------------------|
| <b>22. Thoracic Surgery</b> |              |                     |                              |                 |  |  |                              |
| !                           | 0129<br>/164 | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care                                | time<br>Coronary Artery Bypass Graft (CABG): Prolonged Intubation<br><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require postoperative intubation > 24 hours   | American Thoracic Society    |
| *<br>!                      | 0130<br>/165 | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care                                | Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate<br><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention                                    | American Thoracic Society    |
| *<br>!                      | 0131<br>/166 | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care                                | Coronary Artery Bypass Graft (CABG): Stroke<br><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours                                | American Thoracic Society    |
| *<br>!                      | 0114<br>/167 | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care                                | Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure<br><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis   | American Thoracic Society    |
| *<br>!                      | 0115<br>/168 | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care                                | Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration<br><br>Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason | Society of Thoracic Surgeons |
| *<br>!                      | N/A/<br>357  | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care                                | Surgical Site Infection (SSI)<br><br>Percentage of patients aged 18 years and older who had a surgical site infection (SSI)  | American College of Surgeons |
| !                           | N/A/<br>358  | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver-<br>Centered<br>Experience<br>and | Patient-Centered Surgical Risk Assessment and Communication<br><br>Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their  | American College of Surgeons |

| MIPS ID Number  | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward |
|---|--------------|---------------------|------------------------------|-----------------|---|---|-----------------|
| <b>22. Thoracic Surgery</b>   |              |                     |                              |                 |   |   |                 |
|   |              |                     |                              |                 | Outcomes                                  | surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon |                 |
| <p><b>Cross-cutting measure requirement:</b><br/>           In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |              |                     |                              |                 |   |   |                 |

| MIPS ID Number     | NQF/<br>PQRS  | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain               | Measure Title and Description*   | Measure Steward  |
|--------------------|---------------|---------------------|------------------------------|-----------------|---|--|--|
| <b>23. Urology</b> |               |                     |                              |                 |   |  |  |
|                    | N/A/<br>048   | N/A                 | Claims,<br>Registry          | Process         | Effective<br>Clinical<br>Care                           | Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older<br><br>Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months   | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |
| !                  | N/A/<br>050   | N/A                 | Claims,<br>Registry          | Process         | Person and Caregiver - Centered Experience and Outcomes | Urinary Incontinence: Assessment of Presence or Absence Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older<br><br>Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months  | National Committee for Quality Assurance/<br>American Medical Association-Physician Consortium for Performance Improvement |
| *<br>§<br>!!       | 0389<br>/ 102 | 129v5               | Registry,<br>EHR             | Process         | Efficiency and Cost Reduction                           | Prostate Cancer: Avoidance of Overuse of Bone Scan for staging Low Risk Prostate Cancer Patients<br><br>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time | American Medical Association-Physician Consortium for Performance Improvement  |

| MIPS ID Number   | NQF/<br>PQRS  | CMS<br>E-Measure ID | Data<br>Submission<br>Method | Measure<br>Type | National<br>Quality<br>Strategy<br>Domain  | Measure Title and Description*   | Measure Steward   |
|--|---------------|---------------------|------------------------------|-----------------|--|--|---|
| <b>23. Urology</b>   |               |                     |                              |                 |  |  |   |
|  |               |                     |                              |                 |  | since diagnosis of prostate cancer   |   |
|  | 0390<br>/ 104 | N/A                 | Registry                     | Process         | Effective<br>Clinical<br>Care  | Prostate Cancer: Adjuvant Hormonal Therapy for High Risk or very High Risk Prostate Cancer<br><br>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist | American Medical Association-Physician Consortium for Performance Improvement/ American Urological Association Education and Research |
| !  | N/A/<br>265   | N/A                 | Registry                     | Process         | Communi-<br>cation<br>and Care<br>Coordina-<br>tion                                | Biopsy Follow-Up<br><br>Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient by the performing physician  | American Academy of Dermatology   |
| *<br>!   | N/A/<br>357   | N/A                 | Registry                     | Outcome         | Effective<br>Clinical<br>Care  | Surgical Site Infection (SSI)<br><br>Percentage of patients aged 18 years and older who had a surgical site infection (SSI)  | American College of Surgeons  |
| !  | N/A/<br>358   | N/A                 | Registry                     | Process         | Person<br>and<br>Caregiver<br>-<br>Centered<br>Experien-<br>ce and<br>Outcome<br>s | Patient-Centered Surgical Risk Assessment and Communication<br><br>Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon      | American College of Surgeons  |
| <p><b>Cross-cutting measure requirement:</b><br/>In addition to reporting measures within the specialty measure set, MIPS eligible clinicians that have face-to-face encounters and are considered patient-facing providers, must report at least one cross-cutting measure from the cross-cutting measures list in Table C.</p> |               |                     |                              |                 |  |  |   |

**TABLE F: 2016 PQRS Measures Proposed for Removal for MIPS Reporting in 2017**

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method   | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|----------------|--------------|---------------------|--------------------------------|---|--|--|
|                | N/A/<br>002  | 163v4               | EHR                            | Effective<br>Clinical<br>Care             | <p>Diabetes: Low Density Lipoprotein (LDL-C) Control (&lt;100 mg/dL)</p> <p>Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (&lt; 100 mg/dL) during the measurement period</p> <p><b>Rationale:</b> This measure no longer reflects evidence. CMS proposes removal of measure because it no longer reflects clinical guidelines and evidence. Clinical guidelines are better represented by PQRS # 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.</p>   | National<br>Committee<br>for Quality<br>Assurance  |
| !              | 0271/<br>022 | N/A                 | Claims,<br>Registry            | Patient<br>Safety                         | <p>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)</p> <p>Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</p> <p><b>Rationale:</b> CMS proposes to remove this measure because it is considered low bar and is part of standard clinical practice. There is no significant performance gap for this measure as indicated by high performance rates. Removing this measure will not significantly impact surgeons' ability to report.</p> | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/ National<br>Committee<br>for Quality<br>Assurance |
|                | NA/<br>041   | NA                  |                                | Effective<br>Clinical<br>Care             | <p>Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older</p> <p>Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</p> <p><b>Rationale:</b> The measure steward will no longer support stewardship of this measure. Measures implemented in the quality measure program are required to be updated annually by the measure steward. Since the measure steward has removed its support to update this measure in 2017, CMS proposes removal of the measure.</p>   | National<br>Committee<br>for Quality<br>Assurance/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement  |
|                | 0047/<br>053 | N/A                 | Registry,<br>Measures<br>Group | Effective<br>Clinical<br>Care             | <p>Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting</p> <p>Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication</p> <p><b>Rationale:</b> CMS proposes removal of this measure because it is being replaced by NQF 1799: Medication Management for People with Asthma. NQF #1799 is a measure included on</p>  | American<br>Academy of<br>Allergy,<br>Asthma, and<br>Immunology/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium                         |



| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method                      | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward  |
|----------------|--------------|---------------------|---|---|---|--|
|                |              |                     |   |   | collaborative core set.   | for<br>Performance<br>Improvement<br>/ National<br>Committee<br>for Quality<br>Assurance   |
|                | 0090/<br>054 | N/A                 | Claims,<br>Registry                               | Effective<br>Clinical<br>Care             | <p>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain</p> <p>Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead electrocardiogram (ECG) performed</p> <p><b>Rationale:</b> CMS proposes to remove this measure because it is considered low bar and is part of standard clinical practice. There is no significant performance gap for this measure as indicated by high performance rates. Removal of this measure does not impact the number of adequate measures for Emergency Department Physicians.</p>   | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/ National<br>Committee<br>for Quality<br>Assurance   |
|                | 0387/<br>071 | CMS1<br>40v4        | Claims,<br>Registry,<br>EHR,<br>Measures<br>Group | Effective<br>Clinical<br>Care             | <p>Breast Cancer: Hormonal Therapy for Stage IC -IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</p> <p>Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p> <p><b>Rationale:</b> Due to the agreement with the Core Measure Collaborative, CMS proposes to remove this measure as it is similar to a core measure. This measure is closely related to one of the core measures covered under the Core Measure Collaborative and is not included in the core measure set. Additionally, the clinical performance identified with this measure can be addressed by the measures within the core measure set.</p> | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/American<br>Society of<br>Clinical<br>Oncology/<br>National<br>Comprehensi<br>ve Cancer<br>Network |
|                | 0385<br>/072 | CMS1<br>41v5        | Claims,<br>Registry,<br>EHR,<br>Measures<br>Group | Effective<br>Clinical<br>Care             | <p>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients</p> <p>Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period</p> <p><b>Rationale:</b> Due to the agreement with the Core Measure Collaborative, CMS proposes to remove this measure as it is similar to a core measure. This measure is closely related to one of the core measures covered under the Core Measure Collaborative and is not included in the core measure set. Additionally, the clinical performance identified with this measure can be addressed by the measures within the core measure set.</p>                  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/American<br>Society of<br>Clinical<br>Oncology/<br>National<br>Comprehensi<br>ve Cancer<br>Network |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|----------------|--------------|---------------------|------------------------------|---|--|---|
|                | 0395/<br>084 | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed within 12 months prior to initiation of antiviral treatment</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p>                  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/American<br>Gastroentero-<br>logical<br>Association |
|                | 0396/<br>085 | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Hepatitis C: Hepatitis C Virus (HCV) Genotype Testing Prior to Treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom hepatitis C virus (HCV) genotype testing was performed within 12 months prior to initiation of antiviral treatment</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p>  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/American<br>Gastroentero-<br>logical<br>Association |
|                | 0398/<br>087 | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed between 4-12 weeks after the initiation of antiviral treatment</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> | American<br>Academy of<br>Neurology/<br>American<br>Psychiatric<br>Association  |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method   | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward  |
|----------------|--------------|---------------------|--------------------------------|---|--|--|
|                | 0054/<br>108 | N/A                 | Measures<br>Group              | Effective<br>Clinical<br>Care             | <p>Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy</p> <p>Percentage of patients aged 18 years and older who were diagnosed with rheumatoid arthritis and were prescribed, dispensed, or administered at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> | National<br>Committee<br>for Quality<br>Assurance  |
|                | N/A/<br>121  | N/A                 | Registry,<br>Measures<br>Group | Effective<br>Clinical<br>Care             | <p>Adult Kidney Disease: Laboratory Testing (Lipid Profile)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period</p> <p><b>Rationale:</b> CMS proposes removal of this measure because it is considered a low bar measure and is part of standard clinical practice. There is no significant performance gap for this measure as indicated by high performance rates.</p>   | Renal<br>Physicians<br>Association   |
|                | 0399/<br>183 | N/A                 | Measures<br>Group              | Communi-<br>ty/<br>Populatio<br>n Health  | <p>Hepatitis C: Hepatitis A Vaccination</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure, this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p>  | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/<br>American<br>Gastroenterol<br>ogical<br>Association |
|                | N/A/<br>241  | 182v5               | EHR                            | Effective<br>Clinical<br>Care             | <p>Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (&lt; 100 mg/dL)</p> <p>Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (&lt;</p>   | National<br>Committee<br>for Quality<br>Assurance  |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method   | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|----------------|--------------|---------------------|--------------------------------|---|--|---|
|                |              |                     |                                |   | 100 mg/dL)<br><br><b>Rationale:</b> This measure no longer reflects evidence. CMS proposes removal of measure because it no longer reflects clinical guidelines and evidence. Clinical guidelines are better represented by PQRS # 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.   |   |
|                | N/A/<br>242  | N/A                 | Measures<br>Group              | Effective<br>Clinical<br>Care             | Coronary Artery Disease (CAD): Symptom Management<br><br>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period<br><br><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice. | American<br>College of<br>Cardiology/<br>American<br>Heart<br>Association/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
|                | N/A/<br>270  | N/A                 | Registry,<br>Measures<br>Group | Effective<br>Clinical<br>Care             | Inflammatory Bowel Disease (IBD): Preventive Care:<br>Corticosteroid Sparing Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills that have been prescribed corticosteroid sparing therapy within the last twelve months<br><br><b>Rationale:</b> Due to the agreement with the Core Measure Collaborative, CMS proposes to remove this measure. This measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set.                       | American<br>Gastroenterol<br>ogical<br>Association  |
|                | N/A/<br>274  | N/A                 | Registry,<br>Measures<br>Group | Effective<br>Clinical<br>Care             | Inflammatory Bowel Disease (IBD): Testing for Latent<br>Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis<br>Factor) Therapy<br><br>Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) for whom a tuberculosis (TB) screening was performed and results interpreted within six months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy<br><br><b>Rationale:</b> Due to the agreement with the Core Measure Collaborative, CMS proposes to remove this measure. This   | American<br>Gastroenterol<br>ogical<br>Association  |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|----------------|--------------|---------------------|------------------------------|---|--|---|
|                |              |                     |                              |   | measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set.  |   |
|                | N/A/<br>280  | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Dementia: Staging of Dementia</p> <p>Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12 month period</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p>  | American<br>Academy of<br>Neurology/<br>American<br>Psychiatric<br>Association  |
|                | N/A/<br>287  | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Dementia: Counseling Regarding Risks of Driving</p> <p>Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12 month period</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p>   | American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement<br>/<br>American<br>Gastroentero-<br>logical<br>Association |
|                | N/A/<br>289  | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review</p> <p>All patients with a diagnosis of Parkinson's disease who had an annual assessment including a review of current medications (e.g., medications that can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> | American<br>Academy of<br>Neurology   |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*   | Measure Steward   |
|----------------|--------------|---------------------|------------------------------|---|--|---|
|                | N/A/<br>292  | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Parkinson's Disease: Querying about Sleep Disturbances</p> <p>All patients with a diagnosis of Parkinson's disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually</p> <p><b>Rationale:</b> This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the proposed MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS proposes to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> | American<br>Academy of<br>Neurology                       |
|                | 0036/<br>311 | 126v4               | EHR                          | Effective<br>Clinical<br>Care             | <p>Use of Appropriate Medications for Asthma</p> <p>Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period</p> <p><b>Rationale:</b> This measure has a high performance rate and shows little variation in care. CMS proposes removal of measure because it has a high performance rate and is clinically close to another measure that is being proposed, NQF 1799: Medication Management for people with Asthma.</p>  | National<br>Committee<br>for Quality<br>Assurance         |
|                | 2083/<br>339 | N/A                 | Measures<br>Group            | Effective<br>Clinical<br>Care             | <p>Prescription of HIV Antiretroviral Therapy</p> <p>Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year</p> <p><b>Rationale:</b> Due to the agreement with the Core Measure Collaborative, CMS proposes to remove this measure. This measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set.</p>  | Health<br>Resources<br>and Services<br>Administra<br>tion |
|                | N/A/<br>365  | 148v4               | EHR                          | Effective<br>Clinical<br>Care             | <p>Hemoglobin A1c Test for Pediatric Patients</p> <p>Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period</p> <p><b>Rationale:</b> CMS proposes removal of this measure because the measure owner is no longer supporting implementation. Additionally, the evidence for this measure is no longer supported by clinical experts and guidance.</p>   | National<br>Committee<br>for Quality<br>Assurance         |
|                | N/A/<br>368  | 62v4                | EHR                          | Effective<br>Clinical<br>Care             | <p>HIV/AIDS: Medical Visit</p> <p>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit</p>  | National<br>Committee<br>for Quality<br>Assurance         |

