



CMS Implementation Guide for Quality Reporting Document Architecture Category III

Eligible Clinicians and Eligible Professionals Programs

Implementation Guide for 2020

Version 1.0

07/18/2019

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QRDA III STU R2.1 CMS Implementation Guide for Eligible Clinicians and Eligible Professionals Programs

1 Introduction

1.1 Overview

The Health Level Seven International (HL7) Quality Reporting Document Architecture (QRDA) defines constraints on the HL7 Clinical Document Architecture Release 2 (CDA R2). QRDA is a standard document format for the exchange of electronic clinical quality measure (eCQM) data. QRDA reports contain data extracted from electronic health records (EHRs) and other information technology systems. The reports are used for the exchange of eCQM data between systems for quality measurement and reporting programs.

This QRDA guide contains the Centers for Medicare & Medicaid Services (CMS) supplemental implementation guide to the *HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category III, STU Release 2.1¹ (June, 2017)* for the 2020 performance period. This HL7 base standard is referred to as the HL7 QRDA III STU R2.1.

1.2 Organization of the Guide

This implementation guide contains the following chapters:

- Chapter 1: Introduction
- Chapter 2: Conformance Conventions Used in This Guide — describes the formal representation of templates and additional information necessary to understand and correctly implement the content found in this guide
- Chapter 3: Overview
- Chapter 4: QRDA Category III Submission Rules — includes guidelines for submissions under the Comprehensive Primary Care Plus (CPC+), and the Merit-Based Incentive Payment System (MIPS) Program
- Chapter 5: QRDA Category III Validation — contains the formal definitions for the QRDA Category III report for the CMS Eligible Clinicians and Eligible Professionals Programs:
 - Document-level template that defines the document type and header constraints specific to CMS reporting
 - Section-level templates that define measure reporting and reporting parameters
 - Entry-level templates that define entry templates
- Chapter 6: 2020 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians UUID List
- Chapter 7: Measure Identifiers

APPENDIX

¹ [HL7 QRDA III STU R2.1.
http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDAIII_R1_STU_R2.1_2017JUL.zip](http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDAIII_R1_STU_R2.1_2017JUL.zip)

- Chapters 8-15 provide references, resources, and several change logs including a list of all changes made to the HL7 QRDA III STU R2.1 to produce this CMS Implementation Guide

2 Conformance Conventions Used in This Guide

2.1 Conformance Verbs (Keywords)

The keywords **SHALL**, **SHOULD**, **MAY**, **NEED NOT**, **SHOULD NOT**, and **SHALL NOT** in this guide are to be interpreted as follows:

- **SHALL**: an absolute requirement for the particular element. Where a **SHALL** constraint is applied to an Extensible Markup Language (XML) element, that element must be present in an instance, but may have an exceptional value (i.e., may have a `nullFlavor`), unless explicitly precluded. Where a **SHALL** constraint is applied to an XML attribute, that attribute must be present, and must contain a conformant value.
- **SHALL NOT**: an absolute prohibition against inclusion.
- **SHOULD/SHOULD NOT**: best practice or recommendation. There may be valid reasons to ignore an item, but the full implications must be understood and carefully weighed before choosing a different course.
- **MAY/NEED NOT**: truly optional; can be included or omitted as the author decides with no implications.

2.2 Cardinality

The cardinality indicator (0..1, 1..1, 1..*, etc.) specifies the allowable occurrences within a document instance. The cardinality indicators are interpreted with the following format "[m...n]" where m represents the least and n the most:

- 0..1 zero or one
- 1..1 exactly one
- 1..* at least one
- 0..* zero or more
- 1..n at least one and not more than n

When a constraint has subordinate clauses, the scope of the cardinality of the parent constraint must be clear. In Figure 1, the constraint says exactly one participant is to be present. The subordinate constraint specifies some additional characteristics of that participant.

Figure 1: Constraints Format – only one allowed

- | |
|--|
| <ol style="list-style-type: none"> 1. SHALL contain exactly one [1..1] participant (CONF:2777). <ol style="list-style-type: none"> a. This participant SHALL contain exactly one [1..1] <ul style="list-style-type: none"> @typeCode="LOC" (CodeSystem: 2.16.840.1.113883.5.90 HL7ParticipationType) (CONF:2230). |
|--|

In Figure 2, the constraint says only one participant “like this” is to be present. Other participant elements are not precluded by this constraint.

Figure 2: Constraints Format – only one like this allowed

- | |
|--|
| <ol style="list-style-type: none"> 1. SHALL contain exactly one [1..1] participant (CONF:2777) such that it <ol style="list-style-type: none"> a. SHALL contain exactly one [1..1] @typeCode="LOC" (CodeSystem: 2.16.840.1.113883.5.90 HL7ParticipationType) (CONF:2230). |
|--|

2.3 Null Flavor

Information technology solutions store and manage data, but sometimes data are not available; an item may be unknown, not relevant, or not computable or measureable. In HL7, a flavor of null, or `nullFlavor`, describes the reason for missing data.

Figure 3: nullFlavor Example

```
<raceCode nullFlavor="ASKU"/>
<!--coding a raceCode when the patient declined to specify his/her
race-->

<raceCode nullFlavor="UNK"/>
<!--coding a raceCode when the patient's race is unknown-->
```

Use null flavors for unknown, required, or optional attributes:

- **NI** No information. This is the most general and default null flavor.
- **NA** Not applicable. Known to have no proper value (e.g., last menstrual period for a male).
- **UNK** Unknown. A proper value is applicable, but is not known.
- **ASKU** Asked, but not known. Information was sought, but not found (e.g., the patient was asked but did not know).
- **NAV** Temporarily unavailable. The information is not available, but is expected to be available later.
- **NASK** Not asked. The patient was not asked.
- **MSK** There is information on this item available but it has not been provided by the sender due to security, privacy, or other reasons. There may be an alternate mechanism for gaining access to this information.
- **OTH** The actual value is not and will not be assigned a standard coded value. An example is the name or identifier of a clinical trial.

This list contains those null flavors that are commonly used in clinical documents. For the full list and descriptions, see the `nullFlavor` vocabulary domain in the in the HL7 standard, *Clinical Document Architecture, Release 2.0*.

Any **SHALL** conformance statement may use `nullFlavor`, unless the attribute is required or the `nullFlavor` is explicitly disallowed. **SHOULD** and **MAY** conformance statements may also use `nullFlavor`.

3 Overview

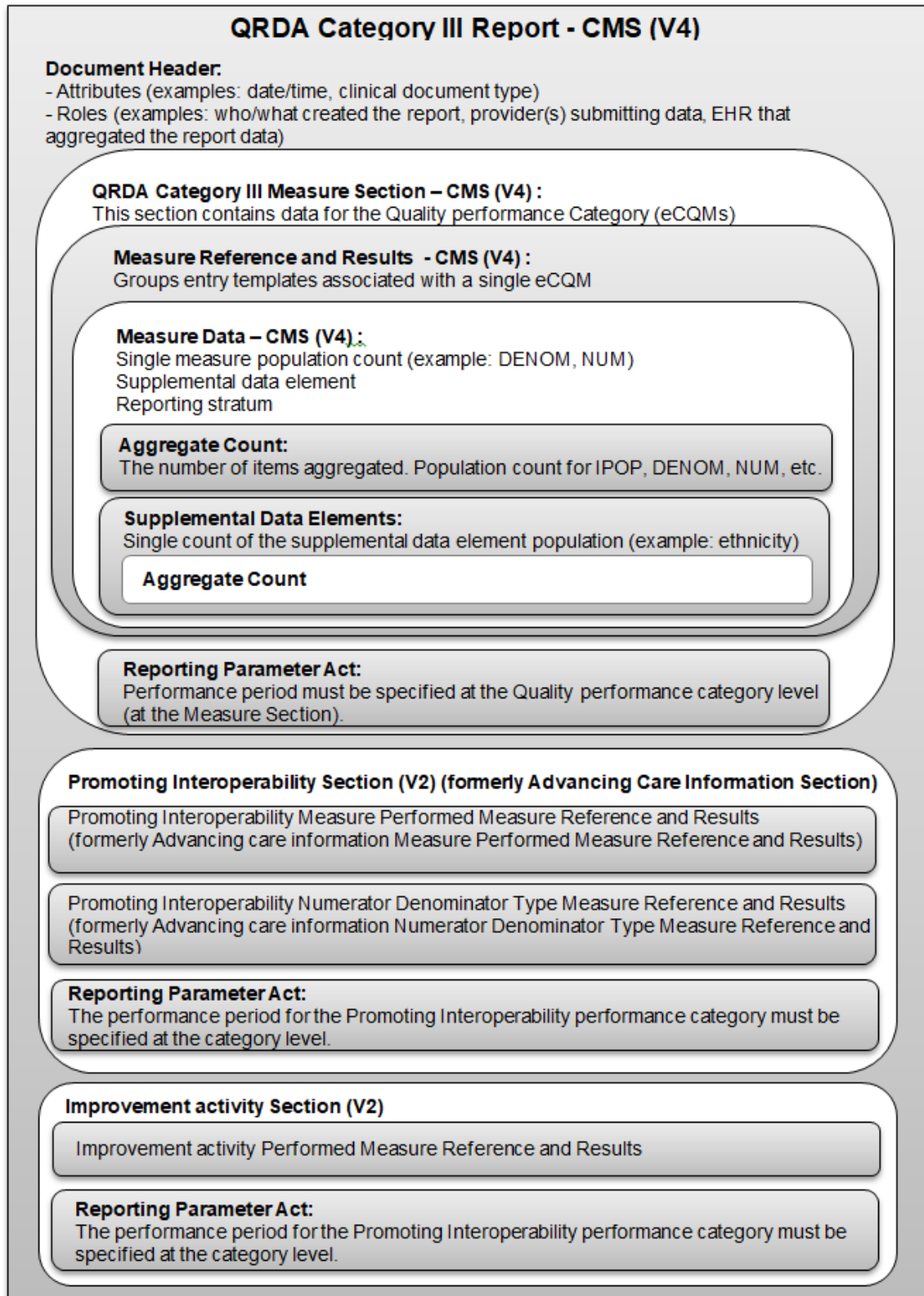
3.1 Background

This guide is a CMS Quality Reporting Document Architecture Category III (QRDA III) implementation guide to the HL7 QRDA III STU R2.1. Templates defined in this implementation guide are conformant with HL7 QRDA III STU R2.1. The CMS Eligible Clinicians and Eligible Professionals Programs QRDA III templates address aggregate reporting requirements for:

- Comprehensive Primary Care Plus (CPC+)
- Merit-Based Incentive Payment System (MIPS)

A QRDA III report is an aggregate quality report. Each QRDA III report contains calculated summary data for one or more measures for a specified population of patients within a particular health system over a specific period of time. Summary data in the QRDA III report are defined based on the specified measures in HL7 Health Quality Measures Format (HQMF), which standardizes the representation of a health quality measure as an electronic document. Other summary data provided in the QRDA III report include Promoting Interoperability measures, formerly Advancing Care Information measures, and Improvement Activities. The structure of a QRDA III report is depicted in Figure 4.

Figure 4: QRDA III Report Structure Example



3.2 How to Read This QRDA III Guide

This guide includes the formal template definitions and submission criteria for submitting QRDA III documents to the CPC+ and MIPS programs. Some of the conformance statements in the HL7 QRDA III STU R2.1 have been further constrained to meet the specific requirements from these CMS Eligible Clinicians and Eligible Professionals programs. The "CMS_" prefix (e.g., CMS_1) indicates the new conformance statements. The "_C01" postfix indicates that the conformance statement from the base HL7 QRDA III STU R2.1 standard is further constrained in this guide.

This guide only lists the templates specifying CMS-specific reporting requirements from the base HL7 QRDA III STU R2.1 standard. For example, Payer Supplemental Data Element – CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) conforms to Payer Supplemental Data Element (V2) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.9:2016-02-01). The Payer Supplemental Data Element – CMS (V3) template specifies the CMS-specific requirements that further constrain the parent Payer Supplemental Data Element (V2) template. The conformance statements from the parent Payer Supplemental Data Element (V2) template from HL7 QRDA III STU R2.1 are not repeated in this guide. Therefore, the base HL7 QRDA III STU R2.1 must be referenced in conjunction with this guide.

4 QRDA Category III Submission Rules

CMS will process eCQM QRDA III documents originating from CEHRT EHR systems. Submitted QRDA III documents must meet the conformance statements specified in the [QRDA Category III Validation](#) section of this implementation guide.

4.1 Comprehensive Primary Care Plus (CPC+) Submissions

CPC+ practice sites need to adopt health IT (HIT) meeting requirements published by the CPC+ model. These requirements will be posted on <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.

For the 2020 performance period, CPC+ QRDA III file must contain the CMS EHR Certification ID. Nulls will not be allowed. Only one CMS EHR Certification ID should be submitted for CPC+ quality reporting. 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.

CPC+ quality measure data must be submitted at the CPC+ practice site level. CPC+ practice site level reporting includes all patients (including all payers and the uninsured) who were seen one or more times at the practice site location during the performance period by one or more clinicians (TIN(s)/NPI(s)) who were active on the CPC+ Practitioner Roster at any point during the measurement period and who meet the inclusion criteria for the initial population as specified in each measure. Please note that CPC+ clinicians can only be active on one CPC+ Practitioner Roster at a time. Each CPC+ practice site submitting QRDA III files for the 2020 performance period must provide at least the minimum number of measures required by the CPC+ program.

