Centers for Medicare & Medicaid Services

CMS Implementation Guide for Quality Reporting Document Architecture Category III

Eligible Clinicians and Eligible Professionals Programs

Implementation Guide for 2021

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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 2.1*[1] *(June, 2017)* for the 2021 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 Primary Care First (PCF) models, 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: 2021 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

- 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

1. **SHALL** contain exactly one [1..1] **`participant`** (CONF:2777).
   a. This participant **SHALL** contain exactly one [1..1] **`@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

1. **SHALL** contain exactly one [1..1] **`participant`** `(CONF:2777)` such that it
   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 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

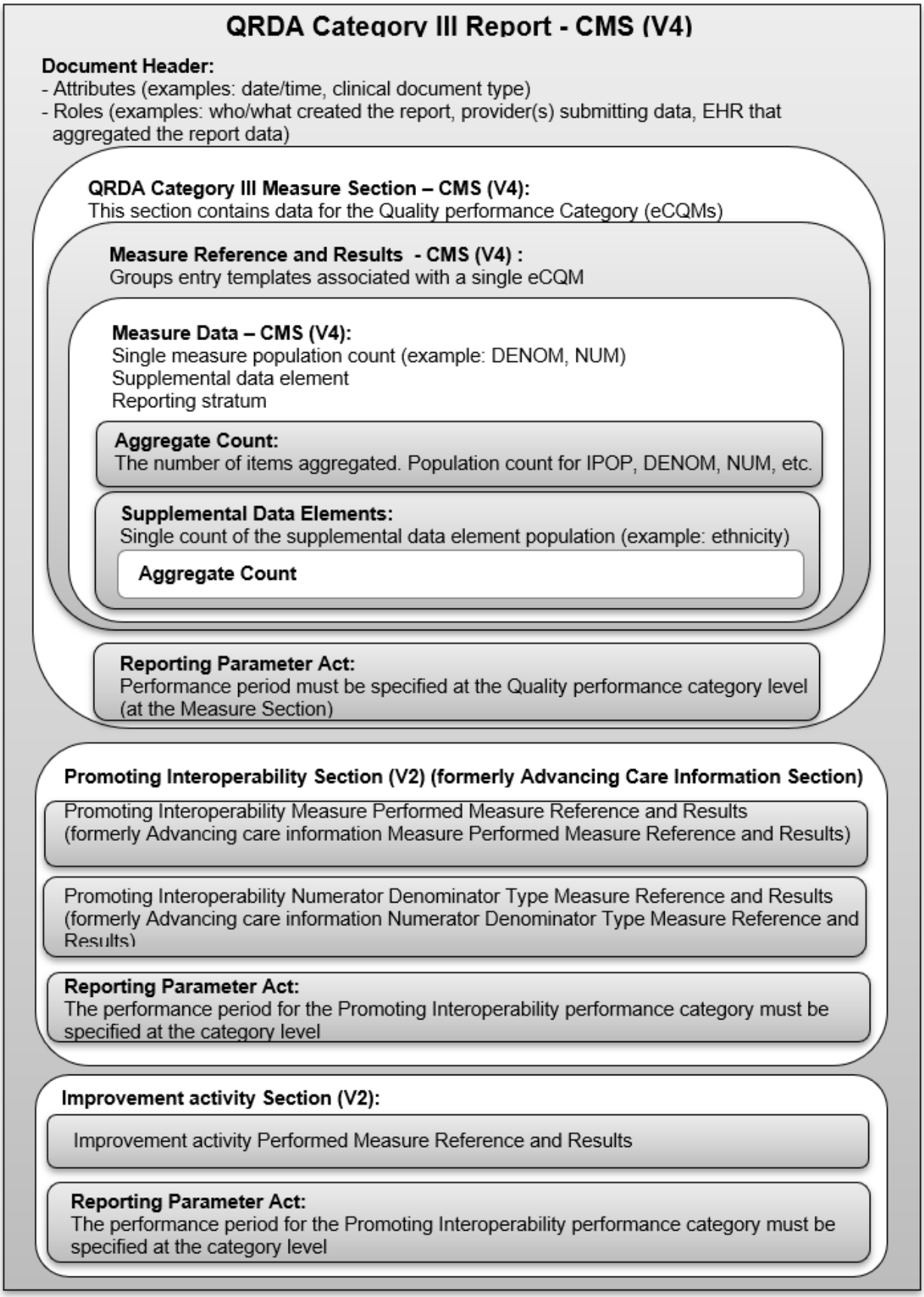
3.1 Background

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+)
- Primary Care First (PCF)
- 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: QRDA III Report Structure Example.

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 PCF models and MIPS program. 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 2021 performance period, the 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 in 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.

A CPC+ clinician (i.e., TIN/NPI combination) should only be active on one CPC+ Practitioner Roster at a time. Please note that if a CPC+ clinician provides care under multiple TINs, that clinician's NPI may be active on more than one CPC+ Practitioner Roster during the measurement period.

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.

Each CPC+ practice site submitting QRDA III files for the 2021 performance period must provide at least the minimum number of eCQMs required by the CPC+ program.

Promoting Interoperability or Improvement Activity data **should not be submitted** in a CPC+ quality measure QRDA III submission file. Since Promoting Interoperability and Improvement Activity data are not required to be reported for CPC+, if these data are submitted they will be ignored. If you are submitting Promoting Interoperability or Improvement Activity data for MIPS, see 4.3 Merit-Based Incentive Payment System (MIPS) QRDA III Submissions for more information.

QRDA III submissions for CPC+ will use the 2021 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians[2] provided in the eCQI Resource Center.

[2] eCQI Resource Center, Eligible Professional/Eligible Clinician eCQMs web page. https://ecqi.healthit.gov/eligible-professional/eligible-clinician-ecqms. Select 2021 Performance Period.

The performance period for the CPC+ program begins on January 1, 2021 and ends on December 31, 2021.

4.2 Primary Care First (PCF) Submissions

PCF practice sites need to adopt health IT (HIT) meeting the requirements published by the PCF model. This guide only provides information for QRDA III reporting of eCQMs for the PCF program. Please note that only PCF participants in Practice Risk Groups 1 and 2 are required to report eCQMs. More information about the health IT requirements and reporting additional measures will be posted on https://innovation.cms.gov/initiatives/primary-care-first-model-options.

For the 2021 performance period, the PCF QRDA III file must contain the CMS EHR Certification ID. Nulls will not be allowed. Only one CMS EHR Certification ID shall be submitted for PCF quality reporting. Full instructions on how to generate a CMS EHR Certification ID are in the CHPL Public User Guide, https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf.