| MIPS ID Number | NQF/<br>PQRS | CMS<br>E-Measure ID | Data<br>Submission<br>Method | National<br>Quality<br>Strategy<br>Domain | Measure Title and Description*  | Measure Steward   |
|----------------|--------------|---------------------|------------------------------|---|---|---|
|                |              |                     |                              |   | <p><b>Rationale:</b> According to clinical experts, this measure no longer reflects the evidence. CMS proposes removal of measure because it no longer reflects clinical guidelines and evidence.</p>   |   |
| !              | N/A/<br>380  | CMS1<br>79v4        | EHR                          | Patient<br>Safety                         | <p>ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</p> <p>Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period</p> <p><b>Rationale:</b> Since its implementation, this measure has had difficulty with feasibility. CMS proposes this measure be removed because it is not technically feasible to implement.</p>  | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>National<br>Committee<br>for Quality<br>Assurance   |
|                | N/A/<br>381  | 77v4                | EHR                          | Effective<br>Clinical<br>Care             | <p>HIV/AIDS: RNA Control for Patients with HIV</p> <p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is &lt;200 copies/mL.</p> <p><b>Rationale:</b> According to clinical experts, this measure no longer reflects the evidence. CMS proposes removal of measure because it no longer reflects clinical guidelines and evidence.</p>  | Centers for<br>Medicare &<br>Medicaid<br>Services/<br>National<br>Committee<br>for Quality<br>Assurance   |
|                | 2452/<br>399 | N/A                 | Registry                     | Effective<br>Clinical<br>Care             | <p>Post-Procedural Optimal Medical Therapy Composite (Percutaneous Coronary Intervention)</p> <p>Percentage of patients aged 18 years and older for whom PCI is performed who are prescribed optimal medical therapy at discharge</p> <p><b>Rationale:</b> The measure steward will no longer support stewardship of this measure. Measures implemented in the quality measure program are required to be updated annually by the measure steward. Since the measure steward has removed its support to update this measure in 2017, CMS proposes removal of the measure.</p>                                   | American<br>College of<br>Cardiology/A<br>merican<br>Heart<br>Association/<br>American<br>Medical<br>Association-<br>Physician<br>Consortium<br>for<br>Performance<br>Improvement |
|                | N/A/<br>425  | N/A                 | Claims,<br>Registry          | Effective<br>Clinical<br>Care             | <p>Photodocumentation of Cecal Intubation</p> <p>The rate of screening and surveillance colonoscopies for which photodocumentation of landmarks of cecal intubation is performed to establish a complete examination</p> <p><b>Rationale:</b> Due to the agreement with the Core Measure Collaborative, CMS proposes to remove this measure. This measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set.</p> | American<br>College of<br>Gastroenterol<br>ogy/<br>American<br>Gastroenterol<br>ogical<br>Association/<br>American<br>Society for<br>Gastrointest<br>inal Endoscopy               |

