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CMS Implementation Guide for Quality Reporting Document Architecture Category III

Eligible Clinicians Programs

Implementation Guide for 2025

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QRDA III R1 CMS Implementation Guide for Eligible Clinicians 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 CDA R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm¹ (September, 2021)* for the 2025 performance period. This is a normative release approved by American National Standards Institute (ANSI) and HL7. This HL7 base standard is referred to as the HL7 QRDA III R1.

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 Primary Care First (PCF) model, Making Care Primary (MCP) model, traditional Merit-Based Incentive Payment System (MIPS), APM Performance Pathway (APP), and MIPS Value Pathways (MVPs)
- Chapter 5: QRDA Category III Validation—contains the formal definitions for the QRDA Category III report for the CMS Eligible Clinicians 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: 2025 Performance Period eCQM Specifications for Eligible Clinicians UUID List
- Chapter 7: Measure Identifiers

APPENDIX

¹ HL7 QRDA III R1. https://www.hl7.org/implement/standards/product_brief.cfm?product_id=286

- Chapters 8 -15 provide references, resources, and several change logs including a list of all changes made to the HL7 QRDA III R1 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 measurable. 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

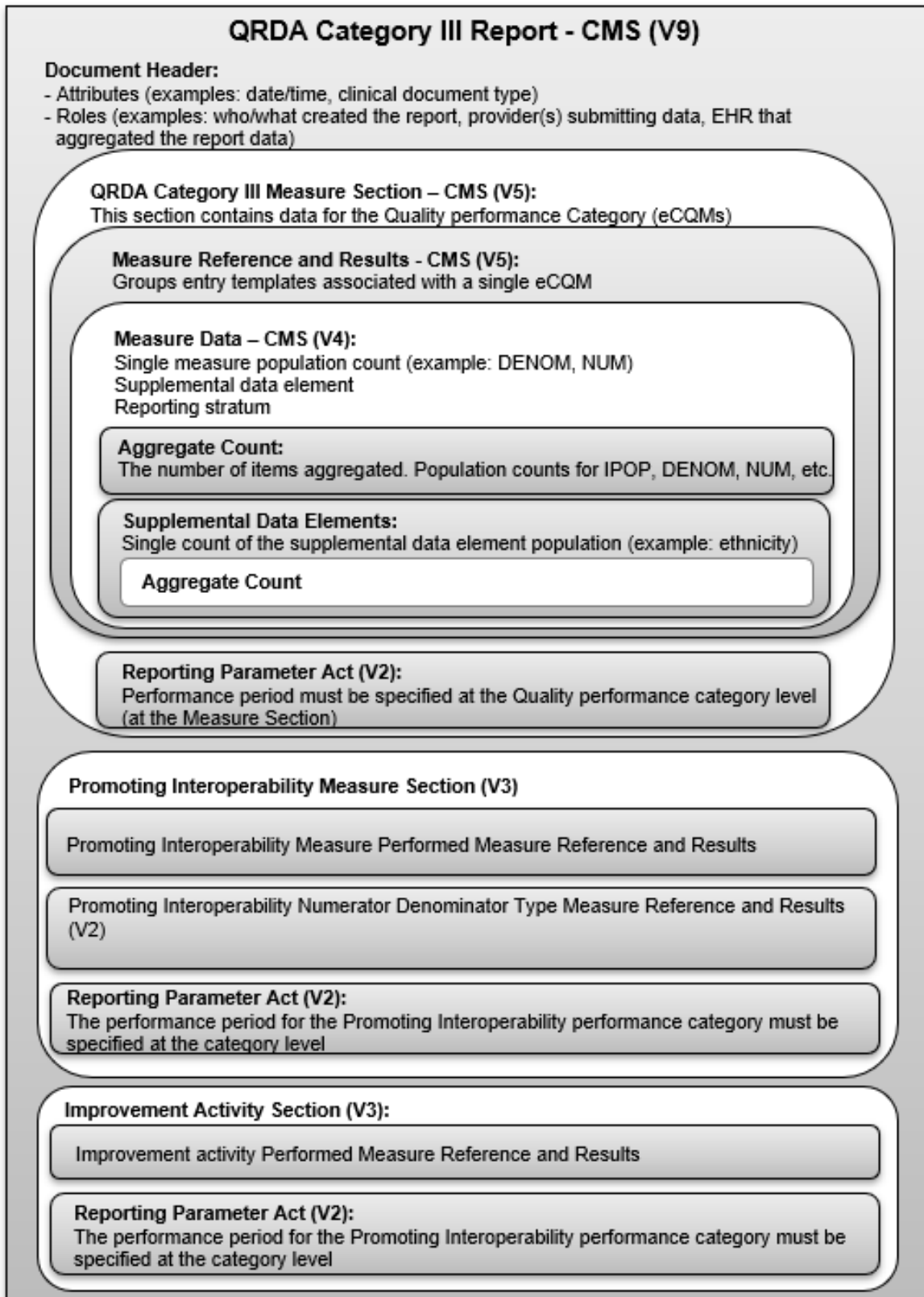
3.1 Background

This guide is a CMS Quality Reporting Document Architecture Category III (QRDA III) implementation guide to the HL7 QRDA III R1. Templates defined in this implementation guide are conformant with HL7 QRDA III R1. The CMS Eligible Clinicians Programs QRDA III templates address aggregate reporting requirements for:

- Primary Care First (PCF)
- Making Care Primary (MCP)
- Traditional Merit-Based Incentive Payment System (MIPS)
- APM Performance Pathway (APP)
- MIPS Value Pathway (MVP)

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) and Clinical Quality Language (CQL) specification, which standardizes the representation of a health quality measure as an electronic document. Other summary data provided in a QRDA III report include Promoting Interoperability 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 PCF model, MCP model, and MIPS program. Some of the conformance statements in the HL7 QRDA III R1 have been further constrained to meet the specific requirements from these CMS Eligible Clinicians 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 R1 standard is further constrained in this guide.

This guide only lists the templates specifying CMS-specific reporting requirements from the base HL7 QRDA III R1 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 R1 are not repeated in this guide. Therefore, the base HL7 QRDA III R1 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 Primary Care First (PCF) Submissions

PCF practices must adopt health IT meeting the requirements published by the PCF model. This guide only provides information for QRDA III reporting of eCQMs for PCF. More information about health IT and other reporting requirements will be made available to PCF participants prior to the start of the performance year; please contact PCF [Support](#) with questions.

The PCF QRDA III file must contain the CMS EHR Certification ID. Nulls will not be allowed and 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 eCQMs 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. Clinicians who are active on the roster may include, but are not limited to, physicians (MD or DO), nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists (CNS).

Each PCF practice submitting QRDA III files for the 2025 performance period must report the eCQMs required by PCF. If additional eCQMs are reported, they will be ignored.

Improvement Activity and Promoting Interoperability data **should not be submitted** in a PCF quality measure QRDA III submission file. These data are not required to be reported for PCF. If Improvement Activity or Promoting Interoperability data are submitted for PCF, they will be ignored. If you are submitting Improvement Activity or Promoting Interoperability data for MIPS, see [4.3 Traditional Merit-Based Incentive Payment System \(MIPS\) QRDA III Submissions](#), [4.4 APM Performance Pathway \(APP\)](#), [4.5 MIPS Value Pathways \(MVPs\)](#), or [4.6 Subgroup Reporting through MVP](#) for more information.

QRDA III submissions for PCF will use the [2025 Performance Period eCQM Specifications for Eligible Clinicians](#)² provided in the [eCQI Resource Center](#).

The performance period for PCF begins on January 1, 2025, and ends on December 31, 2025.

4.2 Making Care Primary (MCP) Submissions

MCP participants must adopt health IT meeting the requirements published by the MCP model. This guide only provides information for QRDA III reporting of eCQMs for MCP. More information about health IT and other reporting requirements will be made available to MCP

² eCQI Resource Center, Eligible Clinician eCQMs web page. <https://ecqi.healthit.gov/ep-ec>. Select 2025 Performance Period.

participants prior to the start of the performance year; please contact MCP [Support](#) with questions.

The MCP QRDA III file must contain the CMS EHR Certification ID. Nulls will not be allowed and only one CMS EHR Certification ID shall be submitted for MCP 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.

Participants must report all eQMs at the MCP Taxpayer Identification Number (TIN) level, which is identified by the MCP participant ID. The QRDA III file must include eQm data for the participant's total patient population, including all payers and the uninsured.

An MCP standard participant is defined by the combinations of TINs and National Provider Identifiers (NPIs) identified on the MCP Clinician List. For standard participants, MCP TIN-level reporting includes all patients who were seen one or more times at any of the participant's locations during the performance year by one or more clinicians who were active on the participant's MCP Clinician List at any point during the performance year and who meet the criteria as specified in each measure.

An MCP FQHC participant is defined by the TIN submitted by the participant; FQHCs are not required to submit an MCP Clinician List. For FQHC participants, MCP TIN-level reporting is submitted according to the measure specifications.

Each MCP practice submitting QRDA III files for the 2025 performance period must report the eQMs required for the participant's MCP track. If additional eQMs are reported, they will be ignored.

Improvement Activity and Promoting Interoperability data **should not be submitted** in an MCP quality measure QRDA III submission file. These data are not required to be reported for MCP. If Improvement Activity or Promoting Interoperability data are submitted for MCP, they will be ignored. If you are submitting Improvement Activity or Promoting Interoperability data for MIPS, see [4.3 Traditional Merit-Based Incentive Payment System \(MIPS\) QRDA III Submissions](#), [4.4 APM Performance Pathway \(APP\)](#), [4.5 MIPS Value Pathways \(MVPs\)](#), or [4.6 Subgroup Reporting through MVP](#) for more information.

QRDA III submissions for MCP will use the [2025 Performance Period eQm Specifications for Eligible Clinicians](#)³ provided in the [eCQI Resource Center](#).

The performance period for MCP begins on January 1, 2025, and ends on December 31, 2025.

³ eCQI Resource Center, Eligible Clinician eQMs web page. <https://ecqi.healthit.gov/ep-ec>. Select 2025 Performance Period.

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

This section describes submission requirements for traditional MIPS individual reporting, group reporting, virtual group reporting, and APM Entity reporting.

4.3.1 Traditional MIPS Individual, Group, and Virtual Group Reporting

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

Under MIPS, a group is defined as a single TIN with 2 or more clinicians (including at least one MIPS eligible clinician), as identified by their 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 2025, 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 180-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, 2026, if technically feasible, through March 31, 2026 for the 2025 performance period.

For the 2025 performance period, a CMS EHR Certification ID is required for the MIPS Quality performance category and the Promoting Interoperability performance category. See [5.1.3 participant \(CMS EHR Certification ID\)](#) for details.

