Centers for Medicare & Medicaid Services

Addendum to 2019 CMS QRDA Category III Implementation Guide for Eligible Clinicians and Eligible Professionals Programs

Published Date: 08/02/2019

Table of Contents

Table of Tables

Table of Figures

1 Introduction

The Centers for Medicare & Medicaid Services (CMS) published the CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category III Eligible Clinicians and Eligible Professionals Programs Implementation Guide for 2019 (referred to as the 2019 CMS QRDA Category III IG) on October 8, 2018. The 2019 CMS QRDA Category III IG provides technical instructions for QRDA Category III reporting for eligible clinicians and eligible professionals programs for the 2019 performance period.

This document is an addendum to the 2019 CMS QRDA Category III IG that provides the following updates:

- Clarifications to the submission rules for Merit-Based Incentive Payment System (MIPS)
- Technical specifications for submitting the required CMS EHR Certification ID for the Promoting Interoperability performance category
- Updated UUID List for eCQMs that are published on November 2018
- The list of Improvement Activities (IA) and Promoting Interoperability (PI) objectives and measures that are finalized by CMS since the publication of the 2019 CMS QRDA Category III IG.
- Update for proposed retroactive change to the Query of Prescription Drug Monitoring Program (PDMP) measure based on the FY 2020 Physician Fee Schedule Notice of Proposed Rule Making (NPRM) published on 07/29/2019.

2 Submission Rule Clarifications

For the 2019 performance period, individual MIPS eligible clinicians and groups will be able to submit measures and activities via multiple submission mechanisms to meet the requirements of the Quality, IA, or PI categories. Table 1 shows language updates to Section 4 QRDA Category III Submission Rules of the 2019 CMS QRDA III IG with added clarifications to the final action processing rules.

Table 1: Submission Rule Clarifications

Section	2019 CMS QRDA III IG (10/08/2018)	2019 CMS QRDA III IG Addendum (2/1/2019)	Rationale
4.4.1 Final Action Processing used in Succession Management	Please note that the CMS receiving system will not be able to analyze specific elements outside of any given category within the file of earlier QRDA III submissions. Therefore submitters should ensure all QRDA III reports are complete data re-submissions per category being resubmitted.	Please note that the CMS receiving system will only recognize the latest QRDA III file submission for each given MIPS category. So if a file is submitted which contains both the MIPS Quality data and MIPS Improvement Activity data, and a subsequent file is submitted containing only MIPS Quality data, then the CMS receiving system will recognize the MIPS Improvement Activity data from the first file, and the MIPS Quality data from the second file.	Updated the language for clarifications.
4.4.2 Final Action Processing Rules for MIPS	When submitting a replacement QRDA III report for the MIPS program use the same TIN or the same TIN/NPI. For example, suppose a QRDA III report containing Quality data for eCQMs 1, 2, and 3 was submitted on Monday and a replacement QRDA III report for the same TIN/NPI was resubmitted the next day for eCQMs 1, 2, and 4. eCQMs 1, 2, and 4 contained in the latest submission will be used for final processing.	When submitting a replacement QRDA III report for the MIPS program use the same TIN or the same TIN/NPI. For example if all Quality submissions are via QRDA III via login and upload, suppose a QRDA III report containing Quality data for eCQMs 1, 2, and 3 was submitted on Monday and a replacement QRDA III report for the same TIN/NPI was resubmitted the next day for eCQMs 1, 2, and 4. eCQMs 1, 2, and 4 contained in the latest submission will be used for final processing.	Added “if all Quality submissions are via QRDA III via login and upload” to clarify that the final action processing rules specified in section 4.4.2 is applicable when all Quality submissions are using QRDA III and no other submission mechanisms are used.

3 CMS EHR Certification ID for the Promoting Interoperability Performance Category

For the 2019 performance period, participants will submit a single set of Promoting Interoperability Objectives and Measures to align with 2015 Edition certified EHR technology (CEHRT). As part of their submission, participants shall include a CMS EHR Certification ID that represents the CEHRT used by the individual or group during the performance period. Groups should ensure that their CMS EHR Certification ID reflects all products used by clinicians within the group before generating the ID. Only one CMS EHR Certification ID should be submitted for group reporting. To obtain a CMS EHR Certification ID, participants should enter their product information in the ONC Certified Health IT Product List (CHPL) website search tool and select all certified products or certified health IT modules used during the performance period. Full instructions on how to generate a CMS EHR Certification ID are found on pages 20-28 of the CHPL Public User Guide, **https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf**.

Table 2 shows the conformance statements added to the *QRDA Category III Report – CMS (V3)* [templateId: 2.16.840.1.113883.10.20.27.1.2:2018-05-01] template to represent CMS EHR Certification ID as a participant in the document header. Figure 1 is a sample XML of representing CMS EHR Certification ID in a QRDA III document with an example CMS EHR Certification ID.

Table 2: Template Changes

Section	CONF.#	2019 CMS QRDA III IG (10/08/2018)	2019 CMS QRDA III IG Addendum (2/1/2019)	Rationale
5.1 Document-Level Template: QRDA Category III Report – CMS (V3) Participant (CMS EHR Certification ID)	CMS_77 CMS_78 CMS_79 CMS_80 CMS_81 CMS_82 CMS_83	None	1. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_77) such that it a. **SHALL** contain exactly one [1..1] **@typeCode**="DEV" device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_78). b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_79). i. This associatedEntity **SHALL** contain exactly one [1..1] **@classCode**="RGPR" regulated product (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6) (CONF:CMS_80). ii. This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_81). 1. This id **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_82). 2. This id **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_83). Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.	New conformance statements added to support the requirement of submitting CMS EHR Certification ID for the PI performance category only.

Figure 1: CMS EHR Certification ID example

```
<ClinicalDocument>
 ...
    <legalAuthenticator>
    ...
    </legalAuthenticator>
    <participant typeCode="DEV">
        <associatedEntity classCode="RGPR">
            <!-- example CMS EHR Certification ID -->
            <id root="2.16.840.1.113883.3.2074.1"
                extension="0015EUK17H3DCM9"/>
        <code code="129465004" displayName="medical record, device"
              codeSystem="2.16.840.1.113883.6.96"
              codeSystemName="SNOMED-CT"/>
        </associatedEntity>
    </participant>
```

4 2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians UUID List

Table 3 contains the updated UUID List for 2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians that are published in November 2018 to reflect the program rule updates for Calendar Year (CY) 2019. It lists the Version Specific Measure Identifier for each of the eCQMs and the population identifiers for all population criteria within each eCQM. If an eCQM specifies Reporting Stratification, identifiers of reporting strata are also listed for that eCQM. **All UUIDs are case insensitive**.

The November 2018 updated eCQMs contain the following changes:

- CMS249v1 and CMS349v1 are updated to include their assigned Quality Numbers
- The following eCQMs are removed and therefore no longer included in the table:
  - CMS65v8
  - CMS123v7
  - CMS158v7
  - CMS164v7
  - CMS167v7
  - CMS169v7

Table 3: UUID List for 2019 Performance Period eCQM Specifications Eligible Professionals and Eligible Clinicians

NQF/ MIPS Quality ID	CMS eCQM ID	Version Specific Measure ID	Population ID	
0418/ 134	CMS2 v8	40280382-5fa6-fe85-0160-0ed2838423ca	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	8D585C42-FBE0-4483-A76B-AAE1B438D49F A3A052E8-9EC1-4FEC-9A23-A5B5C6476F3B 39E39011-497D-4623-A7BB-3CCC2FBFA645 6B246B02-74B6-4BEC-B86D-678A8EECDD66 3EAECEB3-06CB-468B-9226-A6E0FFB5AE4F
N/A/ 317	CMS22 v7	40280382-610b-e7a4-0161-9a3a392c37d5	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	D019FA53-2049-43D9-B006-E4AB7DA01878 75FDA064-6A0C-463E-84B2-B307A1F8959F 72097A3E-8090-486C-ABCD-9419C9A04291 54790C8F-7C20-4261-B895-39E915B73F42 0EA1313C-BCF6-4526-9AD6-365E8A400805
N/A/ 374	CMS50 v7	40280382-6240-b6b9-0162-5467c36a0b71	IPOP: DENOM: NUMER:	0229D504-DC16-4B65-B0D4-EFBBEEE290E4 E666FF2F-A334-4FD8-8374-19087A06961F 4075E039-7118-460C-9356-D8B329DE183D