If the CPC+ practice site includes multiple clinicians (CPC+ and non-CPC+), the eCQM population includes all patients who had at least one visit at the CPC+ practice site location and were seen by a CPC+ clinician(s) (TIN(s)/NPI(s)) during the performance period who meet the initial population criteria of the eCQM.

Promoting Interoperability or Improvement Activity data **should not be submitted** in a CPC+ quality measure QRDA III submission file. CPC+ Quality measure data must be submitted at the CPC+ practice site level, which can include multiple TINs. Promoting Interoperability/Improvement Activities must be submitted at an individual TIN level. Promoting Interoperability and Improvement Activity performance category data must be submitted through a separate file or appropriate application independent of a CPC+ quality measure QRDA III submission.

QRDA III submissions for CPC+ will use the [2020 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians](#)² provided in the [eCQI Resource Center](#).

The performance period for the CPC+ program begins on January 1, 2020 and ends on December 31, 2020.

² eCQI Resource Center, Eligible Professional/Eligible Clinician eCQMs web page. <https://ecqi.healthit.gov/eligible-professional/eligible-clinician-ecqms>. Select 2020 Performance Period.

4.2 Merit-Based Incentive Payment System (MIPS) QRDA III Submissions

MIPS QRDA III submissions must contain data for at least one of the following three MIPS performance categories: Quality, Promoting Interoperability, or Improvement Activities. The QRDA III XML format can be used for submissions made via file upload on qpp.cms.gov. Please refer to the Quality Payment Program [website](#) for Quality, Promoting Interoperability, and Improvement Activity scoring rules.

Under MIPS, a group is defined as a single Taxpayer Identification Number (TIN) with 2 or more clinicians (including at least one MIPS eligible clinician), as identified by their National Provider Identifiers (NPI), who have reassigned their Medicare billing rights to the TIN. If a MIPS eligible clinician bills Medicare Part B under multiple TINs, such MIPS eligible clinician is required to submit data for each TIN association that he/she exceeds the low-volume threshold as an individual (TIN associations participating in MIPS at the individual level). For TIN associations that are participating in MIPS as a group and exceed the low-volume threshold at the group level, such MIPS eligible clinician will have his/her data included as part of the TIN's aggregated data and group submission.

Under MIPS, a virtual group is defined as a combination of two or more TINs assigned to one or more solo practitioners or to one or more groups consisting of 10 or fewer clinicians (including at least one MIPS eligible clinician), or both, that elect to form a virtual group for a performance period.

For 2020, MIPS eligible clinicians and groups are required to submit a full year of data for the Quality performance category, 90-days of data for Improvement Activities—unless otherwise specified within the activity, and 90-days of data for the Promoting Interoperability performance categories. For the MIPS eligible clinician participating as an individual, your eCQM populations include all patients (all-payer data) seen by the MIPS eligible clinician during the performance period. For group participation, eCQM populations include all patients (all-payer data). Data submission for both individual MIPS eligible clinicians and groups will occur prior to January 2, 2021, if technically feasible, through March 31, 2021 for the 2020 performance period.

For the 2020 performance period, a CMS EHR Certification ID is required for the Promoting Interoperability performance category. See [5.1.3 Participant \(CMS EHR Certification ID\)](#) for details. CMS EHR Certification ID is optional for the MIPS Quality performance category.

4.3 Identifiers

For all CMS eligible clinicians and eligible professionals program 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. Mandatory identifiers for CMS eligible clinicians and eligible professionals program reporting include:

- Alternative Payment Model (APM) Entity Identifier
 - For CPC+, this is the CPC+ Practice Site Identifier assigned by CPC+
- National Provider Identifier (NPI)
 - Required for MIPS individual reporting
 - Not allowed for MIPS group reporting and MIPS virtual group reporting
 - Required for CPC+ reporting

- Tax Identification Number (TIN)
 - Required for MIPS group reporting and MIPS individual reporting
 - Required for CPC+ reporting
- Virtual Group Identifier
 - Required for MIPS virtual group reporting

4.4 Succession Management

This section describes the management of successive replacement documents for QRDA III reports. For example, a submitter notices an error in an earlier submission and wants to replace it with a corrected version. For the MIPS receiving system, managing replacement documents is sometimes referred to as Final Action Processing (FAP). For MIPS QRDA III reporting, replacement documents will be handled at the category level for final processing.

4.4.1 Final Action Processing used in Succession Management

The MIPS receiving system at CMS uses Final Action Processing to reliably determine the current version per category of a QRDA III document. There are different sets of Final Action Processing rules that apply to the MIPS program and the CPC+ program respectively.

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.

4.4.2 Final Action Processing Rules for MIPS

For group reporting (except for the CPC+ program), the Final Action Processing rules include the combination of the CMS program name, the TIN, and the submission timestamp. For individual reporting, the Final Action Processing rules include the combination of the CMS program name, the TIN, the NPI number, and the submission timestamp.

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. Data submitted for eCQM 3 on Monday would not be marked for final processing and not be used for MIPS analysis.

At the category level, if a QRDA III report containing data for Quality, Promoting Interoperability, and Improvement Activities was submitted on Monday and a replacement QRDA III report for the same TIN was resubmitted the next day with data for Promoting Interoperability, only the Quality and Improvement Activities data from the first submission and then Promoting Interoperability from the subsequent submission would be marked for final processing for MIPS analysis.

4.4.3 Final Action Processing Rules for CPC+

The last file successfully submitted for a CPC+ practice site is used to determine if that CPC+ practice site satisfactorily meets reporting requirements for the program year.

For QRDA III files that are submitted to the CPC+ program, the Final Action Processing rules include the combination of the CMS program name, the CPCPLUS APM Entity Identifier (aka CPC+ Practice Site Identifier), and the submission timestamp.

4.4.4 Program Identifiers Used in Succession Management

The CMS program name requirement for QRDA III submission is specified in [5.1.1 informationRecipient](#). Each QRDA III report **must** contain only one CMS program name, which shall be selected from the [QRDA III CMS Program Name value set \(2.16.840.1.113883.3.249.14.101\)](#) for the 2020 performance period. The CMS program name specified in a QRDA III report ensures the report is routed to the correct CMS program once it is received by the CMS QRDA III receiving system. Therefore, when submitting a QRDA III report to CMS, it is critical to specify the correct CMS program. The CMS program name is also used for managing successive replacement QRDA III reports. When submitting a replacement QRDA III report, the replacement QRDA III report **must** contain the same CMS program name as specified in the report that it is intended to replace. The timestamp of the latest file submitted will be used to determine which file is to be analyzed for the specified CMS program, therefore an error in the CMS program name will produce the wrong analysis. For example, if you are submitting a file initially for CPC+, find an error, and resubmit the file with another CMS program name (such as MIPS_GROUP), the resubmitted file will only be analyzed for MIPS.

4.5 Time Zone

Time comparisons or elapsed time calculations are frequently involved as part of determining measure population outcomes.

Table 1: Time Zone Validation Rule

CONF.#	Rules
CMS_0122	A Coordinated Universal Time (UTC time) offset should not be used anywhere in a QRDA Category III file or, if a UTC time offset is needed anywhere, then it *must* be specified *everywhere* a time field is provided.

This time zone validation rule is performed on the following elements:

- effectiveTime/@value
- effectiveTime/low/@value
- effectiveTime/high/@value
- time/@value
- time/low/@value
- time/high/@value

There is one exception to this validation rule. The `effectiveTime` element of the Reporting Parameters Act template (CONF: 23-3274 and CONF: 23-3275) will not be validated using this time zone validation rule:

- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/low
- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/high

4.6 Performance Period and Performance Rate

The performance period for the CPC+ program begins on January 1, 2020 and ends on December 31, 2020. If the CMS program name code is "CPCPLUS", the Reporting Parameters Act `effectiveTime/low` and `effectiveTime/high` value must be set as the following:

- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/low/@value="20200101"

- `act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/high/@value="20201231"`

For the MIPS performance period requirement, please see [4.2 Merit-Based Incentive Payment Systems \(MIPS\) QRDA III Submissions](#) and [5.1.5 component](#).

For the CPC+ program, performance rate(s) must be reported for eQMs that are proportion measure. This is specified in this conformance statement:

If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS"`, then Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_14).

For MIPS reporting (CMS program name code is either “MIPS_INDIV”, “MIPS_GROUP”, or “MIPS_VIRTUALGROUP”), performance rates for eQMs and Promoting Interoperability measures are not required for submissions. If performance rates are provided, they will be ignored by the receiving system.

4.7 Templates Versioning and Validations

Both the base HL7 QRDA III STU R2.1 and the CMS QRDA III Implementation Guide have versioned the templates if changes were made to the previous version of the template. Details about CDA templates versioning in general are described in 1.8.2 Template Versioning of the HL7 QRDA III STU R2.1. For example, in the HL7 QRDA III STU R2.1, the previous Measure Reference and Results template is now Measure Reference and Results (V3), its template identifier is “2.16.840.1.113883.10.20.27.3.1:2016-09-01”. Both the `@root` and `@extension` are required as specified in the IG.

- SHALL** contain exactly one [1..1] `templateId` (CONF:3259-17908) such that it
- SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.1"` (CONF:3259-17909).
 - SHALL** contain exactly one [1..1] `@extension="2016-09-01"` (CONF:3259-21170).

Correct template versions that are specified by both the base HL7 QRDA III STU R2.1 and the 2020 CMS IG must be used for 2020 CMS QRDA III submissions.

5 QRDA Category III Validation

5.1 Document-Level Template: QRDA Category III Report - CMS (V4)

```
[ClinicalDocument: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2019-05-01 (open)]
```

Table 2: QRDA Category III Report - CMS (V4) Contexts

Contained By	Contains
N/A	QRDA Category III Measure Section - CMS (V4) (optional)

This template describes constraints that apply to the QRDA Document Category III Report for CMS Eligible Clinicians and Eligible Professionals Programs including the CPC+ program and MIPS.

Document-level templates describe the rules for constructing a conforming CDA document. They include constraints on the CDA header and identify contained section-level templates. The document-level template contains the following information:

- Description and explanatory narrative
 - Template metadata (e.g., templateId, etc.)
 - Header constraints
 - Required section-level templates
1. Conforms to [QRDA Category III Report \(V4\)](#) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.1.1:2017-06-01).
 2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_1) such that it
 - a. **SHALL** contain exactly one [1..1]
 - `@root="2.16.840.1.113883.10.20.27.1.2"` (CONF:CMS_2).
 - b. **SHALL** contain exactly one [1..1] `@extension="2019-05-01"` (CONF:CMS_3).
 3. **SHALL** contain exactly one [1..1] `confidentialityCode` (CONF:4427-17238_C01).
 - a. This `confidentialityCode` **SHALL** contain exactly one [1..1] `@code="N"` Normal (CodeSystem: HL7Confidentiality urn:oid:2.16.840.1.113883.5.25) (CONF:CMS_4).
 4. **SHALL** contain exactly one [1..1] `languageCode` (CONF:3338-17239).
 - a. This `languageCode` **SHALL** contain exactly one [1..1] `@code="en"` English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:4427-19669_C01).

5.1.1 informationRecipient

The `informationRecipient` represents the CMS eligible clinicians and eligible professionals program the report is being submitted to.

5. **SHALL** contain exactly one [1..1] `informationRecipient` (CONF:CMS_7).
 - a. This `informationRecipient` **SHALL** contain exactly one [1..1] `intendedRecipient` (CONF:CMS_8).

- i. This intendedRecipient **SHALL** contain exactly one [1..1] id (CONF:CMS_9).
 - 1. This id **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.7" CMS Program (CONF:CMS_10).
 - 2. This id **SHALL** contain exactly one [1..1] @extension, which **SHALL** be selected from ValueSet QRDA III CMS Program Name urn:oid:2.16.840.1.113883.3.249.14.101 **STATIC** 2019-05-01 (CONF:CMS_11).
 Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.
 - a. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_12).
 Note: For CPC+ reporting, CPC+ APM Entity Identifier must be submitted.
 - b. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then QRDA Category III Measure Section – CMS (V2) **SHALL** be present (CONF:CMS_13).
 Note: For CPC+ reporting, the QRDA III document must contain a quality (eCQMs) section.
 - c. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_14).
 Note: For CPC+ reporting, performance rate for a proportion eCQM must be specified.
 - d. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_92)

Table 3: QRDA III CMS Program Name

Value Set: QRDA III CMS Program Name 2.16.840.1.113883.3.249.14.101 Specifies the CMS Program for QRDA III report submissions.			
Code	Code System	Code System OID	Print Name
CPCPLUS	CMS Program	2.16.840.1.113883.3.249.7	CPC+
MIPS_INDIV	CMS Program	2.16.840.1.113883.3.249.7	MIPS Individual
MIPS_GROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Group
MIPS_VIRTUALGROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Virtual Group

Figure 5: informationRecipient Example, QRDA Category III Report - CMS (V4)

```

<informationRecipient>
  <intendedRecipient>
    <id root="2.16.840.1.113883.3.249.7" extension="CPCPLUS"/>
  </intendedRecipient>
</informationRecipient>

```

5.1.2 participant is Location (CPC+ Practice Site)

For CPC+ reporting, the generic participant with a participationType of 'LOC' (location) and an associatedEntity classCode of 'SDLOC' (service delivery location) representing the CPC+ Practice Site is required.

If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then this location participant must be present.

6. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_15) such that it
 - a. **SHALL** contain exactly one [1..1] **@typeCode="LOC"** Location (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_16).
 - b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_17).
 - i. This associatedEntity **SHALL** contain exactly one [1..1] **@classCode="SDLOC"** Service Delivery Location (CONF:CMS_18).
 - ii. This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_19).
 1. This id **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.3.249.5.1"** CPC Practice Site (CONF:CMS_20).
Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.1) designates that the @extension must hold a CPCPLUS APM Entity Identifier.
 2. This id **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_21).
Note: This is the CPCPLUS APM Entity Identifier assigned to the CPC+ practice site.
 - iii. This associatedEntity **SHALL** contain exactly one [1..1] **code** (CONF:CMS_22).
 1. This code **SHALL** contain exactly one [1..1] **@code="394730007"** Healthcare Related Organization (CONF:CMS_23).
 2. This code **SHALL** contain exactly one [1..1] **@codeSystem** (CodeSystem: SNOMED CT urn:oid:2.16.840.1.113883.6.96) (CONF:CMS_24).
 - iv. This associatedEntity **SHALL** contain exactly one [1..1] **addr** (CONF:CMS_25).

Figure 6: Location Participant Example

```

<participant typeCode="LOC">
  <associatedEntity classCode="SDLOC">
    <id root="2.16.840.1.113883.3.249.5.1" extension="T2OR1234"
      assigningAuthorityName="CMS-CMMI"/>
    <code code="394730007"
      displayName="healthcare related organization"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="SNOMED-CT"/>
    <addr>
      <streetAddressLine>123 Healthcare St</streetAddressLine>
      <city>Norman</city>
      <state>OK</state>
      <postalCode>73019</postalCode>
    </addr>
  </associatedEntity>
</participant>

```

5.1.3 Participant (CMS EHR Certification ID)

For the 2020 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.

For MIPS submissions, CMS EHR Certification ID is only required if Promoting Interoperability performance category (**Promoting Interoperability Section (V2)** identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01) is present in a QRDA III document. If CMS EHR Certification ID is not supplied, the score for the PI performance category will be 0.

For MIPS submission, CMS EHR Certification ID is optional for the Quality performance category.

For CPC+, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed. Please refer to section 4.1 for additional information.

7. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_85) 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_86).
 - b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_87).
 - 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_88).

- ii. This associatedEntity **SHALL** contain exactly one [1..1] id (CONF:CMS_89).
 - 1. This id **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_90).
 - 2. This id **SHALL** contain exactly one [1..1] @extension (CONF:CMS_91).
Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.

5.1.4 documentationOf

The aggregated data contained in a QRDA Category III report was provided by one or more providers. The documentationOf service event can contain identifiers for all of the (one or more) providers involved, using the serviceEvent/performer elements.

- 8. **SHALL** contain exactly one [1..1] documentationOf (CONF:4427-18170_C01).

For MIPS group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.

For MIPS virtual group reporting: it must contain exactly one performer, which contains one Virtual Group Identifier. No NPI is allowed.

For MIPS individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.

For CPC+: it must contain at least one performer, each performer contains one TIN and one NPI. Only CPC+ Practice Site providers are listed as performers.

- a. This documentationOf **SHALL** contain exactly one [1..1] serviceEvent (CONF:4427-18171_C01).
 - i. This serviceEvent **SHALL** contain at least one [1..*] performer (CONF:3338-18173).

The assignedEntity id/@root='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI). NPI is required except for group reporting. For group reporting, id/@root='2.16.840.1.113883.4.6' is coupled with @nullFlavor="NA", and @extension shall be omitted.

- 1. Such performers **SHALL** contain exactly one [1..1] assignedEntity (CONF:3338-18176).
 - a. This assignedEntity **SHALL** contain exactly one [1..1] id (CONF:4427-18177_C01) such that it
 - i. **MAY** contain zero or one [0..1] @nullFlavor (CONF:CMS_29).
Note: @nullFlavor is only present for MIPS group reporting and MIPS virtual group reporting.
 - ii. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:4427-18178_C01).
Note: This OID contained in the @root (2.16.840.1.113883.4.6) designates that the @extension must hold a National Provider ID.
 - iii. **MAY** contain zero or one [0..1] @extension (CONF:3338-18247).
Note: This is the provider's NPI. It is only

present when this is not MIPS group reporting or MIPS virtual group reporting. For CPC+, only those NPIs that are participating in the CPC+ program should be provided.

- b. This assignedEntity **SHALL** contain exactly one [1..1] **representedOrganization** (CONF:3338-18180).
- i. This representedOrganization **MAY** contain zero or one [0..1] **id** (CONF:4427-18181_C01) such that it
 1. **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.4.2"** Tax ID Number (CONF:3338-18182).
Note: This OID contained in the **@root** (2.16.840.1.113883.4.2) designates that the **@extension** must hold a Tax Identification Number (TIN).
 2. **SHALL** contain exactly one [1..1] **@extension** (CONF:3338-18190).
Note: This is the organization's TIN.
 - ii. This representedOrganization **MAY** contain zero or one [0..1] **id** (CONF:CMS_79) such that it
 1. **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.3.249.5.2"** MIPS Virtual Group (CONF:CMS_80).
Note: This OID contained in the **@root** (2.16.840.1.113883.3.249.5.2) designates that the **@extension** must hold a Virtual Group Identifier.
 2. **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_81).
Note: This is the Virtual Group Identifier.
 - iii. If **ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP"**, then this representedOrganization **SHALL** contain one [1..1] **id** such that it, **SHALL** be the group's TIN (CONF:CMS_82).
 - iv. If **ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP"**, then this representedOrganization **SHALL** contain one [1..1] **id** such that it, **SHALL** be the virtual group's Virtual Group Identifier (CONF:CMS_83).

Figure 7: documentationOf Example

```

<documentationOf>
  <serviceEvent classCode="PCPR">
    <!-- Care provision -->
    <effectiveTime>
      <low value="20200101"/>
      <high value="20201231"/>
    </effectiveTime>
    <!-- Multiple performers can be included for CPC+ only,
      each with an NPI and TIN -->
    <performer typeCode="PRF">
      <time>
        <low value="20200101"/>
        <high value="20201231"/>
      </time>
      <assignedEntity>
        <!-- Provider NPI -->
        <id root="2.16.840.1.113883.4.6" extension="2589654740"/>
        <representedOrganization>
          <!-- Organization TIN -->
          <id root="2.16.840.1.113883.4.2" extension="990000999"/>
          <name>Good Health Clinic</name>
        </representedOrganization>
        </assignedEntity>
      </performer>
    </serviceEvent>
  </documentationOf>

```

5.1.5 component

A CMS QRDA Category III document for the 2020 performance period must contain at least a QRDA Category III Measure Section, an Improvement Activity Section, or a Promoting Interoperability (formerly known as Advancing Care Information) Section.

For the 2020 performance period, performance period reporting for Improvement Activities, Promoting Interoperability, and Quality performance categories all must be specified at the performance category level, which is using the Reporting Parameters Act template in each of the sections.

The QRDA Category III Reporting Parameters Section shall not be used for specifying performance period.

9. **SHALL** contain exactly one [1..1] **component** (CONF:3338-17217).
 - a. This component **SHALL** contain exactly one [1..1] **structuredBody** (CONF:3338-17235).
 - i. This structuredBody **SHALL NOT** contain [0..0] **component** (CONF:4427-17281_C01) such that it
Note: Reporting Parameter Section shall not be used for specifying performance period.
 1. **SHALL** contain exactly one [1..1] QRDA Category III Reporting Parameters Section (identifier: urn:oid:2.16.840.1.113883.10.20.27.2.2) (CONF:3338-17282).
 - ii. This structuredBody **MAY** contain zero or one [0..1] **component** (CONF:3338-17283) such that it
 1. **SHALL** contain exactly one [1..1] QRDA Category III Measure Section - CMS (V4) (identifier:

urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2019-05-01) (CONF:4427-17301_C01).

- iii. This structuredBody **MAY** contain zero or one [0..1] **component** (CONF:3338-21173) such that it
 1. **SHALL** contain exactly one [1..1] Improvement Activity Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01) (CONF:3338-21174).
- iv. This structuredBody **MAY** contain zero or one [0..1] **component** (CONF:3338-21317) such that it
 1. **SHALL** contain exactly one [1..1] Promoting Interoperability Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01) (CONF:3338-21318).
 Note: Formerly known as Advancing Care Information Section
- v. This structuredBody **SHALL** contain at least a QRDA Category III Measure Section - CMS (V4), or an Improvement Activity Section (V2), or a Promoting Interoperability Section (V2) (CONF:4427-21394_C01).
 Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)

Figure 8: structuredBody Example

```

<component>
  <structuredBody>
    <component>
      <!-- QRDA Category III Measure Section - CMS (V4)-->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Improvement Activity Section -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Promoting Interoperability Section (V2) -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
  </structuredBody>
</component>

```

5.2 Section-Level Templates

5.2.1 CMS QRDA Category III Measure Section - CMS (V4)

[section: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2019-05-01 (open)]

Table 4: QRDA Category III Measure Section – CMS (V4) Contexts

Contained By	Contains
QRDA Category III Report - CMS (V4) (optional)	Measure Reference and Results - CMS (V4) (required)

This section references the eCQM(s) being reported. For each reported eCQM, this section includes entries for reporting various aggregate counts (e.g. number of patients in the measure's denominator). For continuous variable measures, this section includes entries for reporting the continuous variables. This section can also include entries not only for aggregate counts, but also for stratified aggregate counts (e.g. not just total number of patients in the denominator, but also the number of males in the denominator). Note that the QRDA III standard allows for more than one measure within this section, but does not allow multiple occurrences of the same measure in a single QRDA III instance.

For CPC+ reporting, this section must contain a Measure Reference and Results template for each eCQM that is being reported on by the CPC+ practice site.

1. Conforms to QRDA Category III Measure Section (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2017-06-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_64) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.2.3"` (CONF:CMS_65).
 - b. **SHALL** contain exactly one [1..1] `@extension="2019-05-01"` (CONF:CMS_66).
3. **SHALL** contain at least one [1..*] `entry` (CONF:4427-17906_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Reference and Results - CMS \(V4\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2019-05-01) (CONF:4427-17907_C01).

Figure 9: QRDA III Measure Section – CMS (V4) Example

```

<section>
  <!-- Measure Section template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.2.2" />
  <!-- QRDA Category III Measure Section (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.1"
extension="2017-06-01"/>
  <!-- QRDA Category III Measure Section - CMS (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.3"
extension="2019-05-01"/>
  <code code="55186-1" codeSystem="2.16.840.1.113883.6.1"/>
  <title>Measure Section</title>
  <text>
    <table border="1" width="100%">
      <thead>
        <tr>
          <th>eCQM Title</th>
          <th>Version specific identifier</th>
        </tr>
      </thead>
      <tbody>
        <tr>
          <td>Controlling High Blood Pressure</td>
          <td>40280382-6963-bf5e-0169-da5e74be38bf</td>
        </tr>
      </tbody>
      <list>
        ..
      </list>
    </table>
  </text>
  <entry>
    <!-- Measure Reference and Results - CMS (V4) -->
    <organizer classCode="CLUSTER" moodCode="EVN">
      ..
    </organizer>
  </entry>
</section>

```

5.3 Entry-Level Templates

5.3.1 Measure Data - CMS (V4)

```
[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01 (open)]
```

Table 5: Measure Data – CMS (V4) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V4) (required)	Aggregate Count (required) Continuous Variable Measure Value (optional) Reporting Stratum (optional) Sex Supplemental Data Element (V3) (required) Ethnicity Supplemental Data Element (V2) (required) Race Supplemental Data Element (V2) (required) Payer Supplemental Data Element - CMS (V3) (required)

This observation asserts a population into which a subject falls and provides the number of patients in the population. It may also contain reporting stratum, supplemental data element counts, and continuous variables that are relevant to the population. The measure data entry must reference a unique measure population ID.

Populations that are used in eCQMs can be complicated. The simple case has one each of initial population (IPOP), numerator, and denominator, along with denominator exclusions and denominator exceptions. It is also possible to have eCQMs with multiple population groups (a population group is a set of IPOP, numerator, denominator, etc.), and eCQMs with multiple denominators and numerators (e.g., an eCQM with 3 denominators and 2 numerators will require a QRDA Category III report with 6 sets of data). QRDA Category III reports were designed to allow the representation of data sets that map to all of these types of multiple populations.

A measure may not be submitted more than once in the same file. The same population may not be submitted more than once in the same measure. Uniqueness of a measure is determined based on the UUID provided for it in the associated `reference/externalDocument/id`. This `id` **SHALL** equal the version specific identifier that comes from the applicable HQMF file. Uniqueness of a population is determined based on the UUID provided for it in the `associated reference/externalObservation/id`. This `id` **SHALL** equal the respective population identifier that comes from the applicable HQMF file.