Practices must report all measures at the PCF practice site level, which is identified by the PCF Practice ID. PCF 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 year by one or more clinicians who were active on the PCF Practitioner Roster at any point during the performance year and who meet the criteria as specified in each measure.

Each PCF practice site submitting QRDA III files for the 2021 performance period must provide at least the minimum number of eCQMs required by the PCF program.

Promoting Interoperability or Improvement Activity data **should not be submitted** in a PCF quality measure QRDA III submission file. Since Promoting Interoperability and Improvement Activity data are not required to be reported for PCF, if these data are submitted they will be ignored. If you are submitting Promoting Interoperability or Improvement Activity data for MIPS, see 4.3 Merit-Based Incentive Payment System (MIPS) QRDA III Submissions for more information.

QRDA III submissions for PCF will use the 2021 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians[3] provided in the eCQI Resource Center.

The performance period for the PCF program begins on January 1, 2021 and ends on December 31, 2021.

4.3 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.

[3] eCQI Resource Center, Eligible Professional/Eligible Clinician eCQMs web page. https://ecqi.healthit.gov/eligible-professional/eligible-clinician-ecqms. Select 2021 Performance Period.

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 2021, 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, 2022, if technically feasible, through March 31, 2022 for the 2021 performance period.

For the 2021 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.

4.4 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+
  - For PCF, this is the PCF Practice Site Identifier assigned by PCF

- National Provider Identifier (NPI)
  - Required for MIPS individual reporting
  - Not allowed for MIPS group reporting and MIPS virtual group reporting
  - Required for CPC+ reporting
  - Required for PCF reporting

- Tax Identification Number (TIN)
  - Required for MIPS group reporting and MIPS individual reporting
  - Required for CPC+ reporting
  - Required for PCF reporting

- Virtual Group Identifier
  - Required for MIPS virtual group reporting

4.5 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.

4.5.1 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.

4.5.2 Final Action Processing Rules for MIPS

For group reporting (except for the CPC+ and PCF models), 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, or the same virtual group identifier. 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.

4.5.3 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.

4.5.4 Final Action Processing Rules for PCF

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

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

4.5.5 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 2021 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.

4.6 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

4.7 Performance Period and Performance Rate

The performance period for the CPC+ and PCF models begins on January 1, 2021 and ends on December 31, 2021. If the CMS program name code is "CPCPLUS" or "PCF", 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="`20210101`"
- act[@templateId="`2.16.840.1.113883.10.20.17.3.8`"]/effectiveTime/high/@value="`20211231`"

For the MIPS performance period requirement, please see 4.3 Merit-Based Incentive Payment System (MIPS) QRDA III Submissions and 5.1.5 component.

For the CPC+ and PCF models, performance rate(s) must be reported for eCQMs that are proportion measure-based. This is specified in the following conformance statements:

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

If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_97).

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

4.8 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

a. **SHALL** contain exactly one [1..1] **`@root`**="`2.16.840.1.113883.10.20.27.3.1`" (CONF:3259-17909).

b. **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 2021 CMS IG must be used for 2021 CMS QRDA III submissions.

5 QRDA Category III Validation

5.1 Document-Level Template: QRDA Category III Report - CMS (V5)

```
[ClinicalDocument: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2020-05-01 (open)]
```

Table 2: QRDA Category III Report - CMS (V5) 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+and PCF models 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`**`="2020-05-01"` (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** 2020-05-01 (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 (V4) **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).
      e. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_99).
         Note: For PCF reporting, PCF APM Entity Identifier must be submitted.
      f. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V4) **SHALL** be present (CONF:CMS_100).
         Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.

g. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_97).
Note: For PCF reporting, performance rate for a proportion eCQM must be specified.

h. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_98).

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+
PCF	CMS Program	2.16.840.1.113883.3.249.7	PCF
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+ or PCF Practice Site)

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

If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS" or "PCF", 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) such that it

1. **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. **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] **id** (CONF:CMS_101) such that it

1. **SHALL** contain exactly one [1..1] **@root="**`2.16.840.1.113883.3.249.5.3`**"** PCF Practice Site (CONF:CMS_102).
   Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.3) designates that the @extension must hold a PCF APM Entity Identifier.
2. **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_103).
   Note: This is the PCF APM Entity Identifier assigned to the PCF practice site.

iv. 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).

v. This associatedEntity **SHALL** contain exactly one [1..1] **addr** (CONF:CMS_25).

vi. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then this participant/associatedEntity **SHALL** contain the id for CPC+ Practice Site (CONF:CMS_104).

vii. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then this participant/associatedEntity **SHALL** contain the id for PCF Practice Site (CONF:CMS_105).

Figure 6: Location Participant Example – CPC+ Practice Site

```
<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 2021 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 create a CMS EHR Certification ID are in the CHPL Public User Guide, https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf.

For MIPS submissions, a CMS EHR Certification ID is only required if the 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 a 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.

For PCF, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed. Please refer to section 4.2 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+ and PCF: it must contain at least one performer, each performer contains one TIN and one NPI. Only CPC+ or PCF 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. For PCF, only those NPIs that are participating in the PCF 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 – TIN and NPI

```
<documentationOf>
  <serviceEvent classCode="PCPR">
    <!-- Multiple performers can be included for CPC+ or PCF,
         each with an NPI and TIN -->
    <performer typeCode="PRF">
      <time>
        <low value="20210101"/>
        <high value="20211231"/>
      </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 2021 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 2021 performance period, performance period reporting for Improvement Activities, Promoting Interoperability, and Quality performance categories all must be specified at the performance category level 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

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

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>2c928085-7198-38ee-0171-9da6456007ab</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 as listed in Section 6, below.