**TABLE G: Measures Proposed with Substantive Changes for MIPS Reporting in 2017**

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| <b>Measure Title:</b>                    | Diabetes: Hemoglobin A1c Poor Control  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0059/001   |
| <b>CMS E-Measure ID:</b>                 | CMS122v4   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data Submission Method:</b>   | Claims, Web Interface, Registry, EHR, Measures Group   |
| <b>Current Measure Description:</b>      | Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise Measure Title to read: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt; 9%)</li> <li>• Revise data submission method to remove Measures Group</li> </ul>  |
| <b>Steward:</b>                          | National Committee for Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes a change to measure description that would clarify the definition of Hemoglobin A1c required for poor control. This change does not constitute a change in measure intent or logic coding. Hemoglobin A1c >9.0% is consistent with clinical guidelines and practice. Additionally, in response to the proposed MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method.   |
| <b>Measure Title:</b>                    | Coronary Artery Disease (CAD): Antiplatelet Therapy  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0067/006   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data Submission Method:</b>   | Registry, Measures Group   |
| <b>Current Measure Description:</b>      | Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise Measure Title to read: Chronic Stable Coronary Artery Disease (CAD): Antiplatelet Therapy</li> <li>• Revise data submission method to remove Measures Group</li> </ul>   |
| <b>Steward:</b>                          | National Committee for Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes a change to measure title to align with the NQF endorsed version of this measure and to clarify the intent of the measure. This change does not constitute a change in measure intent. The measure description remains the same where patients diagnosed with CAD are prescribed an antiplatelet within 12 months. Additionally, in response to the proposed MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method. |
| <b>Measure Title:</b>                    | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0083/008   |
| <b>CMS E-Measure ID:</b>                 | CMS144v4   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data Submission Method:</b>   | Web Interface, Registry, EHR, Measures Group   |
| <b>Current Measure</b>                   | Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a   |



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| <b>Description:</b>                      | current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise data submission method to remove from the Web Interface</li> </ul>   |
| <b>Steward:</b>                          | American Medical Association-Physician Consortium for Performance Improvement/<br>American College of Cardiology Foundation/ American Heart Association  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure by removing it from the Web Interface. The Web Interface measure set contains measures for primary care and also includes relevant measures from the core measure set. This measure is not a measure in the core set and is being proposed for removal from the Web Interface to align the Web Interface measure set with the core measure set.  |
| <b>Measure Title:</b>                    | Medication Reconciliation Post-Discharge   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0097/046   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data Submission Method:</b>   | Claims, Registry   |
| <b>Current Measure Description:</b>      | <p>The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record</p> <p>This measure is reported as three rates stratified by age group:</p> <ul style="list-style-type: none"> <li>Reporting Criteria 1: 18-64 years of age</li> <li>Reporting Criteria 2: 65 years and older</li> <li>Total Rate: All patients 18 years of age and older</li> </ul> |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise data submission method to add the Web Interface</li> </ul>   |
| <b>Steward:</b>                          | National Committee for Quality Assurance/ American Medical Association-Physician Consortium for Performance Improvement  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure by adding it to the Web Interface. The Web Interface measure set contains measures for primary care and also includes relevant measures from the core measure set. This measure is a core measure and is being proposed for the Web Interface to align the Web Interface measure set with the core measure set. Furthermore, this measure is replacing PQRS #130: Documentation of Current Medications in the Medical Record in the Web Interface.  |
| <b>Measure Title:</b>                    | Appropriate Testing for Children with Pharyngitis  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A (previously 0002)/066  |
| <b>CMS E-Measure ID:</b>                 | CMS146v4   |
| <b>National Quality Strategy Domain:</b> | Efficiency and Cost Reduction  |
| <b>Current Data submission Method:</b>   | Registry, EHR  |
| <b>Current Measure Description:</b>      | Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise Measures description to read: Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>Remove NQF #0002</li> </ul>  |
| <b>Steward:</b>                          | National Committee on Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes the change in the measure description due to guideline changes in 2013 where the age range changed to 3-18. Furthermore, this measure is no longer endorsed by the National Quality Forum (NQF), therefore, CMS proposes to remove the NQF number as a reference for this measure.   |
| <b>Measure Title:</b>                    | Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0389/102  |
| <b>CMS E-Measure ID:</b>                 | CMS129v5  |
| <b>National Quality Strategy Domain:</b> | Efficiency and Cost Reduction   |
| <b>Current Data submission Method:</b>   | Registry, EHR   |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure description to read: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer</li> </ul>   |
| <b>Steward:</b>                          | American Medical Association-Physician Consortium for Performance Improvement   |
| <b>Rationale:</b>                        | CMS proposes changes to the measure description due to a change in clinical guidelines that include very low and low risk of prostate cancer recurrence. CMS believes that this change does not change the intent of the measure but merely ensures the measure remains up-to-date according to clinical guidelines and practice.   |
| <b>Measure Title:</b>                    | Breast Cancer Screening   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 2372 (previously not applicable)/112  |
| <b>CMS E-Measure ID:</b>                 | CMS125v4  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Claims, Web Interface, Registry, EHR, Measures Group  |
| <b>Current Measure Description:</b>      | Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise Measures description to read: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer</li> <li>Add NQF # 2372 which was not previously applicable</li> <li>Revise data submission method to remove Measures Group</li> </ul>   |
| <b>Steward:</b>                          | National Committee on Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes a substantive change to the measure due to clinical guideline changes that occurred in 2013 which changed the age requirement for mammograms from 40-69 years to 50-74 years. CMS believes that this change does not change the intent of the measure but merely ensures the measure remains up-to-date according to clinical guidelines and practice. Additionally, in response to the proposed MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method. Furthermore, this measure has been recently endorsed by NQF with the updated age range. Therefore, CMS proposes to add the NQF #2372 to the measure. |