NQF/ MIPS Quality ID	CMS eCQM ID	Version Specific Measure ID	Population ID	
0405/ 160	CMS52 v7	40280382-6258-7581-0162-92e5585c16ad	IPOP 1: DENOM 1: DENEX 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: DENEX 2: NUMER 2: DENEXCEP 2: IPOP 3: DENOM 3: DENEX 3: NUMER 3:	71E7C594-FEF2-4BD9-BABD-2EA57E8DDF78 ED3D68FB-5E40-4AF9-A2CB-A3BBDFAA9CA7 0432D1BB-5DE2-45CF-9A85-6DCF63A0900E 1C3A2E69-608E-4223-91F1-B17856C5DF3F 3A7BE237-709A-4C5B-9B56-5B986ADFEADE E10CEF10-C0D8-4EF8-9306-E09C0CFBEBCA 38296D5C-88CD-4D36-81C1-53B1C1B3D4A7 718987D3-6A58-4DEA-9D34-CC2F8BC9A960 EF777C94-7CA0-4894-A06B-7E64F6027A4C 5320E2B2-29DB-4121-ACFF-5C1F5C1BB803 B855F277-DD52-48E1-9C44-5A0CE16C9C64 0104DCC6-E976-4A7F-9DBD-4B14D48C1CD1 52725B47-3AA3-4D11-B688-92E835AD5AA4 56360B75-89AA-416C-AD4A-6E38FF0EE138
N/A/ 376	CMS56 v7	40280382-6258-7581-0162-97717ae2188b	IPOP: DENOM: DENEX: NUMER:	18FA6F98-08F5-49BD-8909-14AE4EA22420 B9A584E2-8869-469E-B492-07613B0A6152 1282FBA4-2F72-406A-9354-3A1E6E92ADD9 B28BF434-F43C-4982-A7E3-7E52E27E9C1B
N/A/ 375	CMS66 v7	40280382-6258-7581-0162-9b6651201a04	IPOP: DENOM: DENEX: NUMER:	F8EB92AC-C55A-466B-9345-4CD5572B29D6 2CFF455B-6103-4B2E-A3B3-EAA20AECA766 02D4C01D-BDF8-4686-B3B1-486ADB6463C0 E9FCC926-AFB3-4A33-BD7E-656C96E131C1
0419/ 130	CMS68 v8	40280382-5fa6-fe85-0160-0ea3e0012376	IPOP: DENOM: NUMER: DENEXCEP:	2C662755-088C-4C75-8401-FF2DA63A971E D4D2DEE7-385A-4C28-A09C-884A062A97AA 4E058941-CA3D-48BF-BABC-358F3A9FE2AF 146E4DDD-4E52-492D-B150-61DF3BE52676
0421/ 128	CMS69 v7	40280382-5fa6-fe85-0160-3275a2f02cb9	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	4E3EEFD7-3134-4781-8FE5-849C13D046B8 D5A0C410-972C-4C78-BBB6-B0CFB84AC53A 0F1DFD76-5CD7-4A5C-B45C-DF48ECF5E5D2 2A8A0EA4-0245-47BC-9351-D0F78AC19338 141080C7-29D2-457A-89B6-5B85E14DD57B
N/A/ 379	CMS74 v8	40280382-6258-7581-0162-92fea60316ee	IPOP: DENOM: DENEX: NUMER: STRAT 1: STRAT 2: STRAT 3:	4DAE1F06-ACAC-4FE8-B2DB-6819D5106076 8A1CEA1D-8C98-441A-BB1B-2844586B5E82 072B2944-36FE-4557-B332-EB91FE97421A A89FFB85-F438-466C-AB5F-7EB31310285B 69C80D2F-2C9D-40CB-B75A-2B29B8C37786 087992AE-837D-43B9-88C5-EB55BA2E810B F4FC32F4-C178-477D-9250-CB60081D5222
N/A/ 378	CMS75 v7	40280382-6258-7581-0162-930923861702	IPOP: DENOM: DENEX: NUMER:	E3EAD500-A4F2-45C2-A370-B5C191DC7825 466991C9-1413-4FDA-9DE5-B1B0A262271B 7CAC738B-EEBA-4683-88C6-CF344BF47A87 007F6693-32AC-43C3-B97D-6DBCA05F9F3E
N/A/ 372	CMS82 v6	40280382-6258-7581-0162-974e086f181e	IPOP: DENOM: NUMER:	0ABD1F84-09B1-421D-BE08-10F3B2413456 B484793F-FF58-49CD-9F29-289B5246BF22 8E82739E-EE2A-4FA3-8593-01754A177BAB
N/A/ 377	CMS90 v8	40280382-6258-7581-0162-9214c9a9139e	IPOP: DENOM: DENEX: NUMER:	2CCC4C8A-32E2-4EF3-8EB7-38773DAD3DC4 52F79D36-2C65-4FD3-8605-9B8E122F54D8 FDADE71D-E911-47BF-A2C0-0FCD3F736AA0 EC0ED867-67DD-4F6A-9EA8-7B2B4D9BE70B

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0059/ 001	CMS122 v7	40280382-6258-7581-0162-9249c8ab1447	IPOP: DENOM: DENEX: NUMER:	A15C0CC7-E072-4D9F-BB29-80429C6335DB F50E5334-415D-482F-A30D-0623C082B602 B88574B5-AE7B-4AAF-9925-6E4D75B595FA BD70E166-D478-41A4-B8C8-041CE9F75850
0032/ 309	CMS124 v7	40280382-6258-7581-0162-92660f2414b9	IPOP: DENOM: DENEX: NUMER:	CC6370F0-F018-412A-97C1-D4979EEBF5A4 1F51C21F-CE89-46BE-B306-A8D1A8B18442 CED31130-5537-4E93-9AE7-DE8DABA70A9E 58569B1E-E97B-4733-BC6A-1AF476D2721C
2372/ 112	CMS125 v7	40280382-6258-7581-0162-927500b514ef	IPOP: DENOM: DENEX: NUMER:	9CA3765E-674E-48DC-BAB3-AF1841F10436 765F291C-E122-4258-BA57-CD2036C1E9DD F7FA46A4-D0DE-4BCD-A111-E85DEC1226DC 7C63166F-CAFA-4786-A469-E8DE4942AD5C
N/A / 111	CMS127 v7	40280382-6258-7581-0162-92877e281530	IPOP: DENOM: DENEX: NUMER:	AD7E66D5-D06C-4079-8086-8B2978CA1AEF FC166E13-A380-466E-8E38-2E86261ADB21 A791271E-6A92-406C-B67B-C6F6175F3FE7 BE0E99DE-0998-4E13-AEE7-8012513CF47E
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0564/ 192	CMS132 v7	40280382-6240-b6b9-0162-547e6afb0c02	IPOP: DENOM: DENEX: NUMER:	90CB94D3-A909-4A54-AC3C-E2A131AF50C3 AEA53BEE-666A-49EC-8E7D-50A03BF34444 BD5C5DAA-1F7A-40C3-9DFF-591664B9C0F8 13F9C2C6-A9A4-4BF0-B66A-770F568B73BF
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0028/ 226	CMS138 v7	40280382-6240-b6b9-0162-54815a310c2c	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2: IPOP 3: DENOM 3: NUMER 3: DENEXCEP 3:	D03DA272-DBB3-4F46-B19B-CF3262A23C2E 0F1384E0-350D-43B9-8C17-1140837F342E 1356052C-4C82-4859-85B4-D04ACF269564 A8DBEC91-05EF-4897-80E4-39400B23F030 C4D32BC0-8DBE-4766-BF47-7718D1569C79 C1195308-7F73-409B-A4FF-8F17A4AA772E D10D6789-32F2-4A72-9588-611C4765FC13 29CD08BD-BFA6-4208-80C6-24DD96862EB4 1D17B8A9-4DBF-448A-BB7F-879223A0A825 C33FDC75-14E2-4A57-A18E-130D26411C92 98958164-44A0-4759-AF5C-86EFB56AF1BA EA9FE5F4-3057-495E-B5E5-83554CE39944
0101/ 318	CMS139 v7	40280382-6258-7581-0162-9208ce991364	IPOP: DENOM: DENEX: NUMER:	6BB57058-1BA6-4CC8-82A0-36DDE72E01D3 8586069F-F8C7-44C1-B3A6-1078F5F5936E 794FFEE9-6FB6-4DF7-A723-9BABEDEA8E23 726DED9F-9CBC-4FEE-B261-4AB16657126D
0089/ 019	CMS142 v7	40280382-6240-b6b9-0162-549114a80c89	IPOP: DENOM: NUMER: DENEXCEP:	5747BDD1-7F73-4CBD-9BD7-5886EF236324 00714830-5C9C-411B-9D8A-3BED7FFBEE99 F3CAD65E-4340-4976-8019-14619CFBB3CD ACCEF775-3911-41DB-8293-70D7EF13599F