Table 6: Measure Data - CMS (V4) Constraints Overview

```
observation[templated/@root = '2.16.840.1.113883.10.20.27.3.16']
[templated/@extension="2019-05-01"]
```

XPath	Card	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS_41	
@root	1..1	SHALL		CMS_42	2.16.840.1.113883.10.20.27.3.16
@extension	1..1	SHALL		CMS_43	2019-05-01

XPath	Card	Verb	Data Type	CONF#	Value
entryRelationship	1..*	SHALL		4427-18141_C01	
@typeCode	1..1	SHALL		3259-18146	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		4427-18151_C01	Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01)
entryRelationship	1..*	SHALL		4427-18136_C01	
@typeCode	1..1	SHALL		3259-18137	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		3259-18138	Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01)
entryRelationship	1..*	SHALL		4427-18140_C01	
@typeCode	1..1	SHALL		3259-18145	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		3259-18150	Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01)
entryRelationship	1..*	SHALL		4427-18139_C01	
@typeCode	1..1	SHALL		3259-18144	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		3259-18149	Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01)

1. Conforms to Measure Data (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-09-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_41) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.16"` (CONF:CMS_42).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_43).
3. **SHALL** contain at least one [1..*] `entryRelationship` (CONF:4427-18141_C01) such that it

- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002 **STATIC**) (CONF:3259-18146).
 - b. **SHALL** contain exactly one [1..1] Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) (CONF:4427-18151_C01).
4. **SHALL** contain at least one [1..*] entryRelationship (CONF:4427-18136_C01) such that it
- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18137).
 - b. **SHALL** contain exactly one [1..1] Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).
5. **SHALL** contain at least one [1..*] entryRelationship (CONF:4427-18140_C01) such that it
- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18145).
 - b. **SHALL** contain exactly one [1..1] Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01) (CONF:3259-18150).
6. **SHALL** contain at least one [1..*] entryRelationship (CONF:4427-18139_C01) such that it
- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18144).
 - b. **SHALL** contain exactly one [1..1] Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01) (CONF:3259-18149).

Figure 10: Measure Data - CMS (V4) Example

```

<observation classCode="OBS" moodCode="EVN">
  <!-- Measure Data (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.5" extension="2016-
09-01"/>
  <!-- Measure Data - CMS (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.16"
extension="2019-05-01"/>
  <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4"
    displayName="Assertion" codeSystemName="ActCode"/>
  <statusCode code="completed"/>
  <value xsi:type="CD" code="IPOP"
    codeSystem="2.16.840.1.113883.5.4"
    displayName="initial population"
    codeSystemName="ActCode"/>
  <!-- Aggregate Count -->
  <entryRelationship typeCode="SUBJ" inversionInd="true">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Sex Supplemental Data Element (V3)-->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Ethnicity Supplemental Data Element (V2) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Race Supplemental Data Element (V2) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Payer Supplemental Data Element - CMS (V3) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- reference to the relevant population in the eCQM -->
  <reference typeCode="REFR">
    <externalObservation classCode="OBS" moodCode="EVN">
      <id root="9306E83B-3C3B-4CDF-B3EA-F99AEFC55F87"/>
      <!-- This is the population ID in the eCQM.
      In this case, the IPOP -->
    </externalObservation>
  </reference>
</observation>

```


5.3.2 Measure Reference and Results - CMS (V4)

[organizer: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2019-05-01 (open)]

Table 7: Measure Reference and Results - CMS (V3) Contexts

Contained By	Contains
QRDA Category III Measure Section - CMS (V4) (required)	Performance Rate for Proportion Measure - CMS (V3) (optional) Measure Data - CMS (V4) (required)

This template defines the way that a measure should be referenced. Measures are referenced through `externalAct` reference to an `externalDocument`. The `externalDocument/ids` and version numbers are used to reference the measure. Component entries can be used to report various rates, aggregate counts (e.g., number of patients in the measure's denominator); stratified aggregate counts (e.g., number of male patients in the measure's denominator); or continuous variables from continuous variable measures.

Table 8: Measure Reference and Results - CMS (V4) Constraints Overview

organizer[`templateId/@root = '2.16.840.1.113883.10.20.27.3.17'`
`[templateId/@extension="2019-05-01"]`]

XPath	Card	Verb	Data Type	CONF#	Value
<code>templateId</code>	1..1	SHALL		CMS_54	
<code>@root</code>	1..1	SHALL		CMS_55	2.16.840.1.113883.10.20.27.3.17
<code>@extension</code>	1..1	SHALL		CMS_56	2019-05-01
<code>component</code>	0..*	MAY		3259-17903	
<code>observation</code>	1..1	SHALL		4427-17904_C01	Performance Rate for Proportion Measure - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01)
<code>component</code>	1..*	SHALL		4427-18425_C01	
<code>observation</code>	1..1	SHALL		4427-18426_C01	Measure Data - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01)

1. Conforms to Measure Reference and Results (V3) template (`identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2016-09-01`).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_54) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.17"` (CONF:CMS_55).
 - b. **SHALL** contain exactly one [1..1] `@extension="2019-05-01"` (CONF:CMS_56).
3. **MAY** contain zero or more [0..*] `component` (CONF:3259-17903) such that it

- a. **SHALL** contain exactly one [1..1] [Performance Rate for Proportion Measure - CMS \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01) (CONF:4427-17904_C01).
- 4. **SHALL** contain at least one [1..*] **component** (CONF:4427-18425_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Data - CMS \(V4\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01) (CONF:4427-18426_C01).

Figure 11: Measure Reference and Results - CMS (V4) Example

```

<organizer classCode="CLUSTER" moodCode="EVN">
  <!-- Measure Reference template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.3.98" />
  <!-- Measure Reference and Results (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.1"
  extension="2016-09-01"/>
  <!-- Measure Reference and Results - CMS (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.17"
  extension="2019-05-01"/>
  <statusCode code="completed" />
  <reference typeCode="REFR">
    <externalDocument classCode="DOC" moodCode="EVN">
      <!-- This is the version-specific identifier for eCQM -->
      <id root="2.16.840.1.113883.4.738"
      extension="40280382-6963-bf5e-0169-da4fbfb93891"/>
      <code code="57024-2"
      displayName="Health Quality Measure Document"
      codeSystemName="LOINC"
      codeSystem="2.16.840.1.113883.6.1" />
      <!-- This is the title of the eCQM -->
      <text>Breast Cancer Screening</text>
    </externalDocument>
  </reference>
  <component>
    <!-- Performance Rate for Proportion Measure - CMS (V3) -->
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </component>
</organizer>

```

5.3.3 Payer Supplemental Data Element - CMS (V3)

[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01 (open)]

Table 9: Payer Supplemental Data Element – CMS (V3) Contexts

Contained By	Contains
Measure Data - CMS (V4) (required)	Aggregate Count (required)

This observation represents the policy or program providing the coverage for the patients being reported on and provides the number of patients in the population that are covered by that policy or program. When a patient has multiple payers, only count the primary payer (usually this is the first payer listed). For CMS eligible clinicians and eligible professionals programs, all

codes present in the value set must be reported, even if the count is zero. If an eCQM is episode-based, the count will reflect the patient count rather than the episode count.

Individual payer codes from the Public Health Data Standards Consortium Source of Payment Typology (2.16.840.1.113883.3.221.5) have been grouped for QRDA III aggregate reports.

Table 10: Payer Supplemental Data Element - CMS (V3) Constraints Overview

observation[templateId/@root='2.16.840.1.113883.10.20.27.3.18']
[templateId/@extension="2018-05-01"]

XPath	Card.	Verb	Data Type	CONF#	Value
templateId	1..1	SHALL		CMS 47	
@root	1..1	SHALL		CMS 48	2.16.840.1.113883.10.20.27.3.18
@extension	1..1	SHALL		CMS 49	2018-05-01
value	1..1	SHALL	CD	CMS 50	
@nullFlavor	1..1	SHALL		CMS 51	OTH
translation	1..1	SHALL		CMS 52	
@code	1..1	SHALL		CMS 53	urn:oid:2.16.840.1.113883.3.249.14.102 (CMS Payer Groupings)

1. Conforms to [Payer Supplemental Data Element \(V2\) template](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.9:2016-02-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_47) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.18"` (CONF:CMS_48).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_49).
3. **SHALL** contain exactly one [1..1] `value` with `@xsi:type="CD"` (CONF:CMS_50).
 - a. This value **SHALL** contain exactly one [1..1] `@nullFlavor="OTH"` (CONF:CMS_51).
 - b. This value **SHALL** contain exactly one [1..1] `translation` (CONF:CMS_52).
 - i. This translation **SHALL** contain exactly one [1..1] `@code`, which **SHALL** be selected from ValueSet CMS Payer Groupings urn:oid:2.16.840.1.113883.3.249.14.102 (CONF:CMS_53).

Table 11: CMS Payer Groupings

Value Set: CMS Payer Groupings 2.16.840.1.113883.3.249.14.102			
Values specifying the primary payer for CMS QRDA III report submissions that groups codes from the Public Health Data Standards Consortium Source of Payment Typology (2.16.840.1.113883.3.221.5). Codes are grouped as follows:			
Payer Grouping A: Medicare (1)			
Payer Grouping B: Medicaid (2)			
Payer Grouping C: Private Health Insurance (5), Blue Cross/Blue Shield (6)			
Payer Grouping D: Other Government (3), Department of Corrections (4), Managed Care Unspecified (7), No Payment Listed (8), Miscellaneous/Other (9)			
Code	Code System	Code System OID	Print Name
A	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Medicare
B	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Medicaid
C	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Private Health Insurance
D	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Other

Figure 12: Payer Supplemental Data Element - CMS (V3) Example

```

<observation classCode="OBS" moodCode="EVN">
  <!-- Payer Supplemental Data Element (V2) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.9"
  extension="2016-02-01"/>
  <!-- Payer Supplemental Data Element - CMS (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.18"
  extension="2018-05-01"/>
  <code code="48768-6" displayName="Payment source"
  codeSystem="2.16.840.1.113883.6.1"
  codeSystemName="LOINC"/>
  <statusCode code="completed"/>
  <!-- Parent template requires "SHALL be drawn from
  Value Set: PHDSC Source of Payment Typology
  2.16.840.1.114222.4.11.3591 DYNAMIC"-->
  <!-- CMS Prefers to group the insurances more broadly than the
  Source of Payment Typology allows. Therefore,
  nullFlavor of OTH will be used and CMS local codes used to
  identify groupings-->
  <value xsi:type="CD" nullFlavor="OTH">
    <translation code="A" displayName="Medicare"
    codeSystem="2.16.840.1.113883.3.249.12"
    codeSystemName="CMS Clinical Codes"/>
  </value>
  <entryRelationship typeCode="SUBJ" inversionInd="true">
    <!-- Aggregate Count -->
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
</observation>

```

5.3.4 Performance Rate for Proportion Measure – CMS (V3)

```
[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01 (open) ]
```

Table 12: Performance Rate for Proportion Measure – CMS (V3) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V4) (optional)	

This template is only used with proportion measures. The performance rate is a ratio of patients that meet the numerator criteria divided by patients in the denominator (after accounting for exclusions and exceptions). Performance Rate is calculated using this formula: Performance Rate = (NUMER – NUMER EXCL) / (DENOM – DENOM EXCL – DENOM EXCEP).

Based on the Performance Rate calculation, a Performance Rate must not exceed 1 (e.g., 100, 1.5), since a value of 1 indicates 100%. The Performance Rate value that is provided in a QRDA Category III file should not be the Performance Rate times 100, but instead should be the value obtained from the calculation of (NUMER – NUMER EXCL)/(DENOM– DENOM EXCL – DENOM EXCEP), rounded to the nearest millionth; refer to the rounding rules listed in this section. In addition, if the expression (DENOM – DENOM EXCL– DENOM EXCEP) results in a null or a value of 0, then a nullFlavor of "NA" should be provided for the Performance Rate. Finally, if the expression (DENOM – DENOM EXCL – DENOM EXCEP) results in a value greater than or equal to 1 and a Numerator count equal to 0 is provided, then a Performance Rate of "0" should be submitted.

The following rounding rules must be used when submitting performance rates:

- For a calculated performance rate that has >= 7 digits after the decimal point, round the decimal number to the millionth.
- For a calculated performance rate that has <= 6 digits after the decimal point, rounding is not permitted for the performance rate.

Table 13: Performance Rate for Proportion Measure - CMS (V3) Constraints Overview

```
observation[templated/@root = '2.16.840.1.113883.10.20.27.3.25']
[templated/@extension="2018-05-01"]
```

XPath	Card.	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS_59	
@root	1..1	SHALL		CMS_60	2.16.840.1.113883.10.20.27.3.25
@extension	1..1	SHALL		CMS_61	2018-05-01
value	1..1	SHALL	REAL	3259-21307_C01	
reference	1..1	SHALL		3259-19651_C01	
@typeCode	1..1	SHALL		3259-19652_C01	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = REFR

XPath	Card.	Verb	Data Type	CONF#	Value
externalObservation	1..1	SHALL		3259-19653_C01	
@classCode	1..1	SHALL		3259-19654	urn:oid:2.16.840.1.113883.5.6 (HL7ActClass)
id	1..1	SHALL		3259-19655	
@root	1..1	SHALL		3259-19656	
code	1..1	SHALL		3259-19657	
@code	1..1	SHALL		3259-19658	NUMER
@codeSystem	1..1	SHALL		3259-21180	urn:oid:2.16.840.1.113883.5.4 (HL7ActCode) = 2.16.840.1.113883.5.4

1. Conforms to **Performance Rate for Proportion Measure (V2)** template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.14:2016-09-01).
2. **SHALL** contain exactly one [1..1] **templateId** (CONF:CMS_59) such that it
 - a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.27.3.25" (CONF:CMS_60).
 - b. **SHALL** contain exactly one [1..1] **@extension**="2018-05-01" (CONF:CMS_61).
3. **SHALL** contain exactly one [1..1] **value** with **@xsi:type**="REAL" (CONF:3259-21307_C01).
 - a. The value, if present, **SHALL** be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62).
 - b. The value, if present, **SHALL** contain no more than 6 digits to the right of the decimal (CONF:CMS_63).

This is a reference to the specific Numerator included in the calculation.

