

## **ADDITIONAL INFORMATION REGARDING ELECTRONIC CLINICAL QUALITY MEASURES (eCQMs) FOR CMS QUALITY REPORTING PROGRAMS FOR ELIGIBLE CLINICIANS<sup>1</sup>**

The table below titled “Electronic Clinical Quality Measures for Eligible Clinicians: 2023 Reporting” contains additional up-to-date information for electronic clinical quality measures (eCQMs) that are to be used to electronically report 2023 clinical quality measure data for the Centers for Medicare & Medicaid Services (CMS) quality reporting programs. Measures will not be eligible for 2023 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program. Subsequent updates will be provided in a new version of this table with a summary of the updates located in a version history table at the end of the document.

Please note the measure stewards updated the titles and descriptions for the eCQMs included in this table and therefore they may not match the information provided on the National Quality Forum (NQF) website. Measures that do not have an NQF number are not currently endorsed.

Each eCQM has been assessed against quality domains and meaningful measure areas. This table aligns with the quality domains established in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and implemented through the Quality Payment Program.

CMS has posted guidance on the allowance of telehealth encounters for eligible clinician eCQMs used in CMS quality reporting programs for performance period 2023. The telehealth guidance document is available on the eCQI Resource Center within the [eCQM Resources table for Eligible Clinicians](#) under the 2023 performance period. Guidance provided within the telehealth guidance document is intended to provide stakeholders with clarity on telehealth allowances that appear within the eCQM specifications for the 2023 performance period. In addition to posting the telehealth guidance document, CMS has updated the below table to include indications of which eCQMs are eligible for telehealth encounters.

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<sup>1</sup> Eligible clinicians applies to Merit-based Incentive Payment System (MIPS) eligible clinicians and similar participants of other CMS programs using eCQMs for quality reporting such as Advanced Alternative Payment Model (Advanced APM) participants.