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[templateId/@root = '2.16.840.1.113883.10.20.27.3.16']
[templateId/@extension="2019-05-01"]

XPath	Card.	Verb	Data Type	CONF#	Value
templateId	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`**`="2019-05-01"` (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="87338BA5-170B-4264-9E59-6A4A3A57C785"/>
            <!-- 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
templateId	1..1	SHALL		CMS_54	
@root	1..1	SHALL		CMS_55	2.16.840.1.113883.10.20.27.3.17
@extension	1..1	SHALL		CMS_56	2019-05-01
component	0..*	MAY		3259-17903	
observation	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)
component	1..*	SHALL		4427-18425_C01	
observation	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>
        <!-- Measure Data - CMS (V4) -->
        <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[templateId/@root = '2.16.840.1.113883.10.20.27.3.25']
[templateId/@extension="2018-05-01"]

XPath	Card.	Verb	Data Type	CONF#	Value
templateId	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="63DAFD4E-CBD5-4BEE-BE19-E64337356748"/>
       <code code="NUMER" displayName="Numerator"
             codeSystem="2.16.840.1.113883.5.4"
             codeSystemName="ActCode"/>
     </externalObservation>
  </reference>
</observation>
```

6 2021 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 2021 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 2021 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians are proportion measures.)

Table 14: UUID List for MIPS CY 2021 Performance Period eCQM Specifications Eligible Professionals and Eligible Clinicians

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0418e/ 134	CMS2v10	2c928085-7198-38ee-0171-9989a2cf03d2	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	D5104BF0-8328-47AC-862A-379E5A8323FA B172437E-0F4D-40C4-B707-996315432E53 671BD08B-E02D-44F4-85B0-CB776CB0D029 BB36DD9F-8AEC-40B3-B377-192F7CEE77C8 D64A72F7-224F-486A-805C-CBA9BD06354F
N/A/ 317	CMS22v9	2c928085-7198-38ee-0171-996316c403a1	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	1CD3E749-5317-4DCB-AF01-42A208A63873 2F333EF9-774E-4748-B277-2F43957DBE18 E6F8A291-F63A-4567-BBAE-A828761C3474 8A271814-D327-4D9D-A239-CDB5A9A4F423 5E0F3AD0-A2AF-4231-9EB2-D39DF6B6C34E
N/A/ 374	CMS50v9	2c928085-7198-38ee-0171-9983f7b003c1	IPOP: DENOM: NUMER:	84909538-B21D-4FEF-A39A-5B6CD8E5ABF6 E2423A7C-4CDC-4AC3-9A62-C5A42AA6EC90 D88B2BC2-B510-448B-AD39-EC0424E0A5B2
N/A/ 376	CMS56v9	2c928085-7198-38ee-0171-9d3ba3b30572	IPOP: DENOM: DENEX: NUMER:	688AFBFB-1F6B-4C19-8DF5-DEE620488A63 F03E5B4A-29F5-4126-B6D2-149F2301F99B 0D631113-333A-4177-8228-895337056ACD CE0EDD99-1953-4E2D-BD17-53B3125A7220
N/A/ 375	CMS66v9	2c928085-7198-38ee-0171-9d4b226a05d0	IPOP: DENOM: DENEX: NUMER:	07F00615-05B2-4CB4-AD59-EC4800002403 6C43F178-73B0-4492-8F87-05CDE817D19A 0EF25614-4C56-4E77-A2FC-120D57E92D78 BF424716-C760-4911-B3EA-3D359C2B8634
N/A/ 130	CMS68v10	2c928085-7198-38ee-0171-999107e803fd	IPOP: DENOM: NUMER: DENEXCEP:	11F99084-383C-4CDC-8519-56858014D884 07F5DB6C-B8EB-4614-AE90-84B76494A721 EF429DD9-F8C1-48B7-8DFB-BF4B48A17E03 1AD53991-E199-4729-95D7-D2668D25616D

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0421e/ 128	CMS69v 9	2c928085-7198-38ee-0171-9995e1f90412	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	3E32D9BB-3E5D-4D04-A8FE-C3304B782E92 D6590CC1-1156-48B4-8455-5540F23FDDB5 4CA78179-B2BF-41DC-A84F-47CE165F5002 462979D4-8A62-4DAC-9887-3085ED46BD2F 5CFA9CF5-F847-4C43-B828-3EEA31E1B8E8
N/A/ 379	CMS74v 10	2c928085-7198-38ee-0171-9d602fc3061a	IPOP: DENOM: DENEX: NUMER: STRAT 1: STRAT 2: STRAT 3:	98E4F56E-2A4A-43CF-B89B-E5DC8E9A1348 D630F0DC-A7DD-4DE5-8F8A-43C6C9F0BD6D 2F2944A9-C372-4347-B19C-BD4C3BBC81BB 3920E2F1-A3D1-4C0B-829A-AA5EB1BDD46A F06F7349-B75E-450A-854E-B93A3119A545 BC21022F-7A08-4AA4-A53C-689BA51D1378 51E2DEC7-217A-436E-B27F-BC2DA9384534
N/A/ 378	CMS75v 9	2c928085-7198-38ee-0171-9d56875005f8	IPOP: DENOM: DENEX: NUMER:	78E06F92-E035-4AFC-9290-33CD6F0F6E1F 8DFABFF0-A1E4-432F-960B-E3AAB8738F76 4C15ACA6-8FCE-4328-8441-4B1AA7521949 BDEF3B51-CBFD-4425-8772-35B4F5927E4F
N/A/ 377	CMS90v 10	2c928085-7198-38ee-0171-9e6fc13d08f2	IPOP: DENOM: DENEX: NUMER:	4BB978B2-C988-444B-A11B-82FF49D2DA33 FB611C04-1B03-44CF-9520-BFD5DDC546E7 0F338C02-C66E-4F3C-AB8B-2C44B9C2392C 5AF174D3-3FCC-4081-8102-01ADDEE7C0AA
N/A/ 240	CMS117 v9	2c928085-7198-38ee-0171-9d6e75580676	IPOP: DENOM: DENEX: NUMER:	C250C33A-DB0C-4BCA-B960-1C4233F43F4B 6CC68F62-3E17-4A10-8612-5496F0D42E85 4556ED56-B7FF-47F5-A84E-B3916BA13EB2 74914562-4904-47EB-84D4-72C25964B5B0
N/A/ 001	CMS122 v9	2c928085-7198-38ee-0171-9d78a0d406b3	IPOP: DENOM: DENEX: NUMER:	C7396995-408E-4254-BF40-D2CD2A97E858 02793E57-2555-4145-BECF-1BE0F6CAED62 3FAC8D80-C279-47FC-B001-5E41407757AF 44E72F3A-B3EC-42E6-85DB-928A9515255C
N/A/ 309	CMS124 v9	2c928085-7198-38ee-0171-9d8c44fe0746	IPOP: DENOM: DENEX: NUMER:	ECFD977D-D1A2-487B-8033-CC9E61B5B5F7 C373C463-77DF-4C19-80E0-2A344BD3FEA2 1F694042-1951-404A-B0CB-92527C9505CB 7502090C-3073-419F-8A76-63CEF417107B
N/A/ 112	CMS125 v9	2c928085-7198-38ee-0171-9d6793ec0657	IPOP: DENOM: DENEX: NUMER:	186D78A2-9734-4860-B0CE-D804A3652EA6 292B7874-95B8-4576-8E85-CEFB1AFD27ED 9BBBA758-2D9F-41A6-9C11-1088B674BD2E A5F303A3-11CF-4BB2-8D2E-6AE0C857D9B5
N/A / 111	CMS127 v9	2c928085-7198-38ee-0171-9d81c756070c	IPOP: DENOM: DENEX: NUMER:	D6BF1254-F95E-4017-A040-36C784B48A67 8B7E7DFF-9391-45E8-A9A9-FCFEFEFFE317 C77A1344-549C-47AD-B3AF-8F622B074681 A62E019A-F0FA-4799-9BC8-EA0C4889EA19