NQF/ MIPS Quality ID	CMS eCQM ID	Version Specific Measure ID	Population ID	
0086/ 012	CMS143 v7	40280382-6240-b6b9-0162-54983d1b0cc1	IPOP: DENOM: NUMER: DENEXCEP:	CAB25784-D997-43A0-ABFB-1F4037879C78 DC3619D0-AC3B-48CF-9DB1-492BAB59382C 3908F921-7D5C-465F-9645-F02B38786EEF 3A1D3772-CE76-48BF-80C2-087A06E76FAA
0083/ 008	CMS144 v7	40280382-6240-b6b9-0162-547042330ba8	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2:	FF41D325-76E0-4566-A25A-8C408AC1EE7C D9E6BC34-DBAA-4C4D-BC38-DC1B4FD99FD1 26D7073D-0C8C-4848-9B80-BEE422A2C581 920C2B5A-5F6B-4A32-8A5B-0DB7D4BFFDE4 F7EE681D-64D5-48BB-9F93-D88A36A24647 68E9F779-6446-4FE1-A120-4CF69F1F782B 973E2DFA-192A-474E-A963-A93D691380B3 9BDB3B97-C1C7-4F35-9BA0-A354C204369B
0070/ 007	CMS145 v7	40280382-6258-7581-0162-8cfbf64110c1	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2:	D37F8791-745C-422B-AC54-AFE90EF73403 FA3204A5-C7E7-4DCF-883C-E30E1EAF6B15 B0B86C82-753C-41B6-ABC0-C40605738B19 5C10D849-3AAF-4AB8-AC42-C41593EA4B41 FF8E828F-3079-422E-8A60-DC7E07DC04EB 87EBA461-3E66-45D9-9798-E0BD11ED7D3E 8C4B62DB-A300-4FAC-ACE1-9DBADC125338 F46DADC8-C8A8-4CDD-8599-07B771C60DD5
N/A/ 066	CMS146 v7	40280382-6258-7581-0162-92aa410d15fa	IPOP: DENOM: DENEX: NUMER:	89270E43-AD2F-43E1-910C-A261B6564BC5 746CDA64-25E9-42CA-BAFE-EF53A7DD5B89 FCB39D55-0BB2-4405-8FBF-C6BBB686D6BD 41F00603-CEC7-4A5C-A7FF-6C82CA63B242
0041/ 110	CMS147 v8	40280382-6240-b6b9-0162-5096917708e0	IPOP: DENOM: NUMER: DENEXCEP:	4034509E-A7C9-4067-AEC6-B356CA0DD2F5 4AE15148-711D-4785-8433-4385D9D257DC CAD38C39-7093-4BA4-B8BD-5A297079F1CF F9FF5A51-8FBE-4DAC-92CD-17F295496456
2872/ 281	CMS149 v7	40280382-6258-7581-0162-aaad978c1b8b	IPOP: DENOM: NUMER: DENEXCEP:	A3B84895-314B-4BD9-8A43-59D2E03C2CB6 968A2AAD-3A68-4441-8B21-0034AA76155A 8C9729F4-4DB8-421C-960C-BEE98F624340 DD0B3CEF-1234-45B7-9C5B-74FEE9746A2E
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0069/ 065	CMS154 v7	40280382-6258-7581-0162-92b0570d1611	IPOP: DENOM: DENEX: NUMER:	26F062A6-77DB-4B29-A61F-19E29E943127 16CDA3DE-0D9C-4F12-85ED-265ACCE9C53A FD81B017-8B38-4646-B0B0-7C36101C66BA 209B1996-15C2-43F5-BBE6-CB32F962BAFB

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0024/ 239	CMS155 v7	40280382-6258-7581-0162-92bfc82f162f	IPOP 1: DENOM 1: DENEX 1: NUMER 1: STRAT 1-1: STRAT 1-2: IPOP 2: DENOM 2: DENEX 2: NUMER 2: STRAT 2-1: STRAT 2-2: IPOP 3: DENOM 3: DENEX 3: NUMER 3: STRAT 3-1: STRAT 3-2:	8B54A9C1-94A1-4849-B655-D9EABC06D132 CFA40B68-749C-4695-93CD-AE5309CADBF0 F3EB129E-4A98-4CAD-8DCA-A7B829AA6549 909538E9-AA38-46E2-AA0D-AA197025B3DA 0F14D3D6-23D1-46D7-83CD-FCE0BFFF7D29 F595B144-786B-4BBE-9854-9442911E2437 C6AE5AA5-70F6-4572-BFB7-FC92CC697341 EA90375E-8866-4DB0-9331-5CCF9DED26F4 70080BA6-56E1-4A9D-9FE2-803662AFAB09 65E4A114-23DD-4DBA-AB9A-4AAB2BB03CC1 2472B8CB-32F2-4D8C-AB0C-202467ADC977 DE79F033-E918-4CB2-9A84-E9A841486409 72869D14-4B0B-4716-B3AF-F139588BBB14 C23F3E0F-D6B1-4370-8FE1-4906619A4A1B C365FE78-44EF-4BE0-BBC2-0F053454D210 3E62E73D-886D-48AD-89E2-7321847EF4B7 F9617BDD-16F0-4CF1-A33C-D6F14CE932B2 6F03F0A8-09DB-43A6-B2D6-A735F7A55858
0022/ 238	CMS156 v7	40280382-6258-7581-0162-92c7a9811647	IPOP 1: DENOM 1: DENEX 1: NUMER 1: IPOP 2: DENOM 2: DENEX 2: NUMER 2:	35872DE4-ADC6-4D3D-B439-B3248FEF3456 2FCB1E4B-CA28-4F1E-827D-2F5E378FF222 BD7DEC25-34DE-4E75-843E-50720AD7FF8C A5797141-A910-4FA0-8A5F-32FB348848A0 FEDC857A-3B2E-49D5-89BC-366075AD6403 877B83EF-716C-4B0B-AE4C-0F9689A946A8 DEDFBFA0-DB7C-413B-8B22-A734590D83CE 51CCFD8B-C7B1-492F-88DE-041AD08FDAED
0384/ 143	CMS157 v7	40280382-6258-7581-0162-91426b9911ee	IPOP 1: DENOM 1: NUMER 1: IPOP 2: DENOM 2: NUMER 2:	09EDD5D3-ECFE-4D10-A0F7-43573D2071CA 8A25EE19-D0E8-4211-84D9-BED5D7E2B915 833E7403-F20F-4505-967F-5F93AB729E8D C7ABD4C6-1B7C-4168-BFD2-F81C7B070780 8117F8AC-F9EF-4824-828F-0472DBDC8535 9D2B6FFF-DB32-476B-A185-6078D50EFB0C
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0712/ 371	CMS160 v7	40280382-6258-7581-0162-63106f9201b2	IPOP 1: DENOM 1: DENEX 1: NUMER 1: STRAT 1-1: STRAT 1-2: IPOP 2: DENOM 2: DENEX 2: NUMER 2: STRAT 2-1: STRAT 2-2: IPOP 3: DENOM 3: DENEX 3: NUMER 3: STRAT 3-1: STRAT 3-2:	D00E7D31-7F59-468D-99C6-631D07715E59 A52E93B8-A2D1-414E-94D0-90155E8FF81F 0830DDCA-C45E-4D80-B359-E69E2F83D7B2 539B0A53-F5B0-47CB-887E-392792E9D4ED 13406420-1144-4100-9439-ED134656A4FC DD7E5C35-6825-496B-A155-A4CBE9056535 95F5AFA0-CB23-4786-A2E0-0646C0494E4F 1B9C4359-5DF7-4B6D-ACD8-C12175C67EFD 7889D513-C24C-482F-8C9C-FC31F35E3999 92D313A7-3A3D-44EC-8A94-103CC0003A30 39B15197-7895-4AFC-B4AA-83DABFF66373 0416AB91-F7FF-4432-A5D9-77B27F5AE30C 750B4DDA-EC94-4082-9AB4-86824666D808 2E3A7115-247D-4A0E-918C-AB581E13486A DE1952F9-9E35-4493-BA65-3F6CD8904059 9FCE046B-5EF9-4A19-9D22-D3A6518EDA51 1FD9CB54-2485-43C9-A9CB-041E6FE078F0 B4B269AE-AE95-4FFF-AD3A-0C7F62DC0C72
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N/A/ 472	CMS249 v1	40280382-6258-7581-0162-92de53e31699	IPOP: DENOM: DENEX: NUMER:	14C62E37-7B68-4636-B6D3-65FCFA922B85 99FEE774-9169-4A52-A890-7175726E40F6 0FB2B684-8D8D-44C6-9945-0B16543FF95E 6E2DF1CA-216E-44CC-8587-AE7D3B743048
N/A/ 438	CMS347 v2	40280382-610b-e7a4-0161-9a6155603811	IPOP 1: DENOM 1: DENEX 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: DENEX 2: NUMER 2: DENEXCEP 2: IPOP 3: DENOM 3: DENEX 3: NUMER 3: DENEXCEP 3:	B8CAA667-4F5E-4CB1-88E0-ECD9702389EF 8E7F3638-494A-41F5-9741-13DE1BC62433 8ADFC7E4-5840-42D5-8BAC-CF6F3DAFD51D 434B2A88-7C68-486E-A629-D0416DFB2C98 C3C77B50-D21E-48B5-A986-91053FA2271E B4C17248-386D-4CC5-83DF-1056A613B5B6 5AAD787D-8862-48A9-B3E8-677038DBB209 C8F028DD-E14A-45D1-B614-1FBF883872D3 33BB1512-C0B0-4A32-AF56-7AA8976EF424 79649D36-E894-4C77-A546-D36D03D32D41 AE9FCC5C-749A-4C35-870E-FD93CFFD098E 60E98526-8DF8-46DA-B4B5-F021FCFB3076 4139C888-F034-42C0-B0E0-05F1DA48C303 DD0E5714-23DB-4CC9-8C8E-198EEC05F3BD 7EDBAED7-8055-4619-B41F-533C168324B1
N/A/ 475	CMS349 v1	40280382-6258-7581-0162-9242b345140c	IPOP: DENOM: DENEX: NUMER:	B478EA80-2D7B-4F58-A8CD-E2F2BE3E40AA 0BF35D9B-3766-4FFE-A0B8-20709C608D82 E898D041-EDD9-4D7C-9EDA-E2C5D0A76F0C 3678ABF6-E7B9-4926-B3DB-494A4D7972A2

