Centers for Medicare & Medicaid Services

CMS Implementation Guide for Quality Reporting Document Architecture Category III

Eligible Clinicians Programs

Implementation Guide for 2027

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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 Realm*[1] *(September 2021)* for the 2027 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 traditional Merit-Based Incentive Payment System (MIPS), APM Performance Pathway (APP), APP Plus, Shared Savings Program Promoting Interoperability reporting, MIPS Value Pathways (MVPs), Subgroup reporting through MVP, and Ambulatory Specialty Model (ASM).
- 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: 2027 Performance Period eCQM Specifications for Eligible Clinicians UUIDs
- Chapter 7: Measure Identifiers

APPENDIX

- Chapters 8 -15 provide references, resources, and change logs including a list of all changes made to the HL7 QRDA III R1 to produce this CMS implementation guide.

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

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 Examples

```
<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

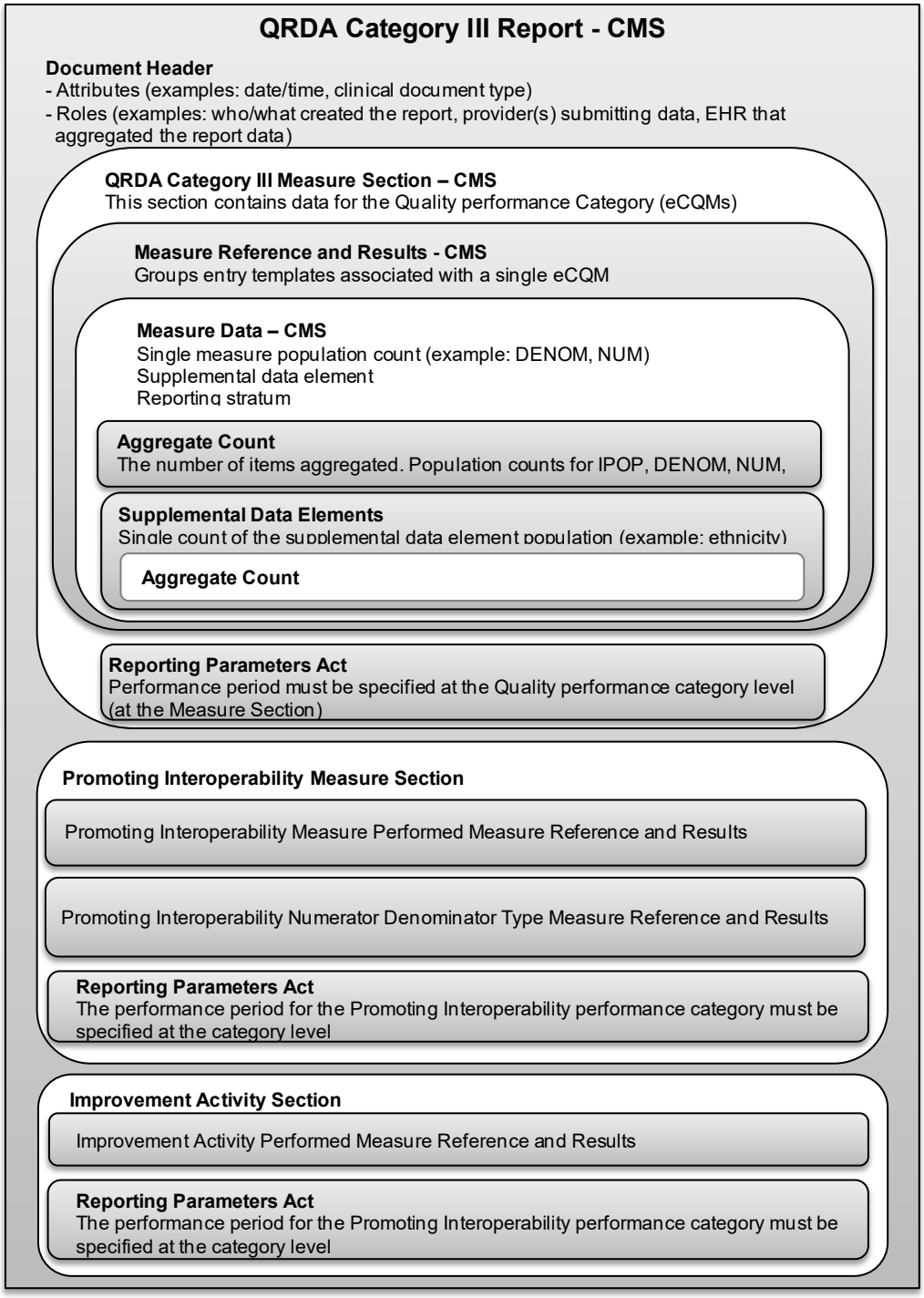
3.1 Background

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:

- Traditional Merit-Based Incentive Payment System (MIPS)
- APM Performance Pathway (APP)
- APM Performance Pathway Plus (APP Plus)
- MIPS Value Pathway (MVP)
- Shared Savings Program Promoting Interoperability (SSP PI)
- Ambulatory Specialty Model (ASM)

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 MIPS program and for ASM. 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 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.

4.1.1 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 2027, 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, 2028, if technically feasible, through March 31, 2028 for the 2027 performance period.

For the 2027 performance period, a CMS EHR Certification ID is required for the MIPS Quality performance category and the Promoting Interoperability performance category. See 5.1.2 participant (CMS EHR Certification ID) for details.

4.1.2 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 2027, 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, 2028, if technically feasible, through March 31, 2028 for the 2027 performance period.

For the 2027 performance period, CMS EHR Certification ID is required for the MIPS Quality performance category.

4.2 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.

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.

4.3 APP Plus

The APM Performance Pathway (APP) Plus is a MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS APMs. The APP Plus is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels. For all Medicare Shared Savings Program Accountable Care Organizations (ACOs), APP Plus is required for Shared Savings Program participation.

Submissions of the quality measures should use the following CMS program name codes from Table 4: QRDA III CMS Program Name:

- APP_PLUS_INDIV
- APP_PLUS_GROUP
- APP_PLUS_APMENTITY

Note that only the APP_PLUS_APMENTITY will fulfill the Shared Saving Program requirement.

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

4.4 Shared Savings Program Promoting Interoperability Reporting

As part of the requirement for the Medicare Shared Savings Program participants, CMS program name codes are provided in Table 4: QRDA III CMS Program Name for reporting to support the Shared Savings Program Promoting Interoperability (SSP PI) requirement. This method is solely for the purpose of fulfilling SSP PI reporting requirement. This should not be used to report any categories other than the Promoting Interoperability category.

- SSP_PI_INDIV
- SSP_PI_GROUP
- SSP_PI_APMENTITY

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 includes 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 2027 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 2027 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 Ambulatory Specialty Model (ASM)

The Ambulatory Specialty Model (ASM) is a mandatory alternative payment model implemented by the Center for Medicare and Medicaid Innovation (CMMI). ASM is distinct from the MIPS program but uses the same receiving system.

ASM was established through notice-and-comment rulemaking in the CY 2026 PFS final rule. ASM will begin on January 1, 2027 and have five performance years that align with the calendar year. ASM participants are individual specialists, identified by a TIN and NPI combination, who

meet ASM's participation eligibility requirements. There are two ASM cohorts: heart failure and low back pain. ASM participants are waived from MIPS requirements for any ASM performance year that they must meet ASM's requirements. The preliminary list of ASM participants for the 2027 performance year is available on data.cms.gov.

Each ASM participant is scored based on required measures and activities across four performance categories: Quality, cost (not reported via QRDA), Improvement Activities, and Promoting Interoperability. The Quality and cost performance categories have cohort-specific measures while the Improvement Activities and Promoting Interoperability activities and measures are the same for all ASM participants regardless of cohort. Performance category measures and requirements are identified through notice-and-comment rulemaking. Current requirements can be found in CY 2026 PFS final rule and summarized on the ASM website.

For the Quality ASM performance category, an ASM participant must report quality measure data at the individual (TIN/NPI) level unless the ASM participant is in a small practice (that is, a TIN with 15 or fewer clinicians). ASM participants in small practices have the option to report the required quality measures at either the individual (TIN/NPI) level or the group (TIN) level. ASM participants must submit a full year of data for the Quality ASM performance category.

For the Improvement Activities ASM performance category, an ASM participant must complete the required attestations for the two ASM-specific Improvement Activities at the group (TIN) level, indicating whether all ASM participants within a group (TIN) completed an Improvement Activity. ASM participants must submit 90-days of data for the required ASM Improvement Activities.

For the Promoting Interoperability ASM performance category, an ASM participant must report required measures and attestations at the group (TIN) level. Data reported for the Promoting Interoperability performance category may reflect data from clinicians who are not ASM participants. ASM participants must report 180-days of data for the Promoting Interoperability ASM performance category.

QRDA III submissions for ASM reporting must contain data for the ASM Quality performance category and may contain data for the ASM Improvement Activities and/or Promoting Interoperability performance categories.

Submissions of the required quality measures, Improvement Activities, and Promoting Interoperability measures should use the following CMS program name codes from Table 4: QRDA III CMS Program Name:

- ASM_INDIV: For submissions by individual ASM participants
- ASM_GROUP: For submission of group-level data by eligible ASM participants in small practices

A CMS EHR Certification ID is required for the Quality and Promoting Interoperability performance categories. See 5.1.2 participant (CMS EHR Certification ID) for details.

For the 2027 ASM performance year, data submission will occur from January 2, 2028, earlier if technically feasible, and March 31, 2028.

4.8 Long-term Enhanced ACO Design (LEAD) Model

The Long-term Enhanced ACO Design (LEAD) Model is a successor to the ACO REACH Model, builds upon the CMS Innovation Center's earlier accountable care work and utilizes improved benchmarking to appeal to a broader mix of health care providers, including those with specialized patient populations and those new to ACOs, such as smaller, independent or

rural-based practices. LEAD is a 10-year voluntary model that runs from January 1, 2027, through December 31, 2036.

LEAD will offer ACOs clear, achievable criteria rooted in a small, targeted set of familiar quality measures to reduce provider burden. LEAD's measure set includes four claims-based measures, one patient experience measure, and two eCQMs that will be phased in throughout the first half of the model to align with LEAD's focus on prevention, with the first two years reporting being optional. CMS aims to minimize eCQM reporting burdens for ACOs by focusing on reporting for aligned Medicare beneficiaries.

Specifically, LEAD's quality measure set includes those listed in the following table.

Table 1: LEAD Quality Measures

LEAD Measure	Type
Risk-Standardized All Condition Readmission (ACR)	Claims-based
All-cause unplanned admissions for older adults with multiple chronic conditions	Claims-based
Days at home for patients with complex, chronic conditions	Claims-based
Timely follow-up after acute events for certain chronic conditions Timely follow-up after acute events for certain chronic conditions	Claims-based
Patient experience: Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey	Patient-reported
Diabetes Care – Glycemic Status Assessment greater than 9%	eCQM