N/A/ 009	CMS128 v9	2c928085-7198-38ee-0171-9d7f304f06ee	IPOP 1: DENOM 1: DENEX 1: NUMER 1: IPOP 2: DENOM 2: DENEX 2: NUMER 2:	57D85599-15C7-41DB-AA2B-A822DFA3D590 F8DA7718-407C-4506-A0AC-EAA244583AA3 11AB50E5-468A-47EA-87F6-7365A68A2695 73BEC504-0B7D-4EA1-BD42-F1F29BFBBE36 867C82CD-4C9C-4366-87C6-2295EF09B1AB 77F157BE-AF09-478E-ADEB-9F66CE228BC5 56391018-F5C8-4D4C-886C-71C36085610C F3B54143-CDFC-4563-B4CA-19169A12252D
0389e/ 102	CMS129 v10	2c928085-7198-38ee-0171-988ab12a00b7	IPOP: DENOM: NUMER: DENEXCEP:	6F2742B3-89C2-44DB-B884-870352B6F2D9 7601AA43-5078-49B6-85DD-843B9178AD5E FB1A1EE4-76C0-4272-8DD5-CCC275559E92 BF332E8F-BD5F-464E-A9BF-0C92A058D19E

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 113	CMS130 v9	2c928085-7198-38ee-0171-9d6e026b066b	IPOP: DENOM: DENEX: NUMER:	0C34F7DA-92D7-4B44-9A24-E4950853A642 7D6E33BB-31BA-42A9-9447-73A6B47F07D5 81F6DC72-FA7A-433E-9DFA-A889343F6008 97995C43-D36C-417F-A1A6-7C379A7F46FF
N/A/ 117	CMS131 v9	2c928085-7198-38ee-0171-9d72a6ec0692	IPOP: DENOM: DENEX: NUMER:	C7C7715D-9DB2-4DF9-8952-3B072EF2C206 6A4825B1-B1B7-45E4-A2BC-DF633F7C9715 B39B756C-553A-479B-9808-3032D99E439B E06A8B68-12F2-4936-A08F-44F4B01833CD
0565e/ 191	CMS133 v9	2c928085-7198-38ee-0171-999d514f043e	IPOP: DENOM: DENEX: NUMER:	9D0D39BC-532D-4190-8280-038AC505A33F 0B734BD9-2577-4DB7-9906-282DB6344FA9 187261B4-967A-4BD5-BA4D-8276EACDD384 DA0E1ADA-4EF4-42E7-B8C3-5AD1DF7A6942
N/A/ 119	CMS134 v9	2c928085-7198-38ee-0171-9d7c32a106d4	IPOP: DENOM: DENEX: NUMER:	403CB3B1-EDC5-42E7-8F49-DE5482F96927 3258CBA9-311E-4B3A-8B3D-52A117228645 15A00AAE-9BC4-4E30-BBA2-946DFB15CD53 DB24F137-A9DC-4F40-BD7A-913FB0331EAC
0081e/ 005	CMS135 v9	2c928085-7198-38ee-0171-9895226d00fe	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2:	590BCACE-13CA-4CF8-BDDE-007A35D05A2B A56A5A7F-B981-48CC-BFBD-2EB27A294DAD D2BE9791-4C01-4403-99EE-6D2B3B1C27F9 BFED94C0-70A0-4ECC-8E7E-89996A29AAE7 97DD6D6F-CE23-4C4A-8AC4-D1479BAE2565 D0466F55-B262-4060-94FF-14ED1E8D7267 F1DE987F-3149-4920-B146-E318F7069715 AF7AF77C-15CB-496A-BC4E-7F41AF50CC5D
N/A/ 366	CMS136 v10	2c928085-7198-38ee-0171-9dab7a4b07c4	IPOP 1: DENOM 1: DENEX 1: NUMER 1: IPOP 2: DENOM 2: DENEX 2: NUMER 2:	258C7C5D-33A9-4344-8D26-D35CE7FD11FF 2D031600-3FF7-43FB-8D07-56D05DFB1092 EF583993-6453-4B51-97B3-84FAF366B3F6 91F1B47D-8357-4D1F-982C-F1CA45EA80B2 6FFE774B-CFA8-481E-B201-1CFC738E4685 0F80BF70-B407-4E09-9803-3AAB15CA9E14 7705EDA2-8A0B-4E3F-A83B-483B5F9BD87A A823E7C1-8B1E-4A75-AFF2-BF4946F8980D
N/A/ 305	CMS137 v9	2c928085-7198-38ee-0171-9d81b6570705	IPOP 1: DENOM 1: DENEX 1: NUMER 1: STRAT 1-1: STRAT 2-1: IPOP 2: DENOM 2: DENEX 2: NUMER 2: STRAT 2-1: STRAT 2-2:	0D7EB2C8-A8C7-406E-9F6F-961C85CB5791 3A93FF10-3E3A-47E4-9D97-EFB6B6241BE1 00DAA49B-10E5-4E02-A9B9-20911A88C14A F2EC55BA-4652-4705-84DC-6AC184A5C4C1 C447FBC7-B826-4CE1-A23C-4932EAE2A587 B9348806-52DD-415D-9496-EA21566DFD21 13982B0A-1AE1-48AD-A1C7-6A7CA3A8ECD6 9092B765-3F9C-4067-9695-673B7A0AA818 36BE31B3-B355-42DA-ACC9-75EFF0A0F553 6B89D395-0750-4DB2-BAAF-6ADBBE802592 598BEF83-C10C-4A99-95F1-85B66842C4BC 06E5DF8B-6BAD-4F9C-9F6D-A653F4B0208A

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0028e/ 226	CMS138 v9	2c928085-7198-38ee-0171-99aa63300462	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2: IPOP 3: DENOM 3: NUMER 3: DENEXCEP 3:	FF12FAC1-3D9A-4174-9C05-B313984408DB 69248984-A61F-4E87-B75B-73EA2EFCE11F 370D70D8-5872-4742-BE13-F17720FD33B1 7D72D403-963E-44DF-8F18-F95A90418C66 AFFE52DA-9272-4F23-9761-45E35ACE8FD0 D61839FF-8407-4EAD-8D2B-B6C68FDB5D60 38833BA5-0B98-45C5-9FA3-B01481B5BC53 ECC8E00F-60E8-4D0A-81B5-B4AFF39026F9 B986CD1C-A155-48EC-BE5A-3F5508491265 87010EBD-E324-477C-BDF1-D8690B282D6A 0ED2B666-DBBE-4BF3-A886-A4FF54774382 F5AD9DAC-1160-4DFF-BD03-DCE12AB12696
N/A / 318	CMS139 v9	2c928085-7198-38ee-0171-9d9aa4f50774	IPOP: DENOM: DENEX: NUMER:	C47726CD-2A7B-4B6C-802E-7E8301E36027 72599758-6E09-4680-AB93-F433DB231544 14F60175-B484-460C-86EE-7B14CC87F0C7 5729CEBB-00AD-4D45-9529-435743474321
0089e/ 019	CMS142 v9	2c928085-7198-38ee-0171-99a391370450	IPOP: DENOM: NUMER: DENEXCEP:	D005FECC-3926-49E8-9D49-50DF068523C7 43257C96-8E3F-4B4B-9267-7548AC7A0739 35E27C5F-1848-43A0-966B-3CED3639B936 6BCF0B1A-9558-45DF-A5A7-90279E6A9B49
0086e/ 012	CMS143 v9	2c928085-7198-38ee-0171-9999e27a042b	IPOP: DENOM: NUMER: DENEXCEP:	A985907B-E233-49E6-B3B3-9DAECFA00563 0FBAF9DC-C698-42B6-B03C-5AAAF94F2C44 41AE9BE4-61C3-4548-8FDE-9FDEB00B3808 358A7208-4389-4B7C-AE2A-0AFDE1AB8F25
0083e/ 008	CMS144 v9	2c928085-7198-38ee-0171-98972d42011e	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2:	065E56F2-BC96-4306-9CB3-8D5E727A8EC9 04025C9A-D1F0-44D0-8214-D8E9E592BD89 AAB85AF3-3582-4C34-9C36-4339A2DE059C 092B3C50-14DA-48DC-985C-A73DA2693793 78DA301F-CCF0-452B-BE03-497F9DAC5E7E 307ACFDF-3ED9-4164-A9DD-2CCC3B84A7A3 59CA6C03-0C8B-45B7-8E4F-E3BBFD89296F 6CED6D74-B23A-4DA1-8677-8C00DD9EE901
0070e/ 007	CMS145 v9	2c928085-7198-38ee-0171-98988f540135	IPOP 1: DENOM 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: NUMER 2: DENEXCEP 2:	C8AFA985-2388-41DF-8AE2-05C4BE4E77C9 13FB25BF-DD03-48D3-8088-03E203EFA540 D457813A-E76D-4BF8-B653-84B73B355847 85E384BB-2C9E-4BEF-B14F-72F3A0C97997 32D51C08-635E-4CA7-A4C7-960B023BB9AD 27B59C9C-3B15-4D7C-AFBB-D5CCAA642C19 60310BDB-A417-49A0-A055-7E5C1C273C01 ED454452-BE62-4C4E-A45A-1BF4F79E3933
N/A/ 066	CMS146 v9	2c928085-7198-38ee-0171-9e37b26f089a	IPOP: DENOM: DENEX: NUMER: STRAT 1: STRAT 2: STRAT 3:	048A9A82-63D7-45F5-848F-947BFDCA37F1 F271D59F-B538-4868-965A-AC9F3D8CC212 38C9F894-9D3A-4122-B159-B5BE7E88CDBC 0AAE606F-A1AD-4B8E-B999-4F55C5BB313F 0111CBFC-16DF-44A9-B960-837518049C2B B95BDC0E-19BB-4661-8857-F48AE5CC045F F809D8EC-A125-45A7-A336-1D7A46C4FA17