NQF/ MIPS Quality ID	CMS eCQM ID	Version Specific Measure ID	Population ID	
N/A/ 462	CMS645 v2	40280382-610b-e7a4-0161-7c19ad7c2a5d	IPOP: DENOM: NUMER: DENEXCEP:	6943043A-E370-49DE-9B16-56E61CE9F062 F4A7E971-A676-425D-B0BD-1951F3F22407 4EB0E993-A98D-4E42-8B7E-158BDC19F521 84B0E025-DC5A-4B45-BC2E-8B71E64907D4

5 Measure Identifiers

For all CMS eligible clinicians and eligible professionals programs reporting, certain identifiers are **mandatory**, meaning that they must be present in the QRDA III report and no nulls are allowed. Exceptions and considerations are noted where applicable. Each improvement activity included in the QRDA III report must reference its Activity ID. Each Promoting Interoperability Objective and Measure included in the QRDA III report must reference its Measure Identifier.

5.1 Improvement Activity

Unless modified or removed in the CY 2019 Physician Fee Schedule final rule, previously finalized improvement activities continue to apply for the MIPS CY 2019 performance period. Table 4: Improvement Activities Identifiers for the MIPS CY 2019 Performance Period lists all improvement activities identifiers that are applicable for the MIPS CY 2019 performance period, including

- New improvement activities finalized in the CY 2019 Physician Fee Schedule final rule:
  - IA_AHE_7
  - IA_BE_24
  - IA_BMH_10
  - IA_CC_18
  - IA_PSPA_31
  - IA_PSPA_32
- Previously finalized improvement activities with modified activity description in the CY 2019 Physician Fee Schedule final rule:
  - IA_CC_10
  - IA_PM_13
  - IA_PSPA_2
  - IA_PSPA_8
  - IA_PSPA_17
- Note that previously finalized improvement activity IA_PM_9 was removed in the CY 2019 Physician Fee Schedule final rule.

Table 4: Improvement Activities Identifiers for the MIPS CY 2019 Performance Period

Activity Name	Activity Description	Activity ID
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	• Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., MIPS eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: • Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); • Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.	IA_EPA_1
Use of telehealth	Use of telehealth services and analysis of data for quality improvement,	IA_EPA_2

Activity Name	Activity Description	Activity ID
services that expand practice access	such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients.	
Collection and use of patient experience and satisfaction data on access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	IA_EPA_3
Additional improvements in access as a result of QIN/QIO TA	As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services (e.g., investment of on-site diabetes educator).	IA_EPA_4
Participation in User Testing of the Quality Payment Program Website (https://qpp.cms.gov/)	User participation in the Quality Payment Program website testing is an activity for eligible clinicians who have worked with CMS to provided substantive, timely, and responsive input to improve the CMS Quality Payment Program website through product user-testing that enhances system and program accessibility, readability and responsiveness as well as providing feedback for developing tools and guidance thereby allowing for a more user-friendly and accessible clinician and practice Quality Payment Program website experience.	IA_EPA_5
Participation in Systematic Anticoagulation Program	Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program) for 60 percent of practice patients in the transition year and 75 percent of practice patients in Quality Payment Program Year 2 and future years, who receive anti-coagulation medications (warfarin or other coagulation cascade inhibitors).	IA_PM_1
Anticoagulant Management Improvements	Individual MIPS eligible clinicians and groups who prescribe oral Vitamin K antagonist therapy (warfarin) must attest that, for 60 percent of practice patients in the transition year and 75 percent of practice patients in Quality Payment Program Year 2 and future years, their ambulatory care patients receiving warfarin are being managed by one or more of the following improvement activities: • Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions; • Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; • For rural or remote patients, patients are managed using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; and/or • For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program.	IA_PM_2
RHC, IHS or FQHC quality improvement activities	Participating in a Rural Health Clinic (RHC), Indian Health Service Medium Management (IHS), or Federally Qualified Health Center in ongoing engagement activities that contribute to more formal quality reporting , and that include receiving quality data back for broader quality improvement and benchmarking improvement which will ultimately benefit patients. Participation in Indian Health Service, as an improvement activity, requires MIPS eligible clinicians and groups to deliver care to federally recognized American Indian and Alaska Native populations in the U.S. and in the course of that care implement continuous clinical practice improvement including reporting data on quality of services being provided and receiving feedback to make	IA_PM_3

Activity Name	Activity Description	Activity ID
	improvements over time.	
Glycemic management services	For outpatient Medicare beneficiaries with diabetes and who are prescribed antidiabetic agents (e.g., insulin, sulfonylureas), MIPS eligible clinicians and groups must attest to having: For the first performance year, at least 60 percent of medical records with documentation of an individualized glycemic treatment goal that: a) Takes into account patient-specific factors, including, at least 1) age, 2) comorbidities, and 3) risk for hypoglycemia, and b) Is reassessed at least annually. The performance threshold will increase to 75 percent for the second performance year and onward. Clinician would attest that, 60 percent for first year, or 75 percent for the second year, of their medical records that document individualized glycemic treatment represent patients who are being treated for at least 90 days during the performance period.	IA_PM_4
Engagement of community for health status improvement	Take steps to improve health status of communities, such as collaborating with key partners and stakeholders to implement evidenced-based practices to improve a specific chronic condition. Refer to the local Quality Improvement Organization (QIO) for additional steps to take for improving health status of communities as there are many steps to select from for satisfying this activity. QIOs work under the direction of CMS to assist MIPS eligible clinicians and groups with quality improvement, and review quality concerns for the protection of beneficiaries and the Medicare Trust Fund.	IA_PM_5
Use of toolsets or other resources to close healthcare disparities across communities	Take steps to improve healthcare disparities, such as Population Health Toolkit or other resources identified by CMS, the Learning and Action Network, Quality Innovation Network, or National Coordinating Center. Refer to the local Quality Improvement Organization (QIO) for additional steps to take for improving health status of communities as there are many steps to select from for satisfying this activity. QIOs work under the direction of CMS to assist eligible clinicians and groups with quality improvement, and review quality concerns for the protection of beneficiaries and the Medicare Trust Fund.	IA_PM_6
Use of QCDR for feedback reports that incorporate population health	Use of a QCDR to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.	IA_PM_7
Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	Participation in a QCDR, clinical data registries, or other registries run by other government agencies such as FDA, or private entities such as a hospital or medical or surgical society. Activity must include use of QCDR data for quality improvement (e.g., comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcome).	IA_PM_10
Regular Review Practices in Place on Targeted Patient Population Needs	Implementation of regular reviews of targeted patient population needs, such as structured clinical case reviews, which includes access to reports that show unique characteristics of eligible clinician's patient population, identification of vulnerable patients, and how clinical treatment needs are being tailored, if necessary, to address unique needs and what resources in the community have been identified as additional resources.	IA_PM_11
Population empanelment	Empanel (assign responsibility for) the total population, linking each patient to a MIPS eligible clinician or group or care team. Empanelment is a series of processes that assign each active patient to a MIPS eligible clinician or group and/or care team, confirm assignment with patients and clinicians, and use the resultant patient panels as a foundation for individual patient and population health management. Empanelment identifies the patients and population for whom the MIPS eligible clinician or group and/or care team is responsible and is the foundation for the relationship continuity between patient and MIPS	IA_PM_12