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| <b>Measure Title:</b>                    | Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy -- Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0066/118   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Web Interface, Registry  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise data submission method to remove from the Web Interface</li> </ul>   |
| <b>Steward:</b>                          | American College of Cardiology/ American Heart Association/ American Medical Association-Physician Consortium for Performance Improvement  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure by removing it from the Web Interface. The Web Interface measure set contains measures for primary care and also includes relevant measures from the core measure set. This measure is not a measure in the core set and is being proposed for removal from the Web Interface to align the Web Interface measure set with the core measure set. |
| <b>Measure Title:</b>                    | Diabetes: Urine Protein Screening  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0062/119   |
| <b>CMS E-Measure ID:</b>                 | CMS134v4   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Registry, EHR, Measures Group  |
| <b>Current Measure Description:</b>      | The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Diabetes: Medical Attention for Nephropathy</li> <li>• Revise data submission method to remove Measures Group</li> </ul>  |
| <b>Steward:</b>                          | National Committee for Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes the title of this measure change to align with the measure's intent to increase reporting clarity and to match the NQF endorsed measure's title. Additionally, in response to the proposed MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method.   |
| <b>Measure Title:</b>                    | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0421/128   |
| <b>CMS E-Measure ID:</b>                 | CMS69v4  |
| <b>National Quality Strategy Domain:</b> | Community/Population Health  |
| <b>Current Data submission Method:</b>   | Claims, Web Interface, Registry, Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter  |

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|  | <p>Normal Parameters:</p> <ul style="list-style-type: none"> <li>-Age 65 years and older BMI =&gt; 23 and &lt; 30 kg/m2</li> <li>-Age 18 - 64 years BMI =&gt; 18.5 and &lt; 25 kg/m2</li> </ul>  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Remove upper parameter from measure description. Revise description to read: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 18 - 64 years BMI =&gt; 18.5 and &lt; 25 kg/m2</li> <li>Revise data submission method to remove Measures Group</li> </ul> |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania  |
| <b>Rationale:</b>                        | CMS proposes to remove the upper parameter from the measure description to align with the recommendations of technical expert panel and clinical expertise. Additionally, in response to the proposed MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method.   |
| <b>Measure Title:</b>                    | Documentation of Current Medications in the Medical Record   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0419/130   |
| <b>CMS E-Measure ID:</b>                 | CMS68v5  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Claims, Web Interface, Registry, EHR, Measures Group   |
| <b>Measure Description:</b>              | Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise data submission method to remove from the Web Interface and Measures Group. Measure will remain reportable via Claims, EHR, and Registry</li> </ul>  |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania  |
| <b>Rationale:</b>                        | CMS proposes to revise the data submission method of this measure to remove it from use in the Web Interface. This measure is being replaced in the Web Interface with the core measure, PQRS #46: Medication Reconciliation Post-Discharge. Since these measures cover similar topic areas, CMS proposes to remove this measure from the Web Interface. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group.                                   |
| <b>Measure Title:</b>                    | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0418/134   |
| <b>CMS E-Measure ID:</b>                 | CMS2v5   |
| <b>National Quality Strategy Domain:</b> | Community/Population Health  |
| <b>Current Data submission Method:</b>   | Claims, Web Interface, Registry, EHR, Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure title to read: Preventive Care and Screening: Screening for Depression and Follow-Up Plan</li> <li>Revise measure description to read: Percentage of patients aged 12 years and older</li> </ul>   |

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|  | <p>screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen</p> <ul style="list-style-type: none"> <li>Revise data submission method to remove from Measures Group</li> </ul>   |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania  |
| <b>Rationale:</b>                        | CMS proposes the substantive change to revise the title and measure description to align with the recommendations of technical expert panel and clinical expertise in the field. CMS believes the revision provides clarity to providers when reporting. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group. |
| <b>Measure Title:</b>                    | HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0405/160   |
| <b>CMS E-Measure ID:</b>                 | 52v4   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | EHR, Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method to remove Measures Group and have this measure be reportable as EHR only</li> </ul>   |
| <b>Steward:</b>                          | National Committee for Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group to EHR only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group.                              |
| <b>Measure Title:</b>                    | Diabetes: Foot Exam  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0056/163   |
| <b>CMS E-Measure ID:</b>                 | CMS123v4   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | EHR  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure description to read: The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year</li> </ul>  |
| <b>Steward:</b>                          | National Committee for Quality Assurance   |
| <b>Rationale:</b>                        | CMS proposes to revise the measure description to improve clarity for providers about what constitutes a foot exam. CMS believes this change does not change the intent of the measure, but merely provides clarity in response to provider feedback.  |
| <b>Measure Title:</b>                    | Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0130/165   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |

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| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | Society of Thoracic Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Coronary Artery Bypass Graft (CABG): Stroke   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0131/166  |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | Society of Thoracic Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0114/167  |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | Society of Thoracic Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues  |

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|  | to address a clinical performance gap even if it is reported as an individual measure.  |
| <b>Measure Title:</b>                    | Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0115/168  |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a return to the operating room (OR) during the current hospitalization for mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | Society of Thoracic Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Rheumatoid Arthritis (RA): Tuberculosis Screening   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/176   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | American College of Rheumatology  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/177   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |

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| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry reporting</li> </ul>  |
| <b>Steward:</b>                          | American College of Rheumatology  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/179   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | American College of Rheumatology  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Rheumatoid Arthritis (RA): Glucocorticoid Management  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/180   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone $\geq$ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | American College of Rheumatology  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |



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| <b>Measure Title:</b>                    | Stroke and Stroke Rehabilitation: Thrombolytic Therapy  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/187   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Registry  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change measure type from outcome measure to process measure</li> </ul>   |
| <b>Steward:</b>                          | American Society of Anesthesiologists/ The Joint Commission   |
| <b>Rationale:</b>                        | CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure.   |
| <b>Measure Title:</b>                    | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0068/204  |
| <b>CMS E-Measure ID:</b>                 | CMS164v4  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Claims, Web Interface, Registry, EHR, Measures Group  |
| <b>Current Measure Description:</b>      | Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure title to read: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</li> <li>Revise measure description to read: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period</li> <li>Revise data submission method to remove from Measures Group</li> </ul> |
| <b>Steward:</b>                          | National Committee for Quality Assurance  |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the measure's intent and to provide clarity for providers. Additionally, in response to the proposed MIPS policy to no longer include measure groups as a data submission method, this measure is being removed from measure group.  |
| <b>Measure Title:</b>                    | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0422/217  |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality</b>                  | Communication and Care Coordination   |