4. **SHALL** contain exactly one [1..1] **reference** (CONF:3259-19651_C01).
 1. This reference **SHALL** contain exactly one [1..1] **@typeCode**="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-19652_C01).
 2. This reference **SHALL** contain exactly one [1..1] **externalObservation** (CONF:3259-19653_C01).
 - i. This externalObservation **SHALL** contain exactly one [1..1] **@classCode** (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6) (CONF:3259-19654).
 - ii. This externalObservation **SHALL** contain exactly one [1..1] **id** (CONF:3259-19655).
 1. This id **SHALL** contain exactly one [1..1] **@root** (CONF:3259-19656).
Note: This is the ID of the numerator in the referenced eCQM.
 - iii. This externalObservation **SHALL** contain exactly one [1..1] **code** (CONF:3259-19657).
 1. This code **SHALL** contain exactly one [1..1] **@code**="NUMER" Numerator (CONF:3259-19658).

2. This code **SHALL** contain exactly one [1..1]

@codeSystem="2.16.840.1.113883.5.4" (CodeSystem: HL7ActCode urn:oid:2.16.840.1.113883.5.4) (CONF:3259-21180).

Figure 13: Performance Rate for Proportion Measure - CMS (V3) Example

```
<observation classCode="OBS" moodCode="EVN">
  <!-- Performance Rate -->
  <templateId root="2.16.840.1.113883.10.20.27.3.30" extension="2016-09-01"/>
  <!-- Performance Rate for Proportion Measure (V2) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.14" extension="2016-09-01"/>
  <!-- Performance Rate for Proportion Measure - CMS (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.25" extension="2018-05-01"/>
  <code code="72510-1" codeSystem="2.16.840.1.113883.6.1"
    displayName="Performance Rate"
    codeSystemName="2.16.840.1.113883.6.1"/>
  <statusCode code="completed"/>
  <value xsi:type="REAL" value="0.833000"/>
  <!-- This is the reference to the Numerator in the eCQM -->
  <reference typeCode="REFR">
    <externalObservation classCode="OBS" moodCode="EVN">
      <!-- The externalObservationID contains the ID of the numerator in the referenced eCQM. -->
      <id root="AE7A33AF-0DA7-4772-A23C-2D2CA732D53A"/>
      <code code="NUMER" displayName="Numerator"
        codeSystem="2.16.840.1.113883.5.4"
        codeSystemName="ActCode"/>
    </externalObservation>
  </reference>
</observation>
```

6 2020 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians UUID List

The following tables list the Version Specific Measure Identifier for each eCQM included in the [2020 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians](#), 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.**

Populations in Table 14 are labeled using the population codes listed below:

- Initial Population: IPOP
- Denominator: DENOM
- Denominator Exclusion: DENEX
- Numerator: NUMER
- Denominator Exception: DENEXCEP
- Stratum: STRAT

(Note: all eCQM specifications contained in the 2020 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians are proportion measures.)

Table 14: UUID List for 2020 Performance Period eCQM Specifications Eligible Professionals and Eligible Clinicians

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
0418e/134	CMS2 v9	40280382-68d3-a5fe-0169-0c9018ca11d2	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>
N/A/317	CMS22 v8	40280382-6a17-9fbf-016a-31c183a90723	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>
N/A/374	CMS50 v8	40280382-667f-ecc3-0167-575c0f0447f0	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
N/A/ 160	CMS52 v8	40280382-6963-bf5e-0169-737e02ac08d1	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u></p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u></p> <p><u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u></p>
N/A/ 376	CMS56 v8	40280382-6963-bf5e-0169-72b83a880718	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p>
N/A/ 375	CMS66 v8	40280382-6963-bf5e-0169-e96310694017	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p>
N/A/ 130	CMS68 v9	40280382-68d3-a5fe-0169-0c589537118f	<p><u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u></p>
0421e/ 128	CMS69 v8	40280382-6963-bf5e-0169-e8dc81613f8b	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u></p>
N/A/ 379	CMS74 v9	40280382-6963-bf5e-0169-7278084c06db	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u></p>
N/A/ 378	CMS75 v8	40280382-6963-bf5e-0169-b522f1a02370	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p>
N/A/ 372	CMS82 v7	40280382-6963-bf5e-0169-7266190006a5	<p><u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u></p>
N/A/ 377	CMS90 v9	40280382-6963-bf5e-0169-7272c0b306be	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p>
N/A/ 240	CMS117 v8	40280382-6a17-9fbf-016a-513598af15ad	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p>

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 001	CMS122 v8	40280382-6963-bf5e-0169- da3833273869	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	1DAA17CC-1F6C-4883-9887-C1F1F72589B9 AE3CD839-EC29-4826-B4F9-B2305474402C 6F7B3C8C-9741-454B-9C02-3F279DD08B53 2CC2A289-445C-4F15-AFC4-80B934AF5E1E
N/A/ 309	CMS124 v8	40280382-68d3-a5fe-0169- 39f1e5b42b20	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	4F08D5BF-993F-42C9-821F-FA6440868C52 863AC2ED-CFE4-4F5B-88D3-FAB16560EE65 A3299BD5-4800-4FDE-A4AE-36CF5AA7EBF6 A6D2DB58-DBD4-4A09-B6DA-E26EAE0568A1
N/A/ 112	CMS125 v8	40280382-6963-bf5e-0169- da4fbfb93891	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	655077CB-1920-4299-95B3-C24026C1F644 43EC65FF-15C5-4B3E-8DBD-AD792A9D0B0B 76407883-BC98-41EC-98CD-18126D901774 66B40C8B-36FB-49E4-93D6-D60F35E1801D
N/A / 111	CMS127 v8	40280382-68d3-a5fe-0168- e79c6f8e0583	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	5CD22B31-3037-49F6-8846-4D66B44D4702 88D5A954-25B2-4157-9ECB-4AE3FA7DC795 CBFE14F2-8A5B-420A-99B7-C7B99A34D3F4 D657E70B-8B2B-442A-A887-E172B4A58280
N/A/ 009	CMS128 v8	40280382-6963-bf5e-0169- e4d266793da0	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	10AA5F2F-0D06-4DE5-ACCC-43235FE0F8D8 C83C6F65-F50D-4545-83DD-A0EABED91538 4E226FB8-3240-48E1-8DEA-F7324732C75A 44D71D80-B43C-4AC4-964A-6AABB3DAD342 D545D66C-ADAC-4543-AB1B-BDD36B282A84 5561C63B-E35B-46F5-89AE-8D54B52160F9 0E3A329A-0BCF-4AFD-92F4-14FB80CAE0DE 57B3291B-3C4E-4AD4-A6BB-53D9D9E4B91B
0389e/ 102	CMS129 v9	40280382-667f-ecc3-0167- 5765d56e4840	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	0ADE5A3C-17A5-4064-BF47-668F4DDCEEC4 DB997F72-D2A1-439A-82B2-DE8B575A558E 1B9F2544-3D12-4650-832E-9DA453C8DCC4 CEBE0AFD-8367-45B9-AC3B-6ED583607FD6
N/A/ 113	CMS130 v8	40280382-6963-bf5e-0169- da566ea338a5	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	E9E3FABC-E0FB-4F58-800D-4D5925AC0382 2C9DB74A-24A4-4E9B-BA08-4B4D1216B683 93D5A552-8925-4D67-AFE3-FD3CBB679FCB 1D18C7AB-CFD7-48E7-99F0-583C1719496D
N/A/ 117	CMS131 v8	40280382-6963-bf5e-0169- da28b8f63854	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	CE8F8C2C-262E-4BCE-B828-F05E744666EB 31E6188E-0569-4015-9A86-D4A38830D6EC 5DBE851C-9D39-4479-A8A2-0C64083F2A20 F38B8654-4FEE-4397-86E0-E62098CD044A
0564e/ 192	CMS132 v8	40280382-6963-bf5e-0169- 6d6cfbe80264	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	596C1ACF-AD6D-4179-97F4-ED5432C675C3 1B239959-D911-40BA-A395-997A83DE323A 24DC0294-DE3A-44D7-B309-ADCB56EC534E E3C5FE52-4AB0-4328-9000-B3B40DFA2CC2
0565e/ 191	CMS133 v8	40280382-6963-bf5e-0169- 6d6846910246	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	7BD7DBAE-F964-416C-9425-55BD52D3ED71 31B3054B-2AA0-4E6A-AAA4-86ECBBF77EE5 028326AB-0021-48C1-8FE0-F03F7BCBB017 7BD24126-79D4-4F8A-9A44-83427380F63A
N/A/ 119	CMS134 v8	40280382-6963-bf5e-0169- da49f1e93882	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	C2A0B8D4-8026-4A7A-B635-9D87BA320600 93A01D6E-ABC7-420C-85E0-2C8E34C6368B 559CE8DF-4CA4-4FC5-9439-76EE307037DF 7F90D098-A158-45A4-A2E6-DF7E2E75F83E

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
0081e/ 005	CMS135 v8	40280382-6963-bf5e-0169-7d10cd6f0f3f	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u></p> <p>6D023944-ABF3-4F2C-A4E4-ADB2DDCD8478 EFBCE92A-D635-4000-9C4F-EDD98AF5DE06 440B9AB7-C94C-44D8-8A8F-DBA5E1A5226 57C66872-B1B4-4542-ACA6-7A309F99BDCC</p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u></p> <p>C4E7E554-AA42-42D2-9711-875F3624B482 489B9FD1-CB7E-4DF2-9966-B1A2CC8E2D9F A533AFC9-D94F-49E2-8633-5C874F8EFA5F 9904A746-34B3-4835-84F4-9EBE6EF17521</p>
N/A/ 366	CMS136 v9	40280382-68d3-a5fe-0168-e9118c0c0726	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u></p> <p>683F5905-CC36-4B82-AC22-38904C8298BD E13D81BB-8FD5-4CE0-9885-B9BD988E1CFD 822CC41D-1864-4A27-9F66-012187A9E33F 2720C875-C4E5-40EB-A4AE-A7B032EA9D6C</p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u></p> <p>2F7B388C-C3BC-4A25-AF3E-E30389970BAC 2D0AB075-53D3-4183-9809-81E3C69E7A53 D7278999-1937-4CBF-B72F-F359AAD7C97B 1792D093-5FDD-49E0-BD81-0E31783F35A0</p>
N/A/ 305	CMS137 v8	40280382-6963-bf5e-0169-eefce996426d	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u></p> <p>E1F6440D-6DDB-4C77-AF42-947522D58071 CCF03F23-DCDA-4F3B-8248-8DD25D805775 22C77E3E-6FF5-44D1-B564-DC3B56A9B0F0 01E2A3CA-F3AC-41BF-BCEE-EC62092CE245 52FA7EBD-D865-43F2-8135-EBE7FF0FE8C5 EE4E8F74-AE9D-47DD-97D9-AE2C95E363BE</p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u></p> <p>9FE99D0A-793A-4198-BE90-C205F20B36B8 FE3255B1-F309-4359-B00F-13D567A06EE7 AD224F69-6840-441C-AE6C-A124763162CE CBA80254-E6CE-41C6-9B50-938C8EEE4337 8B770A9D-88F7-4274-AF02-F813CEB316D9 49EDA3F5-6C8A-4DB5-A144-F201F4259B26</p>
0028e/ 226	CMS138 v8	40280382-6963-bf5e-0169-6d717fd50298	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u></p> <p>D8C43D40-88C5-4CBE-B13F-B340ED7B6F5E 10BBDBA1-A63C-4B66-8788-D193D9F9C462 6EA80A06-9FEB-4A7C-A879-D37017E022D8 E19C7C19-F358-4A0C-B506-A3EF104E43F5</p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u></p> <p>4A5E0CA8-23F4-4B40-B521-B0EB98DE4C19 E2AC3364-ECF8-4B9A-BC7E-88F0638C9EF2 65501208-ACA6-49D3-A44C-2E65A46FD0C5 21B0D1D6-E5CE-4D50-899E-9665897FFCF2</p> <p><u>IPOP 3:</u> <u>DENOM 3:</u> <u>NUMER 3:</u> <u>DENEXCEP 3:</u></p> <p>664B4D06-0934-4A6E-BD9B-569460958414 FCC62D91-8CD7-4627-B01D-5D92888D8EDD 0E3F6868-3C2B-4372-B67B-42A15973D824 FF00F193-4EC5-4B3A-BD1F-6ACD6784E52D</p>
N/A / 318	CMS139 v8	40280382-68d3-a5fe-0169-53832b023431	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p> <p>91BB31AA-6984-414D-9960-D57F983EDB50 80CB02DB-5D1B-4167-A2F7-4737728EAE03 63896800-A1A4-4162-9417-FDF7135643B0 23D5306B-3B40-42CA-8377-92CEA6A1802B</p>
0089e/ 019	CMS142 v8	40280382-6963-bf5e-0169-6d6f735d0283	<p><u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u></p> <p>3261969E-C0AD-4B3A-B67A-B5239AC94A39 2E383042-A49E-48F3-889C-0FEB88F91F77 02301E9F-3459-4D5F-848D-130482379EDB B6C69100-C64E-4C12-8D8D-BA636250786A</p>