4.3.2 Traditional MIPS APM Entity Reporting

MIPS QRDA III submissions for APM Entity reporting must contain data for at least one of the following three MIPS performance categories: Quality, Improvement Activities and Promoting Interoperability. 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, Improvement Activity and Promoting Interoperability scoring rules.

Under MIPS, an APM Entity group is defined as a group of eligible clinicians participating in an APM Entity, as identified by a combination of the APM identifier, APM Entity identifier, TIN, and NPI for each participating eligible clinician.

For 2025, MIPS APM Entity groups are required to submit a full year of data for the Quality performance category, 180-days of data for Promoting Interoperability, and 90-days of data for Improvement Activities—unless otherwise specified within the activity. eCQM populations include all patients (all-payer data). Data submission for APM Entity groups will occur prior to January 2, 2026, if technically feasible, through March 31, 2026 for the 2025 performance period.

For the 2025 performance period, CMS EHR Certification ID is required for the MIPS Quality performance category.

4.4 APM Performance Pathway (APP)

The APM Performance Pathway (APP) is a MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS Alternative Payment Models (APMs). The APP is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels. It's designed to provide reliable and consistent MIPS reporting requirements to reduce reporting burden and encourage continued APM participation. The APP is optional for all MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) ACOs.

QRDA III submissions for individuals, groups, or APM Entities reporting through the APP must contain data for the Quality performance category for the specific measures required by the APP. In addition, a submission for PI containing the APP Program name is required for APP scoring. Improvement activities can be reported, but all MIPS APM participants who report through the APP will receive a full score for the Improvement Activities performance category.

4.5 MIPS Value Pathways (MVPs)

MIPS Value Pathways (MVPs) are subsets of measures and activities, established through rulemaking, that can be used as an optional way to meet MIPS reporting requirements. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties, clinical conditions, or episodes of care. MVPs incorporate a foundational layer that include Promoting Interoperability measures and population health administrative claims-based quality measures. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS) that are relevant to a specialty, clinical condition, or episode of care.

MVPs can be reported by MIPS individual, group, subgroup, or APM entity. Virtual groups are not able to report an MVP.

4.6 Subgroup Reporting through MVP

A subgroup is a subset of clinicians within a MIPS group which contains at least one MIPS eligible clinician. A unique subgroup identifier will be assigned upon successful subgroup registration. Subgroups do not apply to virtual groups.

Subgroup reporting can offer more meaningful data collection and feedback, particularly for clinicians in a large or multispecialty group. A subgroup may not include clinicians from a different TIN. Subgroup reporting is voluntary for the 2025 performance period. Reporting through a subgroup may be an option for clinicians in a practice with multiple specialties to get better insight into clinical areas and performance for clinicians within a practice. A large practice

may participate as multiple subgroups and therefore report to more than one MVP based on clinical relevance.

Subgroup reporting within MIPS is limited to MVP for the 2025 performance period. Subgroup reporting of Promoting Interoperability is based on the group data; however, it is still required to be reported at the subgroup level with the correlating MVP identifier.

4.7 Identifiers

For all CMS eligible clinicians 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 program reporting include:

- Alternative Payment Model (APM) Entity Identifier
 - Required for MIPS APM Entity reporting
 - Required for APP APM Entity reporting
 - For PCF, this is the PCF Practice Identifier assigned by PCF
 - For MCP, this is the MCP Participant Identifier assigned by MCP
- National Provider Identifier (NPI)
 - Required for MIPS individual reporting
 - Required for APP individual reporting
 - Not allowed for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, or APP APM Entity reporting
 - Required for PCF reporting
 - Required for MCP standard participant reporting
 - Not allowed for MCP Federally Qualified Health Center (FQHC) participant reporting
- Tax Identification Number (TIN)
 - Required for MIPS group reporting and MIPS individual reporting
 - Required for APP group reporting and APP individual reporting
 - Not allowed for MIPS APM Entity reporting or APP APM Entity reporting
 - Required for PCF reporting
 - Required for MCP standard and MCP FQHC participant reporting
- Virtual Group Identifier
 - Required for MIPS virtual group reporting
 - Not allowed for MIPS individual reporting, MIPS group reporting, MIPS APM Entity reporting, APP individual reporting, APP group reporting, or APP APM Entity reporting
- Subgroup Identifier
 - Required for subgroup reporting

4.8 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. For MIPS QRDA III reporting, replacement documents will be handled at the category level for final processing.

4.8.1 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 PCF and MCP models.

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.

4.8.2 Final Action Processing Rules for MIPS

For group reporting (except for the PCF and MCP models), the Final Action Processing rules include the combination of the CMS program name, the TIN, and the submission timestamp. For virtual group reporting, the Final Action Processing rules include the combination of the CMS program name, the Virtual Group Identifier, 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. For APM Entity reporting, the Final Action Processing rules include the combination of the CMS program name, the APM Entity ID, and the submission timestamp.

When submitting a replacement QRDA III report for the MIPS program use the same TIN, or the same TIN/NPI, the same virtual group identifier, or the same APM Entity 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.

4.8.3 Final Action Processing Rules for PCF

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

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

4.8.4 Final Action Processing Rules for MCP

The last file successfully submitted for an MCP participant is used to determine if that MCP participant satisfactorily meets reporting requirements for the program year.

For QRDA III files that are submitted to the MCP model, the Final Action Processing rules include the combination of the CMS program name, the MCP APM Entity Identifier (i.e., MCP Participant Identifier), and the submission timestamp.

4.8.5 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](#) (2.16.840.1.113883.3.249.14.101) for the 2025 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 PCF, 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.

4.9 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

4.10 Performance Period and Performance Rate

The performance period for the PCF and MCP models begins on January 1, 2025, and ends on December 31, 2025. If the CMS program name code is "PCF", "MCP_STANDARD", or "MCP_FQHC", 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="20250101"

- `act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/high/@value="20251231"`

For the MIPS performance period requirement, please see [4.3 Traditional Merit-Based Incentive Payment System \(MIPS\) QRDA III Submissions](#) and [5.1.6 component](#).

For the PCF and MCP 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="PCF"`, then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_97).

If

`ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDAR D"`, then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_132).

If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC"`, then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_136).

For MIPS reporting, performance rates for either eCQMs or Promoting Interoperability measures are not required for submissions. If performance rates are provided, they will be ignored by the receiving system.

4.11 Templates Versioning and Validations

Both the base HL7 QRDA III R1 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 R1 (Volume 1). For example, in the HL7 QRDA III R1, the previous Measure Reference and Results (V3) template is now Measure Reference and Results (V4), its template identifier is "2.16.840.1.113883.10.20.27.3.1:2020-12-01". Both the `@root` and `@extension` are required as specified in the IG.

- SHALL** contain exactly one [1..1] `templateId` (CONF:4484-17908) such that it
- SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.1"` (CONF:4484-17909).
 - SHALL** contain exactly one [1..1] `@extension="2020-12-01"` (CONF:4484-21170).

Correct template versions that are specified by both the base HL7 QRDA III R1 and the 2025 CMS IG must be used for 2025 CMS QRDA III submissions.

5 QRDA Category III Validation

5.1 Document-Level Template: QRDA Category III Report - CMS (V9)

```
[ClinicalDocument: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2024-07-01 (open)]
```

Table 2: QRDA Category III Report - CMS (V8) Contexts

Contained By	Contains
N/A	QRDA Category III Measure Section - CMS (V5) (optional)

This template describes constraints that apply to the QRDA Document Category III Report for CMS Eligible Clinicians Programs including PCF, MCP, 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 (V5) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.1.1:2020-12-01).
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="2024-07-01"` (CONF:CMS_3).
3. **SHALL** contain exactly one [1..1] `confidentialityCode` (CONF:5562-17238_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:5562-17239).
 - a. This `languageCode` **SHALL** contain exactly one [1..1] `@code="en"` English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:5562-19669_C01).

5.1.1 informationRecipient

The `informationRecipient` represents the CMS eligible clinicians 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** 2024-07-01 (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="PCF", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_99).
Note: For PCF reporting, PCF APM Entity Identifier must be submitted.
 - b. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V5) **SHALL** be present (CONF:CMS_100).
Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.
 - c. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_97).
Note: For PCF reporting, performance rate for a proportion eCQM must be specified.
 - d. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_98).
 - e. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then QRDA Category III Measure Section – CMS (V5) **SHALL** be present (CONF:CMS_131).
Note: For MCP reporting, the QRDA III document must contain a quality (eCQMs) section.
 - f. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_132).
Note: For MCP reporting, performance rate for a proportion eCQM must be specified.
 - g. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then CMS

EHR Certification ID **SHALL** be present (CONF:CMS_133).

- h. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC", then QRDA Category III Measure Section – CMS (V5) **SHALL** be present (CONF:CMS_135).
Note: For MCP reporting, the QRDA III document must contain a quality (eCQMs) section.
- i. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC", then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_136).
Note: For MCP reporting, performance rate for a proportion eCQM must be specified.
- j. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_137).

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
PCF	CMS Program	2.16.840.1.113883.3.249.7	PCF
MCP_STANDARD	CMS Program	2.16.840.1.113883.3.249.7	MCP Standard Participant
MCP_FQHC	CMS Program	2.16.840.1.113883.3.249.7	MCP FQHC Participant
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
MIPS_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	MIPS APM Entity
MIPS_APP1_INDIV	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP Individual Reporting
MIPS_APP1_GROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP Group Reporting
MIPS_APP1_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP APM Entity Reporting
MIPS_SUBGROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Subgroup Reporting

Figure 5: informationRecipient Example

```
<informationRecipient>
  <intendedRecipient>
    <id root="2.16.840.1.113883.3.249.7" extension="PCF"/>
  </intendedRecipient>
</informationRecipient>
```

5.1.2 participant is Location (PCF Practice Site)