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| <b>Strategy Domain:</b>                  |   |
| <b>Current Data submission Method:</b>   | Registry  |
| <b>Current Measure Type:</b>             | Process   |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Risk-Adjusted Functional Status is measured   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Change for Patients with Knee Impairments</li> <li>• Revise measure description to read: A self-report measure of change in functional status for patients 18 year+ with knee impairments. The change in functional status assessed using FOTO's (knee) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> <li>• Revise measure type from a process measure to an outcome measure</li> </ul> |
| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.   |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the change in functional status score and denominator details that include patients that completed the FOTO knee FS PROM at admission and discharge. Additionally, this change in numerator and denominator details entails that the measure type changes from process to outcome   |
| <b>Measure Title:</b>                    | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0423/218  |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination   |
| <b>Current Data submission Method:</b>   | Registry  |
| <b>Current Measure Type:</b>             | Outcome   |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Change for Patients with Hip Impairments</li> <li>• Revise measure description to read: A self-report measure of change in functional status for patients 18 years+ with hip impairments. The change in functional status assessed using FOTO's (hip) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> </ul>   |
| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.   |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average change in functional status scores in patients who were treated in a 12 month period and denominator details that include patients that completed the FOTO hip FS PROM at   |

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|  | admission and discharge.   |
| <b>Measure Title:</b>                    | Functional Deficit: Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0424/219   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Registry   |
| <b>Current Measure Type:</b>             | Outcome  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Change for Patients with Foot and Ankle Impairments</li> <li>• Revise measure description to read: A self-report measure of change in functional status for patients 18 years+ with foot and ankle impairments. The change in functional status assessed using FOTO's (foot and ankle) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> </ul> |
| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.  |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average change in functional status score in patients who were treated in a 12-month period and denominator details that include patients that completed the FOTO foot and ankle PROM at admission and discharge.  |
| <b>Measure Title:</b>                    | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0425/220   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Registry   |
| <b>Current Measure Type:</b>             | Outcome  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Change for Patients with Lumbar Impairments</li> <li>• Revise measure description to read: A self-report outcome measure of functional status for patients 18 years+ with lumbar impairments. The change in functional status assessed using FOTO's (lumbar) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> </ul>                           |

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| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.  |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average functional status score for patients treated in a 12-month period compared to a standard threshold and denominator details that include patients that completed the FOTO (lumbar) PROM.  |
| <b>Measure Title:</b>                    | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0426/221   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Registry   |
| <b>Current Measure Type:</b>             | Outcome  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Risk-Adjusted Functional Status is measured  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Change for Patients with Shoulder Impairments</li> <li>• Revise measure description to read: A self-report outcome measure of change in functional status for patients 18 years+ with shoulder impairments. The change in functional status assessed using FOTO's (shoulder) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> </ul> |
| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.  |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average functional status score in patients treated in a 12-month period and denominator details that include patients that completed the FOTO shoulder FS outcome instrument at admission and discharge.  |
| <b>Measure Title:</b>                    | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0427/222   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Registry   |
| <b>Current Measure Type:</b>             | Outcome  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Risk-Adjusted Functional Status is measured  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Change for Patients with Elbow, Wrist and Hand Impairments</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>Revise measure description to read: A self-report outcome measure of functional status for patients 18 years+ with elbow, wrist and hand impairments. The change in functional status assessed using FOTO's (elbow, wrist and hand) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> </ul>  |
| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.  |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average functional status scores for patients treated over a 12 month period and denominator details that include patients that completed the FOTO (elbow, wrist, and hand) PROM.  |
| <b>Measure Title:</b>                    | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0428/223   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Registry   |
| <b>Current Measure Type:</b>             | Outcome  |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure title to read: Functional Status Change for Patients with General Orthopedic Impairments</li> <li>Revise measure description to read: A self-report outcome measure of functional status for patients 18 years+ with general orthopedic impairments. The change in functional status assessed using FOTO (general orthopedic) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality</li> </ul> |
| <b>Steward:</b>                          | Focus on Therapeutic Outcomes, Inc.  |
| <b>Rationale:</b>                        | CMS proposes to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the change in functional status scores for patients over a 12 month period and denominator details that include patients that completed the FOTO (general orthopedic) PROM.  |
| <b>Measure Title:</b>                    | Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 1814/268   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Claims, Registry   |
| <b>Current Measure Description:</b>      | All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect contraception OR pregnancy at least once a year  |

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| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change measure type from outcome measure to process measure</li> </ul>  |
| <b>Steward:</b>                          | American Academy of Neurology  |
| <b>Rationale:</b>                        | CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis of the measure specification, CMS proposes to revise the classification of this measure to process measure. This would be consistent with the clinical action required for the measure and would align the measure type with the NQF-endorsed version.  |
| <b>Measure Title:</b>                    | Sleep Apnea: Assessment of Sleep Symptoms  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/276  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Sleep Apnea: Assessment of Sleep Symptoms  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/277  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measure Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual           |

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|  | measure.   |
| <b>Measure Title:</b>                    | Sleep Apnea: Positive Airway Pressure Therapy Prescribed   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/278  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/279  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea who were prescribed positive airway pressure therapy who had documentation that adherence to positive airway pressure therapy was objectively measured   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Dementia: Functional Status Assessment   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/282  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data</b>                      | Measures Group   |

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| <b>submission Method:</b>                |  |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology/ American Psychiatric Association  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Dementia: Neuropsychiatric Symptom Assessment  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/283  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12 month period   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology/ American Psychiatric Association  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Dementia: Management of Neuropsychiatric Symptoms  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/284  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age, with a diagnosis of dementia who have one or more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12 month period  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology/ American Psychiatric Association  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the   |