0041e/ 110	CMS147 v10	2c928085-7198-38ee-0171-98a8ea4d0169	IPOP: DENOM: NUMER: DENEXCEP:	EC467309-99B3-4EF7-936E-F8BBBA8A2D84 1129DA7B-0B9E-4E5F-86CB-43598130E3BE 2B655B5D-1751-4F2C-88B6-7546F5F3FEE1 615E9A89-AAF3-4302-8602-FFB7CDEB05BA

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
2872e/ 281	CMS149 v9	2c928085-7198-38ee-0171-98a9d3bf017a	IPOP: DENOM: NUMER: DENEXCEP:	FA642DFE-1C0D-4724-9538-B0F199C9CEFD 115AD8E4-8FC1-484C-8F7A-426DEEFD989F 6621BE4E-4E50-46A6-8952-E9AE5B45540B C4504094-168D-437D-B8AB-7C28DC3D1FB7
N/A/ 310	CMS153 v9	2c928085-7198-38ee-0171-9d4e202e05e3	IPOP: DENOM: DENEX: NUMER: STRAT 1: STRAT 2:	3ECA314C-7C3B-4A78-8B1C-736D90B1066F E1043B38-DB72-4D88-931E-F80450F8AA58 5FE92D37-26D2-4F15-AD37-B0A084FC4DF4 DAC328D0-B833-435E-ACA7-9A57FE8F62B7 A4B4EAB9-C09A-4D3C-ACD1-7C1B778F3C54 3C09C16C-1CEF-4E9A-8311-BA78FE66734E
N/A/ 065	CMS154 v9	2c928085-7198-38ee-0171-9d9305330758	IPOP: DENOM: DENEX: NUMER: STRAT 1: STRAT 2: STRAT 3:	D4AD84B2-546B-46FB-A588-9216E6CAC5B6 71DACCC3-6D55-454C-93D7-C8C4B9781CBE 1B14341C-12AE-4B05-93D3-BB7882951128 6BC0B7BE-8692-477C-B423-3858B7ECF706 EA32A714-3087-469C-B034-64883750692D 35CE0304-E632-4165-B2B5-E6DAF916F155 3F38BFB5-D0D3-4132-B7E4-51E4DC3B7143
N/A/ 239	CMS155 v9	2c928085-7198-38ee-0171-9da0c2cd078a	IPOP 1: DENOM 1: DENEX 1: NUMER 1: STRAT 1-1: STRAT 1-2: IPOP 2: DENOM 2: DENEX 2: NUMER 2: STRAT 2-1: STRAT 2-2: IPOP 3: DENOM 3: DENEX 3: NUMER 3: STRAT 3-1: STRAT 3-2:	9E3EA1A3-A9F6-4201-AB27-730159AE3933 3B78FA52-5E6A-4303-B0C8-814C0193AC2B 3C70608B-18FE-4B72-A6D7-91D943E911D6 D1C92A35-8591-4EC4-8E9B-2EBD1EA18351 448FCA10-812D-4903-B543-E6E8E7FBEF76 8B3991A7-E8D9-4AC2-826A-85509403162B 6C91B9DD-6F96-4BC0-84CB-846DD842C622 7C12DAFF-C8D9-4F30-BBE7-189DB25E2E23 C42B42A0-17E2-4A37-993B-C917C9175FC5 B421B619-B8DE-4C8E-A1ED-325ECBF84958 27547B31-B1C5-44A7-B29E-90076761C77A 7146FA26-F771-48ED-A079-99B5E7F868F2 FE1D7F2D-742F-473E-A27B-F032E73B8CC4 7991ABCD-4420-43BB-924F-EE83042CB3B9 6783A696-C02C-40FE-BFDB-94E9EBB03B3D 4C2B1545-7C5F-4D4A-B95E-A79BBA28BAC7 CE10198E-5303-4EE8-A924-0078CB258C1E 8FD1AEF2-5112-47CC-A854-5194000091EB
N/A/ 238	CMS156 v9	2c928085-7198-38ee-0171-9d752d1a069e	IPOP: DENOM: DENEX: NUMER:	3E177A28-30DE-4381-8C7A-B42CD914DA33 E7E1C3BB-730F-4020-9BF3-3AA508B914FC 827502FD-FF19-45FB-974B-B7F32B281873 14F9E2DB-C09F-4E06-AFBD-C1E5E178D920
0384e/ 143	CMS157 v9	2c928085-7198-38ee-0171-988d211d00d6	IPOP: DENOM: NUMER: IPOP 2: DENOM 2: NUMER 2:	9EC8C903-6703-4894-A50C-B527280BF031 B9762119-E99D-4CA7-AFD2-E04E5C6DA5EC 2989C5F0-2301-4E9E-A6CB-258076E08E8D 00CD5E45-80B5-466B-B966-DB544C983968 9E0BE4F2-1A3E-4AC2-8FDD-964499040B3A 500BBB7E-6FA3-4CAB-BBC3-A95F3BCF98AE
0710e/ 370	CMS159 v9	2c928085-7198-38ee-0171-9e951ae1097e	IPOP: DENOM: DENEX: NUMER: STRAT 1: STRAT 2:	BBB0D5FB-58B3-4F52-B34B-FE1FA70FA37A ABA073DB-F22A-40DF-85BA-D4C817E9DA42 51BDFCA5-362F-429A-A776-5FC9A2E0EFC1 779282B6-7FFE-4261-A979-833C6D7E9BD5 0D2DD3A1-9851-4557-8509-73C67315A7FF 8CA59F72-62BE-4478-83FB-C304A6E5B65A
0104e/ 107	CMS161 v9	2c928085-7198-38ee-0171-98ab3dc7018b	IPOP: DENOM: NUMER:	6AE028E4-F2AB-4021-AE51-8307D0A223D7 A197002D-CC8C-4BC2-8ACF-EEE54FD356BF 84D60531-27E4-4ED4-A68E-27C5BD90F210

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 236	CMS165 v9	2c928085-7198-38ee-0171-9da6456007ab	IPOP: DENOM: DENEX: NUMER:	87338BA5-170B-4264-9E59-6A4A3A57C785 B2E2AA67-26CD-48CB-9536-094F1D047149 9B6EDB4C-A390-4833-A135-2A2AC6334126 63DAFD4E-CBD5-4BEE-BE19-E64337356748
1365e/ 382	CMS177 v9	2c928085-7198-38ee-0171-98abf9c0019d	IPOP: DENOM: NUMER:	0F2BD817-7BC3-41FA-90F9-C85AE36CA859 7B01C86F-68C7-4D7F-88CC-5377C869AE52 D01E6E8D-D6CD-40EC-BC02-E709AA53996A
N/A/ 472	CMS249 v3	2c928085-7198-38ee-0171-9876b21e0093	IPOP: DENOM: DENEX: NUMER:	F0A68A1B-0261-411C-BE9E-9AFCDA263676 5676A192-5602-44B5-886A-23A045008F0F 634D7208-01BE-40B0-AAD9-27DC6ED13395 906BE36C-F868-4A84-9C5F-75D2A259801C
N/A/ 438	CMS347 v4	2c928085-7198-38ee-0171-989a534a0146	IPOP 1: DENOM 1: DENEX 1: NUMER 1: DENEXCEP 1: IPOP 2: DENOM 2: DENEX 2: NUMER 2: DENEXCEP 2: IPOP 3: DENOM 3: DENEX 3: NUMER 3: DENEXCEP 3:	C32CF047-AD16-4D19-A86B-C598FAFA5D2F C0FE1159-81F5-449B-83EB-3395FC3A3210 17D080CB-6211-4E3E-AD9A-DFA623DD6F42 15EFD92A-56D4-45C6-B39F-89570858B544 95596CBC-9665-4BA2-BB88-4768D9576F7C 164ECE60-97E5-4F72-8FE1-D1C62E04D174 DA3E9773-E6F9-415E-B6DF-9DFDAB829D91 01B500BB-4556-4CF4-9676-28FA2392147C BABDCD3E-75C1-40A5-8527-C9EBDDBB5E55 84CD03D9-6BAA-4C56-9205-2F5A22CBDEE6 44D2CD88-3F1C-4908-AFA7-5EB3D2B46F79 1A916B14-DA81-4CBD-AA50-78CBFDEC7BD4 0EAEA873-BD9C-4CF8-9989-BB138F2BDFE5 EA99DDF7-D7D0-4B83-BA2C-9DA99548055C 120861DA-61F1-48CC-BA99-27EE9073D896
N/A/ 475	CMS349 v3	2c928085-7198-38ee-0171-98e8f5530275	IPOP: DENOM: DENEX: NUMER:	121D9C35-175C-4768-930C-CE4681DB7988 E61633B7-37B5-430A-9890-CF4F9E659096 5B47F56E-B8F7-4830-82E7-602D11E27262 77F4ABB1-BA6B-4C29-85FE-C6A8E570C59B
N/A/ 462	CMS645 v4	2c928085-7198-38ee-0171-991e164e0307	IPOP: DENOM: NUMER: DENEXCEP:	52F12771-64AC-4236-88D1-5780F5709BE8 74889BF4-21BB-4F5A-BD12-3707FA6F0063 244CFA99-6642-431B-9335-15BAD232C9D2 FF123268-78C8-4439-8CD0-B3A0003497D6
N/A/ 476	CMS771 v2	2c928085-7198-38ee-0171-996032910386	IPOP: DENOM: DENEX: NUMER:	245B975E-C587-407F-9B57-81ABB16DF313 11A690EA-0BCD-4249-984F-F9A15752F8FC FBF8B98B-A767-433C-9957-DFCA8DAEC1C9 1FB963C1-ED0D-403F-A117-4371F5BFB3FE

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 for the MIPS CY 2021 Performance Period

Activity Name	Activity Description	Activity ID
To be published in subsequent addendum with publication of the 2021 Physician Fee Schedule Rule.		