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0086e/ 012	CMS143 v8	40280382-6963-bf5e-0169-6d6e4a420276	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	3E03F430-62F2-44A6-9267-5522991ABD7A F73CDFE3-29C4-434D-870C-37D24441243B 18E4A3FD-7BC9-4F58-95B7-31C5F2F1FC3C E7311917-396F-4C68-93DA-2D0A826D2CC4
0083e/ 008	CMS144 v8	40280382-6963-bf5e-0169-6e5d8c750401	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	B5BA2AAA-23BB-4873-985C-A6CF186DAE36 525A2333-CBF9-47F7-8665-157C5425DF64 A016DE53-2DA9-40D5-8239-EB7624D02EE9 4A1D8928-D27C-4A03-BC51-660480D1D079 86AA2F89-6850-4754-A747-56414EB7DD3A FE9D45B5-7F09-4122-8FCF-7285A91506BE 20080AEE-B52B-4295-B77D-E97CFAF4C65E F207DF88-E439-4567-B2E0-72041833A6B4
0070e/ 007	CMS145 v8	40280382-6963-bf5e-0169-6e62c160040e	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	95AD7A85-FFC2-4176-AC65-22F0C78EB3F7 9A539FCC-45A6-4584-9973-6910731DD618 C2745442-23E2-485B-8F6A-A8AC5A166A0F B50BA716-173F-46EC-B792-F031140FCD94 F86426BC-4113-4E5D-A504-582158094828 9A753C70-1505-4926-A628-43E99134B090 9F8A4285-B48A-4103-B208-73BA5E590DFC D46FB5D7-9DD5-4D24-A0E3-6B4153B00D73
N/A/ 066	CMS146 v8	40280382-6963-bf5e-0169-c9a5388a3177	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	B652B2AA-C94C-413F-A179-C28AF8215B6F EFA22A65-3E5F-4AE6-80E1-F11E60B9F914 23A7B3B1-3A92-4AE5-B927-1900E9F3EAD3 03AACAG65-E4BE-4882-90EA-16CDE046B649
0041e/ 110	CMS147 v9	40280382-6963-bf5e-0169-6dbc990502f4	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	C0858490-CEC2-40F2-AD1E-35C39A8D2CF4 CC8CE048-1026-49FF-82F8-OCA0D1AC44F7 9429BD6E-104C-4C06-ABAB-55D09B0EF823 060851E7-2D73-434A-A37B-8C59034E715D
2872e/ 281	CMS149 v8	40280382-667f-ecc3-0167-57507cca4701	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	D90F0CF9-4A53-4A75-AEA2-16094AC5957F 78F54EAC-EC0F-42C4-8D6E-D8A53D3B1DC3 6E9AFABE-774F-401E-9F45-1DCB43A3ED30 1732A275-1C46-44E5-8D5D-6D77DB9BD575
N/A/ 310	CMS153 v8	40280382-6963-bf5e-0169-775236410a91	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	F8D0CC24-EC89-4F5C-BD43-0367F1C76F4E AA331259-39A3-4EFD-A176-D5183C356FA0 3BE1CBBC-F25F-4D9D-A091-FEF0563F80A5 4983E976-82F9-43E6-A771-88358321A9FD 863EBEBA-FECF-4248-9453-5281C23FA658 8F41A4E4-E6A7-4B27-93D7-B699C85A26B7
N/A/ 065	CMS154 v8	40280382-6963-bf5e-0169-6e659e5c041f	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	E8FD857F-1937-48E5-A521-66129FEF1278 CE3EA202-E3F3-40A4-8CEC-27EFB9F2CD65 2262A5A1-C510-4F19-A674-929DDCE0F4DC 030E29D4-C74D-457D-8A96-BCE215FC76E6

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 239	CMS155 v8	40280382-6963-bf5e-0169- 777a70c70ab7	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>STRAT 3-1:</u> <u>STRAT 3-2:</u>	AF20B4EA-8720-497D-9E04-C8EF65DBFEB4 9016B929-550D-49D1-BDE6-256F3C7F155B 12351F43-07E0-426A-B7C6-C3E06116AA3A EF75177A-DCB6-4100-9D2D-D9624D4D6D4B 2DA1E2EA-DE50-4F13-98D6-51E8941BC569 9D57E15C-BD1F-45BD-BD9B-62A7466A5E78 88CC8524-A7CA-446F-AE28-326807D64F7C 164F40FC-BF3F-4441-BD40-04CDA5A5D640 60023A54-574A-4EF7-A392-C57A0FC0CEC4 267F0874-EF8B-479D-8671-43B308D0406A DOFD25BF-DD85-4AB3-9C98-354DBA19056C FAC2DF2E-B30D-48BE-9768-7FE1E92DC240 CD15F841-E9E3-4590-8987-F2D9AB6FBEEF C12E4929-A04F-41E0-AC0F-AF96C00C0051 402E85ED-3C39-4F6C-846A-7B5862454ACB 94FB21A1-59C3-4AAC-8AA5-B6A43CCDA676 DDD2EA7F-CDB1-4084-BE73-966B6E077A89 BED73598-F3E8-4DFD-A5EC-CB3247902E19
N/A/ 238	CMS156 v8	40280382-6963-bf5e-0169- e86d29c73ee1	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	BE15DD42-EFD6-4411-A68A-D699C0C3DBAC F85A502D-70EC-400A-A609-4F5EB4071195 9AE5CDEA-0F3F-43FF-8203-C1EE4135CC4 DB02EE17-BCD7-4A92-B897-A7CD2758BA06 5BD930B9-FD7E-4E2D-8FFA-DF49EE8C8CDE 497CF391-D298-439C-BC30-346FD3E66133 F34C12CB-8CD7-48D6-B000-B363030A2A7A CC94435D-FBEA-4165-AF0A-B363FC86DFDC
0384e/ 143	CMS157 v8	40280382-6963-bf5e-0169- e4c228c93d69	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u>	96D039E8-8003-4C52-831D-7F02CA9137FA 429BC211-FC13-4F04-B09F-43D9EEE03E56 4A93119E-FAD1-4CE0-A984-D102611D9D39 E2FF2CBD-A268-4738-B93A-1A276C96E4F3 CC02F86F-29D1-42A1-A91D-38DB8FA5B29F 4D442FA4-3A1E-4694-8737-CA398278A591
0710e/ 370	CMS159 v8	40280382-6963-bf5e-016a- 03dca9e446e0	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	3E189A2F-18C6-4788-80AD-7B6D31977E23 9374A2BA-D848-4631-BD7F-B9301CB16C6F 368D79F7-DFF9-4987-B870-266C0560A1CE A5976BE6-7F1C-419D-898D-7AFEB141A355 4A779584-DBC5-4A07-8E9F-A7502BA537E8 28EB1666-9599-452B-A722-5FDB1BA72FF4

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0712e/ 371	CMS160 v8	40280382-6963-bf5e-0169- c4f2f01c2f75	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>STRAT 3-1:</u> <u>STRAT 3-2:</u>	586EA6EE-B518-4422-9AAF-4DEA2092DD8A 781A3CEF-8881-4222-AC74-E73BA370F61C 00D4909D-591C-4698-B366-842C786A884F 9EF12EDD-5AF6-4DC1-BF17-35536D68C043 49F0D748-9EC3-4AC6-BA50-FFC398A88DCE EBCFB824-4158-43AF-B095-8E887E8D6A8E 48130F8D-E024-4B9D-B87E-28AA81A14C8F E74045FE-86FB-4739-BF3F-C3B1DCB0AEDA 2F3C69D1-CBC3-45D3-9B34-5C28B0E69B2B 1FC577B8-2E91-42B5-848D-8BEACFDFEC70 8957C60E-921B-4148-9C85-252C49C877FB 417BC22C-239B-4A55-8790-E040989CF5E8 2895B9E4-425F-4519-B2DE-2C9F266701F7 55B891BE-6B2B-4CD1-9F0A-989F68BCBB86 560B49CB-4717-4508-99DA-44BE731987B3 6CC587CA-392E-4B02-B40F-4D706E9F35E7 205C70BF-A3C9-49C3-9875-62F0A0029D8A 16157C1C-5514-48A8-A7A9-1F90ADABFCC4
0104e/ 107	CMS161 v8	40280382-6963-bf5e-0169- 6dc1a7040310	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	F74EA264-FF5D-4AAA-AF04-241FE0DFB057 8C1F94B8-D880-4F57-BC18-E308A6B085CE FDF9459C-492A-4467-95EE-D046F06AC1D7
N/A/ 236	CMS165 v8	40280382-6963-bf5e-0169- da5e74be38bf	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	1A3C24A5-7E9E-461B-BEB8-834822CC0942 E822DECB-5DD1-421D-BFCE-F5DA550EE238 965140D9-663B-4B08-99F9-19E14AE0CB5C 9306E83B-3C3B-4CDF-B3EA-F99AEFC55F87
1365e/ 382	CMS177 v8	40280382-6963-bf5e-0169- 6dc350b80329	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	57E186C3-9BA6-4EA0-8ED3-A7B002CE738F D02E6B26-38A2-44F9-8532-EDB5B8ADDE5 AB5AD2BA-F0C8-4C38-8A84-0B57DAB1A6A2
N/A/ 472	CMS249 v2	40280382-6963-bf5e-0169- de72aa4339da	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	076784AC-D2CA-439F-A802-72D421724A8E 455FABD1-41BA-40DB-811B-8DB4938D8C59 C06BC21E-7A1B-4CD7-B627-DD1321348271 05837144-1391-4CE8-810D-FC5629C0B729
N/A/ 438	CMS347 v3	40280382-68d3-a5fe-0169- 0c78bec911bb	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>DENEXCEP 3:</u>	5D20C66D-C4F2-44AC-BA79-C1380946E1C1 C081303E-ED3B-4E1E-ACCO-8CC7ECE656E9 14C86844-FA28-433B-8164-FDAB264B9601 BC30AEB0-3B11-4B36-B4C2-4015786A8299 4227DDA4-0619-41C5-9039-C697FDF30F62 CF4897D2-651D-47A5-8704-440827AC2A82 076E8C02-49B0-41A8-807C-3753160EE256 6E37FB0C-0F94-4A6B-B3E3-DA9C73145B49 B9CF111C-24C0-4D71-A44A-3E549BA267BE 67B7DF57-40CD-4FB9-AA56-9BCDD985ADCD A16AFA05-7CAE-42BC-B905-8D4091C442CB 3E840CA1-EF27-4939-9BF8-36E7A50A69E8 00B756AB-1265-42B3-A50D-46623CBC4BA7 433EFB69-22B1-4BC0-8864-838ADB30A072 3FB31319-105F-4FA1-BD36-C683C281587
N/A/ 475	CMS349 v2	40280382-6963-bf5e-0169- ca44fb0d3253	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	EB598957-5695-4CB6-A82C-232A27AEE6B3 E373ADE6-D02F-49D0-AB0A-C5FBD0FE0B61 E0F15B90-8A4D-49B1-9134-2D06D1B0F729 946ECA95-8105-4B1F-B7D1-6FEBFC95551F

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 462	CMS645 v3	40280382-6963-bf5e-0169- c08817902d03	IPOP: DENOM: NUMER: DENEXCEP:	9B77D15F-09B7-4744-9A44-F05769D1D2D8 869769A6-5A1F-4C0D-8FC0-A8818E7F4F66 D73B864A-680E-45EF-8082-23A541B4E802 0B94B8A9-1294-4CE0-8021-D4B993E3F3F9
N/A/ TBD	CMS771 v1	40280382-6963-bf5e-0169- e6713f5a3df1	IPOP: DENOM: DENEX: NUMER:	C58EED2B-10FB-454A-A3F2-6C8475575868 F7A05A48-AF98-4849-80A9-E8D6D60430AB 6948734D-357C-470D-BE2A-13D1A6CD1756 CFDA6A04-F9A7-44E6-B1F7-310BFCA2791A

7 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.

Table 15: Improvement Activities Identifiers

Activity Name	Activity Description	Activity ID
To be published in subsequent IG update with publication of the 2020 Physician Fee Schedule Rule.		

Table 16: 2020 Promoting Interoperability Objectives and Measures Identifiers

Objective	Measure Identifier	Measure	Reporting Metric
To be published in subsequent IG update with publication of the 2020 Physician Fee Schedule Rule.			

Table 17: Promoting Interoperability Attestation Statements Identifiers

Identifier	Attestation Statement	Reporting Metric
To be published in subsequent IG update with publication of the 2020 Physician Fee Schedule Rule.		

APPENDIX

8 Troubleshooting and Support

8.1 Resources

The following provide additional information:

- **Comprehensive Primary Care Plus (CPC+):**
<https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>
- **eCQI Resource Center** is the one-stop shop for the most current resources to support electronic clinical quality improvement: <https://ecqi.healthit.gov/>
- **eCQM Library** contains resources for eCQMs including Measure Logic Guidance: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- **National Library of Medicine (NLM) Value Set Authority Center (VSAC)** contains the official versions of the value sets used for eCQMs: <https://vsac.nlm.nih.gov/>
- **Electronic Clinical Quality Measure specification feedback system** is a tool offered by CMS and the Office of the National Coordinator (ONC) for Health Information Technology for implementers to submit issues and request guidance on eCQM logic, specifications, and certification: <https://oncprojecttracking.healthit.gov/>
- **Quality Payment Program:** <https://qpp.cms.gov>

8.2 Support

Table 18: Support Contact Information

Contact	Organization	Phone	Email
QPP Service Center	CMS	1-866-288-8292 TTY: 1-877-715-6222	QPP@cms.hhs.gov
CPC+	CMS	1-888-372-3280	CPCPlus@telligen.com

8.3 Errata or Enhancement Requests

Table 19: Errata or Enhancement Request Location

Contact	Organization	URL	Purpose
HL7 QRDA III, STU Release 2.1 Comments page	HL7	http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=197	Document errors or enhancement request to the HL7 standard.