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

If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension= "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_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.
- iii. This associatedEntity **SHALL** contain exactly one [1..1] **code** (CONF:CMS_22).
 - 1. This code **SHALL** contain exactly one [1..1] **@code**="394730007" Healthcare Related Organization (CONF:CMS_23).
 - 2. This code **SHALL** contain exactly one [1..1] **@codeSystem** (CodeSystem: SNOMED CT urn:oid:2.16.840.1.113883.6.96) (CONF:CMS_24).
- iv. This associatedEntity **SHALL** contain exactly one [1..1] **addr** (CONF:CMS_25).
- v. 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 – PCF Practice Site

```

<participant typeCode="LOC">
  <associatedEntity classCode="SDLOC">
    <id root="2.16.840.1.113883.3.249.5.3" extension="OR1234"
      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 2025 performance period, participants will submit a single set of Promoting Interoperability Objectives and Measures to align with certified EHR technology (CEHRT), as defined by CMS and the Office of the National Coordinator for Health Information Technology (ONC). 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, CMS EHR Certification ID is required for the Quality performance category. If the Quality performance category (QRDA Category III Measure Section – CMS (V5) identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01) is present in a QRDA III document, a CMS EHR Certification ID must be supplied.

For MIPS submissions, a CMS EHR Certification ID is required if the Promoting Interoperability performance category (Promoting Interoperability Measure Section (V3) identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2020-12-01) 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 PCF, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed. Please refer to section [4.1 Primary Care First \(PCF\) Submissions](#) for additional information.

For MCP, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed. Please refer to section [4.2 Making Care Primary \(MCP\) Submissions](#) 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 (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 participant is MVP

Each MIPS individual, group, subgroup, or APM Entity can select one MVP to report. The available MVPs for the 2025 performance period and their identifiers are listed in Table 4.

8. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_118) such that it
 - a. **SHALL** contain exactly one [1..1] **@typeCode="TRC"** tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_119).
 - b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_120).
 - i. This associatedEntity **SHALL** contain exactly one [1..1] **@classCode="PROG"** program eligible (CodeSystem:

HL7RoleClass urn:oid:2.16.840.1.113883.5.110)
(CONF:CMS_121).

- ii. This associatedEntity **SHALL** contain exactly one [1..1] id (CONF:CMS_122).
 - 1. This id **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.6" MIPS Value Pathway (CONF:CMS_123).
 - 2. This id **SHALL** contain exactly one [1..1] @extension (CONF:CMS_124).
Note: The value of @extension is the MVP identifier.

Table 4: MVP Identifiers for the 2025 Performance Period

Identifier	MIPS Value Pathway (MVP)
M0001	Advancing Cancer Care
M0002	Optimal Care for Kidney Health
M0003	Optimal Care for Patients with Episodic Neurological Conditions
M0004	Supportive Care for Neurodegenerative Conditions
M0005	Value in Primary Care
G0053	Advancing Rheumatology Patient Care
G0054	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
G0055	Advancing Care for Heart Disease
G0057	Advancing Best Practices and Promoting Patient Safety with Emergency Medicine
G0058	Improving Care for Lower Extremity Joint Repair
G0059	Patient Safety and Support for Positive Experiences with Anesthesia
M1366	Focusing on Women's Health
M1367	Quality Care for the Treatment of Ear, Nose, and Throat Disorders
M1368	Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
M1369	Quality Care in Mental Health and Substance Use Disorders
M1370	Rehabilitative Support for Musculoskeletal Care

5.1.5 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.

- 9. **SHALL** contain exactly one [1..1] documentationOf (CONF:5562-18170_C01).

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

For MIPS subgroup reporting: it must contain exactly one performer, which contains one Subgroup Identifier. 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 APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. NPI and TIN are not allowed.

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

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

For APP APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. No NPI is allowed.

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

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

For MCP standard participant reporting: it must contain at least two performers. Exactly one performer contains one APM Entity Identifier; no NPI is allowed. At least one additional performer must be reported. Each additional performer contains one TIN and one NPI; only MCP participant clinicians are listed as performers.

For MCP FQHC participant reporting: it must contain exactly two performers. Exactly one performer contains one APM Entity Identifier; no NPI is allowed. Exactly one additional performer contains one TIN; no NPI is allowed.

- a. This documentationOf **SHALL** contain exactly one [1..1] `serviceEvent` (CONF:5562-18171_C01).
 - i. This `serviceEvent` **SHALL** contain at least one [1..*] `performer` (CONF:5562-18173).

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 for MIPS individual reporting, APP individual reporting, PCF reporting, and MCP standard participant reporting.

NPI is not allowed for group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, and MCP FQHC participant reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted.

1. Such performers **SHALL** contain exactly one [1..1] `assignedEntity` (CONF:5562-18176).
 - i. This `assignedEntity` **SHALL** contain exactly one [1..1] `id` (CONF:5562-18177_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, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, and MCP

- FQHC participant reporting. For MCP standard participant reporting, @nullFlavor is only present when reporting APM Entity Identifier.
- ii. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:5562-18178_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:5562-18247).
Note: This is the provider's NPI. It is only present when this is a MIPS individual reporting, APP individual reporting, PCF reporting, or MCP standard participant reporting. For PCF reporting, provide only those NPIs that participated in the PCF model during the performance year. For MCP standard participant reporting, provide only those NPIs that participated in the MCP model during the performance year.
- ii. This assignedEntity **SHALL** contain exactly one [1..1] representedOrganization (CONF:5562-18180).
 - i. This representedOrganization **MAY** contain zero or one [0..1] id (CONF:5562-18181_C01) such that it
 1. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.4.2" Tax ID Number (CONF:5562-18182).
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:5562-18190).
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. This representedOrganization **MAY** contain zero or one [0..1] id (CONF:CMS_106) such that it

1. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.3.249.5.4"` APM Entity Identifier (CONF:CMS_107).
 Note: This OID contained in the `@root` (2.16.840.1.113883.3.249.5.4) designates that the `@extension` must hold an APM Entity identifier.
 2. **SHALL** contain exactly one [1..1]
`@extension` (CONF:CMS_108).
 Note: This is the APM Entity identifier.
- iv. This `representedOrganization` **MAY** contain zero or one [0..1] `id` (CONF:CMS_115) such that it
1. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.3.249.5.5"` Subgroup (CONF:CMS_116).
 Note: This OID contained in the `@root` (2.16.840.1.113883.3.249.5.5) designates that the `@extension` must hold a Subgroup Identifier.
 2. **SHALL** contain exactly one [1..1]
`@extension` (CONF:CMS_117).
 Note: This is the Subgroup identifier.
- v. If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP"` or `"MIPS_APP1_GROUP"`, then this `representedOrganization` **SHALL** contain one [1..1] `id` such that it, **SHALL** be the group's TIN (CONF:CMS_82).
- vi. 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).
- vii. If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_APMENTITY"` or `"MIPS_APP1_APMENTITY"`, then this `representedOrganization` **SHALL** contain one [1..1] `id` such that it, **SHALL** be the APM Entity's APM Entity identifier (CONF:CMS_109).
- viii. If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV"` or `"MIPS_APP1_INDIV"` or `"PCF"`, then this `representedOrganization` **SHALL** contain one [1..1] `id` such that it, **SHALL** be the practitioner's or model participant's TIN (CONF:CMS_112).

- ix. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_SUBGROUP", then this representedOrganization **SHALL** contain one [1..1] id such that it, **SHALL** be the subgroup's Subgroup Identifier (CONF:CMS_114).
- 2. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then this serviceEvent **SHALL** contain at least two [2..*] performers such that it,
 - i. one performer **SHALL** be the APM Entity identifier and NPI **SHALL** be a @nullFlavor, and
 - ii. there is at least one additional performer, each additional performer **SHALL** contain one TIN and one NPI (CONF:CMS_138).

Note: Only MCP participant clinicians are listed as performers. APM Entity Identifier for MCP is the MCP Participant ID assigned to the MCP participant.

- 3. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC", then this serviceEvent **SHALL** contain exactly two [2..2] performers such that it,
 - i. one performer **SHALL** be the APM Entity identifier and NPI **SHALL** be a @nullFlavor, and
 - ii. exactly one additional performer **SHALL** contain one TIN and NPI **SHALL** be a @nullFlavor (CONF:CMS_139).

Note: APM Entity Identifier for MCP is the MCP Participant ID assigned to the MCP participant.

Figure 7: documentationOf Example – TIN and NPI

```

<documentationOf>
  <serviceEvent classCode="PCPR">
    <!-- Multiple performers can be included for PCF,
         each with an NPI and TIN -->
    <performer typeCode="PRF">
      <time>
        <low value="20250101"/>
        <high value="20251231"/>
      </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>

```

5.1.6 component

A CMS QRDA Category III document for the 2025 performance period must contain at least a QRDA Category III Measure Section, an Improvement Activity Section, or a Promoting Interoperability Measure Section.

For the 2025 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.

10. **SHALL** contain exactly one [1..1] **component** (CONF:5562-17217).
 - a. This component **SHALL** contain exactly one [1..1] **structuredBody** (CONF:5562-17235).
 - i. This structuredBody **MAY** contain zero or one [0..1] **component** (CONF:4526-17283) such that it
 1. **SHALL** contain exactly one [1..1] [QRDA Category III Measure Section - CMS \(V5\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01) (CONF:5562-17301_C01).
 - ii. This structuredBody **MAY** contain zero or one [0..1] **component** (CONF:5562-21173) such that it
 1. **SHALL** contain exactly one [1..1] Improvement Activity Section (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2020-12-01) (CONF:5562-21174).
 - iii. This structuredBody **MAY** contain zero or one [0..1] **component** (CONF:5562-21317) such that it

1. **SHALL** contain exactly one [1..1] Promoting Interoperability Measure Section (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2020-12-01) (CONF:5562-21318).
- ii. This structuredBody **SHALL** contain at least a QRDA Category III Measure Section - CMS (V5), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:5562-21394_C01).

5.1.7 additional document-level constraint

11. If

ClinicalDocument/component/structuredBody/component/section/templateId/@root="2.16.840.1.113883.10.20.27.2.3" is present, then this ClinicalDocument **SHALL** contain one participant such that it, **SHALL** be the CMS EHR Certification ID (CONF:CMS_140).

Note: For MIPS submissions, CMS EHR Certification ID is required for the Quality performance category. See section [5.1.3 participant \(CMS EHR Certification ID\)](#).

Figure 8: structuredBody Example

```
<component>
  <structuredBody>
    <component>
      <!-- QRDA Category III Measure Section - CMS (V5)-->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Improvement Activity Section -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Promoting Interoperability Measure Section (V3) -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
  </structuredBody>
</component>
```

5.2 Section-Level Templates

5.2.1 QRDA Category III Measure Section - CMS (V5)

```
[section: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01 (open)]
```

Table 5: QRDA Category III Measure Section – CMS (V5) Contexts

Contained By	Contains
QRDA Category III Report - CMS (V8) (optional)	Measure Reference and Results - CMS (V5) (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 PCF reporting, MCP standard participant reporting, and MCP FQHC participant reporting, this section must contain a Measure Reference and Results template for each eCQM that is being reported.

1. Conforms to QRDA Category III Measure Section (V5) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2020-12-01).
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="2022-05-01"` (CONF:CMS_66).
3. **SHALL** contain at least one [1..*] `entry` (CONF:4526-17906_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Reference and Results - CMS \(V5\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2022-05-01) (CONF:4526-17907_C01).

Figure 9: QRDA III Measure Section – CMS (V5) Example

```

<section>
  <!-- Measure Section template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.2.2" />
  <!-- QRDA Category III Measure Section (V5) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.1"
extension="2020-12-01"/>
  <!-- QRDA Category III Measure Section - CMS (V5) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.3"
extension="2022-05-01"/>
  <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>2c928083-8907-ce68-0189-2bbd31d6064e</td>
        </tr>
      </tbody>
    </table>
  </text>
  <entry>
    <!-- Measure Reference and Results - CMS (V5) -->
    <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 6: Measure Data – CMS (V4) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V5) (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 7: Measure Data - CMS (V4) Constraints Overview