Activity Name	Activity Description	Activity ID
	eligible clinician or group /care team that is at the heart of comprehensive primary care. Effective empanelment requires identification of the “active population” of the practice: those patients who identify and use your practice as a source for primary care. There are many ways to define “active patients” operationally, but generally, the definition of “active patients” includes patients who have sought care within the last 24 to 36 months, allowing inclusion of younger patients who have minimal acute or preventive health care.	
Chronic Care and Preventative Care Management for Empaneled Patients	In order to receive credit for this activity, a MIPS eligible clinician must manage chronic and preventive care for empaneled patients (that is, patients assigned to care teams for the purpose of population health management), which could include one or more of the following actions: • Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age, and condition-specific preventive care services; and plan of care for chronic conditions; • Use evidence based, condition-specific pathways for care of chronic conditions (for example, hypertension, diabetes, depression, asthma, and heart failure). These might include, but are not limited to, the NCQA Diabetes Recognition Program (DRP) and the NCQA Heart/Stroke Recognition Program (HSRP). • Use pre-visit planning, that is, preparations for conversations or actions to propose with patient before an in-office visit to optimize preventive care and team management of patients with chronic conditions; • Use panel support tools, (that is, registry functionality) or other technology that can use clinical data to identify trends or data points in patient records to identify services due; • Use predictive analytical models to predict risk, onset and progression of chronic diseases; and/or • Use reminders and outreach (for example, phone calls, emails, postcards, patient portals, and community health workers where available) to alert and educate patients about services due· and/or routine medication reconciliation.	IA_PM_13
Implementation of methodologies for improvements in longitudinal care management for high risk patients	Provide longitudinal care management to patients at high risk for adverse health outcome or harm that could include one or more of the following: • Use a consistent method to assign and adjust global risk status for all empaneled patients to allow risk stratification into actionable risk cohorts. Monitor the risk-stratification method and refine as necessary to improve accuracy of risk status identification; • Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values and priorities; and/or • Use on-site practice-based or shared care managers to proactively monitor and coordinate care for the highest risk cohort of patients.	IA_PM_14
Implementation of episodic care management practice improvements	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: Routine and timely follow-up to hospitalizations, ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management; and/or Managing care intensively through new diagnoses, injuries and exacerbations of illness.	IA_PM_15
Implementation of medication management practice improvements	Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or	IA_PM_16

Activity Name	Activity Description	Activity ID
	groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.	
Participation in Population Health Research	Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.	IA_PM_17
Provide Clinical-Community Linkages	Engaging community health workers to provide a comprehensive link to community resources through family-based services focusing on success in health, education, and self-sufficiency. This activity supports individual MIPS eligible clinicians or groups that coordinate with primary care and other clinicians, engage and support patients, use of health information technology, and employ quality measurement and improvement processes. An example of this community based program is the NCQA Patient-Centered Connected Care (PCCC) Recognition Program or other such programs that meet these criteria.	IA_PM_18
Glycemic Screening Services	For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the 2018 performance period and 75 percent in future years, of electronic medical records with documentation of screening patients for abnormal blood glucose according to current US Preventive Services Task Force (USPSTF) and/or American Diabetes Association (ADA) guidelines.	IA_PM_19
Glycemic Referring Services	For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the CY 2018 performance period and 75 percent in future years, of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized diabetes prevention program operating under the framework of the National Diabetes Prevention Program.	IA_PM_20
Advance Care Planning	Implementation of practices/processes to develop advance care planning that includes: documenting the advance care plan or living will within the medical record, educating clinicians about advance care planning motivating them to address advance care planning needs of their patients, and how these needs can translate into quality improvement, educating clinicians on approaches and barriers to talking to patients about end-of-life and palliative care needs and ways to manage its documentation, as well as informing clinicians of the healthcare policy side of advance care planning.	IA_PM_21
Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop	Performance of regular practices that include providing specialist reports back to the referring individual MIPS eligible clinician or group to close the referral loop or where the referring individual MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the EHR technology.	IA_CC_1
Implementation of improvements that contribute to more timely communication of test results	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.	IA_CC_2
Implementation of additional activity as a result of TA for improving care coordination	Implementation of at least one additional recommended activity from the Quality Innovation Network-Quality Improvement Organization after technical assistance has been provided related to improving care coordination.	IA_CC_3
TCPI Participation	Participation in the CMS Transforming Clinical Practice Initiative	IA_CC_4
CMS partner in Patients Hospital Engagement Network	Membership and participation in a CMS Partnership for Patients Hospital Engagement Network.	IA_CC_5

Activity Name	Activity Description	Activity ID
Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).	IA_CC_6
Regular training in care coordination	Implementation of regular care coordination training.	IA_CC_7
Implementation of documentation improvements for practice/process improvements	Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure).	IA_CC_8
Implementation of practices/processes for developing regular individual care plans	Implementation of practices/processes, including a discussion on care, to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s). Individual care plans should include consideration of a patient's goals and priorities, as well as desired outcomes of care.	IA_CC_9
Care transition documentation practice improvements	In order to receive credit for this activity, a MIPS eligible clinician must document practices/processes for care transition with documentation of how a MIPS eligible clinician or group carried out an action plan for the patient with the patient's preferences in mind (that is, a "patient-centered" plan) during the first 30 days following a discharge. Examples of these practices/processes for care transition include: staff involved in the care transition; phone calls conducted in support of transition; accompaniments of patients to appointments or other navigation actions; home visits; patient information access to their medical records; real time communication between PCP and consulting clinicians; PCP included on specialist follow-up or transition communications.	IA_CC_10
Care transition standard operational improvements	Establish standard operations to manage transitions of care that could include one or more of the following: Establish formalized lines of communication with local settings in which empaneled patients receive care to ensure documented flow of information and seamless transitions in care; and/or Partner with community or hospital-based transitional care services.	IA_CC_11
Care coordination agreements that promote improvements in patient tracking across settings	Establish effective care coordination and active referral management that could include one or more of the following: Establish care coordination agreements with frequently used consultants that set expectations for documented flow of information and MIPS eligible clinician or MIPS eligible clinician group expectations between settings. Provide patients with information that sets their expectations consistently with the care coordination agreements; Track patients referred to specialist through the entire process; and/or Systematically integrate information from referrals into the plan of care.	IA_CC_12
Practice Improvements for Bilateral Exchange of Patient Information	Ensure that there is bilateral exchange of necessary patient information to guide patient care, such as Open Notes, that could include one or more of the following: • Participate in a Health Information Exchange if available; and/or • Use structured referral notes.	IA_CC_13
Practice Improvements that Engage Community Resources to Support Patient Health Goals	Develop pathways to neighborhood/community-based resources to support patient health goals that could include one or more of the following: • Maintain formal (referral) links to community-based chronic disease self-management support programs, exercise	IA_CC_14

Activity Name	Activity Description	Activity ID
	programs and other wellness resources with the potential for bidirectional flow of information; and provide a guide to available community resources. • Including through the use of tools that facilitate electronic communication between settings; • Screen patients for health-harming legal needs; • Screen and assess patients for social needs using tools that are preferably health IT enabled and that include to any extent standards-based, coded question/field for the capture of data as is feasible and available as part of such tool; and/or • Provide a guide to available community resources.	
PSH Care Coordination	Participation in a Perioperative Surgical Home (PSH) that provides a patient-centered, physician-led, interdisciplinary, and team-based system of coordinated patient care, which coordinates care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. This activity allows for reporting of strategies and processes related to care coordination of patients receiving surgical or procedural care within a PSH. The clinician must perform one or more of the following care coordination activities: • Coordinate with care managers/navigators in preoperative clinic to plan and implementation comprehensive post discharge plan of care; • Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms; • Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or • Implement processes to ensure effective communications and education of patients' post-discharge instructions.	IA_CC_15
Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients	The primary care and behavioral health practices use the same electronic health record system for shared patients or have an established bidirectional flow of primary care and behavioral health records.	IA_CC_16
Patient Navigator Program	Implement a Patient Navigator Program that offers evidence-based resources and tools to reduce avoidable hospital readmissions, utilizing a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for patients by making hospitalizations less stressful, and the recovery period more supportive by implementing quality improvement strategies.	IA_CC_17
Relationship-Centered Communication	In order to receive credit for this activity, MIPS eligible clinicians must participate in a minimum of eight hours of training on relationship-centered care tenets such as making effective open-ended inquiries; eliciting patient stories and perspectives; listening and responding with empathy; using the ART (ask, respond, tell) communication technique to engage patients, and developing a shared care plan. The training may be conducted in formats such as, but not limited to: interactive simulations practicing the skills above, or didactic instructions on how to implement improvement action plans; monitor progress; and promote stability around improved clinician communication.	IA_CC_18
Use of certified EHR to capture patient reported outcomes	In support of improving patient access, performing additional activities that enable capture of patient reported outcomes (e.g., home blood pressure, blood glucose logs, food diaries, at-risk health factors such as tobacco or alcohol use, etc.) or patient activation measures through use of certified EHR technology, containing this data in a separate queue for clinician recognition and review.	IA_BE_1
Use of QCDR to support clinical decision making	Participation in a QCDR, demonstrating performance of activities that promote implementation of shared clinical decision making capabilities.	IA_BE_2