Table 16: Promoting Interoperability Objectives and Measures Identifiers for the MIPS CY 2021 Performance Period

Objective	Measure Identifier	Measure	Reporting Metric
To be published in subsequent addendum with publication of the 2021 Physician Fee Schedule Rule.			

Table 17: Promoting Interoperability Attestation Statements Identifiers

Identifier	Attestation Statement	Reporting Metric
To be published in subsequent addendum with publication of the 2021 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
- **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://oncprojectracking.healthit.gov/
- **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/
- **Primary Care First (PCF):** https://innovation.cms.gov/innovation-models/primary-care-first-model-options
- **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
PCF	CMS	1-888-517-7753	PCF@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 – 2021 CMS QRDA III Implementation Guide Changes to QRDA III STU R2.1 Base Standard

This table lists all changes made to this 2021 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="2020-05-01" (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:3338-17238).	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) (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:3338-19669).	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 2020-05-01 (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="CPCPLUS", 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="CPCPLUS", then QRDA Category III Measure Section – CMS (V4) 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="CPCPLUS", 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="CPCPLUS", then CMS EHR Certification ID SHALL be present (CONF:CMS_92)

CONF. #	Section	Base Standard	Changed To
CMS_99	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_99). Note: For PCF reporting, PCF APM Entity Identifier must be submitted.
CMS_100	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V4) **SHALL** be present (CONF:CMS_100). Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.
CMS_97	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_97). Note: For PCF reporting, performance rate for a proportion eCQM must be specified.
CMS_98	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_98).
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).

CONF. #	Section	Base Standard	Changed To
CMS_19 CMS_20 CMS_21	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] id (CONF: CMS_19) such that it **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. **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_101	5.1.2	n/a	This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_101) such that it **SHALL** contain exactly one [1..1] @**root**="2.16.840.1.113883.3.249.5.3" PCF Practice Site (CONF:CMS_102). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.3) designates that the @extension must hold a PCF APM Entity Identifier. **SHALL** contain exactly one [1..1] @**extension** (CONF:CMS_103). Note: This is the PCF APM Entity Identifier assigned to the PCF 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
CMS_104	5.1.2	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then this participant/associatedEntity **SHALL** contain the id for CPC+ Practice Site (CONF:CMS_104).
CMS_105	5.1.2	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then this participant/associatedEntity **SHALL** contain the id for PCF Practice Site (CONF:CMS_105).
CMS_85 CMS_86 CMS_87	5.1.3	n/a	MAY contain zero or one [0..1] participant (CONF:CMS_85) such that it SHALL contain exactly one [1..1] @typeCode="DEV" device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_86). SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_87).
CMS_88 CMS_89 CMS_90 CMS_91	5.1.3	n/a	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). This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_89). This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_90). 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.
4427-18170_C01	5.1.4	MAY contain zero or one [0..1] documentationOf (CONF: 3338-18170).	SHALL contain exactly one [1..1] documentationOf (CONF:4427-18170_C01).

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).	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 on 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+ and PCF: it must contain at least one performer, each performer contains one TIN and one NPI. Only CPC+ or PCF Practice Site providers are listed as performers. This documentationOf SHALL contain exactly one [1..1] serviceEvent (CONF:4427-18171_C01). This serviceEvent SHALL contain at least one [1..*] performer (CONF:3338-18173).
4427-18177_C01	5.1.4	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. This assignedEntity SHALL contain exactly one [1..1] **id** (CONF:3338-18177) such that it	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. This assignedEntity SHALL contain exactly one [1..1] id (CONF:4427-18177_C01) such that it
CMS_29	5.1.4	n/a	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.

CONF. #	Section	Base Standard	Changed To
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).	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. **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. For PCF, only those NPIs that are participating in the PCF program should be provided.
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
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).

CONF. #	Section	Base Standard	Changed To
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:3338-17282).