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

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

XPath	Card	Verb	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="A35D89C5-C903-4D4C-BDBC-EA70D1254BEF"/>
      <!-- This is the population ID in the eCQM.
In this case, the IPOP -->
    </externalObservation>
  </reference>
</observation>

```

5.3.2 Measure Reference and Results - CMS (V5)

[organizer: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2022-05-01 (open)]

Table 8: Measure Reference and Results - CMS (V5) Contexts

Contained By	Contains
QRDA Category III Measure Section - CMS (V5) (required)	Performance Rate for Proportion Measure - CMS (V4) (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 9: Measure Reference and Results - CMS (V5) Constraints Overview

organizer[templateId/@root = '2.16.840.1.113883.10.20.27.3.17']
[templateId/@extension="2022-05-01"]

XPath	Card	Verb	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	2022-05-01
component	0..*	MAY	4526-17903_C01	
observation	1..1	SHALL	4526-17904_C01	Performance Rate for Proportion Measure - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01)
component	1..*	SHALL	4526-18425_C01	
observation	1..1	SHALL	4526-18426_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 (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2020-12-01).
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="2022-05-01"` (CONF:CMS_56).
3. **MAY** contain zero or more [0..*] `component` (CONF:4526-17903_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Performance Rate for Proportion Measure - CMS \(V4\)](#) (identifier: [urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01](#)).

urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01)
(CONF:4526-17904_C01).

4. **SHALL** contain at least one [1..*] **component** (CONF:4526-18425_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:4526-18426_C01).

Figure 11: Measure Reference and Results - CMS (V5) 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 (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.1"
  extension="2020-12-01"/>
  <!-- Measure Reference and Results - CMS (V5) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.17"
  extension="2022-05-01"/>
  <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="2c928083-8907-ce68-0189-2bc3939006ec"/>
      <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 10: 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 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 11: 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	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	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 12: 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 (V4)

```
[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01 (open)]
```

Table 13: Performance Rate for Proportion Measure – CMS (V4) Contexts

Contained By	Contains
Measure Reference and Results – CMS (V5) (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 14: Performance Rate for Proportion Measure - CMS (V4) Constraints Overview

```
observation[templated/@root = '2.16.840.1.113883.10.20.27.3.25']
[templated/@extension="2022-05-01"]
```

XPath	Card	Verb	CONF#	Value
templated	1..1	SHALL	CMS 59	
@root	1..1	SHALL	CMS 60	2.16.840.1.113883.10.20.27.3.25
@extension	1..1	SHALL	CMS 61	2022-05-01
Value	1..1	SHALL	4526-21307_C01 CMS 62 CMS 63	
Reference	1..1	SHALL	4526-19651_C01	

XPath	Card	Verb	CONF#	Value
@typeCode	1..1	SHALL	4526-19652_C01	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = REFR
externalObservation	1..1	SHALL	4526-19653_C01	
@classCode	1..1	SHALL	4526-19654	urn:oid:2.16.840.1.113883.5.6 (HL7ActClass)
Id	1..1	SHALL	4526-19655	
@root	1..1	SHALL	4526-19656	
Code	1..1	SHALL	4526-19657	
@code	1..1	SHALL	4526-19658	NUMER
@codeSystem	1..1	SHALL	4526-21180	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 (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.14:2020-12-01).
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**="2022-05-01" (CONF:CMS_61).
3. **SHALL** contain exactly one [1..1] **value** with **@xsi:type**="REAL" (CONF:4526-21307_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:4526-19651_C01).
 - a. This reference **SHALL** contain exactly one [1..1] **@typeCode**="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4526-19652_C01).
 - b. This reference **SHALL** contain exactly one [1..1] **externalObservation** (CONF:4526-19653_C01).
 - i. This externalObservation **SHALL** contain exactly one [1..1] **@classCode** (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6) (CONF:4526-19654).
 - ii. This externalObservation **SHALL** contain exactly one [1..1] **id** (CONF:4526-19655).
 1. This id **SHALL** contain exactly one [1..1] **@root** (CONF:4526-19656).
Note: This is the ID of the numerator in the referenced eCQM.
 - iii. This externalObservation **SHALL** contain exactly one [1..1] **code** (CONF:4526-19657).

1. This code **SHALL** contain exactly one [1..1] @code="NUMER" Numerator (CONF:4526-19658).
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:4526-21180).

Figure 13: Performance Rate for Proportion Measure - CMS (V4) 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 (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.14" extension="2020-12-01"/>
  <!-- Performance Rate for Proportion Measure - CMS (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.25" extension="2022-05-01"/>
  <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="B8A1855E-325E-4C1F-A69A-1CD4F2453054"/>
      <code code="NUMER" displayName="Numerator"
        codeSystem="2.16.840.1.113883.5.4"
        codeSystemName="ActCode"/>
    </externalObservation>
  </reference>
</observation>

```

6 2025 Performance Period eCQM Specifications for Eligible Clinicians UUID List

The following tables list the Version Specific Measure Identifier for each eCQM included in the [2025 Performance Period eCQM Specifications for 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 15 are labeled using the population codes listed below:

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

(Note: all eCQM specifications contained in the 2025 Performance Period eCQM Specifications for Eligible Clinicians are proportion measures.)

Table 15: UUID List for MIPS CY 2025 Performance Period eCQM Specifications Eligible Clinicians

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
N/A/ 134	CMS2v14	2c928083-8907-ce68-0189-40f8279a0a19	<u>IPOPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u> 30EC0533-2579-4CC6-A86D-5B0051C34604 661C22C5-CAA6-4F30-AE68-6FA59C265128 C22233F9-6C86-4C17-B212-3F1BD3312144 BD02B228-9DE9-447F-A343-0B3BDE778D22 21918DA5-4EA0-4B07-B676-6F26CBD3138A
N/A/ 317	CMS22v13	2c928083-8907-ce68-0189-085d8ee30171	<u>IPOPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u> 0DEB5DCD-8427-4B92-AF16-B55076181207 797225A9-0D85-4E00-8E13-A4573B5888D9 66AE107D-4CA4-459F-8C1B-95A0FB66B1F0 926C2531-5364-463E-B175-42C23646DEA9 D1C9AF32-8AF7-4E88-946E-03AFB53B2808
N/A/ 374	CMS50v13	8a6d0454-8df0-2d9f-018e-3eccbf332554	<u>IPOPOP:</u> <u>DENOM:</u> <u>NUMER:</u> D36BF246-D75C-41C1-B4F6-FA174EC27COD 894E9268-7EE5-4E26-BF65-4256C215414D B5A8F06A-68CE-428F-8FBA-FCCEE730EDOC
N/A/ 376	CMS56v13	8a6d0454-8df0-2d9f-018e-195e2997164c	<u>IPOPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> 302BE11A-862D-455B-A448-195EC448F62F 07F5C6F7-97B2-432C-82B8-80273F8EC826 75338DCE-0C13-4E34-BF6F-37AE601E27C7 781C2E9B-F92B-47F1-A4AD-0C28E8608EA3
N/A/ 130	CMS68v14	8a6d0454-8df0-2d9f-018d-f6aeba950637	<u>IPOPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u> F63CAC5B-9592-4E1E-82EE-739A66D86CC9 0B529CD7-00FB-4CAE-8B1F-B31DE4BB7E40 C2A96F40-F8F6-47B3-AEE5-157F101D3E6E 56553A64-494A-472D-905E-78D1CB7A011A
N/A/ 128	CMS69v13	2c928083-8907-ce68-0189-085ca8200160	<u>IPOPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u> 5A321168-A454-4BD9-B82E-A403B009DE8F 7980B172-09ED-4A0C-B29C-D652DB845BF5 50128A04-F2DD-4B6D-A078-B16904431CEC 5AF09C9B-07A3-4BF4-A366-7AEA9C934050 5509373E-4ACA-4B71-8E56-E42BBB1A3880

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 379	CMS74v14	8a6d0454-8df0-2d9f-018e-14a4c41a1438	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	4A7CD43D-16CD-4CF6-9AE4-41DFDAE5AA15 F2F65A2B-93E7-43A0-B43D-4A4AAD833387 C680F977-E081-4CCF-95EA-E47A06E4006C 08A02549-B703-48B3-9548-DACBA6E63ABD 02B0863D-66C9-4021-9B6D-FF10C556B9E3 C752E176-569A-4D6E-9F28-1E86B6E21B23 A21F8CB1-0BA7-4133-9B43-FDA458BF7DC3
N/A/ 378	CMS75v13	8a6d0454-8df0-2d9f-018d-fb4979730949	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	DBD0EEC9-8373-48E8-BCDA-579441BD5004 8D71CDFB-3183-45E1-B884-5E6A430C2171 2C15DE33-98F6-48B6-A301-36666E235F2E C0E870C1-BA44-40D3-9ADD-C2D04503A404
N/A/ 377	CMS90v14	2c928083-8907-ce68-0189-2bbddc70065a	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	B3F0E1F2-9645-402E-8A3E-414E9773BC85 80370B8C-F59E-4548-B7FA-65BC1B3B83DA C19395B9-D760-45FD-A850-539F0BE7F6D7 EDC19F9D-D470-477C-AC64-6ED092F4EBE2
N/A/ 240	CMS117v13	8a6d0454-8df0-2d9f-018e-14b6950d1473	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	09CA0EF6-9AE4-4636-A2BF-CAC945A03AF5 4B91AD4E-0169-4694-843C-89035AF1F85C A37C5F96-E949-4191-806E-2808BBD2F2BA 667F8CB8-6C2B-403B-9C04-DF21FB800310
N/A/ 001	CMS122v13	2c928083-8907-ce68-0189-2bc5fa0d0739	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	51D8CA9A-E511-4793-8AD4-EFAE90F3ABA4 EA65F958-962E-433B-A9A3-CC2EA7B76E26 CA386077-1F7A-4C23-85D7-33A4FCED0803 10C65EBE-685C-48F8-8B24-351C6F3481E9
N/A/ 309	CMS124v13	8a6d0454-8df0-2d9f-018e-1498df861413	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	E85A469F-8A90-43B2-8E94-C2AF73A6FA5D 3B6E90F0-0361-451E-B472-971601A70D4A C9602136-DBDF-43FD-975E-D7153704C947 6A236D90-E202-42EE-8AA6-0743B659F06A
N/A/ 112	CMS125v13	2c928083-8907-ce68-0189-2bc3939006ec	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	87CE9EB7-380D-42EF-848A-DDE91AB59EAD 9D4334D0-F035-4B79-AE94-CE33E1CCFA66 3EB42551-4D50-4437-BDD5-75CE69DB29AA B8A1855E-325E-4C1F-A69A-1CD4F2453054
N/A/ 009	CMS128v13	2c928084-8a90-2af8-018a-98ddac0b02c8	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	FB7963B0-4087-4620-831A-011F11461F1D 6377FF0F-DF03-46C5-9269-4047935DEF0D CEE186A0-C49C-48C1-B6A2-9D3DBDCAB754 2F9BA0BC-A3A0-4F25-AF9E-FD3BB4DEA05A 6E7B2368-CCCA-4414-856A-4BC93DCF2067 E05BAE38-1702-461A-8FF8-50E41D18483B CC153620-82CB-4D5B-9262-9958EC3DBAD2 2D4DFEFA-9E20-46FC-BAFB-2685D0DADC70
N/A/ 102	CMS129v14	8a6d0454-8df0-2d9f-018d-facc3e080852	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	BD03BE75-BCC3-40EB-A93B-2085A1F53A7B 0E621B55-8522-4202-944F-CCB1DD58D373 FA99F264-3BD5-4B71-BF14-7AE4B2A4967F 6CC0BCC3-733E-4A1A-A7A0-9F4D374FBFB4
N/A/ 113	CMS130v13	2c928083-8907-ce68-0189-2bc134cf06bb	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	F551C910-F688-450C-9C76-88401EDA98FA 5B1B895A-CD14-4AE2-9461-D599B5D73D31 7AEB935C-8F1E-47B3-97AE-CEB97C06E4E6 1C4A619B-74C1-4C1F-A6C8-3178C7E595AA 36D178DD-1B4B-4D79-885C-B8D681B1A14D 9770406F-1571-40B9-839E-2F6E5193E103
N/A/ 117	CMS131v13	2c928083-8907-ce68-0189-2bc6ce070753	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	DE68473F-7082-4FFD-9DD3-71531B811E7E 38DFCC83-3534-48F9-950E-FF8B5DB8FA7B E6EAA627-1117-4BC9-9ACF-EE48336ECF12 5528FDCC-6B40-4409-B39A-2E3B2BA6201A