Activity Name	Activity Description	Activity ID
Engagement with QIN-QIO to implement self-management training programs	Engagement with a Quality Innovation Network-Quality Improvement Organization, which may include participation in self-management training programs such as diabetes.	IA_BE_3
Engagement of patients through implementation of improvements in patient portal	Access to an enhanced patient portal that provides up to date information related to relevant chronic disease health or blood pressure control, and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.	IA_BE_4
Enhancements/regular updates to practice websites/tools that also include considerations for patients with cognitive disabilities	Enhancements and ongoing regular updates and use of websites/tools that include consideration for compliance with section 508 of the Rehabilitation Act of 1973 or for improved design for patients with cognitive disabilities. Refer to the CMS website on Section 508 of the Rehabilitation Act https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/Section508/index.html?redirect=/InfoTechGenInfo/07_Section508.asp that requires that institutions receiving federal funds solicit, procure, maintain and use all electronic and information technology (EIT) so that equal or alternate/comparable access is given to members of the public with and without disabilities. For example, this includes designing a patient portal or website that is compliant with section 508 of the Rehabilitation Act of 1973	IA_BE_5
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.	IA_BE_6
Participation in a QCDR, that promotes use of patient engagement tools.	Participation in a QCDR, that promotes use of patient engagement tools.	IA_BE_7
Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.	IA_BE_8
Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.	Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.	IA_BE_9
Participation in a QCDR, that promotes implementation of patient self-action plans.	Participation in a QCDR, that promotes implementation of patient self-action plans.	IA_BE_10
Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan.	Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan.	IA_BE_11
Use evidence-based decision aids to support shared decision-making.	Use evidence-based decision aids to support shared decision-making.	IA_BE_12

Activity Name	Activity Description	Activity ID
Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	IA_BE_13
Engage Patients and Families to Guide Improvement in the System of Care	Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement. Platforms and devices that collect patient-generated health data (PGHD) must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including patient reported outcomes (PROs). Examples include patient engagement and outcomes tracking platforms, cellular or web-enabled bi-directional systems, and other devices that transmit clinically valid objective and subjective data back to care teams. Because many consumer-grade devices capture PGHD (for example, wellness devices), platforms or devices eligible for this improvement activity must be, at a minimum, endorsed and offered clinically by care teams to patients to automatically send ongoing guidance (one way). Platforms and devices that additionally collect PGHD must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient (e.g. automated patient-facing instructions based on glucometer readings). Therefore, unlike passive platforms or devices that may collect but do not transmit PGHD in real or near-real time to clinical care teams, active devices and platforms can inform the patient or the clinical care team in a timely manner of important parameters regarding a patient's status, adherence, comprehension, and indicators of clinical concern.	IA_BE_14
Engagement of Patients, Family, and Caregivers in Developing a Plan of Care	Engage patients, family, and caregivers in developing a plan of care and prioritizing their goals for action, documented in the electronic health record (EHR) technology.	IA_BE_15
Evidenced-based techniques to promote self-management into usual care	Incorporate evidence-based techniques to promote self-management into usual care, using techniques such as goal setting with structured follow-up, Teach Back, action planning or motivational interviewing.	IA_BE_16
Use of tools to assist patient self-management	Use tools to assist patients in assessing their need for support for self-management (e.g., the Patient Activation Measure or How's My Health).	IA_BE_17
Provide peer-led support for self-management.	Provide peer-led support for self-management.	IA_BE_18
Use group visits for common chronic conditions (e.g., diabetes).	Use group visits for common chronic conditions (e.g., diabetes).	IA_BE_19
Implementation of condition-specific chronic disease self-management support programs	Provide condition-specific chronic disease self-management support programs or coaching or link patients to those programs in the community.	IA_BE_20
Improved Practices that Disseminate Appropriate Self-Management Materials	Provide self-management materials at an appropriate literacy level and in an appropriate language.	IA_BE_21

Activity Name	Activity Description	Activity ID
Improved Practices that Engage Patients Pre-Visit	Implementation of workflow changes that engage patients prior to the visit, such as a pre-visit development of a shared visit agenda with the patient, or targeted pre-visit laboratory testing that will be resulted and available to the MIPS eligible clinician to review and discuss during the patient's appointment..	IA_BE_22
Integration of patient coaching practices between visits	Provide coaching between visits with follow-up on care plan and goals.	IA_BE_23
Financial Navigation Program	In order to receive credit for this activity, MIPS eligible clinicians must attest that their practice provides financial counseling to patients or their caregiver about costs of care and an exploration of different payment options. The MIPS eligible clinician may accomplish this by working with other members of their practice (for example, financial counselor or patient navigator) as part of a team-based care approach in which members of the patient care team collaborate to support patient-centered goals. For example, a financial counselor could provide patients with resources with further information or support options, or facilitate a conversation with a patient or caregiver that could address concerns. This activity may occur during diagnosis stage, before treatment, during treatment, and/or during survivorship planning, as appropriate.	IA_BE_24
Participation in an AHRQ-listed patient safety organization.	Participation in an AHRQ-listed patient safety organization.	IA_PSPA_1
Participation in MOC Part IV	In order to receive credit for this activity, a MIPS eligible clinician must participate in Maintenance of Certification (MOC) Part IV. MOC Part IV requires clinicians to perform monthly activities across practice to regularly assess performance by reviewing outcomes addressing identified areas for improvement and evaluating the results. Some examples of activities that can be completed to receive MOC Part IV credit are: the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program, National Cardiovascular Data Registry (NCDR) Clinical Quality Coach, Quality Practice Initiative Certification Program, American Board of Medical Specialties Practice Performance Improvement Module or American Society of Anesthesiologists (ASA) Simulation Education Network, for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program; specialty-specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE); American Psychiatric Association (APA) Performance in Practice modules.	IA_PSPA_2
Participate in IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS® or Other Similar Activity	For MIPS eligible clinicians not participating in Maintenance of Certification (MOC) Part IV, new engagement for MOC Part IV, such as the Institute for Healthcare Improvement (IHI) Training/Forum Event; National Academy of Medicine, Agency for Healthcare Research and Quality (AHRQ) Team STEPPS®, or the American Board of Family Medicine (ABFM) Performance in Practice Modules.	IA_PSPA_3
Administration of the AHRQ Survey of Patient Safety Culture	Administration of the AHRQ Survey of Patient Safety Culture and submission of data to the comparative database (refer to AHRQ Survey of Patient Safety Culture website http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html). Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	IA_PSPA_4
Annual registration in	Annual registration by eligible clinician or group in the prescription drug	IA_PSPA_5

Activity Name	Activity Description	Activity ID
the Prescription Drug Monitoring Program	monitoring program of the state where they practice. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6 months.	
Consultation of the Prescription Drug Monitoring Program	Clinicians would attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. For the transition year, clinicians would attest to 60 percent review of applicable patient's history. For the Quality Payment Program Year 2 and future years, clinicians would attest to 75 percent review of applicable patient's history performance.	IA_PSPA_6
Use of QCDR data for ongoing practice assessment and improvements	Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	IA_PSPA_7
Use of Patient Safety Tools	In order to receive credit for this activity, a MIPS eligible clinician must use tools that assist specialty practices in tracking specific measures that are meaningful to their practice. Some examples of tools that could satisfy this activity are: a surgical risk calculator; evidence based protocols, such as Enhanced Recovery After Surgery (ERAS) protocols; the Centers for Disease Control (CDC) Guide for Infection Prevention for Outpatient Settings predictive algorithms; and the opiate risk tool (ORT) or similar tool.	IA_PSPA_8
Completion of the AMA STEPS Forward program	Completion of the American Medical Association's STEPS Forward program.	IA_PSPA_9
Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments	Completion of training and obtaining an approved waiver for provision of medication -assisted treatment of opioid use disorders using buprenorphine.	IA_PSPA_10
Participation in CAHPS or other supplemental questionnaire	Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets).	IA_PSPA_11
Participation in private payer CPIA	Participation in designated private payer clinical practice improvement activities.	IA_PSPA_12
Participation in Joint Commission Evaluation Initiative	Participation in Joint Commission Ongoing Professional Practice Evaluation initiative	IA_PSPA_13
Participation in Quality Improvement Initiatives	Participation in other quality improvement programs such as Bridges to Excellence or American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.	IA_PSPA_14
Implementation of an ASP	Change Activity Description to: Leadership of an Antimicrobial Stewardship Program (ASP) that includes implementation of an ASP that measures the appropriate use of antibiotics for several different conditions (such as but not limited to upper respiratory infection treatment in children, diagnosis of pharyngitis, bronchitis treatment in adults) according to clinical guidelines for diagnostics and therapeutics. Specific activities may include: • Develop facility-specific antibiogram and prepare report of findings with specific action plan that aligns with overall facility or practice strategic plan. • Lead the development, implementation, and monitoring of patient care and patient safety protocols for the delivery of ASP including protocols pertaining to the most appropriate setting for such services (i.e., outpatient or inpatient).	IA_PSPA_15