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:2.16.840.1.113883.10.20.27.2.3:2019-05-01) (CONF:4427-17301_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 (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)
CMS_64 CMS_65 CMS_66	5.2.1	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="2019-05-01" (CONF:CMS_66).

CONF. #	Section	Base Standard	Changed To
4427-17906_C01 4427-17907_C01	5.2.1	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 (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2019-05-01) (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="2019-05-01 (CONF:CMS_43).
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).

CONF. #	Section	Base Standard	Changed To
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).
4427-17904_C01	5.3.2	MAY contain zero or more [0..*] component (CONF:3259-17903) such that it SHALL contain exactly one [1..1] Performance Rate for Proportion Measure (identifier: urn:oid:2.16.840.1.113883.10.20.27.3.14) (CONF:3259-17904).	MAY contain zero or more [0..*] component (CONF:3259-17903) such that it 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).
4427-18425_C01 4427-18426_C01	5.3.2	SHALL contain at least one [1..*] component (CONF:3259-18425) such that it SHALL contain exactly one [1..1] Measure Data (V2) (identifier:urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-02-01) (CONF:3259-18426).	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).
CMS_47 CMS_48 CMS_49	5.3.3	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_47) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.18" (CONF:CMS_48). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_49).

CONF. #	Section	Base Standard	Changed To
CMS_50 CMS_51 CMS_52 CMS_53	5.3.3	SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHOULD be selected from ValueSet Payer urn:oid:2.16.840.1.114222.4.11.3591 DYNAMIC (CONF:2226-18250).	SHALL contain exactly one [1..1] value with @xsi:type="CD" (CONF:CMS_50). This value SHALL contain exactly one [1..1] @nullFlavor="OTH" (CONF:CMS_51). This value SHALL contain exactly one [1..1] translation (CONF:CMS_52). 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).
CMS_59 CMS_60 CMS_61	5.3.4	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_59) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.25" (CONF:CMS_60). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_61).
3259-21307_C01 CMS_62 CMS_63	5.3.4	n/a	SHALL contain exactly one [1..1] `value` with @xsi:type="REAL" (CONF:3259-21307_C01). The value, if present, SHALL be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62). The value, if present, SHALL contain no more than 6 digits to the right of the decimal (CONF:CMS_63).
3259-19651_C01 3259-19652_C01 3259-19653_C01	5.3.4	MAY contain zero or one [0..1] reference (CONF:3259-19651). 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). The reference, if present, SHALL contain exactly one [1..1] externalObservation (CONF:3259-19653).	SHALL contain exactly one [1..1] reference (CONF: 3259-19651_C01). 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). This reference SHALL contain exactly one [1..1] externalObservation (CONF:3259-19653_C01).

12 Change Log – Changes from the 2020 CMS QRDA Implementation Guide

The 2021 CMS QRDA III IG contains the following high-level changes as compared with the 2020 CMS QRDA III IG:

- Updated eCQM UUIDs for the 2021 performance period eCQMs.
- Included preliminary QRDA III requirements for Primary Care First.

The Table 24 lists the changes made in each section of this 2021 CMS QRDA Eligible Clinicians and EPs Implementation Guide since the release of 2020 CMS QRDA Implementation Guide.

Table 24: Changes Made to the 2021 CMS Eligible Clinicians and EPs QRDA IG from 2020 CMS QRDA IG

Section Heading	2020 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2021 CMS QRDA III Eligible Clinicians and EPs IG
4 QRDA Category III Submission Rules	Submission rules for the 2020 performance period.	Language is updated to reflect the requirement updates for the 2021 performance period.
5.1 Document-Level Template: QRDA Category III Report – CMS (V5)	QRDA Category III Report – CMS (V4) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2019-05-01)	QRDA Category III Report – CMS (V5) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2020-05-01)
5.1 Document-Level Template: QRDA Category III Report – CMS (V5)	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.	This template describes constraints that apply to the QRDA Document Category III Report for CMS Eligible Clinicians and Eligible Professionals Programs including the CPC+and PCF models and MIPS.
5.1.1 informationRecipient	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).	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** 2020-05-01 (CONF:CMS_11).
5.1.1 informationRecipient	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_99). Note: For PCF reporting, PCF APM Entity Identifier must be submitted.

Section Heading	2020 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2021 CMS QRDA III Eligible Clinicians and EPs IG
5.1.1 informationRecipient	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V2) **SHALL** be present (CONF:CMS_100). Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.
5.1.1 informationRecipient	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_97). Note: For PCF reporting, performance rate for a proportion eCQM must be specified.
5.1.1 informationRecipient	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_98).