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
0565e/191	CMS133v13	8a6d0454-8df0-2d9f-018d-f165689901d0	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> 83F4C940-E371-4187-8DD0-1FCDDE5C2F46 E0A06C0E-AC1B-415F-A246-E2B573ED9DCC 76BEA822-703B-4674-9829-3909DBDF63BF D763A7D1-8904-4467-BA74-A4B9FA903A4B
0081e/005	CMS135v13	8a6d0454-8df0-2d9f-018e-38a211a320a6	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u> 387A9670-3826-437F-99C6-436D51ECA38B 7F599BDC-FDC8-4139-BE0C-9DE81B1FA01B F2B96014-C3D2-4F0B-BA16-8B93747A04E8 19BD56A6-3838-4888-9780-1B284DFE6C45 D3887622-BD0C-4965-B2E4-3C58A3F2550F
N/A/366	CMS136v14	2c928083-8907-ce68-0189-2bbefefe0669	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> B88DD062-C0C1-46D4-A739-C607A37BB261 0EBDF7B3-3C2A-4221-8FC6-5CC442975352 02DD44D5-0DB1-4DC2-81CF-B2A71663280E 8AC76953-1D7C-4729-8F96-3AFC552A99EB B36D1E39-517E-48A2-866F-F4A1C7D12726 6DC20C09-1A43-4632-8CEB-A3A5FA191E64 E90337E4-28CC-49DE-9FC6-1139B386F21A 53EB472F-C673-4572-99FF-21AE87C9169B
N/A/305	CMS137v13	2c928083-8907-ce68-0189-2bc6714c0746	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>STRAT 1-3:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>STRAT 2-3:</u> 5546F555-1CBE-4E4E-9FC2-7B8329885844 1090455E-3666-48A9-B6E1-D426F2305B16 745EF584-6DC8-4E52-BBD3-0FFD9F9488EC 2F6B7018-D8D5-4805-939D-36718237E09F B2AE3A04-D7F8-463F-A42C-944B9B487B89 CAE8F49C-FD7B-4BB5-AAEA-D4388AD86153 A51DA177-B279-4D54-8267-BCFA529DB924 101EC2CD-4B29-4B76-9A7C-C4E3C6635977 B85099F9-F649-47B0-97F3-35CB77B559B4 93736F21-3C4A-4CAE-9B02-EA9452681AE7 A5C6CEA6-D567-4990-9E3C-9091D1689A86 DAE550C2-BED7-42FB-991C-0EAB5F100576 DEBA0FD9-0EC4-4D64-A9B1-F9D94548400D 5B711256-F594-4B26-9587-D75325EDCC22
N/A/226	CMS138v13	8a6d0454-8df0-2d9f-018e-1483736a13d7	<u>IPOP1:</u> <u>DENOM1:</u> <u>DENEX1:</u> <u>NUMER1:</u> <u>IPOP2:</u> <u>DENOM2:</u> <u>DENEX2:</u> <u>NUMER2:</u> <u>IPOP3:</u> <u>DENOM3:</u> <u>DENEX3:</u> <u>NUMER3:</u> AB01AB8C-5200-4C98-94B1-785687A9469F C13FB76B-61C6-422F-92ED-71D8FFE685FC D80F9855-5B82-4EAB-97E7-48F7E5E24510 E3DA4ECF-8EE9-4578-B3EB-D269973F8EFB C508583F-77CE-4004-AC69-13A84B2641D3 5D9336BB-1759-4FB0-ACAD-C944F28ACD10 D323558D-2C59-476C-A6B9-32E5BCF5D2E8 21D4794A-1450-4C3D-89AE-A4791DF8FA2A D9BEF0F0-26B4-484C-AF92-252622D46734 5455BCAD-B7A1-4F2E-85FF-EAE0881B7666 64F71C4C-5F42-479C-9EDF-968EBCCFEDE7 333A53EF-9CFF-4AC2-9F71-BA7010DBA9ED
N/A/318	CMS139v13	8a6d0454-8df0-2d9f-018e-1434289012a6	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> 2EFD85A8-0F6A-4C9D-B500-B13559B6E000 45522BD1-875C-4C6D-BC3E-8CE25CA84D36 B58EC200-EE42-4105-A721-EDAFBFC7311C AF945143-9A66-47D6-819A-7C8463EF7E30
N/A/019	CMS142v13	8a6d0454-8df0-2d9f-018d-f541b7af031c	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u> 25A23253-E238-4C41-AC70-556A2C25EBAE 1FDD8A3A-9815-43BB-A69A-6430BD9D5507 75CBF5D5-DF61-4232-90AA-E935A07E25BE 7C701A84-4CE6-4B35-BC7B-A55104C4318D

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0086e/ 012	CMS143v13	2c928083-8907-ce68-0189- 2c5fd8f507f6	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	1E1D1DFF-5C13-468A-8249-3E5BC0EC874C 6DE21B3D-3977-4CC8-BFD3-494931E7EDCB 968D1438-3837-4F81-B418-FED09C6CFB22 D8DE0149-AC18-4101-858C-A9C15914C451
0083e/ 008	CMS144v13	8a6d0454-8df0-2d9f-018e- 38a6aa7820b7	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	EF7BEF3F-81C2-475F-96C7-2FC7F741FB4D 2C681E01-0A30-437E-A0C3-953EF766E5E7 686A54E2-2D9C-423B-B3C5-31C9AECFA73 AC0D26F8-7DE1-42F6-9CD9-2B96D8383E51 E3081257-80AD-420A-98D4-EA2629C32C0E
0070e/ 007	CMS145v13	8a6d0454-8df0-2d9f-018e- 38a8fc7720c8	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	A8E96013-BA2C-445F-8084-5610925F378A 412A6DD3-1582-43EE-9E7E-BA55261D5485 1A0759C1-708C-4DC9-B3F4-5D8EAC1BA579 A25F0F00-D7D5-44AA-A335-36E844CB96AD 45B35274-CD8E-4CD7-A433-F4321DFE441D 0ED9D8CD-0605-41DF-99A8-0887B5F9D281 7F636E25-F65D-47A9-B9B2-C16D8DC0E8AB CE7D3F94-476C-407E-B032-2491447FBF1B
N/A/ 066	CMS146v13	2c928083-8907-ce68-0189- 2bc70587075c	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	C57B1E01-AC23-4464-A182-23A6CC4848B3 CF89139C-D474-4B2E-82DE-ECEFC6A926AA C343340E-9E88-46FD-B6E9-B81C3D3B3170 87675FD5-79CD-43A6-861C-864E5A604961 C89BCB64-B3AF-4846-9D7B-6EA492566292 7CD29562-AA93-4F85-827A-399F8C54D71B 2E813A1F-EF0D-4B2A-98FF-A521A2B1A31A
2872e/ 281	CMS149v13	8a6d0454-8df0-2d9f-018e- 2eac82341b5c	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	9DEED3EA-9939-4772-9F89-9DC1EE3D2B5F D998D635-C003-4EE3-857D-B6061DD4C61C 036F56EA-99A9-4205-8563-D266D328AD2D CECF1BF8-0831-400A-9266-4540BFED53EF
N/A/ 310	CMS153v13	2c928083-8907-ce68-0189- 2bc54e250721	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	938888B6-FF4F-4431-A464-52E770E6D9ED 7B198078-DCA5-4E4D-A9DE-5C37D68EABF5 0D49F098-5B25-4D08-BA45-8360F3641559 088B388C-E545-4450-A24F-0A027A58E952 B94B3457-EEF3-41DB-8DAE-0C3944187A74 2647B47B-6FD9-4DD2-A804-F8D886140857
N/A/ 065	CMS154v13	2c928083-8907-ce68-0189- 2bc79da1076a	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	50D6E6FD-F841-4E7C-9719-CD484A43AC8A 5DB707B9-4D8B-4CAF-B8AB-4310B02681D0 932D4556-8347-4562-9B3A-179FD75D7317 824D23C2-A5B6-472D-BF80-C01FDCE067B5 9C620235-0F60-4FAA-8D45-7F87CE6E43FA 9BD1D83A-D619-4657-A6C3-D7A567C732DE 3E81D63D-95D1-414A-A1D1-920D11C724A2

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
N/A/ 239	CMS155v13	2c928083-8907-ce68-0189-2bc4d68a0712	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u></p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u></p> <p><u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>STRAT 3-1:</u> <u>STRAT 3-2:</u></p>
N/A/ 238	CMS156v13	8a6d0454-8df0-2d9f-018e-1962141d1669	<p><u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u></p> <p><u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u></p> <p><u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u></p>
0384e/ 143	CMS157v13	2c928082-89bd-094d-018a-18cedd5214df	<p><u>IPOP1:</u> <u>DENOM1:</u> <u>NUMER1:</u></p> <p><u>IPOP2:</u> <u>DENOM2:</u> <u>NUMER2:</u></p>
0710e/ 370	CMS159v13	8a6d0454-8df0-2d9f-018e-38c36cb320f0	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u></p>
N/A/ 236	CMS165v13	2c928083-8907-ce68-0189-2bbd31d6064e	<p><u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u></p>
N/A/ 382	CMS177v13	2c928083-8907-ce68-0189-2c7da17f0827	<p><u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u></p>