9 Null Flavor Validation Rules for Data Types

CDA, Release 2 uses the HL7 V3 Data Types, Release 1 abstract and XML-specific specification. Every data element either has a proper value or it is considered NULL. If and only if it is NULL, a "null flavor" provides more detail on why or in what way no proper value is supplied. The table below provides clarifications to proper nullFlavor use for a list of common data types used by this guide.

Table 20: Null Flavor Validation Rules for Data Types

Data Type	CONF.#	Rules
Boolean (BL)	CMS_0105	Data types of BL SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor (CONF:CMS_0105).
Coded Simple (CS)	CMS_0106	Data types of CS SHALL have either @code or @nullFlavor but SHALL NOT have both @code and @nullFlavor (CONF:CMS_0106).
Coded Descriptor (CD)	CMS_0107	Data types of CD or CE SHALL have either @code or @nullFlavor but SHALL NOT have both @code and @nullFlavor (CONF:CMS_0107).
Coded With Equivalents (CE)		
Instance Identifier (II)	CMS_0108	Data types of II SHALL have either @root or @nullFlavor or (@root and @nullFlavor) or (@root and @extension) but SHALL NOT have all three of (@root and @extension and @nullFlavor) (CONF:CMS_0108).
Integer Number (INT)	CMS_0109	Data types of INT SHALL NOT have both @value and @nullFlavor (CONF:CMS_0109).
Physical Quantity (PQ)	CMS_0110	Data types of PQ SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor. If @value is present then @unit SHALL be present but @unit SHALL NOT be present if @value is not present (CONF:CMS_0110).
Real Number (REAL)	CMS_0111	Data types of REAL SHALL NOT have both @value and @nullFlavor (CONF:CMS_0111).
String (ST)	CMS_0112	Data types of ST SHALL either not be empty or have @nullFlavor (CONF:CMS_0112).
Point in Time (TS)	CMS_0113	Data types of TS SHALL have either @value or @nullFlavor but SHALL NOT have @value and @nullFlavor (CONF:CMS_0113).
Universal Resource Locator (URL)	CMS_0114	Data types of URL SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor (CONF:CMS_0114).

10 NPI and TIN Validation Rules

Table 21: NPI Validation Rules and Table 22: TIN Validation Rules list the validation rules performed on the NPI and TIN.

Table 21: NPI Validation Rules

CONF.#	Rules
CMS_0115	The NPI should have 10 digits.
CMS_0116	The NPI should be composed of all digits.
CMS_0117	The NPI should have a correct checksum using the Luhn algorithm.
CMS_0118	The NPI should have @extension or @nullFlavor, but not both.

Table 22: TIN Validation Rules

CONF.#	Rules
CMS_0119	When a Tax Identification Number is used, the provided TIN must be in valid format (9 decimal digits).
CMS_0120	The TIN SHALL have either @extension or @nullFlavor, but not both.

11 Change Log – CMS QRDA III Implementation

Guide Changes to QRDA III STU R2.1 Base Standard

This table lists all changes made to this 2020 guide from the "Base Standard", the *HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category III, STU Release 2.1*.

Table 23: Changes Made to the QRDA III Base Standard

CONF. #	Section	Base Standard	Changed To
CMS_1 CMS_2 CMS_3	5.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_1) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.1.2" (CONF:CMS_2). SHALL contain exactly one [1..1] @extension="2019-05-01" (CONF:CMS_3).
4427-17238_C01 CMS_4	5.1	SHALL contain exactly one [1..1] confidentialityCode, which SHOULD be selected from ValueSet HL7 BasicConfidentialityKind urn:oid:2.16.840.1.113883.1.11.16926 STATIC (CONF:3259-17238).	SHALL contain exactly one [1..1] confidentialityCode (CONF: 4427-17238_C01). This confidentialityCode SHALL contain exactly one [1..1] @code="N" Normal (CodeSystem: ConfidentialityCode urn:oid:2.16.840.1.113883.5.25 STATIC) (CONF:CMS_4).
4427-19669_C01	5.1	This languageCode SHALL contain exactly one [1..1] @code, which SHALL be selected from ValueSet Language urn:oid:2.16.840.1.113883.1.11.11526 DYNAMIC (CONF:3259-19669).	SHALL contain exactly one [1..1] languageCode (CONF:4427-17239). This languageCode SHALL contain exactly one [1..1] @code="en" English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:4427-19669_C01).
CMS_7	5.1.1	n/a	SHALL contain exactly one [1..1] informationRecipient (CONF: CMS_7).
CMS_8	5.1.1	n/a	This informationRecipient SHALL contain exactly one [1..1] intendedRecipient (CONF:CMS_8).
CMS_9	5.1.1	n/a	This intendedRecipient SHALL contain exactly one [1..1] id (CONF:CMS_9).

CONF. #	Section	Base Standard	Changed To
CMS_10	5.1.1	n/a	This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.7" CMS Program (CONF:CMS_10).
CMS_11	5.1.1	n/a	This id SHALL contain exactly one [1..1] @extension, which SHALL be selected from ValueSet CMS Program Name 2.16.840.1.113883.3.249.14.101 STATIC 2018-05-01 (CONF:CMS_11). Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.
CMS_12	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CP CPLUS", then ClinicalDocument/participant/@typeCode="LOC" SHALL be present (CONF: CMS_12). Note: For CPC+ reporting, CPC+ APM Entity Identifier must be submitted.
CMS_13	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CP CPLUS", then QRDA Category III Measure Section – CMS SHALL be present (CONF: CMS_13). Note: For CPC+ reporting, the QRDA III document must contain a Quality (eCQMs) section.
CMS_14	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CP CPLUS", then Performance Rate for Proportion Measure – CMS (V3) SHALL be present (CONF: CMS_14). Note: For CPC+ reporting, performance period for the Quality (eCQMs) section must be specified.
CMS_92	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CP CPLUS", then CMS EHR Certification ID SHALL be present (CONF:CMS_92)

CONF. #	Section	Base Standard	Changed To
CMS_15	5.1.2	n/a	MAY contain zero or one [0..1] participant (CONF:CMS_15) such that it
CMS_16	5.1.2	n/a	SHALL contain exactly one [1..1] @typeCode="LOC" Location (CodeSystem: HL7ParticipationType 2.16.840.1.113883.5.90) (CONF:CMS_16).
CMS_17	5.1.2	n/a	SHALL contain exactly one [1..1] associatedEntity (CONF: CMS_17).
CMS_18	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] @classCode="SDLOC" Service Delivery Location (CodeSystem: RoleClass 2.16.840.1.113883.5.110) (CONF: CMS_18).
CMS_19	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] id (CONF: CMS_19).
CMS_20	5.1.2	n/a	This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.1" CPC Practice Site (CONF:CMS_20). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.1) designates that the @extension must hold a CPCPLUS APM Entity Identifier.
CMS_21	5.1.2	n/a	This id SHALL contain exactly one [1..1] @extension (CONF: CMS_21). Note: This is the CPCPLUS APM Entity Identifier assigned to the CPC+ practice site.
CMS_22	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] code (CONF:CMS_22).
CMS_23	5.1.2	n/a	This code SHALL contain exactly one [1..1] @code="394730007" Healthcare Related Organization (CodeSystem: SNOMED CT 2.16.840.1.113883.6.96) (CONF: CMS_23).
CMS_24	5.1.2	n/a	This code SHALL contain exactly one [1..1] @codeSystem (CodeSystem: SNOMED CT urn:oid:2.16.840.1.113883.6.96) (CONF:CMS_24).
CMS_25	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] addr (CONF: CMS_25).

CONF. #	Section	Base Standard	Changed To
<p>CMS_85 CMS_86 CMS_87</p>	<p>5.1.3</p>	<p>n/a</p>	<p>MAY contain zero or one [0..1] participant (CONF:CMS_85) such that it</p> <p>SHALL contain exactly one [1..1] @typeCode="DEV" device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_86).</p> <p>SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_87).</p>
<p>CMS_88 CMS_89 CMS_90 CMS_91</p>	<p>5.1.3</p>	<p>n/a</p>	<p>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_88).</p> <p>This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_89).</p> <p>This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_90).</p> <p>This id SHALL contain exactly one [1..1] @extension (CONF:CMS_91). Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.</p>
<p>4427-18170_C01</p>	<p>5.1.4</p>	<p>MAY contain zero or one [0..1] documentationOf (CONF: 3338-18170).</p>	<p>SHALL contain exactly one [1..1] documentationOf (CONF:4427-18170_C01).</p>

CONF. #	Section	Base Standard	Changed To
4427-18171_C01	5.1.4	The documentationOf, if present, SHALL contain exactly one [1..1] serviceEvent (CONF:3338-18171).	<p>For MIPS group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.</p> <p>For MIPS virtual group reporting: it must contain exactly one performer, which contains on Virtual Group Identifier. No NPI is allowed.</p> <p>For MIPS individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.</p> <p>For CPC+: it must contain at least one performer, each performer contains one TIN and one NPI. Only CPC+ Practice Site providers are listed as performers.</p> <p>This documentationOf SHALL contain exactly one [1..1] serviceEvent (CONF:4427-18171_C01).</p> <p>This serviceEvent SHALL contain at least one [1..*] performer (CONF:4427-18173).</p>
4427-18177_C01	5.1.4	<p>This assignedEntity id/@root coupled with the id/@extension can be used to represent the individual provider's National Provider Identification number (NPI). Other assignedEntity ids may be present.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:3338-18177) such that it</p>	<p>The assignedEntity id/@root =' 2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI).</p> <p>NPI is required except for group reporting. For group reporting, id/@root=' 2.16.840.1.113883.4.6' is coupled with @nullFlavor="NA", and @extension shall be omitted.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:4427-18177_C01) such that it</p>
CMS_29	5.1.4	n/a	<p>MAY contain zero or one [0..1] @nullFlavor="NA" (CONF:CMS_29). Note: @nullFlavor is only present for MIPS group reporting and MIPS virtual group reporting.</p>
4427-18178_C01	5.1.4	MAY contain zero or one [0..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:3338-18178).	<p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF: 4427-18178_C01).</p> <p>Note: This OID contained in the @root (2.16.840.1.113883.4.6) designates that the @extension must hold a National Provider ID.</p>
4427-18181_C01	5.1.4	This representedOrganization MAY contain zero or one [0..1] id (CONF:3338-18181) such that it	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:4427-18181_C01) such that it

CONF. #	Section	Base Standard	Changed To
CMS_79 CMS_80 CMS_81	5.1.4	n/a	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:CMS_79) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.2 " MIPS Virtual Group (CONF:CMS_80). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.2) designates that the @extension must hold a Virtual Group Identifier. SHALL contain exactly one [1..1] @extension (CONF:CMS_81). Note: This is the Virtual Group Identifier.
CMS_82	5.1.4	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the group's TIN (CONF:CMS_82).
CMS_83	5.1.4	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the virtual group's Virtual Group Identifier (CONF:CMS_83).
4427-17281_C01	5.1.5	This structuredBody MAY contain zero or one [0..1] component (CONF:3338-17281) such that it SHALL contain exactly one [1..1] QRDA Category III Reporting Parameters Section (identifier: urn:oid:2.16.840.1.113883.10.20.27.2.2) (CONF:3338-17282).	This structuredBody SHALL NOT contain [0..0] component (CONF:4427-17281_C01) such that it Note: Reporting Parameter Section shall not be used for specifying performance period. SHALL contain exactly one [1..1] QRDA Category III Reporting Parameters Section (identifier: urn:oid:2.16.840.1.113883.10.20.27.2.2) (CONF:4427-17282).
4427-17301_C01	5.1.5	SHALL contain exactly one [1..1] QRDA Category III Measure Section (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2017-06-01) (CONF:3338-17301).	SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2018-05-01) (CONF:4427-17301_C01).

CONF. #	Section	Base Standard	Changed To
4427-21174_C01	5.15	This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21173) such that it SHALL contain exactly one [1..1] Improvement Activity Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01) (CONF:3338-21174).	This structuredBody MAY contain zero or one [0..1] component (CONF:4427-21173) such that it SHALL contain exactly one [1..1] Improvement Activity Section - CMS (identifier: urn:hl7ii:2.16.840.1.113883.3.249.20.2.1:2018-05-01) (CONF:4427-21174_C01).
4427-21394_C01	5.1.5	This structuredBody SHALL contain at least a QRDA Category III Measure Section (V4), or an Improvement Activity Section (V2), or an Advancing Care Information Section (V2) (CONF:3338-21394).	This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V3), or an Improvement Activity Section - CMS, or a Promoting Interoperability Section (V2) (CONF:4427-21394_C01). Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)
CMS_64 CMS_65 CMS_66	5.2.2	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_64) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.2.3" (CONF:CMS_65). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_66).
4427-17906_C01 4427-17907_C01	5.2.2	SHALL contain at least one [1..*] entry (CONF:3338-17906) such that it SHALL contain exactly one [1..1] Measure Reference and Results (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2016-09-01) (CONF:3338-17907).	SHALL contain at least one [1..*] entry (CONF:4427-17906_C01) such that it SHALL contain exactly one [1..1] Measure Reference and Results - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2018-05-01) (CONF: 4427-17907_C01).
CMS_41 CMS_42 CMS_43	5.3.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_41) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.16" (CONF:CMS_42). SHALL contain exactly one [1..1] @extension="2016-11-01" (CONF:CMS_43).