Blood Pressure Control	eCQM

Submissions of the two eCQM quality measures (optional for the 2027 and 2028 reporting period) should use the following CMS program name codes from Table 4: QRDA III CMS Program Name:

- LEAD_APM_ENTITY

LEAD participants have the option to submit the two eCQM measures via QRDA if they are currently using QRDA. If an organization doesn't currently use QRDA as a reporting option, there will be alterative options to prepare and submit measures, including Fast Healthcare Interoperability Resources (FHIR) based APIs and via Excel uploads.

For the 2027 performance year, LEAD entity data submission will occur from January 2, 2028, earlier if technically feasible, and March 31, 2028.

4.9 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
  - Required for APP Plus APM Entity reporting
  - Required for SSP PI Entity reporting
  - Required for LEAD APM Entity reporting

- National Provider Identifier (NPI)
  - Required for MIPS individual reporting
  - Required for APP individual reporting
  - Required for APP Plus individual reporting
  - Required for SSP PI individual reporting
  - Not allowed for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, APP APM Entity reporting, APP Plus group reporting, APP Plus APM Entity reporting, SSP PI group reporting, or SSP PI APM Entity reporting.
  - Required for ASM individual and group reporting

- Tax Identification Number (TIN)
  - Required for MIPS group reporting and MIPS individual reporting
  - Required for APP group reporting and APP individual reporting
  - Required for APP Plus group reporting and APP Plus individual reporting
  - Required for SSP PI group reporting and SSP PI individual reporting
  - Not allowed for MIPS APM Entity reporting, APP APM Entity reporting, or SSP PI APM Entity reporting
  - Required for ASM individual and group reporting

- Virtual Group Identifier
  - Required and only allowed for MIPS virtual group reporting

- Subgroup Identifier
  - Required and only allowed for subgroup reporting

4.10 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 and ASM receiving system, managing replacement documents is sometimes referred to as Final Action Processing. For MIPS and ASM QRDA III reporting, replacement documents will be handled at the category level for final processing.

4.10.1 Final Action Processing Used in Succession Management

The CMS receiving system uses Final Action Processing to reliably determine the current version per category of a QRDA III document for MIPS and ASM submissions.

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.

4.10.2 Final Action Processing Rules for MIPS and ASM

For MIPS group reporting, 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.

For ASM individual and group reporting, Final Action Processing rules include the combination of the CMS program name, the TIN, the NPIs, and the submission timestamp.

When submitting a replacement QRDA III report for the MIPS program or ASM 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 or ASM analysis.

4.10.3 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 Table 4: QRDA III CMS Program Name (2.16.840.1.113883.3.249.14.101) for the 2027 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 APP_PLUS_GROUP, 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_GROUP.

4.11 Time Zone

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

Table 2: 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

4.12 Performance Rate

For the MIPS performance period requirement, please see 4.1 Traditional Merit-Based Incentive Payment System (MIPS) QRDA III Submissions and 5.1.6 component. For ASM performance year requirements, please see 4.7 Ambulatory Specialty Model (ASM).

For MIPS and ASM 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.

4.13 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

a. **SHALL** contain exactly one [1..1] `@root`="`2.16.840.1.113883.10.20.27.3.1`" (CONF:4484-17909).

b. **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 2027 CMS IG must be used for 2027 CMS QRDA III submissions.

5 QRDA Category III Validation

5.1 Document-Level Template: QRDA Category III Report - CMS (V11)

`[ClinicalDocument: identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2: 2026-07-01 (open)]`

Table 3: QRDA Category III Report - CMS (V11) Contexts

Contained By	Contains
N/A	QRDA Category III Measure Section - CMS (V6) (optional)

This template describes constraints that apply to the QRDA Document Category III Report for CMS Eligible Clinicians Programs including MIPS, MVP, APP, APP Plus, SSP PI and ASM.

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`**`="2026-07-01"` (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** 2024-12-01 (CONF:CMS_11).
               Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.
                i. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="SSP_PI_INDIV" or "SSP_PI_GROUP " or "SSP_PI_APMENTITY", then Promoting Interoperability Measure Section (V3) **SHALL** be present (CONF:CMS_141).
                   Note: When use these program name codes, the QRDA III document must contain PI section, and PI section only.
                ii. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="SSP_PI_INDIV" or "SSP_PI_GROUP " or "SSP_PI_APMENTITY", then QRDA Category III Measure Section - CMS (V6) and Improvement Activity Section (V3) **SHALL NOT** be present (CONF:CMS_142).
                   Note: When use these program name codes, the QRDA III document must not contain Quality and IA sections.
                iii. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="ASM_INDIV" or "ASM_GROUP", then QRDA Category III Measure Section - CMS (V6) **SHALL** be present (CONF:CMS_167).

Table 4: 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**
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
MIPS_APP1_GROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP Group
MIPS_APP1_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP APM Entity
MIPS_SUBGROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Subgroup
APP_PLUS_INDIV	CMS Program	2.16.840.1.113883.3.249.7	APP Plus Individual
APP_PLUS_GROUP	CMS Program	2.16.840.1.113883.3.249.7	APP Plus Group
APP_PLUS_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	APP Plus APM Entity
SSP_PI_INDIV	CMS Program	2.16.840.1.113883.3.249.7	SSP PI Individual
SSP_PI_GROUP	CMS Program	2.16.840.1.113883.3.249.7	SSP PI Group
SSP_PI_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	SSP PI APM Entity
ASM_INDIV	CMS Program	2.16.840.1.113883.3.249.7	ASM Individual
ASM_GROUP	CMS Program	2.16.840.1.113883.3.249.7	ASM Group
LEAD_APM_ENTITY	CMS Program	2.16.840.1.113883.3.249.7	LEAD Model

Figure 5: informationRecipient Example

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

5.1.2 participant (CMS EHR Certification ID)

The Certified Health IT Product List (CHPL) (https://chpl.healthit.gov/) is the authoritative and comprehensive listing of health IT certified by the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. A CMS EHR Certification ID is a number generated by the CHPL and used for reporting to CMS. It represents a single product or combination of products in the CHPL that meet 100% of the requirements for the Base Electronic Health Record (EHR) Definition (https://healthit.gov/certification-health-it/certification-

criteria/base-electronic-health-record-definition/). The eligible clinician or group selects a certified product or combines multiple certified health IT products (Modules) in the CHPL to fulfill the requirements. Clinicians and groups should also verify any additional CMS program requirements to ensure the CMS EHR Certification ID includes all necessary products. This may include additional Health IT Modules needed to meet certified EHR technology (CEHRT) requirements as applicable, such as those required to report objectives and measures under the Promoting Interoperability program. For group reporting, only one CMS EHR Certification ID should be submitted, and it must reflect all certified health IT products used by clinicians in the group during the performance period.

The CMS EHR Certification ID is different from the CHPL product number (CHPL ID). In the CHPL, the CMS EHR Certification ID is generated for the suite of products that make up the clinician's or group's EHR solution.

A new CMS EHR Certification ID is required annually, even if the underlying product(s) do not change. The CMS EHR Certification ID is only unique to the product suite, not the individual clinician or group -- if two different clinicians or groups use the same products, they will both have the same CMS EHR Certification ID. Note that when a product changes the corresponding CMS EHR Certification ID changes also.

For MIPS and ASM submissions, CMS EHR Certification ID is required for the Quality performance category. If the Quality performance category (QRDA Category III Measure Section - CMS (V6) (`identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2025-05-01`) is present in a QRDA III document, a CMS EHR Certification ID must be supplied.

For MIPS and ASM 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.

6. **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.

Figure 6: Participant Example – CMS EHR Certification ID