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
3475e/472	CMS249v7	2c928083-8907-ce68-0189-2bbfe4a8068e	IPOP: DENOM: DENEX: NUMER: NUMEX:
N/A/	CMS314v2	2c928082-89bd-094d-018a-04026e970f36	IPOP: DENOM: NUMER:
N/A/438	CMS347v8	8a6d0454-8df0-2d9f-018e-678dedf63448	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: IPOP4: DENOM4: DENEX4: NUMER4: DENEXCEP4:
N/A/475	CMS349v7	2c928083-8907-ce68-0189-0da36cc00327	IPOP: DENOM: DENEX: NUMER: DENEXCEP:
N/A/462	CMS645v8	8a6d0454-8df0-2d9f-018e-3882c43c2059	IPOP: DENOM: NUMER: DENEXCEP:
N/A481	CMS646v5	8a6d0454-8df0-2d9f-018e-32d124a31dbb	IPOP: DENOM: DENEX: NUMER: DENEXCEP:
N/A/476	CMS771v6	8a6d0454-8df0-2d9f-018e-388bfc372073	IPOP: DENOM: DENEX: NUMER:
N/A/488	CMS951v3	2c928083-8907-ce68-0189-0da3bc40032f	IPOP: DENOM: DENEX: NUMER:

CBE/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
3633e/	CMS1056v2	8a6d0454-8df0-2d9f-018e-437f76142790	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	1FFCCC84-6F19-4B0A-9DF0-6B851CE34C24 B6F347A2-7768-4D3F-96E5-5DECFDA059F 2E1C63E1-5790-4E94-9081-ACA574B3DB47 BA85E0B1-3886-4000-B694-8D0E158731C5
N/A/	CMS1188v2	2c928082-89bd-094d-018a-040440ca0f41	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	E9614413-6EAC-4C48-A69D-A9DC1A228954 69732BC0-17DD-40BA-995C-689E8FDB7838 604D6C9E-C89B-4F4A-A3CB-E14B100E02F3

7 Measure Identifiers

For all CMS eligible clinicians 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 16: Improvement Activities Identifiers for the MIPS CY 2025 Performance Period

Table 16 will be updated following the PFS Final Rule

Table 17: Promoting Interoperability Objectives and Measures Identifiers for the MIPS CY 2025 Performance Period

Table 17 will be updated following the PFS Final Rule

Table 18: Promoting Interoperability Attestation Statements Identifiers

Table 18 will be updated following the PFS Final Rule

APPENDIX

8 Troubleshooting and Support

8.1 Resources

The following provide additional information:

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://oncprojecttracking.healthit.gov/>

Making Care Primary (MCP): <https://www.cms.gov/priorities/innovation/innovation-models/making-care-primary>

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://www.cms.gov/priorities/innovation/innovation-models/primary-care-first-model-options>

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

8.2 Support

Table 19: Support Contact Information

Contact	Organization	Phone	Email
QPP Service Center	CMS	1-866-288-8292 TTY: 1-877-715-6222	QPP@cms.hhs.gov
PCF Support	CMS	1-888-517-7753	PCF@telligen.com
MCP Help Desk	CMS	1-888-734-6433, option 6	MCP@cms.hhs.gov

8.3 Errata or Enhancement Requests

Table 20: Errata or Enhancement Request Location

Contact	Organization	URL	Purpose
HL7 Jira Tracker	HL7	https://jira.hl7.org	Document errors or enhancement request to the HL7 standard. Create a Jira tracker by selecting project “CDA Specification Feedback” and specification “Quality Reporting Document Architecture Category III”.

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 21: 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 22: NPI Validation Rules and Table 23: TIN Validation Rules list the validation rules performed on the NPI and TIN.

Table 22: 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 23: 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 – 2025 CMS QRDA III Implementation Guide Changes to QRDA III Release 1 Base Standard

This table lists all changes made to this 2025 guide from the "Base Standard", the *HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm*.

Table 24: 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="2024-07-01" (CONF:CMS_3).
5562-17238_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:4484-17238).	SHALL contain exactly one [1..1] confidentialityCode (CONF:5562-17238_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).
5562-19669_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:4484-19669).	This languageCode SHALL contain exactly one [1..1] @code="en" English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:5562-19669_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).
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).

CONF. #	Section	Base Standard	Changed To
CMS_11	5.1.1	n/a	<p>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 2024-07-01 (CONF:CMS_11).</p> <p>Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.</p>
CMS_99	5.1.1	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then ClinicalDocument/participant/@typeCode="LOC" SHALL be present (CONF:CMS_99).</p> <p>Note: For PCF reporting, PCF APM Entity Identifier must be submitted.</p>
CMS_100	5.1.1	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V5) SHALL be present (CONF:CMS_100).</p> <p>Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.</p>
CMS_97	5.1.1	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V4) SHALL be present (CONF:CMS_97).</p> <p>Note: For PCF reporting, performance rate for a proportion eCQM must be specified.</p>
CMS_98	5.1.1	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID SHALL be present (CONF:CMS_98).</p>
CMS_131	5.1.1	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then QRDA Category III Measure Section – CMS (V5) SHALL be present (CONF:CMS_131).</p> <p>Note: For MCP reporting, the QRDA III document must contain a quality (eCQMs) section.</p>

CONF. #	Section	Base Standard	Changed To
CMS_132	5.1.1	n/a	If ClinicalDocument/informationRecipient/int endedRecipient/id/@extension="MCP_ST ANDARD", then Performance Rate for Proportion Measure – CMS (V4) SHALL be present (CONF:CMS_132) Note: For MCP reporting, performance rate for a proportion eCQM must be specified.
CMS_133	5.1.1	n/a	If ClinicalDocument/informationRecipient/int endedRecipient/id/@extension="MCP_ST ANDARD", then CMS EHR Certification ID SHALL be present (CONF:CMS_133).
CMS_135	5.1.1	n/a	If ClinicalDocument/informationRecipient/int endedRecipient/id/@extension="MCP_FQHC", then QRDA Category III Measure Section – CMS (V5) SHALL be present (CONF:CMS_135). Note: For MCP reporting, the QRDA III document must contain a quality (eCQMs) section.
CMS_136	5.1.1	n/a	If ClinicalDocument/informationRecipient/int endedRecipient/id/@extension="MCP_FQHC", then Performance Rate for Proportion Measure – CMS (V4) SHALL be present (CONF:CMS_136). Note: For MCP reporting, performance rate for a proportion eCQM must be specified.
CMS_137	5.1.1	n/a	If ClinicalDocument/informationRecipient/int endedRecipient/id/@extension="MCP_FQHC", then CMS EHR Certification ID SHALL be present (CONF:CMS_137).
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_101 CMS_102 CMS_103	5.1.2	n/a	<p>This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_101) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.3" PCF Practice Site (CONF:CMS_102).</p> <p>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.</p> <p>SHALL contain exactly one [1..1] @extension (CONF:CMS_103).</p> <p>Note: This is the PCF APM Entity Identifier assigned to the PCF practice.</p>
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).
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	<p>MAY contain zero or one [0..1] participant (CONF:CMS_85) such that it</p> <p>SHALL contain exactly one [1..1] @typeCode="DEV" device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_86).</p> <p>SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_87).</p>

CONF. #	Section	Base Standard	Changed To
<p>CMS_88 CMS_89 CMS_90 CMS_91</p>	<p>5.1.3</p>	<p>n/a</p>	<p>This associatedEntity SHALL contain exactly one [1..1] @classCode="RGPR" regulated product (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6) (CONF:CMS_88).</p> <p>This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_89).</p> <p>This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_90).</p> <p>This id SHALL contain exactly one [1..1] @extension (CONF:CMS_91). Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.</p>

CONF. #	Section	Base Standard	Changed To
<p>CMS_118 CMS_119 CMS_120 CMS_121 CMS_122 CMS_123 CMS_124</p>	<p>5.1.4</p>	<p>n/a</p>	<p>Each MIPS individual, group, subgroup, or APM Entity can select one MVP to report. The available MVPs for the 2024 performance period and their identifiers are listed in Table 4.</p> <p>MAY contain zero or one [0..1] participant (CONF:CMS_118) such that it</p> <p>SHALL contain exactly one [1..1] @typeCode="TRC" tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_119).</p> <p>SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_120).</p> <p>This associatedEntity SHALL contain exactly one [1..1] @classCode="PROG" program eligible (CodeSystem: HL7RoleClass urn:oid:2.16.840.1.113883.5.110) (CONF:CMS_121).</p> <p>This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_122).</p> <p>This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.6" MIPS Value Pathway (CONF:CMS_123).</p> <p>This id SHALL contain exactly one [1..1] @extension (CONF:CMS_124). Note: The value of @extension is the MVP identifier.</p>
<p>5562-18170_C01</p>	<p>5.1.5</p>	<p>MAY contain zero or one [0..1] documentationOf (CONF: 4484-18170).</p>	<p>SHALL contain exactly one [1..1] documentationOf (CONF:5562-18170_C01).</p>

CONF. #	Section	Base Standard	Changed To
4526-18171_C01	5.1.5	The documentationOf, if present, SHALL contain exactly one [1..1] serviceEvent (CONF:4484-18171).	<p>For MIPS group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.</p> <p>For MIPS subgroup reporting: it must contain exactly one performer, which contains one Subgroup Identifier. No NPI is allowed.</p> <p>For MIPS virtual group reporting: it must contain exactly one performer, which contains one Virtual Group Identifier. No NPI is allowed.</p> <p>For MIPS APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. NPI and TIN are not allowed.</p> <p>For MIPS individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.</p> <p>For APP group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.</p> <p>For APP APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. No NPI is allowed.</p> <p>For APP individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.</p> <p>For PCF: it must contain at least one performer, each performer contains one TIN and one NPI. Only PCF Practice Site providers are listed as performers.</p> <p>For MCP standard participant reporting: it must contain at least two performers. Exactly one performer contains one APM Entity Identifier; no NPI is allowed. At least one additional performer must be reported. Each additional performer contains one TIN and one NPI; only MCP participant clinicians are listed as performers.</p> <p>For MCP FQHC participant reporting: it must contain exactly two performers. Exactly one performer contains one APM Entity Identifier; no NPI is allowed. Exactly one additional performer contains one TIN; no NPI is allowed.</p>