5.1.1 informationRecipient Table 3 QRDA III CMS Program Name	CPCPLUS MIPS_INDIV MIPS_GROUP MIPS_VIRTUALGROUP	CPCPLUS PCF MIPS_INDIV MIPS_GROUP MIPS_VIRTUALGROUP
5.1.2 participant is Location (CPC+ or Practice Site)	5.1.2 participant is Location (CPC+ Practicie Site)	5.1.2 participant is Location (CPC+ or Practice Site)
5.1.2 participant is Location (CPC+ or 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 respectively is required. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then this location participant must be present.	For CPC+ and PCF reporting, the generic participant with a participationType of 'LOC' (location) and an associatedEntity classCode of 'SDLOC' (service delivery location) representing the CPC+ or PCF Practice Site respectively is required. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS" or “PCF”, then this location participant must be present.

Section Heading	2020 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2021 CMS QRDA III Eligible Clinicians and EPs IG
5.1.2 participant is Location (CPC+ or Practice Site)	This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_19). This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_19). 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. 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.	This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_19) such that it **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. **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_21). Note: This is the CPCPLUS APM Entity Identifier assigned to the CPC+ practice site.
5.1.2 participant is Location (CPC+ or Practice Site)	n/a	This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_101) such that it **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.3.249.5.3" PCF Practice Site (CONF:CMS_102). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.3) designates that the @extension must hold a PCF APM Entity Identifier. **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_103). Note: This is the PCF APM Entity Identifier assigned to the PCF practice site.
5.1.2 participant is Location (CPC+ or Practice Site)	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then this participant/associatedEntity **SHALL** contain the id for CPC+ Practice Site (CONF:CMS_104).
5.1.2 participant is Location (CPC+ or Practice Site)	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then this participant/associatedEntity **SHALL** contain the id for PCF Practice Site (CONF:CMS_105).

Section Heading	2020 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2021 CMS QRDA III Eligible Clinicians and EPs IG
5.1.3 Participant is Device (CMS EHR Certification ID)	n/a	Added the following about PCF: For PCF, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed. Please refer to section 4.2 for additional information.
5.1.4 documentationOf	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.	For CPC+ and PCF: it must contain at least one performer, each performer contains one TIN and one NPI. Only CPC+ or PCF Practice Site providers are listed as performers.
5.1.4 documentationOf	**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.	**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. For PCF, only those NPIs that are participating in the PCF program should be provided.
6 eCQM Specifications for Eligible Clinicians and Eligible Professionals UUID List	UUID list based on the eCQM specifications for Eligible Clincians and Eligbile Professionals for the 2020 performance period	Updated the UUID list based on the eCQM specifications for Eligible Clincians and Eligbile Professionals for the 2021 performance period
7. Measure Identifiers	Identifiers for the 2020 performance period.	To be published in subsequent addendum with publication of the 2020 Physician Fee Schedule Rule.
8.1 Resources	n/a	Added resource for PCF
8.2 Support	n/a	Added PCF support contact information

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

Acronym	Literal Translation
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
PCF	Primary Care First
PHDSC	Public Health Data Standards Consortium
QDM	Quality Data Model
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

Acronym	Literal Translation
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 Health Record (EHR) is also known as the electronic patient record, electronic medical record, or computerized patient record. As defined by Healthcare Information Management and Systems Society, “the electronic health record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and imaging reports.”
Electronic Clinical Quality Measure (eCQM)	An electronic clinical quality measure (eCQM) is a clinical quality measure that is expressed and formatted to use data from electronic health records (EHR) and/or health information technology systems to measure healthcare quality, specifically data captured in structured form during the process of patient care. So they can be reported from an EHR, the Health Quality Measure Format (HQMF) is used to format the eCQM content using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express the logic needed to evaluate a provider or organization’s performance.
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

Certified Health IT Product List. https://chpl.healthit.gov/

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://oncprojectracking.healthit.gov/

Primary Care First (PCF) Model. https://innovation.cms.gov/innovation-models/primary-care-first-model-options

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

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