Activity Name	Activity Description	Activity ID
	• Assist in improving ASP service line efficiency and effectiveness by evaluating and recommending improvements in the management structure and workflow of ASP processes. • Manage compliance of the ASP policies and assist with implementation of corrective actions in accordance with facility or clinic compliance policies and hospital medical staff by-laws. • Lead the education and training of professional support staff for the purpose of maintaining an efficient and effective ASP. • Coordinate communications between ASP management and facility or practice personnel regarding activities, services, and operational/clinical protocols to achieve overall compliance and understanding of the ASP. • Assist, at the request of the facility or practice, in preparing for and responding to third-party requests, including but not limited to payer audits, governmental inquiries, and professional inquiries that pertain to the ASP service line. • Implementing and tracking an evidence-based policy or practice aimed at improving antibiotic prescribing practices for high-priority conditions. • Developing and implementing evidence-based protocols and decision-support for diagnosis and treatment of common infections. • Implementing evidence-based protocols that align with recommendations in the Centers for Disease Control and Prevention's Core Elements of Outpatient Antibiotic Stewardship guidance	
Use of decision support and standardized treatment protocols	Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.	IA_PSPA_16
Implementation of analytic capabilities to manage total cost of care for practice population	In order to receive credit for this activity, a MIPS eligible clinician must conduct or build the capacity to conduct analytic activities to manage total cost of care for the practice population. Examples of these activities could include: • Train appropriate staff on interpretation of cost and utilization information; • Use available data regularly to analyze opportunities to reduce cost through improved care. An example of a platform with the necessary analytic capability to do this is the American Society for Gastrointestinal (GI) Endoscopy's GI Operations Benchmarking Platform.	IA_PSPA_17
Measurement and Improvement at the Practice and Panel Level	Measure and improve quality at the practice and panel level, such as the American Board of Orthopedic Surgery (ABOS) Physician Scorecards, that could include one or more of the following: • Regularly review measures of quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group (panel); and/or • Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.	IA_PSPA_18
Implementation of formal quality improvement methods, practice changes, or other practice improvement processes	Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following such as: • Multi-Source Feedback; • Train all staff in quality improvement methods; • Integrate practice change/quality improvement into staff duties; • Engage all staff in identifying and testing practices changes; • Designate regular team meetings to review data and plan improvement cycles; • Promote transparency and accelerate improvement by sharing	IA_PSPA_19

Activity Name	Activity Description	Activity ID
	practice level and panel level quality of care, patient experience and utilization data with staff; and/or • Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data.	
Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: • Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; • Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or • Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.	IA_PSPA_20
Implementation of fall screening and assessment programs	Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors (e.g., Clinical decision support/prompts in the electronic health record that help manage the use of medications, such as benzodiazepines, that increase fall risk).	IA_PSPA_21
CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain	Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	IA_PSPA_22
Completion of CDC Training on Antibiotic Stewardship	Completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course. Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	IA_PSPA_23
Initiate CDC Training on Antibiotic Stewardship	Completion of greater than 50 percent of the modules of the Centers for Disease Control and Prevention antibiotic stewardship course. Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	IA_PSPA_24
Cost Display for Laboratory and Radiographic Orders	Implementation of a cost display for laboratory and radiographic orders, such as costs that can be obtained through the Medicare clinical laboratory fee schedule.	IA_PSPA_25
Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event	A MIPS eligible clinician providing unscheduled care (such as an emergency room, urgent care, or other unplanned encounter) attests that, for greater than 75 percent of case visits that result from a clinically significant adverse drug event, the MIPS eligible clinician provides information, including through the use of health IT to the patient's primary care clinician regarding both the unscheduled visit and the nature of the adverse drug event within 48 hours. A clinically significant adverse event is defined as a medication-related harm or injury such as side-effects, supratherapeutic effects, allergic reactions, laboratory abnormalities, or medication errors requiring urgent/emergent evaluation, treatment, or hospitalization.	IA_PSPA_26

Activity Name	Activity Description	Activity ID
Invasive Procedure or Surgery Anticoagulation Medication Management	For an anticoagulated patient undergoing a planned invasive procedure for which interruption in anticoagulation is anticipated, including patients taking vitamin K antagonists (warfarin), target specific oral anticoagulants (such as apixaban, dabigatran, and rivaroxaban), and heparins/low molecular weight heparins, documentation, including through the use of electronic tools, that the plan for anticoagulation management in the periprocedural period was discussed with the patient and with the clinician responsible for managing the patient's anticoagulation. Elements of the plan should include the following: discontinuation, resumption, and, if applicable, bridging, laboratory monitoring, and management of concomitant antithrombotic medications (such as antiplatelets and nonsteroidal anti-inflammatory drugs (NSAIDs)). An invasive or surgical procedure is defined as a procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.	IA_PSPA_27
Completion of an Accredited Safety or Quality Improvement Program	Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria: • The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity; • The activity must have specific, measurable aim(s) for improvement; • The activity must include interventions intended to result in improvement; • The activity must include data collection and analysis of performance data to assess the impact of the interventions; and The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.	IA_PSPA_28
Consulting AUC Using Clinical Decision Support when Ordering Advanced	Clinicians attest that they are consulting specified applicable AUC through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018. This activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at §414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014. Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition.	IA_PSPA_29
PCI Bleeding Campaign	Participation in the PCI Bleeding Campaign which is a national quality improvement program that provides infrastructure for a learning network and offers evidence-based resources and tools to reduce avoidable bleeding associated with patients who receive a percutaneous coronary intervention (PCI). The program uses a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for PCI patients by implementing quality improvement strategies: • Radial-artery access, • Bivalirudin, and • Use of vascular closure devices.	IA_PSPA_30
Patient Medication Risk Education	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be	IA_PSPA_31

Activity Name	Activity Description	Activity ID
	completed for at least 75 percent of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.	
Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.	IA_PSPA_32
Engagement of New Medicaid Patients and Follow-up	Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare. A timely manner is defined as within 10 business days for this activity.	IA_AHE_1
Leveraging a QCDR to standardize processes for screening	Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.	IA_AHE_2
Promote Use of Patient-Reported Outcome Tools	Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PQH-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening.	IA_AHE_3
Leveraging a QCDR for use of standard questionnaires	Participation in a QCDR, demonstrating performance of activities for use of standard questionnaires for assessing improvements in health disparities related to functional health status (e.g., use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment).	IA_AHE_4
MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	MIPS eligible clinician leadership in clinical trials, research alliances or community-based participatory research (CBPR) that identify tools, research or processes that can focuses on minimizing disparities in healthcare access, care quality, affordability, or outcomes.	IA_AHE_5
Provide Education Opportunities for New Clinicians	MIPS eligible clinicians acting as a preceptor for clinicians-in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) and accepting such clinicians for clinical rotations in community practices in small, underserved, or rural areas.	IA_AHE_6
Comprehensive Eye Exams	In order to receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by providing literature and/or facilitating a conversation about this topic using resources such as the "Think About Your Eyes" campaign and/or referring patients to resources providing no-cost eye exams, such as the American Academy of Ophthalmology's Eye Care America and the American Optometric Association's VISION USA. This activity is intended for: (1) non-ophthalmologists/optometrist who refer patients to an ophthalmologist/optometrist; (2) ophthalmologists/optometrists caring for underserved patients at no cost; or (3) any clinician providing literature and/or resources on this topic. This activity must be targeted at underserved and/or high- risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams.	IA_AHE_7
Participation on Disaster Medical	Participation in Disaster Medical Assistance Teams, or Community Emergency Responder Teams. Activities that simply involve registration	IA_ERP_1

Activity Name	Activity Description	Activity ID
Assistance Team, registered for 6 months.	are not sufficient. MIPS eligible clinicians and MIPS eligible clinician groups must be registered for a minimum of 6 months as a volunteer for disaster or emergency response.	
Participation in a 60-day or greater effort to support domestic or international humanitarian needs.	Participation in domestic or international humanitarian volunteer work. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups attest to domestic or international humanitarian volunteer work for a period of a continuous 60 days or greater.	IA_ERP_2
Diabetes screening	Diabetes screening for people with schizophrenia or bipolar disease who are using antipsychotic medication.	IA_BMH_1
Tobacco use	Tobacco use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including tobacco use screening and cessation interventions (refer to NQF #0028) for patients with co-occurring conditions of behavioral or mental health and at risk factors for tobacco dependence.	IA_BMH_2
Unhealthy alcohol use	Unhealthy alcohol use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including screening and brief counseling (refer to NQF #2152) for patients with co-occurring conditions of behavioral or mental health conditions.	IA_BMH_3
Depression screening	Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.	IA_BMH_4
MDD prevention and treatment interventions	Major depressive disorder: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including suicide risk assessment (refer to NQF #0104) for mental health patients with co-occurring conditions of behavioral or mental health conditions.	IA_BMH_5
Implementation of co-location PCP and MH services	Integration facilitation and promotion of the colocation of mental health and substance use disorder services in primary and/or non-primary clinical care settings.	IA_BMH_6
Implementation of Integrated Patient Centered Behavioral Health Model	Offer integrated behavioral health services to support patients with behavioral health needs who also have conditions such as dementia or other poorly controlled chronic illnesses. The services could include one or more of the following: • Use evidence-based treatment protocols and treatment to goal where appropriate; • Use evidence-based screening and case finding strategies to identify individuals at risk and in need of services; • Ensure regular communication and coordinated workflows between MIPS eligible clinicians in primary care and behavioral health; • Conduct regular case reviews for at-risk or unstable patients and those who are not responding to treatment; • Use of a registry or health information technology functionality to support active care management and outreach to patients in treatment; • Integrate behavioral health and medical care plans and facilitate integration through co-location of services when feasible; and/or • Participate in the National Partnership to Improve Dementia Care Initiative, which promotes a multidimensional approach that includes public reporting, state-based coalitions, research, training, and revised surveyor guidance.	IA_BMH_7
Electronic Health Record Enhancements for BH data capture	Enhancements to an electronic health record to capture additional data on behavioral health (BH) populations and use that data for additional decision-making purposes (e.g., capture of additional BH data results in additional depression screening for at-risk patient not previously	IA_BMH_8

Activity Name	Activity Description	Activity ID
	identified).	
Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients	Individual MIPS eligible clinicians or groups must regularly engage in integrated prevention and treatment interventions, including screening and brief counseling (for example: NQF #2152) for patients with co-occurring conditions of mental health and substance abuse. MIPS eligible clinicians would attest that 60 percent for the CY 2018 Quality Payment Program performance period, and 75 percent beginning in the 2019 performance period, of their ambulatory care patients are screened for unhealthy alcohol use.	IA_BMH_9
Completion of Collaborative Care Management Training Program	In order to receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychological Association (APA) Collaborative Care Model training program available as part of the Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI), available to the public, in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.	IA_BMH_10
Electronic submission of Patient Centered Medical Home accreditation	N/A	IA_PCMH

5.2 Promoting Interoperability

The Promoting Interoperability performance Category Objectives and Measures for the MIPS 2019 performance period and the Transition Objectives and Measures are listed in tables below.