CONF. #	Section	Base Standard	Changed To
4526-18171_C01	5.1.5	(cont.)	<p>(cont.)</p> <p>This documentation SHALL contain exactly one [1..1] serviceEvent (CONF:5562-18171_C01).</p> <p>This serviceEvent SHALL contain at least one [1..*] performer (CONF:5562-18173).</p>
5562-18177_C01	5.1.5	<p>This assignedEntity id/@root coupled with the id/@extension can be used to represent the individual provider's National Provider Identification number (NPI). Other assignedEntity ids may be present.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:4484-18177) such that it</p>	<p>The assignedEntity id/@root = '2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI).</p> <p>NPI is required for MIPS individual reporting, APP individual reporting, PCF reporting, and MCP standard participant reporting.</p> <p>NPI is not allowed for group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, and MCP FQHC participant reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:5562-18177_C01) such that it</p>
CMS_29	5.1.5	n/a	<p>MAY contain zero or one [0..1] @nullFlavor (CONF:CMS_29).</p> <p>Note: @nullFlavor is only present for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, and MCP FQHC participant reporting. For MCP standard participant reporting, @nullFlavor is only present when reporting APM Entity Identifier.</p>

CONF. #	Section	Base Standard	Changed To
5562-18178_C01	5.1.5	MAY contain zero or one [0..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:4484-18178).	<p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:5562-18178_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.</p> <p>MAY contain zero or one [0..1] @extension (CONF:5562-18247). Note: This is the provider's NPI. It is only present when this is a MIPS individual reporting, APP individual reporting, PCF reporting, or MCP standard participant reporting. For PCF reporting, provide only those NPIs that are participating in the PCF model during the performance year. For MCP standard participant reporting, provide only those NPIs that participated in the MCP model during the performance year.</p>
5562-18181_C01	5.1.5	This representedOrganization MAY contain zero or one [0..1] id (CONF:4484-18181) such that it	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:5562-18181_C01) such that it
CMS_79 CMS_80 CMS_81	5.1.5	n/a	<p>This representedOrganization SHOULD contain zero or one [0..1] id (CONF:CMS_79) such that it</p> <p>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.</p> <p>SHALL contain exactly one [1..1] @extension (CONF:CMS_81). Note: This is the Virtual Group Identifier.</p>
CMS_106 CMS_107 CMS_108	5.1.5	n/a	<p>This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_106) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.4" APM Entity Identifier (CONF:CMS_107). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.4) designates that the @extension must hold an APM Entity identifier.</p> <p>SHALL contain exactly one [1..1] @extension (CONF:CMS_108). Note: This is the APM Entity identifier.</p>

CONF. #	Section	Base Standard	Changed To
<p>CMS_115 CMS_116 CMS_117</p>	<p>5.1.5</p>	<p>n/a</p>	<p>This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_115) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.5" Subgroup (CONF:CMS_116). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.5) designates that the @extension must hold a Subgroup Identifier.</p> <p>SHALL contain exactly one [1..1] @extension (CONF:CMS_117). Note: This is the Subgroup identifier.</p>
<p>CMS_82</p>	<p>5.1.5</p>	<p>n/a</p>	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP" or "MIPS_APP1_GROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the group's TIN (CONF:CMS_82).</p>
<p>CMS_83</p>	<p>5.1.5</p>	<p>n/a</p>	<p>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).</p>
<p>CMS_114</p>	<p>5.1.5</p>	<p>n/a</p>	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_SUBGROUP", then this representedOrganization SHALL contain one [1..1] id such that it, SHALL be the subgroup's Subgroup Identifier (CONF:CMS_114).</p>
<p>CMS_109</p>	<p>5.1.5</p>	<p>n/a</p>	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_APMENTITY" or "MIPS_APP1_APMENTITY", then this representedOrganization SHALL contain one [1..1] id such that it, SHALL be the APM Entity's APM Entity identifier (CONF:CMS_109).</p>

CONF. #	Section	Base Standard	Changed To
CMS_112	5.1.5	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV" or "MIPS_APP1_INDIV" or "PCF", then this representedOrganization SHALL contain one [1..1] id such that it, SHALL be the practitioner's or model participant's TIN (CONF:CMS_112).</p>
CMS_138	5.1.5	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then this serviceEvent SHALL contain at least two [2..*] performers such that it,</p> <p>one performer SHALL be the APM Entity identifier and NPI SHALL be a @nullFlavor, and</p> <p>there is at least one additional performer, each additional performer SHALL contain one TIN and one NPI (CONF:CMS_138).</p> <p>Note: Only MCP participant clinicians are listed as performers. APM Entity Identifier for MCP is the MCP Participant ID assigned to the MCP participant.</p>
CMS_139	5.1.5	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC", then this serviceEvent SHALL contain exactly two [2..2] performers such that it,</p> <p>one performer SHALL be the APM Entity identifier and NPI SHALL be a @nullFlavor, and</p> <p>exactly one additional performer SHALL contain one TIN and NPI SHALL be a @nullFlavor (CONF:CMS_139).</p> <p>Note: APM Entity Identifier for MCP is the MCP Participant ID assigned to the MCP participant.</p>
5562-17301_C01	5.1.6	SHALL contain exactly one [1..1] QRDA Category III Measure Section (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.2.0.27.2.1:2020-12-01) (CONF:4484-17301).	SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01) (CONF:5562-17301_C01).

CONF. #	Section	Base Standard	Changed To
5562-21394_C01	5.1.6	This structuredBody SHALL contain at least a QRDA Category III Measure Section (V5), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:4484-21394).	This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V5), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:5562-21394_C01).
CMS_140	5.1.7	n/a	If ClinicalDocument/component/structuredBody/component/section/templateId/@root="2.16.840.1.113883.10.20.27.2.3" is present, then this ClinicalDocument SHALL contain one participant such that it, SHALL be the CMS EHR Certification ID (CONF:CMS_140). Note: For MIPS submissions, CMS EHR Certification ID is required for the Quality performance category. See section 5.1.3 participant (CMS EHR Certification ID).
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="2022-05-01" (CONF:CMS_66).
4526-17906_C01 4526-17907_C01	5.2.1	SHALL contain at least one [1..*] entry (CONF:4484-17906) such that it SHALL contain exactly one [1..1] Measure Reference and Results (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2020-12-01) (CONF:4484-17907).	SHALL contain at least one [1..*] entry (CONF:4526-17906_C01) such that it SHALL contain exactly one [1..1] Measure Reference and Results - CMS (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2022-05-01) (CONF:4526-17907_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).

CONF. #	Section	Base Standard	Changed To
4427-18136_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18136) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18136_C01) such that it SHALL contain exactly one [1..1] Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).
4427-18139_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259_18139) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18139_C01) such that it SHALL contain exactly one [1..1] Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01) (CONF:3259-18149).
4427-18140_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18140) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18140_C01) such that it SHALL contain exactly one [1..1] Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01) (CONF:3259-18150).
4427-18141_C01 4427-18151_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18141) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18141_C01) such that it SHALL contain exactly one [1..1] Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) (CONF:4427-18151_C01).
CMS_54 CMS_55 CMS_56	5.3.2	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_54) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.17" (CONF:CMS_55). SHALL contain exactly one [1..1] @extension="2022-05-01" (CONF:CMS_56).

CONF. #	Section	Base Standard	Changed To
4526-17903_C01 4526-17904_C01	5.3.2	MAY contain zero or more [0..*] component (CONF:4484-17903) 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:4484-17904).	MAY contain zero or more [0..*] component (CONF:4526-17903_C01) such that it SHALL contain exactly one [1..1] Performance Rate for Proportion Measure - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01) (CONF:4526-17904_C01).
4526-18425_C01 4526-18426_C01	5.3.2	SHALL contain at least one [1..*] component (CONF:4484-18425) such that it SHALL contain exactly one [1..1] Measure Data (V3) (identifier:urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-09-01) (CONF:3259-18426).	SHALL contain at least one [1..*] component (CONF:4526-18425_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:4526-18426_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).
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).

CONF. #	Section	Base Standard	Changed To
<p>CMS_59 CMS_60 CMS_61</p>	<p>5.3.4</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_59) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.2.5" (CONF:CMS_60).</p> <p>SHALL contain exactly one [1..1] @extension="2022-05-01" (CONF:CMS_61).</p>
<p>4526-21307_C01 CMS_62 CMS_63</p>	<p>5.3.4</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="REAL" (CONF:4526-21307_C01).</p> <p>The value, if present, SHALL be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62).</p> <p>The value, if present, SHALL contain no more than 6 digits to the right of the decimal (CONF:CMS_63).</p>
<p>4526-19651_C01 4526-19652_C01 4526-19653_C01</p>	<p>5.3.4</p>	<p>MAY contain zero or one [0..1] reference (CONF:4484-19651).</p> <p>The reference, if present, SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4484-19652).</p> <p>The reference, if present, SHALL contain exactly one [1..1] externalObservation (CONF:4484-19653).</p>	<p>SHALL contain exactly one [1..1] reference (CONF: 4526-19651_C01).</p> <p>This reference SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4526-19652_C01).</p> <p>This reference SHALL contain exactly one [1..1] externalObservation (CONF:4526-19653_C01).</p>

12 Change Log – Changes from the 2024 CMS QRDA Implementation Guide

The Table 25 lists the changes made in each section of this 2025 CMS QRDA Eligible Clinicians Implementation Guide, as compared with the 2024 CMS QRDA III Implementation Guide.

Table 25: Changes Made to the 2025 CMS Eligible Clinicians QRDA IG from 2024 CMS QRDA IG

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
Base Standard	No changes to the base standard: HL7 Clinical Document Architecture (CDA) R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm	HL7 Clinical Document Architecture (CDA) R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm
n/a	Updated to 2025 performance period throughout	2024 performance period.
3.1 Background	Updated to CMS QRDA III Report – CMS (V9) in Figure 4	Figure 4 showed CMS QRDA III Report – CMS (V8)
4.1 Primary Care First (PCF) Submissions	Updated language for the 2025 performance period.	Language for the 2024 performance period.
4.2 Making Care Primary (MCP) Submissions	New section added.	n/a
4.3.1 Traditional MIIPS Individual, Group, and Virtual Group Reporting	Updated language for the 2025 performance period. For the 2025 performance period, a CMS EHR Certification ID is required for the MIPS Quality performance category and the Promoting Interoperability performance category. See 5.1.3 participant (CMS EHR Certification ID) for details.	4.2.1 Traditional MIIPS Individual, Group, and Virtual Group Reporting For the 2024 performance period, a CMS EHR Certification ID is required for the Promoting Interoperability performance category. See 5.1.3 participant (CMS EHR Certification ID) for details. CMS EHR Certification ID is optional for the MIPS Quality performance category.
4.3.2 Traditional MIPS APM Entity Reporting	Updated language for the 2025 performance period. For the 2025 performance period, CMS EHR Certification ID is required for the MIPS Quality performance category.	4.2.2 Traditional MIPS APM Entity Reporting Language for the 2024 performance period. For the 2024 performance period, CMS EHR Certification ID is optional for the MIPS Quality performance category.