CONF. #	Section	Base Standard	Changed To
4427-18136_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18136) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18136_C01) such that it SHALL contain exactly one [1..1] Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).
4427-18139_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259_18139) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18139_C01) such that it SHALL contain exactly one [1..1] Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01) (CONF:3259-18149).
4427-18140_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18140) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18140_C01) such that it SHALL contain exactly one [1..1] Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01) (CONF:3259-18150).
4427-18141_C01 4427-18151_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18141) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18141_C01) such that it SHALL contain exactly one [1..1] Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) (CONF:4427-18151_C01).
CMS_54 CMS_55 CMS_56	5.3.2	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_54) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.17" (CONF:CMS_55). SHALL contain exactly one [1..1] @extension="2019-05-01" (CONF:CMS_56).

CONF. #	Section	Base Standard	Changed To
4427-17904_C01	5.3.2	<p>MAY contain zero or more [0..*] component (CONF:3259-17903) such that it</p> <p>SHALL contain exactly one [1..1] Performance Rate for Proportion Measure</p> <p>(identifier: urn:oid:2.16.840.1.113883.10.20.27.3.14) (CONF:3259-17904).</p>	<p>MAY contain zero or more [0..*] component (CONF:3259-17903) such that it</p> <p>SHALL contain exactly one [1..1] Performance Rate for Proportion Measure - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01) (CONF:4427-17904_C01).</p>
4427-18426_C01	5.3.2	<p>SHALL contain at least one [1..*] component (CONF:3259-18425) such that it</p> <p>SHALL contain exactly one [1..1] Measure Data (V2)</p> <p>(identifier:urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-02-01) (CONF:3259-18426).</p>	<p>SHALL contain at least one [1..*] component (CONF:3259-18425) such that it</p> <p>SHALL contain exactly one [1..1] Measure Data - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01) (CONF:4427-18426_C01).</p>
CMS_47 CMS_48 CMS_49	5.3.3	n/a	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_47) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.18" (CONF:CMS_48)</p> <p>SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_49).</p>
CMS_50 CMS_51 CMS_52 CMS_53	5.3.3	<p>SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHOULD be selected from ValueSet Payer</p> <p>urn:oid:2.16.840.1.114222.4.11.3591 DYNAMIC (CONF:2226-18250).</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="CD" (CONF:CMS_50).</p> <p>This value SHALL contain exactly one [1..1] @nullFlavor="OTH" (CONF:CMS_51).</p> <p>This value SHALL contain exactly one [1..1] translation (CONF:CMS_52).</p> <p>This translation SHALL contain exactly one [1..1] @code, which SHALL be selected from ValueSet CMS Payer Groupings</p> <p>urn:oid:2.16.840.1.113883.3.249.14.102 (CONF:CMS_53).</p>

CONF. #	Section	Base Standard	Changed To
<p>CMS_59 CMS_60 CMS_61</p>	<p>5.3.4</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_59) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.25" (CONF:CMS_60).</p> <p>SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_61).</p>
<p>2233-21307_C01 CMS_62 CMS_63</p>	<p>5.3.4</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="REAL" (CONF:2233-21307_C01).</p> <p>The value, if present, SHALL be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62).</p> <p>The value, if present, SHALL contain no more than 6 digits to the right of the decimal (CONF:CMS_63).</p>
<p>3259-19651_C01 3259-19652_C01 3259-19653_C01</p>	<p>5.3.4</p>	<p>MAY contain zero or one [0..1] reference (CONF:3259-19651).</p> <p>The reference, if present, SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-19652).</p> <p>The reference, if present, SHALL contain exactly one [1..1] externalObservation (CONF:3259-19653).</p>	<p>SHALL contain exactly one [1..1] reference (CONF: 3259-19651_C01).</p> <p>This reference SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-19652_C01).</p> <p>This reference SHALL contain exactly one [1..1] externalObservation (CONF:3259-19653_C01).</p>

12 Change Log – Changes from the 2019 CMS QRDA Implementation Guide

The 2020 CMS QRDA III IG contains the following high-level changes as compared with the 2019 CMS QRDA III IG:

- Changes to performance period reporting:
 - Performance period for the Quality and IA performance categories under MIPS is changed from either at the individual measure/activity level or performance category level to performance category level only for the 2020 performance period.
 - Performance period reporting for the PI performance category remains at the performance category level only.
 - Performance period reporting for CPC+ for the Quality performance category remains at the category level only.
- Updated eCQM UUIDs for the 2020 performance period eCQMs.
- Changes to the CMS EHR Certification ID requirement:
 - For the 2020 performance period, CPC+ participants *must* include a CMS EHR Certification ID that represents the CEHRT used by the CPC+ practice sites during the performance period.
 - For MIPS submissions for the 2020 performance period, CMS EHR Certification ID remains to be required for the Promoting Interoperability performance category only and is optional for the Quality performance category.

The Table 24 lists the changes made in each section of this 2020 CMS QRDA Eligible Clinicians and EPs Implementation Guide since the release of 2019 CMS QRDA Implementation Guide.

Table 24: Changes Made to the 2020 CMS Eligible Clinicians and EPs QRDA IG from 2019 CMS QRDA IG

Section Heading	2019 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2020 CMS QRDA III Eligible Clinicians and EPs IG
4 QRDA Category III Submission Rules	Submission rules for the 2019 performance period.	Language is updated to reflect the requirement updates for the 2020 performance period.
5.1 Document-Level Template: QRDA Category III Report – CMS (V4)	QRDA Category III Report – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2018-05-01)	QRDA Category III Report – CMS (V4) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2019-05-01)

Section Heading	2019 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2020 CMS QRDA III Eligible Clinicians and EPs IG
5.1.3 Participant is Device (CMS EHR Certification ID)	n/a	<p>New requirement added for the 2020 performance period.</p> <p>For MIPS, CMS EHR Certification ID must be provided if QRDA III files contain the Promoting Interoperability section. If CMS EHR Certification ID is not supplied, the score for the Promoting Interoperability performance category will be 0.</p> <p>For CPC+, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed.</p>
5.1.4 component	<p>This structuredBody MAY contain zero or one [0..1] component (CONF:3338-17283) such that it</p> <p>SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2018-05-01) (CONF:3338-17301_C01).</p> <p>This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21173) such that it</p> <p>SHALL contain exactly one [1..1] Improvement Activity Section - CMS (identifier: urn:hl7ii:2.16.840.1.113883.3.249.20.2.1:2018-05-01) (CONF:3338-21174_C01).</p>	<p>This structuredBody MAY contain zero or one [0..1] component (CONF:3338-17283) such that it</p> <p>SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2019-05-01) (CONF:4427-17301_C01).</p> <p>This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21173) such that it</p> <p>SHALL contain exactly one [1..1] Improvement Activity Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01) (CONF:3338-21174).</p>
5.1.4 component	<p>This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V3), or an Improvement Activity Section - CMS, or a Promoting Interoperability Section (V2) (CONF:3338-21394_C01).</p> <p>Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)</p>	<p>This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V4), or an Improvement Activity Section (V2), or a Promoting Interoperability Section (V2) (CONF:4427-21394_C01).</p> <p>Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)</p>

Section Heading	2019 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2020 CMS QRDA III Eligible Clinicians and EPs IG
<p>5.2 Section-Level Templates</p>	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level.</p> <p>Improvement Activity Section – CMS (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.1:2018-05-01).</p>	<p>Performance period for the Improvement Activity performance category shall be specified at the category level level only.</p> <p>Removed Improvement Activity Section – CMS (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.1:2018-05-01).</p> <p>IA is reported using the Improvement Activity Section (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01)</p>
<p>5.2 Section-Level Templates</p>	<p>Performance period for the Quality performance category shall be specified either at the category level or individual eCQM level.</p> <p>QRDA Category III Measure Section – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.2:2018-05-01)</p> <p>Conforms to QRDA Category III Measure Section (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2017-06-01).</p> <p>SHALL contain exactly one [1..1] templated (CONF:CMS_64) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.2.3" (CONF:CMS_65).</p> <p>SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_66).</p> <p>SHALL contain at least one [1..*] entry (CONF:4427-17906_C01) such that it</p> <p>SHALL contain exactly one [1..1] Measure Reference and Results - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2019-05-01) (CONF:3338-17907_C01).</p>	<p>Performance period for the Quality performance category shall be specified at the category level only.</p> <p>QRDA Category III Measure Section – CMS (V4) (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.2:2018-05-01)</p> <p>Conforms to QRDA Category III Measure Section (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2017-06-01).</p> <p>SHALL contain exactly one [1..1] templated (CONF:CMS_64) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.2.3" (CONF:CMS_65).</p> <p>SHALL contain exactly one [1..1] @extension="2019-05-01" (CONF:CMS_66).</p> <p>SHALL contain at least one [1..*] entry (CONF:4427-17906_C01) such that it</p> <p>SHALL contain exactly one [1..1] Measure Reference and Results - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2019-05-01) (CONF:4427-17907_C01).</p>

Section Heading	2019 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2020 CMS QRDA III Eligible Clinicians and EPs IG
5.3 Entry-Level Templates	<p>Measure Data – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01)</p> <p>For MIPS, performance period for Quality (eCQMs) shall be specified either at the individual eCQM level using this Reporting Parameter Act here, or at the Quality performance category level.</p>	<p>Measure Data – CMS (V4) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01)</p> <p>Removed the contained Reporting Parameters Act</p> <p>Performance period for Quality shall be specified at the performance category level only.</p>
5.3 Entry-Level Templates	<p>Measre Reference and Results – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2018-05-01)</p> <p>SHALL contain exactly one [1..1] templateId (CONF:CMS_54) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.17" (CONF:CMS_55). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_56).</p> <p>SHALL contain at least one [1..*] component (CONF:4427-18425_C01) such that it SHALL contain exactly one [1..1] Measure Data - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01) (CONF:3259-18426_C01).</p>	<p>Measre Reference and Results – CMS (V4) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2019-05-01)</p> <p>SHALL contain exactly one [1..1] templateId (CONF:CMS_54) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.17" (CONF:CMS_55). SHALL contain exactly one [1..1] @extension="2019-05-01" (CONF:CMS_56).</p> <p>SHALL contain at least one [1..*] component (CONF:4427-18425_C01) such that it SHALL contain exactly one [1..1] Measure Data - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01) (CONF:4427-18426_C01).</p>
6 eCQM Specifications for Eligible Clinicians and Eligible Professionals 2019 UUID List	<p>UUID list based on the eCQM specifications for Eligible Clinicians and Eligible Professionals for the 2019 performance period</p>	<p>Updated the UUID list based on the eCQM specifications for Eligible Clinicians and Eligible Professionals for the 2020 performance period</p>

Section Heading	2019 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2020 CMS QRDA III Eligible Clinicians and EPs IG
7. Measure Identifiers	Identifiers for the 2019 performance period.	Identifiers for the 2020 performance period will be published in subsequent IG update with publication of the 2020 Physician Fee Schedule Rule: Improvement Activities Identifiers 2020 Promoting Interoperability Objectives and Measure Identifiers Promoting Interoperability Attestation Statements Identifiers
7. Measure Identifiers	Table 21: Promoting Interoperability Improvement Activities Bonus Identifier	Removed from the IG

13 Acronyms

This section describes acronyms used in this guide.

Acronym	Literal Translation
ASKU	Asked, but not known
CDA	Clinical Document Architecture
CEHRT	Certified EHR Technology
CMS	Centers for Medicare & Medicaid Services
CONF	conformance
CPC+	Comprehensive Primary Care Plus
EP	Eligible Professional
eCQI	electronic clinical quality improvement
eCQM	electronic Clinical Quality Measure
EHR	electronic health record
HL7	Health Level Seven
HL7 V3	Health Level 7 Version 3
HQMF	Health Quality Measures Format
ID	identifier
IHTSDO	International Health Terminology Standard Development Organization
IP	initial population
LOINC	Logical Observation Identifiers Names and Codes
MIPS	Merit-Based Incentive Payment System
n/a	not applicable
NA	Not applicable
NLM	National Library of Medicine
NPI	National Provider Identification Number
OID	Object Identifier
ONC	Office of the National Coordinator for Health Information Technology
PHDSC	Public Health Data Standards Consortium
QDM	Quality Data Model

Acronym	Literal Translation
QPP	Quality Payment Program
QRDA	Quality Reporting Data Architecture
QRDA III	Quality Reporting Data Architecture Category III
SNOMED CT	Systematized Nomenclature of Medicine, Clinical Terms
STU	Standard for Trial Use
TIN	Taxpayer Identification Number
UNK	Unknown
UTC	Coordinated Universal Time
UUID	Universally Unique Identifier
VSAC	Value Set Authority Center
XML	Extensible Markup Language

14 Glossary

Term	Definition
Electronic health record (EHR)	Electronic records of patient health information gathered and/or generated in any care delivery setting. This information includes patient demographics, progress notes, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. This provides the ability to pass information from care point to care point, providing the ability for quality health management by physicians.
Merit-Based Incentive Payment System (MIPS)	A quality reporting system that includes an incentive payment for eligible clinicians who satisfactorily report data on quality measures for covered clinician services provided during the specified program year.
XML Path Language (XPath)	This notation provides a mechanism that will be familiar to developers for identifying parts of an XML document. XPath syntax selects nodes from an XML document using a path containing the context of the node(s). The path is constructed from node names and attribute names (prefixed by an '@') and concatenated with a '/' symbol.

15 References

Comprehensive Primary Care Plus (CPC+).

<https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

eCQI Resource Center. <https://ecqi.healthit.gov/>

HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category III, Release 1, Draft Standard for Trial Use, Release 2.1, 2017

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=286

ONC, Electronic Clinical Quality Measure issue reporting system.

<https://oncprojecttracking.healthit.gov/>

U.S. National Library of Medicine, Value Set Authority Center. <https://vsac.nlm.nih.gov>

Quality Payment Program: <https://qpp.cms.gov>