```
<participant typeCode="DEV">
  <associatedEntity classCode="RGPR">
    <!-- This is an example CMS EHR Certification ID. CMS EHR
Certification ID must be 15 alpha numeric characters in length -->
     <id root="2.16.840.1.113883.3.2074.1"
extension="2027CUK17H3DCM9"/>
  </associatedEntity>
</participant>
```

5.1.3 participant is MVP

Each MIPS individual, group, subgroup, or APM Entity can select one MVP to report. The available MVPs for the 2027 performance period and their identifiers are listed in Table 5.

7. **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 5: MVP Identifiers for the 2027 Performance Period

Table 5 will be updated following the PFS Final Rule

Figure 7: Participant Example – MVP

```
<participant typeCode="TRC">
  <associatedEntity classCode="PROG">
    <!-- Example for reporting MVP M0001 Advancing Cancer Care -->
    <id root="2.16.840.1.113883.3.249.5.6" extension="M0001"/>
  </associatedEntity>
</participant>
```

5.1.4 participant is ASM

Each ASM participant is assigned to a specific cohort. The available ASM cohorts for the 2027 performance period and their identifiers are listed in the following Table.

8. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_160) such that it
    a. **SHALL** contain exactly one [1..1] **@typeCode="IND"** indirect target (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_161).
    b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_162).
        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_163).
        ii. This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_164).
            1. This id **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.3.249.5.8"** ASM Cohort (CONF:CMS_165).
            2. This id **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_166).
            Note: The value of @extension is the ASM cohort identifier.

Table 6: ASM Cohort Identifiers for the 2027 Performance Period

Identifier	ASM Cohort
ASM_HF	Heart Failure
ASM_LBP	Low Back Pain

Figure 8: Participant Example – ASM

```
<participant typeCode="TRC">
  <associatedEntity classCode="PROG">
    <!-- Example for reporting ASM Heart Failure Cohort -->
    <id root="2.16.840.1.113883.3.249.5.7" extension="ASM_HF"/>
  </associatedEntity>
</participant>
```

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).

MIPS individual (MIPS_INDIV), APP individual (MIPS_APP1_INDIV), APP Plus individual (APP_PLUS_INDIV), SSP PI individual (SSP_PI_INDIV), and ASM individual (ASM_INDIV) reporting must contain exactly one performer, which contains one TIN and one NPI.

MIPS Group (MIPS_GROUP), MIPS APP Group (MIPS_APP1_GROUP), APP Plus Group (APP_PLUS_GROUP), and SSP PI Group (SSP_PI_GROUP) reporting must contain exactly one performer, which contains one TIN. No NPI is allowed.

ASM group (ASM_GROUP) reporting must contain exactly one performer, which contains one TIN and NPIs for each ASM participant within the group.

MIPS APM Entity (MIPS_APMENTITY), MIPS APP APM Entity (MIPS_APP1_APMENTITY), APP Plus APM Entity (APP_PLUS_APMENTITY), and SSP PI APM Entity (SSP_PI_APMENTITY) reporting must contain one performer, which contains one APM Entity Identifier. NPI and TIN are not allowed.

MIPS Subgroup (MIPS_SUBGROUP) reporting must contain exactly one performer, which contains one Subgroup Identifier. No NPI is allowed.

MIPS Virtual Group (MIPS_VIRTUALGROUP) reporting must contain exactly one performer, which contains one Virtual Group Identifier. 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, APP Plus Individual reporting, SSP PI Individual reporting, ASM Individual, and ASM Group reporting.

NPI is not allowed for MIPS Virtual Group reporting, MIPS APM Entity reporting, APP Group reporting, APP APM Entity reporting, APP Plus Group reporting, APP Plus APM Entity reporting, SSP PI Group reporting, and SSP PI 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.

1. Such performers **SHALL** contain exactly one [1..1] **`assignedEntity`** (CONF:5562-18176).
    a. 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, APP Plus Group reporting, APP Plus APM Entity reporting, SSP PI Group reporting, and SSP PI APM Entity reporting.
        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, APP Plus Individual reporting, SSP PI Individual reporting, and ASM Individual and Group reporting.

b. 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" or "APP_PLUS_GROUP" or "SSP_PI_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" or "APP_PLUS_APMENTITY” or "SSP_PI_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 "APP_PLUS_INDIV" or "SSP_PI_INDIV" or "ASM_INDIV", 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).

Figure 9: documentationOf Example – TIN and NPI

```
<documentationOf>
  <serviceEvent classCode="PCPR">
    <performer typeCode="PRF">
      <time>
        <low value="20270101"/>
        <high value="20271231"/>
      </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 2027 performance period must contain at least a QRDA Category III Measure Section, an Improvement Activity Section, or a Promoting Interoperability Measure Section.

For the 2027 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 (V6) `(identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2025-05-01)` (CONF:5569-17301_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).

iii. This structuredBody **SHALL** contain at least a QRDA Category III Measure Section - CMS (V6), 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 5.1.2 participant (CMS EHR Certification ID).

Figure 10: structuredBody Example

```
<component>
  <structuredBody>
    <component>
      <!-- QRDA Category III Measure Section - CMS (V6)-->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Improvement Activity Section (V3) -->
      <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 (V6)

`[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2025-05-01 (open)]`

Table 7: QRDA Category III Measure Section – CMS (V6) Contexts

Contained By	Contains
QRDA Category III Report - CMS (V11) (optional)	Measure Reference and Results - CMS (V6) (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.

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="`**`2025-05-01"` (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 (V6) `(identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2025-05-01)` (CONF:5569-17907_C01).

Figure 11: QRDA III Measure Section – CMS (V6) 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 (V6) template ID -->
    <templateId root="2.16.840.1.113883.10.20.27.2.3"
extension="2025-05-01"/>
    <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>b83d59fa-65cd-4ccb-9889-70fbc81bcc6e</td>
                </tr>
            </tbody>
            <list>
            ...
            </list>
        </table>
     </text>
    <entry>
        <!-- Measure Reference and Results - CMS (V6) -->
        <organizer classCode="CLUSTER" moodCode="EVN">
        ...
        </organizer>
    </entry>
</section>
```

5.3 Entry-Level Templates

5.3.1 Measure Data - CMS (V5)

```
[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2025-05-01 (open)]
```

Table 8: Measure Data – CMS (V5) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V6) (required)	Aggregate Count (required) Continuous Variable Measure Value (optional) Reporting Stratum (optional) Sex Supplemental Data Element - CMS (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 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 9: Measure Data - CMS (V5) Constraints Overview

observation[templateId/@root = '2.16.840.1.113883.10.20.27.3.16']
[templateId/@extension="2025-05-01"]

XPath	Card	Verb	CONF#	Value
templateId	1..1	SHALL	CMS_41	
@root	1..1	SHALL	CMS_42	2.16.840.1.113883.10.20.27.3.16
@extension	1..1	SHALL	CMS_43	2025-05-01

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	CMS_151	Sex Supplemental Data Element - CMS (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.21:2025-05-01)
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="`**`2025-05-01`**`"`** (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 - CMS (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.21:2025-05-01) (CONF:CMS_151).
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 12: Measure Data - CMS (V5) 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 (V5) template ID -->
    <templateId root="2.16.840.1.113883.10.20.27.3.16"
extension="2025-05-01"/>
    <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 - CMS-->
    <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 (V6)

`[organizer: identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2025-05-01 (open)]`

Table 10: Measure Reference and Results - CMS (V6) Contexts

Contained By	Contains
QRDA Category III Measure Section - CMS (V6) (required)	Performance Rate for Proportion Measure - CMS (V4) (optional) Measure Data - CMS (V5) (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 11: Measure Reference and Results - CMS (V6) Constraints Overview

organizer[templateId/@root = '2.16.840.1.113883.10.20.27.3.17']
[templateId/@extension="2025-05-01"]

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	2025-05-01
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	5569-18426_C01	Measure Data - CMS (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2025-05-01

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`**`="2025-05-01"` (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) (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 (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2025-05-01) (CONF:5569-18426_C01).

Figure 13: Measure Reference and Results - CMS (V6) 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 (V6) template ID -->
    <templateId root="2.16.840.1.113883.10.20.27.3.17"
extension="2025-05-01"/>
    <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="dbd9eccd-c3ea-42db-9344-72ad44f84f51"/>
            <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 (V5) -->
        <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 12: Payer Supplemental Data Element – CMS (V3) Contexts

Contained By	Contains
Measure Data – CMS (V5) (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 13: 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)

Conforms to Payer Supplemental Data Element (V2) template `(identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.9:2016-02-01)`.

1. **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).
2. **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 14: 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)ous/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 14: 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 Sex Supplemental Data Element - CMS

`[observation: identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.21:2025-05-01 (open)]`

Table 15: Sex Supplemental Data Element – CMS Contexts

Contained By	Contains
Measure Data – CMS (V5) (required)	Aggregate Count (required)

This observation represents the sex of a person and provides the number of patients in the population that are of that sex.