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|  | proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.  |
| <b>Measure Title:</b>                    | Dementia: Counseling Regarding Safety Concerns   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/286  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology/ American Psychiatric Association  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Dementia: Caregiver Education and Support  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/288  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12 month period   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology/ American Psychiatric Association  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/290  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |

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| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric disorders or disturbances (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control disorder) at least annually   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis of the measure specification, CMS proposes to revise the classification of this measure to process measure to match the clinical action of psychiatric disease assessment. |
| <b>Measure Title:</b>                    | Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/291   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction at least annually  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure in order to match the clinical action of assessment of cognitive impairment.          |
| <b>Measure Title:</b>                    | Parkinson's Disease: Rehabilitative Therapy Options   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/293   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure</b>                           | All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had  |

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| <b>Description:</b>                      | rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed at least annually  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure in order to match the clinical action of communication about therapy options. |
| <b>Measure Title:</b>                    | Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/294   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination   |
| <b>Current Data submission Method:</b>   | Measures Group  |
| <b>Measure Description:</b>              | All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>   |
| <b>Steward:</b>                          | American Academy of Neurology   |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure in order to match the clinical action of communicating treatment options.        |
| <b>Measure Title:</b>                    | Cervical Cancer Screening   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | 0032/309  |
| <b>CMS E-Measure ID:</b>                 | CMS124v4  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | EHR   |
| <b>Current Measure Description:</b>      | Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer  |
| <b>Proposed</b>                          | <ul style="list-style-type: none"> <li>• Revise Measure description to read:</li> </ul>   |

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| <b>Substantive Change</b>                | Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>- Women age 21–64 who had cervical cytology performed every 3 years</li> <li>- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years</li> </ul>  |
| <b>Steward:</b>                          | National Committee on Quality Assurance  |
| <b>Rationale:</b>                        | CMS proposes to change the measure description of this measure to align with measure intent and 2012 USPSTF recommendation: U.S. Preventive Services Task Force. 2012. "Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement." Ann Intern Med. 156(12):880-91.  |
| <b>Measure Title:</b>                    | Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/317  |
| <b>CMS E-Measure ID:</b>                 | CMS22v4  |
| <b>National Quality Strategy Domain:</b> | Community/Population Health  |
| <b>Current Data submission Method:</b>   | Claims, Web Interface, Registry, EHR, Measures Group   |
| <b>Current Measure Description:</b>      | Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise data submission method to remove from Web Interface and Measures Group</li> </ul>  |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania  |
| <b>Rationale:</b>                        | CMS proposes a change to the data submission method for this measure and remove it from the Web Interface. The Web Interface measure set contains measures for primary care and also includes relevant measures from the core measure set. This measure is not a core measure and is being removed to align the Web Interface measure set with the core measure set. Additionally, in response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group. |
| <b>Measure Title:</b>                    | Pediatric Kidney Disease: Adequacy of Volume Management  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/327  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Registry   |
| <b>Measure Description:</b>              | Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change measure type from outcome measure to process measure</li> </ul>  |
| <b>Steward:</b>                          | Renal Physicians Association   |
| <b>Rationale:</b>                        | CMS proposes to change this measure type designation from outcome measure to process   |

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|  | measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS understands this measure to be a percentage of documented assessment rather than a health outcome. Therefore, CMS proposes to revise the classification of this measure to process.   |
| <b>Measure Title:</b>                    | HIV Viral Load Suppression   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 2082/338   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | Health Resources and Services Administration   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | HIV Medical Visit Frequency  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 2079/340   |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Efficiency and Cost Reduction  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | Health Resources and Services Administration   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/350  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data</b>                      | Measures Group   |

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| <b>submission Method:</b>                |  |
| <b>Measure Description:</b>              | Percentage of patients regardless of age or gender undergoing a total knee replacement with documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. Nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>  |
| <b>Steward:</b>                          | American Association of Hip and Knee Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure in order to match the clinical action of shared decision-making. |
| <b>Measure Title:</b>                    | Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/351  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients regardless of age or gender undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke)   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>  |
| <b>Steward:</b>                          | American Association of Hip and Knee Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure.   |
| <b>Measure Title:</b>                    | Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/352  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |

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| <b>Measure Description:</b>              | Percentage of patients regardless of age or gender undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>  |
| <b>Steward:</b>                          | American Association of Hip and Knee Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure. |
| <b>Measure Title:</b>                    | Total Knee Replacement: Identification of Implanted  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/353  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients regardless of age or gender undergoing a total knee replacement whose operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> <li>• Change measure type from outcome measure to process measure</li> </ul>  |
| <b>Steward:</b>                          | American Association of Hip and Knee Surgeons  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measure Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure.  |
| <b>Measure Title:</b>                    | Anastomotic Leak Intervention  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/354  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery   |
| <b>Proposed</b>                          | <ul style="list-style-type: none"> <li>• Change data submission method from Measures Group only to Registry</li> </ul>   |

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| <b>Substantive Change</b>                |  |
| <b>Steward:</b>                          | American College of Surgeons   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Unplanned Reoperation within the 30 Day Postoperative Period   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/355  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission measure from Measures Group only to Registry</li> </ul>  |
| <b>Steward:</b>                          | American College of Surgeons   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Unplanned Hospital Readmission within 30 Days of Principal Procedure   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/356  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Surgeons   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Surgical Site Infection (SSI)  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/357  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality</b>                  | Effective Clinical Care  |



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| <b>Strategy Domain:</b>                  |  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older who had a surgical site infection (SSI)   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Surgeons   |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/359  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Radiology  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/360  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Radiology  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures   |

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|  | Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.  |
| <b>Measure Title:</b>                    | Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/361  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Patient Safety   |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of total computed tomography (CT) studies performed for all patients, regardless of age, that are reported to a radiation dose index registry AND that include at a minimum selected data elements  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Radiology  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/362  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of final reports for computed tomography (CT) studies performed for all patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Radiology  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.  |
| <b>Measure Title:</b>                    | Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive  |