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
4.5 MIPS Value Pathways (MVPs)	<p>Updated language for the 2025 performance period.</p> <p>MIPS Value Pathways (MVPs) are subsets of measures and activities, established through rulemaking, that can be used as an optional way to meet MIPS reporting requirements.</p>	<p>4.4 MIPS Value Pathways (MVPs)</p> <p>MIPS Value Pathways (MVPs) are a new optional way to meet MIPS reporting requirements beginning with the 2024 performance period. MVPs are subsets of measures and activities, established through rulemaking, that can be used as an optional way to meet MIPS reporting requirements beginning with the 2024 performance period.</p>
4.7 Identifiers	<p>Added “For MCP, this is the MCP Participant Identifier assigned by MCP” under Alternative Payment Model (APM) Entity Identifier</p> <p>Added “Required for MCP standard participant reporting” and “Not allowed for MCP Federally Qualified Health Center (FQHC) participant reporting” under National Provider Identifier (NPI)</p> <p>Added “Required for MCP standard and MCP FQHC participant reporting” under Tax Identification Number (TIN).</p>	4.6 Identifiers
4.8.4 Final Action Processing Rules for MCP	New section added.	n/a
4.10 Performance Period and Performance Rate	<p>4.10 Performance Period and Performance Rate</p> <p>Updated for the 2025 performance period and to include MCP.</p>	4.9 Performance Period and Performance Rate

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
<p>5.1. Document-Level Template: QRDA Category III Report – CMS (V9)</p>	<p>Updated the QRDA Category III Report – CMS template from (V8) to (V9)</p> <p>SHALL contain exactly one [1..1] templateId (CONF:CMS_1) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.1.2" (CONF:CMS_2).</p> <p>SHALL contain exactly one [1..1] @extension="2024-07-01" (CONF:CMS_3).</p> <p>The conformance statements of this version of the template updated with a new prefix "5562-".</p>	<p>5.1. Document-Level Template: QRDA Category III Report – CMS (V8)</p> <p>SHALL contain exactly one [1..1] templateId (CONF:CMS_1) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.1.2" (CONF:CMS_2).</p> <p>SHALL contain exactly one [1..1] @extension="2022-12-01" (CONF:CMS_3).</p> <p>The conformance statements of this version of the template has prefix "4526-".</p>
<p>5.1.1 informationRecipient</p>	<p>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 2024-07-01 (CONF:CMS_11).</p>	<p>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 2022-12-01 (CONF:CMS_11).</p>
<p>5.1.1 informationRecipient</p>	<p>Removed CMS_113</p>	<p>CMS_113</p>
<p>5.1.1 informationRecipient</p>	<p>Added conformance statements: CMS_131, CMS_132, CMS_133, CMS_135, CMS_136, CMS_137</p>	<p>n/a</p>
<p>5.1.1 informationRecipient</p>	<p>Table 3. QRDA III CMS Program Name</p> <p>Added program names: MCP_STANDARD MCP_FQHC</p>	<p>Table 3. QRDA III CMS Program Name</p>

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.3 participant (CMS EHR Certification ID)	<p>Updated language to require CMS EHR Certification ID for the Quality performance category.</p> <p>For MIPS submissions, CMS EHR Certification ID is required for the Quality performance category. If the Quality performance category (QRDA Category III Measure Section – CMS (V5) identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01) is present in a QRDA III document, a CMS EHR Certification ID must be supplied.</p> <p>Removed: “For MIPS submission, CMS EHR Certification ID is optional for the Quality performance category.”</p> <p>Added CMS EHR Certification ID requirement for MCP.</p>	<p>For MIPS submission, CMS EHR Certification ID is optional for the Quality performance category.</p>
5.1.5 documentationOf	<p>Added for MCP:</p> <p>For MCP standard participant reporting: it must contain at least two performers. Exactly one performer contains one APM Entity Identifier; no NPI is allowed. At least one additional performer must be reported. Each additional performer contains one TIN and one NPI; only MCP participant clinicians are listed as performers.</p> <p>For MCP FQHC participant reporting: it must contain exactly two performers. Exactly one performer contains one APM Entity Identifier; no NPI is allowed. Exactly one additional performer contains one TIN; no NPI is allowed.</p>	n/a

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.5 documentationOf	<p>The assignedEntity id/@root='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI). NPI is required for MIPS individual reporting, APP individual reporting, PCF reporting, and MCP standard participant reporting.</p> <p>NPI is not allowed for group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, and MCP FQHC participant reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted.</p>	<p>The assignedEntity id/@root='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI). NPI is required for MIPS individual reporting, APP individual reporting and PCF reporting. NPI is not allowed for for group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, and APP APM Entity reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted.</p>
5.1.5 documentationOf	<p>MAY contain zero or one [0..1] @nullFlavor (CONF:CMS_29). Note: @nullFlavor is only present for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, and MCP FQHC participant reporting. For MCP standard participant reporting, @nullFlavor is only present when reporting APM Entity Identifier.</p>	<p>MAY contain zero or one [0..1] @nullFlavor (CONF:CMS_29). Note: @nullFlavor is only present for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, and APP APM Entity reporting.</p>
5.1.5 documentationOf	<p>MAY contain zero or one [0..1] @extension (CONF:5562-18247). Note: This is the provider's NPI. It is only present when this is a MIPS individual reporting, APP individual reporting, PCF reporting, or MCP standard participant reporting. For PCF reporting, provide only those NPIs that participated in the PCF model during the performance year. For MCP standard participant reporting, provide only those NPIs that participated in the MCP model during the performance year.</p>	<p>MAY contain zero or one [0..1] @extension (CONF:4526-18247). Note: This is the provider's NPI. It is only present when this is a MIPS individual reporting, APP individual reporting, or PCF reporting. For PCF, only those NPIs that participated in the PCF model during the performance year should be provided.</p>

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.5 documentationOf	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_STANDARD", then this serviceEvent SHALL contain at least two [2..*] performers such that it,</p> <p>one performer SHALL be the APM Entity identifier and NPI SHALL be a @nullFlavor, and</p> <p>there is at least one additional performer, each additional performer SHALL contain one TIN and one NPI (CONF:CMS_138).</p> <p>Note: Only MCP participant clinicians are listed as performers. APM Entity Identifier for MCP is the MCP Participant ID assigned to the MCP participant.</p>	n/a
5.1.5 documentationOf	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MCP_FQHC", then this serviceEvent SHALL contain exactly two [2..2] performers such that it,</p> <p>one performer SHALL be the APM Entity identifier and NPI SHALL be a @nullFlavor, and</p> <p>exactly one additional performer SHALL contain one TIN and NPI SHALL be a @nullFlavor (CONF:CMS_139).</p> <p>Note: APM Entity Identifier for MCP is the MCP Participant ID assigned to the MCP participant.</p>	n/a

Section Heading	2025 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2024 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.7 additional document-level constraint	If ClinicalDocument/component/structuredBody/component/section/templateId/@root="2.16.840.1.113883.10.20.27.2.3" is present, then this ClinicalDocument SHALL contain one participant such that it, SHALL be the CMS EHR Certification ID (CONF:CMS_140). Note: For MIPS submissions, CMS EHR Certification ID is required for the Quality performance category. See section 5.1.3 participant (CMS EHR Certification ID).	n/a
5.2.1 QRDA Category III Measure Section – CMS (V5)	For PCF reporting, MCP standard participant reporting, and MCP FQHC participant reporting, this section must contain a Measure Reference and Results template for each eCQM that is being reported. Figure 9. updated the example UUID.	For PCF reporting, this section must contain a Measure Reference and Results template for each eCQM that is being reported on by the PCF practice.
5.3.1 Measure Data – CMS (V4)	Figure 10. updated the example UUID.	Figure 10.
5.3.2 Measure Reference and Results – CMS (V5)	Figure 11. updated the example UUID.	Figure 11.
5.3.4 Performance Rate for Proportion Measure – CMS (V4)	Figure 13. updated the example UUID.	Figure 13.
6. 2025 eCQM Specifications for Eligible Clinicians UUID List	Updated the UUID list based on the eCQM specifications for Eligible Clinicians for the 2025 performance period.	UUID list based on the eCQM specifications for Eligible Clinicians for the 2024 performance period.
7. Measure Identifiers	Table 16, Table 17, and Table 18 to be updated following the PFS Final Rule	Identifiers for the 2024 performance period.
8.2 Resources	Added MCP.	n/a
8.2 Support	Added MCP Help Desk.	n/a
13. Acronyms	Added FQHC and MCP.	n/a
15. References	Added reference for the MCP Model.	n/a

13 Acronyms

The table below contains acronyms used in this guide.

Table 26: Acronyms

Acronym	Literal Translation
APM	Alternate Payment Model
APP	APM Performance Pathway
ANSI	American National Standards Institute
ASKU	Asked, but not known
CDA	Clinical Document Architecture
CEHRT	Certified EHR Technology
CMS	Centers for Medicare & Medicaid Services
CNS	clinical nurse specialist
CONF	Conformance
CQL	Clinical Quality Language
eCQI	electronic clinical quality improvement
eCQM	electronic Clinical Quality Measure
EHR	electronic health record
FQHC	Federally Qualified Health Center
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
MCP	Making Care Primary
MIPS	Merit-Based Incentive Payment System
MVP	MIPS Value Pathway

Acronym	Literal Translation
n/a	not applicable
NA	Not applicable
NLM	National Library of Medicine
NP	nurse practitioner
NPI	National Provider Identification Number
OID	Object Identifier
ONC	Office of the National Coordinator for Health Information Technology
PA	physician assistant
PCF	Primary Care First
PHDSC	Public Health Data Standards Consortium
QDM	Quality Data Model
QPP	Quality Payment Program
QRDA	Quality Reporting Document Architecture
QRDA III	Quality Reporting Document Architecture Category III
SNOMED CT	Systematized Nomenclature of Medicine, Clinical Terms
STU	Standard for Trial Use
TIN	Taxpayer Identification Number
UNK	Unknown
UTC	Coordinated Universal Time
UUID	Universally Unique Identifier
VSAC	Value Set Authority Center
XML	Extensible Markup Language

14 Glossary

Term	Definition
Electronic health record (EHR)	Electronic 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 measure specified in a standard electronic format that uses data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems to measure the quality of health care provided.
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/>

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

HL7 Clinical Document Architecture (CDA) R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III) Release 1 – US Realm
http://www.hl7.org/implement/standards/product_brief.cfm?product_id=286

Making Care Primary (MCP) Model. <https://www.cms.gov/priorities/innovation/innovation-models/making-care-primary>

MIPS Value Pathways: <https://qpp.cms.gov/mips/mips-value-pathways>

ONC, Electronic Clinical Quality Measure issue reporting system.
<https://oncprojecttracking.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>