Table 16: Sex Supplemental Data Element - CMS Constraints Overview

observation[templateId/@root='2.16.840.1.113883.10.20.27.3.21'] [templateId/@extension="2025-05-01"]

XPath	Card	Verb	CONF#	Value
templateId	1..1	SHALL	CMS_144	
@root	1..1	SHALL	CMS_145	2.16.840.1.113883.10.20.27.3.21
@extension	1..1	SHALL	CMS_146	2025-05-01
value	1..1	SHALL	CMS_147	
@nullFlavor	1..1	SHALL	CMS_148	OTH
translation	1..1	SHALL	CMS_149	
@code	1..1	SHALL	CMS_150	urn:oid:2.16.840.1.113762.1.4.1021.121 (Federal Administrative Sex)

1. Conforms to Sex Supplemental Data Element (V3) template `(identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01)`.
2. **SHALL** contain exactly one [1..1] **`templateId`** (CONF:CMS_144) such that it
   a. **SHALL** contain exactly one [1..1] **`@root`**`="2.16.840.1.113883.10.20.27.3.21"` (CONF:CMS_145).
   b. **SHALL** contain exactly one [1..1] **`@extension`**`="2025-05-01"` (CONF:CMS_146).
3. **SHALL** contain exactly one [1..1] **`value`** with @xsi:type="CD" (CONF:CMS_147).
   a. This value **SHALL** contain exactly one [1..1] **`@nullFlavor`**`="OTH"` (CONF:CMS_148).
   b. This value **SHALL** contain exactly one [1..1] **`translation`** (CONF:CMS_149).
      i. This translation **SHALL** contain exactly one [1..1] **`@code`**, which **SHALL** be selected from ValueSet `Federal Administrative Sex urn:oid:2.16.840.1.113762.1.4.1021.121` (CONF:CMS_150).

Figure 15: Sex Supplemental Data Element - CMS Example

```
<observation classCode="OBS" moodCode="EVN">
    <!-- Sex Supplemental Data Element (V3) template ID -->
    <templateId root="2.16.840.1.113883.10.20.27.3.6"
extension="2016-09-01"/>
    <!-- Sex Supplemental Data Element - CMS template ID -->
    <templateId root="2.16.840.1.113883.10.20.27.3.21"
extension="2025-05-01"/>
    <code code="76689-9" displayName="Sex assigned at birth"
        codeSystem="2.16.840.1.113883.6.1"
        codeSystemName="LOINC"/>
    <statusCode code="completed"/>
    <value xsi:type="CD" nullFlavor="OTH">
        <translation code="248152002" displayName="Female (finding)"
         codeSystem="2.16.840.1.113883.6.96"
                codeSystemName="SNOMED CT"/>
    </value>
    <entryRelationship typeCode="SUBJ" inversionInd="true">
        <!-- Aggregate Count -->
        <observation classCode="OBS" moodCode="EVN">
        ...
        </observation>
    </entryRelationship>
</observation>
```

5.3.5 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 17: Performance Rate for Proportion Measure – CMS (V4) Contexts

Contained By	Contains
Measure Reference and Results – CMS (V6) (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 18: Performance Rate for Proportion Measure - CMS (V4) Constraints Overview

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

XPath	Card	Verb	CONF#	Value
templateId	1..1	SHALL	CMS_59	
@root	1..1	SHALL	CMS_60	2.16.840.1.113883.10.20.27.3.25
@extension	1..1	SHALL	CMS_61	2022-05-01
Value	1..1	SHALL	4526-21307_C01 CMS_62 CMS_63	
Reference	1..1	SHALL	4526-19651_C01	
@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

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)`.

1. **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).
2. **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.

3. **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 16: 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 2027 Performance Period eCQM Specifications for Eligible Clinicians UUID List

The following table lists the Version Specific Measure Identifier for each eCQM included in the 2027 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 19 are labeled using the population codes listed below:

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

Table 19: UUID List for Eligible Clinicians CY 2027 Performance Period eCQM Specifications

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 134	CMS2v16	ab4ef8fe-e948-4610-8992-4ff433b8a94a	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	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	CMS22v15	6d3871df-1c8f-4487-8041-69ea4b39a863	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	87F6429F-3797-476F-B687-77CD39427752 6D261A32-07A6-4C55-A749-02DFC583279E 03B6691C-3D31-454C-838D-0EB94DC615F8 1E7D8735-2DE2-45EC-9B7E-F32D049238FA 8D49EFFA-E657-44A2-8C6F-7AA726D8CDE2
N/A / 374	CMS50v15	b1f8eabf-78cc-48f4-a386-315eefe08da1	IPOP: DENOM: NUMER:	D36BF246-D75C-41C1-B4F6-FA174EC27C0D 894E9268-7EE5-4E26-BF65-4256C215414D B5A8F06A-68CE-428F-8FBA-FCCEE730ED0C
N/A / 376	CMS56v15	8073fd25-cb71-4078-b4a2-ef7e6e436520	IPOP: DENOM: DENEX: NUMER:	181C14DB-225A-4C87-8D98-517D263B40BB DCF64C7D-CF13-4450-830A-6734D90B17FF BF3BAA2C-9FC1-488C-8FBA-FB61D401B534 061C67F7-3CE9-4703-A3DB-BC9D3596FB05
N/A / 130	CMS68v16	a58f1abe-de03-4ea2-a3ec-48d2a06b3bc5	IPOP: DENOM: NUMER: DENEXCEP:	F63CAC5B-9592-4E1E-82EE-739A66D86CC9 0B529CD7-00FB-4CAE-8B1F-B31DE4BB7E40 C2A96F40-F8F6-47B3-AEE5-157F101D3E6E 56553A64-494A-472D-905E-78D1CB7A011A

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 128	CMS69v15	d62e8d03-9687-4097-8351-1a2bad79c9b9	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	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
N/A / 379	CMS74v16	a79e99a5-8583-4041-8fa4-30c2d98c1d8a	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2: STRAT-3:	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	CMS75v15	1e4f85db-b6c0-43d8-9d2b-594960bc5ac6	IPOP: DENOM: DENEX: NUMER:	DBD0EEC9-8373-48E8-BCDA-579441BD5004 8D71CDFB-3183-45E1-B884-5E6A430C2171 2C15DE33-98F6-48B6-A301-36666E235F2E C0E870C1-BA44-40D3-9ADD-C2D04503A404
N/A / 377	CMS90v16	71e0adad-7a28-4734-a990-0293044d78b8	IPOP: DENOM: DENEX: NUMER:	B3F0E1F2-9645-402E-8A3E-414E9773BC85 80370B8C-F59E-4548-B7FA-65BC1B3B83DA C19395B9-D760-45FD-A850-539F0BE7F6D7 EDC19F9D-D470-477C-AC64-6ED092F4EBE2
N/A / 240	CMS117v15	7df6bd50-7580-4e19-97b7-71e8b3bdf7ac	IPOP: DENOM: DENEX: NUMER:	09CA0EF6-9AE4-4636-A2BF-CAC945A03AF5 4B91AD4E-0169-4694-843C-89035AF1F85C A37C5F96-E949-4191-806E-2808BBD2F2BA 667F8CB8-6C2B-403B-9C04-DF21FB800310
N/A / 001	CMS122v15	f3fbdc8d-9e82-4dde-bd47-b2aff8b2b663	IPOP: DENOM: DENEX: NUMER:	51D8CA9A-E511-4793-8AD4-EFAE90F3ABA4 EA65F958-962E-433B-A9A3-CC2EA7B76E26 CA386077-1F7A-4C23-85D7-33A4FCED0803 10C65EBE-685C-48F8-8B24-351C6F3481E9
N/A / 309	CMS124v15	a3a0fcac-e4d9-4d92-a5b9-1b854e7f1ec2	IPOP: DENOM: DENEX: NUMER:	E85A469F-8A90-43B2-8E94-C2AF73A6FA5D 3B6E90F0-0361-451E-B472-971601A70D4A C9602136-DBDF-43FD-975E-D7153704C947 6A236D90-E202-42EE-8AA6-0743B659F06A
N/A / 112	CMS125v15	dcbc07fd-5224-4692-b885-566cc735d146	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2:	87CE9EB7-380D-42EF-848A-DDE91AB59EAD 9D4334D0-F035-4B79-AE94-CE33E1CCFA66 3EB42551-4D50-4437-BDD5-75CE69DB29AA B8A1855E-325E-4C1F-A69A-1CD4F2453054 71e018e5-edfd-47f2-aa52-fce7cf916904 19463c73-e334-481d-88bd-6b7ba8895337