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| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/363  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of final reports of computed tomography (CT) studies performed for all patients, regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media free, shared archive prior to an imaging study being performed                                      |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Radiology  |
| <b>Rationale:</b>                        | CMS proposes to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. |
| <b>Measure Title:</b>                    | Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines   |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | N/A/364  |
| <b>CMS E-Measure ID:</b>                 | N/A  |
| <b>National Quality Strategy Domain:</b> | Communication and Care Coordination  |
| <b>Current Data submission Method:</b>   | Measures Group   |
| <b>Measure Description:</b>              | Percentage of final reports for computed tomography (CT) imaging studies of the thorax for patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Change data submission method from Measures Group only to Registry</li> </ul>   |
| <b>Steward:</b>                          | American College of Radiology  |
| <b>Rationale:</b>                        | CMS proposes to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the proposed MIPS policy to no longer include Measures Group as a data submission method, this measure is being proposed as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.    |
| <b>Measure Title:</b>                    | Depression Remission at Twelve Months  |
| <b>MIPS ID Number:</b>                   | N/A  |
| <b>NQF/PQRS #:</b>                       | 0710/370   |
| <b>CMS E-Measure ID:</b>                 | CMS159v4   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care  |
| <b>Current Data submission Method:</b>   | Web interface, Registry, EHR   |

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| <b>Measure Description:</b>              | Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure description to read: Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days) after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.</li> <li>Change measure type from intermediate outcome measure to outcome measure</li> </ul>                         |
| <b>Steward:</b>                          | Minnesota Community Measurement   |
| <b>Rationale:</b>                        | CMS proposes to revise the measure description to provide clarity for reporting. This does not change the intent of the measure but merely provides clarity to ensure consistent reporting for eligible clinicians. Additionally, CMS proposes to change this measure type designation from intermediate outcome measure to outcome measure. This measure was previously finalized in PQRS as an intermediate outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to outcome measure in order to match the outcome of depression remission. |
| <b>Measure Title:</b>                    | Functional Status Assessment for Knee Replacement   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/375   |
| <b>CMS E-Measure ID:</b>                 | CMS66v4   |
| <b>National Quality Strategy Domain:</b> | Person and Caregiver-Centered Experience and Outcomes   |
| <b>Current Data submission Method:</b>   | EHR   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise measure title to read: Functional Status Assessment for Total Knee Replacement</li> <li>Revise measure description to read: Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments</li> </ul>  |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance  |
| <b>Rationale:</b>                        | CMS proposes to revise the title and description of the measure to align with the intent of the measure. This does not change the intent of the measure but merely provides clarity to ensure consistent reporting for eligible clinicians.   |
| <b>Measure Title:</b>                    | Functional Status Assessment for Hip Replacement  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/376   |
| <b>CMS E-Measure ID:</b>                 | CMS56v4   |
| <b>National Quality Strategy Domain:</b> | Person and Caregiver-Centered Experience and Outcomes   |
| <b>Current Data submission Method:</b>   | EHR   |
| <b>Measure Description:</b>              | Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>Revise title to read: Functional Status Assessment for Total Hip Replacement</li> <li>Revise measure description to read: Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and</li> </ul>   |

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|  | follow-up (patient-reported) functional status assessments  |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance  |
| <b>Rationale:</b>                        | CMS proposes to revise the title and description of the measure to align with the intent of the measure. This change addresses concerns does not change the intent of the measure but merely provides clarity to ensure consistent reporting for eligible clinicians.   |
| <b>Measure Title:</b>                    | Functional Status Assessment for Complex Chronic Conditions   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/377   |
| <b>CMS E-Measure ID:</b>                 | CMS90v5   |
| <b>National Quality Strategy Domain:</b> | Person and Caregiver-Centered Experience and Outcomes   |
| <b>Current Data submission Method:</b>   | EHR   |
| <b>Measure Description:</b>              | Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments  |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Revise measure title to read: Functional Status Assessments for Patients with Congestive Heart Failure</li> <li>• Revise measure description to read: Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments</li> </ul>                             |
| <b>Steward:</b>                          | Centers for Medicare & Medicaid Services/ Mathematica   |
| <b>Rationale:</b>                        | CMS proposes to revise the title and description of the measure to add clarity in response to provider feedback. This does not change the intent of the measure but merely provides clarity to ensure consistent reporting for eligible clinicians.   |
| <b>Measure Title:</b>                    | Varicose Vein Treatment with Saphenous Ablation: Outcome Survey   |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/420   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality Strategy Domain:</b> | Effective Clinical Care   |
| <b>Current Data submission Method:</b>   | Registry  |
| <b>Current Measure Description:</b>      | Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.   |
| <b>Proposed Substantive Change</b>       | <ul style="list-style-type: none"> <li>• Change measure type from process measure to outcome measure</li> </ul>   |
| <b>Steward:</b>                          | Society of Interventional Radiology   |
| <b>Rationale:</b>                        | CMS proposes to change this measure type designation from process measure to outcome measure. This measure was previously finalized in PQRS as a process measure. However, upon further review and analysis of the measure specification, CMS proposes to revise the classification of this measure to outcome measure because it assesses improvement on a patient reported outcome survey instrument. |
| <b>Measure Title:</b>                    | Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal  |
| <b>MIPS ID Number:</b>                   | N/A   |
| <b>NQF/PQRS #:</b>                       | N/A/421   |
| <b>CMS E-Measure ID:</b>                 | N/A   |
| <b>National Quality</b>                  | Effective Clinical Care   |

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| <b>Strategy Domain:</b>                |   |
| <b>Current Data submission Method:</b> | Registry  |
| <b>Current Measure Description:</b>    | Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts  |
| <b>Proposed Substantive Change</b>     | <ul style="list-style-type: none"> <li>• Change measure type from outcome measure to process measure</li> </ul>   |
| <b>Steward:</b>                        | Society of Interventional Radiology   |
| <b>Rationale:</b>                      | CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis of the measure specification, CMS proposes to revise the classification of this measure to process measure in order to match the clinical action of appropriate care assessment. |