Please note that reporting metric for the Promoting Interoperability measure PDMP was listed as Numerator/Denominator in the *Table 5 Promoting Interoperability Objectives and Measure Identifiers for the MIPS CY 2019 Performance Period* in this Addendum that was previously published on February 1, 2019.

Based on the FY 2020 Physician Fee Schedule Notice of Proposed Rulemaking (NPRM) for the Promoting Interoperability performance category, the Query of Prescription Drug Monitoring Program (PDMP) measure reporting metric is proposed to change from a Numerator/Denominator measure to a Yes/No response and this change would be retroactively applied to the 2019 performance period. Table 5: Promoting Interoperability Objectives and Measure Identifiers for the MIPS CY 2019 Performance Period shows the updated PDMP measure. If this proposal is finalized in the 2020 Physician Fee Schedule final rule, the reporting metric for the 2019 reporting period will be a yes/no response.

Table 5: Promoting Interoperability Objectives and Measure Identifiers for the MIPS CY 2019 Performance Period

Objective	Measure Identifier	Measure	Reporting Metric
Protect Patient Health Information	PI_PPHI_1	Security Risk Analysis	Yes/No
Electronic Prescribing	PI_EP_1	ePrescribing	Numerator/Denominator
	PI_LVPP_1	*ePrescribing Exclusion	Yes/No

Objective	Measure Identifier	Measure	Reporting Metric
	PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP) (new/optional)	Proposed Yes/No
	PI_EP_3	Verify Opioid Treatment Agreement (new/optional)	Numerator/Denominator
Provider to Patient Exchange	PI_PEA_1	Provide Patients Electronic Access to their Health Information (formerly Provide Patient Access)	Numerator/Denominator
Health Information Exchange	PI_HIE_1	Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care)	Numerator/Denominator
	PI_LVOTC_1	***** Support Electronic Referral Loops by Sending Health Information Exclusion (formerly Send a Summary of Care Exclusion)	Yes/No
	PI_HIE_4	Support Electronic Referral Loops by Receiving and Incorporating Health Information (new)	Numerator/Denominator
Health Information Exchange	PI_LVITC_2	*Support Electronic Referral Loops by Receiving and Incorporating Health Information Exclusion (new for Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.)	Yes/No
	PI_CUITC_1	*Support Electronic Referral Loops by Receiving and Incorporating Health Information Exclusion (new for any MIPS eligible clinician who is unable to implement the measure for a	Yes/No

Objective	Measure Identifier	Measure	Reporting Metric
		MIPS performance period in 2019 would be excluded from having to report this measure.)	
Public Health and Clinical Data Exchange	PI_PHCDRR_1	Immunization Registry Reporting	Yes/No (Report as "Yes" if the MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).)
	PI_PHCDRR_1_MULTI	Immunization Registry Reporting for Multiple Registry Engagement	Yes/No (Report as "Yes" if there is active engagement with more than one immunization registry in accordance with PI_PHCDRR_1.)
	PI_PHCDRR_1_EX_1	Immunization Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.)
Public Health and Clinical Data Exchange	PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period.)
	PI_PHCDRR_1_EX_3	Immunization Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.)
	PI_PHCDRR_2	Syndromic Surveillance Reporting	Yes/No (Report as "Yes" if the MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.)
	PI_PHCDRR_2_MULTI	Syndromic Surveillance Reporting	Yes/No (Report as "Yes" if there is active

Objective	Measure Identifier	Measure	Reporting Metric
		for Multiple Registry Engagement	engagement with more than one Syndromic Surveillance registry in accordance with PI_PHCDRR_2.)
	PI_PHCDRR_2_EX_1	Syndromic Surveillance Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.)
	PI_PHCDRR_2_EX_2	Syndromic Surveillance Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period.)
	PI_PHCDRR_2_EX_3	Syndromic Surveillance Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.)
Public Health and Clinical Data Exchange	PI_PHCDRR_3	Electronic Case Reporting	Yes/No (The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.)
	PI_PHCDRR_3_MULTI	Electronic Case Reporting for Multiple Registry Engagement	Yes/No (Report as "Yes" if there is active engagement with more than one Electronic Case Reporting registry in accordance with PI_PHCDRR_3.)
	PI_PHCDRR_3_EX_1	Electronic Case Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.)
	PI_PHCDRR_3_EX_2	Electronic Case Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.)

Objective	Measure Identifier	Measure	Reporting Metric
Public Health and Clinical Data Exchange	PI_PHCDRR_3_EX_3	Electronic Case Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.)
	PI_PHCDRR_4	Public Health Registry Reporting	Yes/No (Report as "Yes" if the MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.)
	PI_PHCDRR_4_MULTI	Public Health Registry Reporting for Multiple Registry Engagement	Yes/No (Report as "Yes" if there is active engagement with more than one Public Health Registry in accordance with PI_PHCDRR_4.)
	PI_PHCDRR_4_EX_1	Public Health Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician's jurisdiction during the performance period.)
	PI_PHCDRR_4_EX_2	Public Health Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.)
	PI_PHCDRR_4_EX_3	Public Health Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction where no public health registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.)
	PI_PHCDRR_5	Clinical Data Registry Reporting	Yes/No (Report as "Yes" if the MIPS eligible clinician is in active engagement to submit data to a clinical data registry.)
	PI_ PHCDRR_5_MULTI	Clinical Data Registry Reporting for Multiple Registry Engagement	Yes/No (Report as "Yes" if there is active engagement with more than one Clinical Data Registry in accordance with PI_PHCDRR_5.)

Objective	Measure Identifier	Measure	Reporting Metric
Public Health and Clinical Data Exchange	PI_PHCDRR_5_EX_1	Clinical Data Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period.)
	PI_PHCDRR_5_EX_2	Clinical Data Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.)
	PI_PHCDRR_5_EX_3	Clinical Data Registry Reporting Exclusion	Yes/No (Report as "Yes" if any MIPS eligible clinician who operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.)

* Indicates a Measure Exclusion. In order for the exclusion to be accepted, the associated measure must have a zero or null in the Numerator/Denominator field.

Table 6: Promoting Interoperability Attestation Statements Identifiers

Identifier	Attestation Statement	Reporting Metric
PI_INFBLO_1	Prevention of Information Blocking Attestation (Required)	Yes/No
PI_ONCDIR_1	ONC Direct Review Attestation (Required)	Yes/No
PI_ONCACB_1	ONC-ACB Surveillance Attestation (Optional)	Yes/No

6 Change Log

Table 7 lists the changes made in this updated 2019 CMS QRDA III IG Addendum from the previous 2019 CMS QRDA III IG Addendum published on 02/01/2019.

Table 7: 2019 CMS QRDA III IG Addendum Change Log

Section Heading	2019 CMS QRDA III IG Addendum (02/01/2019)	2019 CMS QRDA III IG Addendum (08/02/2019 Update)
Introduction	n/a	Added "Update for proposed retroactive change to the Query of Prescription Drug Monitoring Program (PDMP) measure based on the FY 2020 Physician Fee Schedule Notice of Proposed Rule Making (NPRM) published on 07/29/2019."
5.2 Promoting Interoperability	PI_EP_2 Numerator/Denominator	PI_EP_2 Proposed Yes/No Added language above Table 5 regarding this change.

7 Acronyms

Acronym	Literal Translation
CEHRT	Certified EHR Technology
CHPL	ONC Certified Health IT Product List (CHPL)
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
EP	Eligible Profiessional
FY	Fiscal Year
IA	Improvement Activity
MIPS	Merit-Based Incentive Payment System
ONC	Office of the National Coordinator for Health Information Technology
PDMP	Query of Prescription Drug Monitoring Program
PI	Promoting Interoperability
QCDR	Qualified Clinical Data Registry
QRDA	Quality Reporting Document Architecture