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 009	CMS128v15	adb21af6-f911-49c4-a41e-3365ad438f7f	IPOP1: DENOM1: DENEX1: NUMER1: IPOP2: DENOM2: DENEX2: NUMER2:	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	CMS129v16	2db5fb2f-c89b-4db2-9f6d-e31f14d5ea30	IPOP: DENOM: NUMER: DENEXCEP:	BD03BE75-BCC3-40EB-A93B-2085A1F53A7B 0E621B55-8522-4202-944F-CCB1DD58D373 FA99F264-3BD5-4B71-BF14-7AE4B2A4967F 6CC0BCC3-733E-4A1A-A7A0-9F4D374FBFB4
N/A / 113	CMS130v15	64fc7753-ce92-4279-80f1-a0bebf8064ba	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2:	F551C910-F688-450C-9C76-88401EDA98FA 5B1B895A-CD14-4AE2-9461-D599B5D73D31 7AEB935C-8F1E-47B3-97AE-CEB97C06E4E6 1C4A619B-74C1-4C1F-A6C8-3178C7E595AA 7e4ffd7d-9488-4056-a84f-494767668e09 24170b02-9435-4a38-bb47-d5837475d0db
N/A / 117	CMS131v15	84af4154-da85-441e-bd72-5a96d81d5c96	IPOP: DENOM: DENEX: NUMER:	DE68473F-7082-4FFD-9DD3-71531B811E7E 38DFCC83-3534-48F9-950E-FF8B5DB8FA7B E6EAA627-1117-4BC9-9ACF-EE48336ECF12 5528FDCC-6B40-4409-B39A-2E3B2BA6201A
0565e / 191	CMS133v15	54ebb2b1-7fa0-48a9-b628-ed6d08e25f2c	IPOP: DENOM: DENEX: NUMER:	5F6ABED5-5EC4-445B-959F-66B336FDD93A F6D5DB1C-966D-4177-BBFB-3AA869BFEC04 10B59341-85F0-4CD7-AF12-4DB7E82EAB1C B4484856-393C-4A73-9E21-C070941C52DF
0081e / 005	CMS135v15	18e9264b-3ce0-4c3c-961a-9485ead1ca55	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	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	CMS136v16	0191cb89-8317-4d83-9248-7d5c564908ff	IPOP1: DENOM1: DENEX1: NUMER1: IPOP2: DENOM2: DENEX2: NUMER2:	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

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 305	CMS137v15	e3ef1f22-916b-4b6a-9fde-ab1a21b7afac	IPOP1: DENOM1: DENEX1: NUMER1: STRAT 1-1: STRAT 1-2: STRAT 1-3: IPOP2: DENOM2: DENEX2: NUMER2: STRAT 2-1: STRAT 2-2: STRAT 2-3:	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	CMS138v15	f8fd38f2-e26c-48ad-a920-eff52f483956	IPOP1: DENOM1: DENEX1: NUMER1: IPOP2: DENOM2: DENEX2: NUMER2: IPOP3: DENOM3: DENEX3: NUMER3:	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	CMS139v15	8f13e4a2-539e-475b-b2b0-0bfa8db864f3	IPOP: DENOM: DENEX: NUMER:	2EFD85A8-0F6A-4C9D-B500-B13559B6E000 45522BD1-875C-4C6D-BC3E-8CE25CA84D36 B58EC200-EE42-4105-A721-EDAFBFC7311C AF945143-9A66-47D6-819A-7C8463EF7E30
N/A / 019	CMS142v15	dcfe508b-7ba1-4052-bd74-f26df65137b8	IPOP: DENOM: NUMER: DENEXCEP:	25A23253-E238-4C41-AC70-556A2C25EBAE 1FDD8A3A-9815-43BB-A69A-6430BD9D5507 75CBF5D5-DF61-4232-90AA-E935A07E25BE 7C701A84-4CE6-4B35-BC7B-A55104C4318D
0086e / 012	CMS143v15	ebd5bbe3-9164-4c61-8244-3139df492251	IPOP: DENOM: NUMER: DENEXCEP:	1E1D1DFF-5C13-468A-8249-3E5BC0EC874C 6DE21B3D-3977-4CC8-BFD3-494931E7EDCB 968D1438-3837-4F81-B418-FED09C6CFB22 D8DE0149-AC18-4101-858C-A9C15914C451
0083e / 008	CMS144v15	1729dbf2-4d91-4de9-b91a-30777d40d684	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	EF7BEF3F-81C2-475F-96C7-2FC7F741FB4D 2C681E01-0A30-437E-A0C3-953EF766E5E7 686A54E2-2D9C-423B-B3C5-31C9AECCFA73 AC0D26F8-7DE1-42F6-9CD9-2B96D8383E51 E3081257-80AD-420A-98D4-EA2629C32C0E

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0070e / 007	CMS145v14	5f7dd8a7-07b4-4271-81ff-3e0ab486cae7	IPOP1: DENOM1: NUMER1: DENEXCEP1: IPOP2: DENOM2: NUMER2: DENEXCEP2:	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	CMS146v15	86c3d6a8-3e66-460c-9704-fe6043ed5c75	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2: STRAT-3:	C57B1E01-AC23-4464-A182-23A6CC4848B3 CF89139C-D474-4B2E-82DE-ECEFCA6926AA C343340E-9E88-46FD-B6E9-B81C3D3B3170 87675FD5-79CD-43A6-861C-864E5A604961 efd96bf7-6551-4e37-9135-b2e528b283cb b47e61fa-0c76-4342-bec5-4d8e4fa284ef 3b368213-1fcd-4c92-bc54-ae57f0f7ffbb
2872e / 281	CMS149v15	1c953d1f-d364-4da4-b5c1-2aec7f2a791d	IPOP: DENOM: NUMER: DENEXCEP:	9DEED3EA-9939-4772-9F89-9DC1EE3D2B5F D998D635-C003-4EE3-857D-B6061DD4C61C 036F56EA-99A9-4205-8563-D266D328AD2D CECF1BF8-0831-400A-9266-4540BFED53EF
N/A / 310	CMS153v15	ee4d627e-53b4-4632-a945-2aa16586162f	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2:	938888B6-FF4F-4431-A464-52E770E6D9ED 7B198078-DCA5-4E4D-A9DE-5C37D68EABF5 0D49F098-5B25-4D08-BA45-8360F3641559 088B388C-E545-4450-A24F-0A027A58E952 f71d06b9-1df1-404e-a65f-dfd3227548d8 a6120934-b093-4c8a-b358-3428bd846fd2
N/A / 065	CMS154v15	64110109-140d-4fb1-a433-58100fe71b72	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2: STRAT-3:	50D6E6FD-F841-4E7C-9719-CD484A43AC8A 5DB707B9-4D8B-4CAF-B8AB-4310B02681D0 932D4556-8347-4562-9B3A-179FD75D7317 824D23C2-A5B6-472D-BF80-C01FDCE067B5 ecc38660-2537-4dbf-9432-cb8d21bed027 5040441a-d27d-451b-b610-888525d40317 a65aac60-e26a-4e79-a358-eead473ed112

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 239	CMS155v15	63b284d2-a9b2-4f6d-86f9-40650e49a17b	IPOP1: DENOM1: DENEX1: NUMER1: STRAT 1-1: STRAT 1-2: IPOP2: DENOM2: DENEX2: NUMER2: STRAT 2-1: STRAT 2-2: IPOP3: DENOM3: DENEX3: NUMER3: STRAT 3-1: STRAT 3-2:	E5101676-A633-4A07-BBD3-10EA995CC8C4 DA528032-CE05-4DA3-9DBB-95E0541336A0 7D74CEF9-F64D-4E9D-AB7B-27D82769F5B0 84F42E8A-2547-4019-82FA-757BAED7E44D 3816ADA1-1322-44F1-B51F-56D6B0EAE697 C8DDE7EE-387F-4D37-A421-E5EA96A5FDE1 D839E368-D010-448D-9978-67B90E5884A2 98C0D643-22F0-4711-8C83-49A304CD5A33 AEE993E6-DAF2-41AD-88CD-82C379686716 925AC5D2-BC98-4B64-BC8D-1584E091E047 EDF53EA7-004F-4E52-8934-76BA727BB48D B8A8B540-E1DE-4CC6-BB12-DD615A26AF0B 66E4AC14-3CD7-415C-9743-3242866D2DAB 9B7E86ED-146E-4C79-AEDE-8B6C6BE57DC7 E35E98C5-0770-49BB-807D-58C851D3A6F6 2CFDE036-06CE-41B4-92A3-EE3B467883AD A35008B6-4328-4E0E-838D-C5C1BBF5ECF7 957A6BCF-B1AF-4C03-A763-DD0335696C49
N/A / 238	CMS156v15	8a16cb97-e50e-4984-971e-8e2c599ca46f	IPOP1: DENOM1: DENEX1: NUMER1: IPOP2: DENOM2: DENEX2: NUMER2: IPOP3: DENOM3: DENEX3: NUMER3:	F8EF7E4A-80B9-4A74-8461-498D79DA5442 D1555193-7364-45F6-94A6-F1DC2E78C197 A8A6B357-128E-4A03-B7E7-D1BFAB85700B 466F79E9-53CB-427E-AB56-2ACFA1969921 C3552CAC-11F6-4E4E-89D9-F3999A3B9A3B FA269FE8-A1D6-4FC0-9CD2-1AA5E1641CB5 FB873FB8-D7A3-4A72-874F-56852D6312E5 3751D444-5C47-4D54-BEFE-40BAD4E0EB3F CEDAD393-CD57-48F9-979A-C33B9875254C A30044E2-4C59-4E0B-A5FD-7553FFA7E851 154B3202-22A5-4515-B86F-2C7EBB5342DF 14000C16-CD29-44E8-BE5C-D94DED574293
0384e / 143	CMS157v15	c46113ae-3559-4956-84ed-bf0ee0bde682	IPOP1: DENOM1: NUMER1: IPOP2: DENOM2: NUMER2:	F7415275-1792-42E9-B06D-7940E5F07FEC B174B06F-70E3-4E8D-B173-F12DC08FAFB4 9E2746AB-7FFE-47BD-A962-1F458BEBD694 E94B31A2-76EE-442C-9F4A-A4636EF54444 3E7AC0C8-C1FA-480D-B394-8203E342EA49 6FF5A892-9270-4D9E-B321-C692C2529A4F
0710e / 370	CMS159v15	74646909-2417-40bb-a2ef-d816d9ca115f	IPOP: DENOM: DENEX: NUMER: STRAT-1: STRAT-2:	B74991E6-6F3A-4A01-A60A-6FEEFC966414 55D888FB-ADA0-4D51-858F-4E942F0F670E 21908786-DDBF-4121-A704-D2E237A676BB BF66AA4C-0510-43F8-BF08-A95A71A1E50E C4A59042-1634-4A8B-812F-BE0A4450D0D2 A3418DB5-F6AE-47A4-9F77-EA8B7EA583C9
N/A / 236	CMS165v15	b83d59fa-65cd-4ccb-9889-70fbc81bcc6e	IPOP: DENOM: DENEX: NUMER:	A35D89C5-C903-4D4C-BDBC-EA70D1254BEF FECE5EB1-842C-42B6-B2BC-7035C79222E4 8D42520C-8C19-47AF-B3E7-A66EAECA0DBD 73661F57-1A94-4982-8136-EDCE51A9AEA8

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 382	CMS177v15	5ea07f3e-b5ad-44ab-abaf-81449d58d986	IPOP: DENOM: NUMER:	7C14B90C-F2F0-48E1-BBCF-00A448D7E473 970D4B91-57A3-4B37-AB74-5F4A82B5D359 9FD89923-0BA7-45E2-BC9A-A23AD05BB625
N/A / 338	CMS314v4	e8637eac-a334-4d13-a9eb-447c7335cb49	IPOP: DENOM: NUMER:	3528D887-61BE-4C3C-B7D9-5F47174AEBFF D8FB20C1-A50F-4028-AC7F-4DADFE67C998 6AEBD0C9-6E38-4353-A6BB-DB44FBC6DC87
N/A / 438	CMS347v10	fad3fece-3f76-401b-888e-d6cac801743f	IPOP1: DENOM1: DENEX1: NUMER1: DENEXCEP1: IPOP2: DENOM2: DENEX2: NUMER2: DENEXCEP2: IPOP3: DENOM3: DENEX3: NUMER3: DENEXCEP3: IPOP4: DENOM4: DENEX4: NUMER4: DENEXCEP4:	DC7EE1FA-285A-447A-AB71-621A180BECBB F5A7F615-7471-4549-88FD-C8B447C9685F 589CFFC5-DA6E-4A83-822F-97A5025D400B E87BD132-0762-43F1-B61F-427E13BBE7FD 5F2E3CBA-C623-492F-8590-A298A5A5240D E2331545-B024-4CDD-BC82-64E4A0327010 122A1E36-6103-4D1A-ACDE-6977F543AA34 D1AAA198-0792-4E54-90C8-9C9500FFD093 111D5121-56B0-4269-B4B4-19F880794A8A F7FE37E3-E52B-4890-812D-C707FA9AF416 7888DEB7-F31B-486F-91CB-C41FD9344763 4DAA9150-390A-461B-A27F-3564DD9C360D 6C587BC4-6BCF-46B9-8DAB-F07F0D6910E1 5FCDD292-9C20-4150-BA04-6AADC7080AD4 8EABC307-B5ED-4817-9338-EAB99F0A7F1A E8DEBC01-17D3-46DE-B796-842A49607972 52E4F827-7BDC-4CBC-89BE-E22F718FAAF4 763FCCBC-EC90-42EF-AC59-9D26969905B2 C5C476DA-322B-4ACE-94F5-B6F50F2D6411 11EADE8C-B284-4981-ADB2-0A0EEA93F3EB
N/A / 475	CMS349v9	0a74b78f-9e28-4ff5-bafe-71739ab22bc8	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	D9B32E8C-4DAE-4FE1-A876-068600695912 5A9314BA-D97B-465B-8B85-A45FD3F9ABE2 5A6EBD39-0BA6-4AC4-87AB-94A0132AF7BC F5430ED0-63AB-4E8B-AD99-3DE79F592129 2841A0A9-75E9-4F09-884A-47173061F2C2
N/A / 462	CMS645v10	27500cd9-549e-4ea4-8d19-4c582278b4b9	IPOP: DENOM: NUMER: DENEXCEP:	786E05E4-F16E-492D-BAD4-2555F1CA3F40 B876332D-519E-444E-839F-7FA9C919F1A6 474E39BC-B7EA-4BBA-A7ED-62D50806F61D 34047550-15EF-4204-9A8F-A0285CFE8F4F
N/A 481	CMS646v7	45c0c3b0-f7b4-4037-8457-1202878ae81b	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	AA2E8D12-F5D5-49A4-B15A-5C16B5F18667 C3968A41-F665-4131-9EF4-E850845E2D1F E1CA1D66-73AB-4CA4-997F-0CBACD08C4B4 EAD93629-C7CB-4682-B599-EE13B03FEF38 D629A3FE-F02D-40A7-ACE3-99A465A9BE83
N/A / 476	CMS771v8	9ddf5af4-336c-4b60-ad30-21f03c018ee8	IPOP: DENOM: DENEX: NUMER:	F5F30C86-7504-463A-822F-2A7773AD62E8 73DF06D9-B793-4CBC-85D5-AE7D396F23BD 4D96A847-9BCC-478A-A6E0-D01638CF5F00 A064DE1F-FC50-4199-AFC4-816074DA3E1F

CBE / Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A / 488	CMS951v5	6b5e4463-381f-46f4-bfa9-9b7a1337ed3e	IPOP: DENOM: DENEX: NUMER:	38EEC8FC-7350-4F83-B58E-79DC9515423D 611F9C98-6875-40C3-BC40-D6BDA58640E6 D07D6FCB-7FC7-4226-B930-913E559D33AD 9CCB6F0C-DA06-40C0-AB1A-D38DD8EF34C9
3633e / 494	CMS1056v4	172dc8f5-8f88-4803-9dda-65ad69b800b1	IPOP: DENOM: DENEX: NUMER:	1FFCCC84-6F19-4B0A-9DF0-6B851CE34C24 B6F347A2-7768-4D3F-96E5-5DECFCDA059F 2E1C63E1-5790-4E94-9081-ACA574B3DB47 BA85E0B1-3886-4000-B694-8D0E158731C5
N/A / 515	CMS1154v2	572f812c-a6be-4c7d-8133-a16a8967c119	IPOP: DENOM: DENEX: NUMER:	0AC4A085-8D50-415B-A439-3BB6A0797B03 52872F27-C32B-4296-91AB-ADF9B44B44F3 44F3408C-28CD-49B4-BABF-468588E3C134 2BACF9F5-EE61-4E40-9621-92F9ACC49E5D
N/A / 340	CMS1157v3	ea88f6c1-3c76-4b1b-91e4-bd1c6bdc2002	IPOP: DENOM: NUMER:	CC41EFF0-6053-49C9-8E9F-1536548B147B 2F0FF94A-A7A7-4DE9-9776-C55A939B6DDF 13D2124C-C80D-4B32-A76A-8E5BD50DD974
3749e / 514	CMS1173v2	0edaee1f-eb49-4619-a6e3-b1ea8d1f9dad	IPOP: DENOM: DENEX: NUMER:	75ce3a3a-c2ca-4f77-a2fa-372a7093583f c9886e24-32f8-48e5-b85d-adb147ffacc6 d63cff24-691d-4b65-bbfd-0e39e5fb1da0 50f4d9eb-44d7-4197-b4a4-2553ca54fb35
3755e / 205	CMS1188v4	24ae0edb-0aa0-4f85-8e8f-c5691fa3582e	IPOP: DENOM: NUMER:	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 20: Improvement Activities Identifiers for the MIPS CY 2027 Performance Period

Table 20 will be updated following the PFS Final Rule

Table 21: Promoting Interoperability Objectives and Measures Identifiers for the MIPS and ASM CY 2027 Performance Period

Table 21 will be updated following the PFS Final Rule

Table 22: Promoting Interoperability Attestation Statements Identifiers

Table 22 will be updated following the PFS Final Rule

Table 23: Improvement Activities for the ASM CY 2027 Performance Period

Activity Name	Activity Description	Activity ID
ASM IA-1: Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs Screening	ASM participants must have evidence of processes, workflows, and/or technology that require the ASM participant to: (1) confirm the ASM beneficiary has access to primary care services and, if not, assist the ASM beneficiary in finding a clinician who provides primary care services, (2) communicate relevant information back to the ASM beneficiary's primary care provider following the ASM beneficiary's visit with the ASM participant, and (3) determine whether the ASM beneficiary has received an annual HRSN screening in the primary care setting and, if not, encourage the primary care services provider to conduct the screening or allow the ASM participant to conduct the HRSN screening.	IA_ASM_1
ASM IA-2: Establishing Communication and Collaboration Expectations with Primary Care using Collaborative Care Arrangements	Documentation of at least one executed CCA between a primary care practice with which the ASM participant shares ASM beneficiaries, and the CCA must include collaborative efforts related to at least three of the following five elements: data sharing, co-management, transitions in care, closed-loop communication, care coordination integration.	IA_ASM_2

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
ONC ASTP Project Tracking System (Jira): https://oncprojectracking.healthit.gov/
National Library of Medicine (NLM) Value Set Authority Center (VSAC) contains the official versions of the value sets used for eCQMs: https://vsac.nlm.nih.gov/
Quality Payment Program: https://qpp.cms.gov

8.2 Support

Table 24: Support Contact Information

Contact	Organization	Phone	Email	URL
QPP Service Center	CMS	1-866-288-8292 TTY: 1-877-715-6222	QPP@cms.hhs.gov	https://qpp.cms.gov/resources/help-and-support

8.3 Errata or Enhancement Requests

Table 25: 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 26: 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 27: NPI Validation Rules and Table 28: TIN Validation Rules list the validation rules performed on the NPI and TIN.

Table 27: 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 28: 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 – 2027 CMS QRDA III Implementation Guide Changes to QRDA III Release 1 Base Standard

This table lists all changes made to this 2027 guide from the "Base Standard", the *HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm.*

Table 29: 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="2026-07-01" (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	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 2025-05-01 (CONF:CMS_11). Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.
CMS_141	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="SSP_PI_INDIV" or "SSP_PI_ GROUP " or "SSP_PI_ APMENTITY", then Promoting Interoperability Measure Section (V3) SHALL be present (CONF:CMS_141). Note: When use these program name codes, the QRDA III document must contain PI section, and PI section only.
CMS_142	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="SSP_PI_INDIV" or "SSP_PI_ GROUP " or "SSP_PI_ APMENTITY", then QRDA Category III Measure Section – CMS (V5) and Improvement Activity Section (V3) SHALL NOT be present (CONF:CMS_142). Note: When use these program name codes, the QRDA III document must not contain Quality and IA sections.
CMS_167	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="ASM_INDIV" or "ASM_GROUP", then QRDA Category III Measure Section – CMS (V5) SHALL be present (CONF:CMS_167).
CMS_85 CMS_86 CMS_87	5.1.2	n/a	MAY contain zero or one [0..1] participant (CONF:CMS_85) such that it SHALL contain exactly one [1..1] @typeCode="DEV" device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_86). SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_87).

CONF. #	Section	Base Standard	Changed To
CMS_88 CMS_89 CMS_90 CMS_91	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] @classCode="RGPR" regulated product (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6) (CONF:CMS_88). This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_89). This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_90). This id SHALL contain exactly one [1..1] @extension (CONF:CMS_91). Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.
CMS_118 CMS_119 CMS_120 CMS_121 CMS_122 CMS_123 CMS_124	5.1.3	n/a	Each MIPS individual, group, subgroup, or APM Entity can select one MVP to report. MAY contain zero or one [0..1] participant (CONF:CMS_118) such that it SHALL contain exactly one [1..1] @typeCode="TRC" tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_119). SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_120). 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). This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_122). This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.6" MIPS Value Pathway (CONF:CMS_123). This id SHALL contain exactly one [1..1] @extension (CONF:CMS_124). Note: The value of @extension is the MVP identifier.

CONF. #	Section	Base Standard	Changed To
CMS_160 CMS_161 CMS_162 CMS_163 CMS_164 CMS_165 CMS_166	5.14	n/a	Each ASM participant is assigned to a specific cohort. MAY contain zero or one [0..1] participant (CONF:CMS_160) such that it SHALL contain exactly one [1..1] @typeCode="TRC" tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_161). SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_162). 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_163). This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_164). This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.7" ASM Cohort (CONF:CMS_165). This id SHALL contain exactly one [1..1] @extension (CONF:CMS_166). Note: The value of @extension is the ASM cohort identifier.
5562-18170_C01	5.1.5	MAY contain zero or one [0..1] documentationOf (CONF: 4484-18170).	SHALL contain exactly one [1..1] documentationOf (CONF:5562-18170_C01).

CONF. #	Section	Base Standard	Changed To
5562-18171_C01	5.1.5	The documentationOf, if present, SHALL contain exactly one [1..1] serviceEvent (CONF:4484-18171).	MIPS individual (MIPS_INDIV), APP individual (MIPS_APP1_INDIV), APP Plus individual (APP_PLUS_INDIV), SSP PI individual (SSP_PI_INDIV), and ASM individual (ASM_INDIV) reporting must contain exactly one performer, which contains one TIN and one NPI. MIPS Group (MIPS_GROUP), MIPS APP Group (MIPS_APP1_GROUP), APP Plus Group (APP_PLUS_GROUP), SSP PI Group (SSP_PI_GROUP), and ASM Group (ASM_GROUP) reporting must contain exactly one performer, which contains one TIN. No NPI is allowed. ASM group (ASM_GROUP) reporting must contain exactly one performer, which contains one TIN and NPIs for each ASM participant within the group. MIPS APM Entity (MIPS_APMENTITY), MIPS APP APM Entity (MIPS_APP1_APMENTITY), APP Plus APM Entity (APP_PLUS_APMENTITY), and SSP PI APM Entity (SSP_PI_APMENTITY) reporting must contain one performer, which contains one APM Entity Identifier. NPI and TIN are not allowed. MIPS Subgroup (MIPS_SUBGROUP) reporting must contain exactly one performer, which contains one Subgroup Identifier. No NPI is allowed. MIPS Virtual Group (MIPS_VIRTUALGROUP) reporting must contain exactly one performer, which contains one Virtual Group Identifier. No NPI is allowed. This documentationOf SHALL contain exactly one [1..1] serviceEvent (CONF:5562-18171_C01). This serviceEvent SHALL contain at least one [1..*] performer (CONF:5562-18173).

CONF. #	Section	Base Standard	Changed To
5562-18177_C01	5.1.5	This assignedEntity id/@root coupled with the id/@extension can be used to represent the individual provider's National Provider Identification number (NPI). Other assignedEntity ids may be present. This assignedEntity SHALL contain exactly one [1..1] id (CONF:4484-18177) such that it	The assignedEntity id/@root ='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI). NPI is required for MIPS Individual reporting, APP Individual reporting, APP Plus Individual reporting, SSP PI Individual reporting, and ASM Individual reporting. NPI is not allowed for group reporting, MIPS Virtual Group reporting, MIPS APM Entity reporting, APP Group reporting, APP APM Entity reporting, APP Plus Group reporting, APP Plus APM Entity reporting, SSP PI Group reporting, SSP PI APM Entity reporting, and ASM Group reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted. This assignedEntity SHALL contain exactly one [1..1] id (CONF:5562-18177_C01) such that it
CMS_29	5.1.5	n/a	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, APP Plus Group reporting, APP Plus APM Entity reporting, SSP PI Group reporting, SSP PI APM Entity reporting, and ASM Group reporting.
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).	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. 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, APP Plus Individual reporting, SSP PI Individual reporting, and ASM Individual and group reporting.
5562-18181_C01	5.1.5	This representedOrganization MAY contain zero or one [0..1] id (CONF:4484-18181) such that it	This representedOrganization MAY contain zero or one [0..1] id (CONF:5562-18181_C01) such that it

CONF. #	Section	Base Standard	Changed To
CMS_79 CMS_80 CMS_81	5.1.5	n/a	This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_79) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.2" MIPS Virtual Group (CONF:CMS_80). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.2) designates that the @extension must hold a Virtual Group Identifier. SHALL contain exactly one [1..1] @extension (CONF:CMS_81). Note: This is the Virtual Group Identifier.
CMS_106 CMS_107 CMS_108	5.1.5	n/a	This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_106) such that it 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. SHALL contain exactly one [1..1] @extension (CONF:CMS_108). Note: This is the APM Entity identifier.
CMS_115 CMS_116 CMS_117	5.1.5	n/a	This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_115) such that it 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. SHALL contain exactly one [1..1] @extension (CONF:CMS_117). Note: This is the Subgroup identifier.
CMS_82	5.15	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP" or "MIPS_APP1_GROUP" or "APP_PLUS_GROUP" or "SSP_PI_GROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the group's TIN (CONF:CMS_82).

CONF. #	Section	Base Standard	Changed To
CMS_83	5.1.5	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the virtual group's Virtual Group Identifier (CONF:CMS_83).
CMS_109	5.1.5	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_APMENTITY" or "MIPS_APP1_APMENTITY" or "APP_PLUS_APMENTITY" or "SSP_PI_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).
CMS_112	5.1.5	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV" or "MIPS_APP1_INDIV" or "APP_PLUS_INDIV", or "SSP_PI_INDIV" or "ASM_INDIV", 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).
CMS_114	5.1.5	n/a	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).
5569-17301_C01	5.1.6	SHALL contain exactly one [1..1] QRDA Category III Measure Section (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2020-12-01) (CONF:4484-17301).	SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V6) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2025-05-01) (CONF:5569-17301_C01).
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 (V6), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:5562-21394_C01).

CONF. #	Section	Base Standard	Changed To
CMS_140	5.1.6	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="2025-05-01" (CONF:CMS_66).
4526-17906_C01 5569-17907_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 (V6) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2025-05-01) (CONF:5569-17907_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="2025-05-01 (CONF:CMS_43).
4427-18136_C01 CMS_151	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 - CMS (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.21:2025-05-01) (CONF:CMS_151).

CONF. #	Section	Base Standard	Changed To
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="2025-05-01" (CONF:CMS_56).
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 5569-18426_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 (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2025-05-01) (CONF:5569-18426_C01).

CONF. #	Section	Base Standard	Changed To
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).
CMS_145 CMS_146	5.3.4	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_144) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.21" (CONF:CMS_145). SHALL contain exactly one [1..1] @extension="2025-05-01" (CONF:CMS_146).
CMS_147 CMS_148 CMS_149 CMS_150	5.3.4	SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHALL be selected from ValueSet ONC Administrative Sex urn:oid:2.16.840.1.113762.1.4.1 DYNAMIC (CONF:3259-18236).	SHALL contain exactly one [1..1] value with @xsi:type="CD" (CONF:CMS_147). This value SHALL contain exactly one [1..1] @nullFlavor="OTH" (CONF:CMS_148). This value SHALL contain exactly one [1..1] translation (CONF:CMS_149). This translation SHALL contain exactly one [1..1] @code, which SHALL be selected from ValueSet Federal Administrative Sex urn:oid:2.16.840.1.113762.1.4.1021.121 (CONF:CMS_150).
CMS_59 CMS_60 CMS_61	5.3.5	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_59) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.25" (CONF:CMS_60). SHALL contain exactly one [1..1] @extension="2022-05-01" (CONF:CMS_61).

CONF. #	Section	Base Standard	Changed To
4526-21307_C01 CMS_62 CMS_63	5.3.5	n/a	SHALL contain exactly one [1..1] value with @xsi:type="REAL" (CONF:4526-21307_C01). The value, if present, SHALL be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62). The value, if present, SHALL contain no more than 6 digits to the right of the decimal (CONF:CMS_63).
4526-19651_C01 4526-19652_C01 4526-19653_C01	5.3.5	MAY contain zero or one [0..1] reference (CONF:4484-19651). The reference, if present, SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4484-19652). The reference, if present, SHALL contain exactly one [1..1] externalObservation (CONF:4484-19653).	SHALL contain exactly one [1..1] reference (CONF: 4526-19651_C01). This reference SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4526-19652_C01). This reference SHALL contain exactly one [1..1] externalObservation (CONF:4526-19653_C01).

12 Change Log – Changes from the 2026 CMS QRDA Implementation Guide

Table 30 lists the changes made in each section of this 2027 CMS QRDA Eligible Clinicians Implementation Guide, as compared with the 2026 CMS QRDA III Implementation Guide.

Table 30: Changes Made to the 2027 CMS Eligible Clinicians QRDA IG from 2026 CMS QRDA IG

Section Heading	2027 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2026 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
n/a	Updated to 2027 performance period throughout.	2026 performance period.
3.1 Background	Removed template version numbers from Figure 4	Figure 4 showed CMS QRDA III Report – CMS (V9)
4.7 Ambulatory Specialty Model (ASM)	Added new section for ASM and updated section numbering.	n/a
4.8 Long-term Enhanced ACO Design (LEAD) Model	Added new section for LEAD Model and updated section numbering.	n/a
4.9 Identifiers	Added information for ASM and LEAD.	n/a
4.10 Succession Management	Added information for ASM.	n/a
4.12 Performance Rate	Added information for ASM.	n/a
5.1. Document-Level Template: QRDA Category III Report – CMS (V11)	Updated QRDA Category III Report – CMS template from (V10) to (V11) SHALL contain exactly one [1..1] @extension="2026-07-01" (CONF:CMS_3).	Document-Level Template: QRDA Category III Report – CMS (V10) SHALL contain exactly one [1..1] @extension="2025-05-01" (CONF:CMS_3).

Section Heading	2027 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2026 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.1 informationRecipient	Added If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="ASM_INDIV" or "ASM_GROUP", then QRDA Category III Measure Section – CMS (V6) **SHALL** be present (CONF:CMS_167).	n/a
5.1.1 informationRecipient	Table 4. QRDA III CMS Program Name Added program names: ASM_INDIV ASM_GROUP LEAD_APM_ENTITY	Table 3. QRDA III CMS Program Name
5.1.2 participant (CMS EHR Certification ID)	Updated language for CMS EHR Certification ID to include ASM information.	5.1.2 participant (CMS EHR Certification ID)
5.1.2 participant (CMS EHR Certification ID)	Figure 6: Participant Example – CMS EHR Certification ID Updated the example CMS EHR Certification ID with value starts with “2027C”	Figure 7: Participant Example – CMS EHR Certification ID

Section Heading	2027 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2026 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.4 participant is ASM	Added new participant with CMS_160, CMS_161, CMS_162, CMS_163, CMS_164, CMS_165, CMS_166, and adjusted following section numbering. Each ASM participant is assigned to a specific cohort. The available ASM cohorts for the 2027 performance period and their identifiers are listed in the following Table. MAY contain zero or one [0..1] participant (CONF:CMS_160) such that it SHALL contain exactly one [1..1] @typeCode="TRC" tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_161). SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_162). 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_163). This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_164). This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.7" ASM Cohort (CONF:CMS_165). This id SHALL contain exactly one [1..1] @extension (CONF:CMS_166). Note: The value of @extension is the ASM cohort identifier.	n/a
5.1.4 participant is ASM	Added Table 6: ASM Cohort Identifiers for the 2027 Performance Period Added Figure 8: Participant Example – ASM Adjusted following Table and Figure numbering.	n/a

Section Heading	2027 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2026 CMS QRDA III Eligible Clinicians (Version 1.1)
5.1.5 documentationOf	Updated language for documentationOf to include ASM information.	n/a
5.1.5 documentationOf	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, APP Plus Group reporting, APP Plus APM Entity reporting, SSP PI Group reporting, SSP PI APM Entity reporting, and ASM Group reporting.	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, APP Plus group reporting, APP Plus APM Entity reporting, SSP PI group reporting, and SSP PI APM Entity reporting.
5.1.5 documentationOf	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, APP Plus Individual reporting, SSP PI Individual reporting, and ASM Individual and group reporting.	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, APP Plus individual reporting, and SSP PI individual reporting.
5.1.5 documentationOf	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV" or "MIPS_APP1_INDIV" or "APP_PLUS_INDIV" or "SSP_PI_INDIV" or "ASM_INDIV", 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).	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV" or "MIPS_APP1_INDIV" or "APP_PLUS_INDIV" or "SSP_PI_INDIV", 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).
6. 2027 eCQM Specifications for Eligible Clinicians UUID List	Updated the UUID list based on the eCQM specifications for Eligible Clinicians for the 2027 performance period.	UUID list based on the eCQM specifications for Eligible Clinicians for the 2026 performance period.
7. Measure Identifiers	Table 20, Table 21, and Table 22 will be updated following the PFS Final Rule. Added Table 23: Improvement Activities for the ASM CY 2027 Performance Period	Identifiers for the 2026 performance period.
13. Acronyms	Removed ASTP Added ASM	ASTP/ONC

Section Heading	2027 CMS QRDA III Eligible Clinicians IG (Version 1.0)	2026 CMS QRDA III Eligible Clinicians (Version 1.1)
15. References	Updated the name to ONC Project Tracking System (Jira).	ONC ASTP Project Tracking System (Jira).

13 Acronyms

The table below contains acronyms used in this guide.

Table 31: Acronyms

Acronym	Literal Translation
ACO	Accountable Care Organization
APM	Alternate Payment Model
APP	APM Performance Pathway
APP Plus	APM Performance Pathway Plus
ANSI	American National Standards Institute
ASKU	Asked, but not known
ASM	Ambulatory Specialty Model
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
FHIR	Fast Healthcare Interoperability Resources
HL7	Health Level Seven
HL7 V3	Health Level 7 Version 3
HQMF	Health Quality Measures Format
ID	Identifier
IHTSDO	International Health Terminology Standard Development Organization
IP	initial population
LOINC	Logical Observation Identifiers Names and Codes
MIPS	Merit-Based Incentive Payment System

Acronym	Literal Translation
MVP	MIPS Value Pathway
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
PHDSC	Public Health Data Standards Consortium
PI	Promoting Interoperability
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
SSP	Shared Savings Program
SSP PI	Shared Savings Program Promoting Interoperability
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

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

ONC ASTP Project Tracking System (Jira). https://oncprojectracking.healthit.gov/

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

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