## ELECTRONIC CLINICAL QUALITY MEASURES FOR ELIGIBLE CLINICIANS: 2023 REPORTING

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS2v12	Not Applicable	134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter	Equals Initial Population: All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period	Process	Community/Population Health	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>
CMS22v11	Not Applicable	317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive	Patient visits where patients were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated, if the blood pressure is elevated or hypertensive	Equals Initial Population: All patient visits for patients aged 18 years and older at the beginning of the measurement period	Process	Community/Population Health	Preventive Care	No <sup>b</sup>
CMS50v11	Not Applicable	374	Closing the Referral Loop: Receipt of Specialist Report	Percentage of patients with referrals, regardless of age, for which the referring clinician receives a report from the clinician to whom the patient was referred	Number of patients with a referral on or before October 31, for which the referring clinician received a report from the clinician to whom the patient was referred	Equals Initial Population: Number of patients, regardless of age, who had an encounter during the measurement period and were referred by one clinician to another clinician on or before October 31	Process	Communication and Care Coordination	Transfer of Health Information and Interoperability	Yes <sup>a</sup>
CMS56v11	Not Applicable	376	Functional Status Assessment for Total Hip Replacement	Percentage of patients 19 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270 - 365 days after the surgery	Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12], Patient-Reported Outcomes Measurement Information System [PROMIS]-10-Global Health, Hip Disability and Osteoarthritis Outcome Score [HOOS], HOOS Jr.) in the 90 days prior to or on the day of the primary THA procedure, and in the 270 - 365 days after the THA procedure	Equals Initial Population: Patients 19 years of age and older who had a primary total hip arthroplasty (THA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS66v11	Not Applicable	375	Functional Status Assessment for Total Knee Replacement	Percentage of patients 19 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery	Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12], Patient-Reported Outcomes Measurement Information System [PROMIS]-10 Global Health, Knee Injury and Osteoarthritis Outcome Score [KOOS], KOOS Jr.) in the 90 days prior to or on the day of the primary TKA procedure, and in the 270 - 365 days after the TKA procedure	Equals Initial Population: Patients 19 years of age and older who had a primary total knee arthroplasty (TKA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes	Yes <sup>a</sup>
CMS68v12	Not Applicable	130	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter	Eligible clinician attests to documenting, updating, or reviewing the patient's current medications using all immediate resources available on the date of the encounter	Equals Initial Population: All visits occurring during the 12-month measurement period for patients aged 18 years and older	Process	Patient Safety	Medication Management	Yes <sup>a</sup>
CMS69v11	Not Applicable	128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters	Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period	Equals Initial Population: All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period	Process	Community/Population Health	Preventive Care	No <sup>b</sup>
CMS74v12	Not Applicable	379	Primary Caries Prevention Intervention as Offered by Dentists	Percentage of children, 6 months - 20 years of age, who received a fluoride varnish application during the measurement period as determined by a dentist	Children who receive a fluoride varnish application during the measurement period	Equals Initial Population: Children, 6 months - 20 years of age at the start of the measurement period, with a clinical oral evaluation by a dentist during the measurement period	Process	Effective Clinical Care	Preventive Care	No <sup>c</sup>
CMS75v11	Not Applicable	378	Children Who Have Dental Decay or Cavities	Percentage of children, 6 months - 20 years of age at the start of the measurement period, who have had tooth decay or cavities during the measurement period as determined by a dentist	Children who had a diagnosis of cavities or decayed teeth in any part of the measurement period	Equals Initial Population: Children, 6 months - 20 years of age at the start of the measurement period, with a clinical oral evaluation by a dentist during the measurement period	Outcome	Community/Population Health	Preventive Care	No <sup>c</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS90v12	Not Applicable	377	Functional Status Assessments for Heart Failure	Percentage of patients 18 years of age and older with heart failure who completed initial and follow-up patient-reported functional status assessments	Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12]; VR-36; Kansas City Cardiomyopathy Questionnaire [KCCQ]; KCCQ-12; Minnesota Living with Heart Failure Questionnaire [MLHFQ]; Patient-Reported Outcomes Measurement Information System [PROMIS]-10 Global Health, PROMIS-29) present in the EHR within two weeks before or during the initial FSA encounter and results for the follow-up FSA at least 30 days but no more than 180 days after the initial FSA	Equals Initial Population: Patients 18 years of age and older who had two outpatient encounters during the measurement period and a diagnosis of heart failure that starts any time before and continues into the measurement period	Process	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS117v11	Not Applicable	240	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	<p>Diphtheria, tetanus, and pertussis (DTaP) vaccination</p> <p>Children with any of the following on or before the child's second birthday meet criteria:</p> <ul style="list-style-type: none"> <li>• At least four DTaP vaccinations, with different dates of service. Do not count a vaccination administered prior to 42 days after birth.</li> <li>• Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine.</li> <li>• Encephalitis due to the diphtheria, tetanus or pertussis vaccine.</li> </ul> <p>Poliovirus vaccination (IPV)</p> <p>At least three IPV vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</p> <p>Measles, mumps, and rubella vaccination (MMR)</p> <p>Children with either of the following meet criteria:</p> <ul style="list-style-type: none"> <li>• At least one MMR vaccination on or between the child's first and second birthdays.</li> <li>• All of the following anytime on or before the child's second birthday (on the same or different date of service): <ul style="list-style-type: none"> <li>○ History of measles</li> <li>○ History of mumps</li> <li>○ History of rubella</li> </ul> </li> </ul>	Equals Initial Population: Children who turn 2 years of age during the measurement period and have a visit during the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS117v11 (continued)	Not Applicable	240	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	<p>Haemophilus influenzae type b vaccination (HiB)</p> <p>Children with either of the following meet criteria on or before the child's second birthday:</p> <ul style="list-style-type: none"> <li>At least three HiB vaccinations, with different dates of service. Do not count a vaccination administered prior to 42 days after birth.</li> <li>Anaphylaxis due to the HiB vaccine.</li> </ul> <p>Hepatitis B</p> <p>Children with any of the following on or before the child's second birthday meet criteria:</p> <ul style="list-style-type: none"> <li>At least three hepatitis B vaccinations, with different dates of service. <ul style="list-style-type: none"> <li>One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth. For example, if the member's date of birth is December 1, the newborn hepatitis B vaccination must be on or between December 1 and December 8.</li> </ul> </li> <li>Anaphylaxis due to the hepatitis B vaccine.</li> <li>History of hepatitis B illness.</li> </ul>	Equals Initial Population: Children who turn 2 years of age during the measurement period and have a visit during the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS117v11 (continued)	Not Applicable	240	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	<p>Varicella vaccination (VZV) Children with either of the following meet criteria:</p> <ul style="list-style-type: none"> <li>At least one VZV vaccination, with a date of service on or between the child's first and second birthdays.</li> <li>History of varicella zoster (e.g., chicken pox) illness on or before the child's second birthday.</li> </ul> <p>Pneumococcal Conjugate At least four pneumococcal conjugate vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</p> <p>Hepatitis A Children with either of the following meet criteria:</p> <ul style="list-style-type: none"> <li>At least one hepatitis A vaccination, with a date of service on or between the child's first and second birthdays.</li> <li>History of hepatitis A illness on or before the child's second birthday.</li> </ul>	Equals Initial Population: Children who turn 2 years of age during the measurement period and have a visit during the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS117v11 (continued)	Not Applicable	240	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	<p>Rotavirus</p> <p>Children with any of the following meet criteria:</p> <ul style="list-style-type: none"> <li>• At least two doses of the two-dose rotavirus vaccine on different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</li> <li>• At least three doses of the three-dose rotavirus vaccine on different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</li> <li>• At least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine, all on different dates of service, on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</li> <li>• Anaphylaxis due to the rotavirus vaccine on or before the child's second birthday.</li> </ul> <p>Influenza</p> <p>At least two influenza vaccinations, with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 6 months (180 days) after birth.</p> <ul style="list-style-type: none"> <li>• One of the two vaccinations can be an LAIV vaccination administered on the child's second birthday. Do not count an LAIV vaccination administered before the child's second birthday.</li> </ul>	Equals Initial Population: Children who turn 2 years of age during the measurement period and have a visit during the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS122v11	Not Applicable	001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period	Equals Initial Population: Patients 18-75 years of age by the end of the measurement period, with diabetes with a visit during the measurement period	Intermediate Outcome	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>
CMS124v11	Not Applicable	309	Cervical Cancer Screening	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>Women age 21-64 who had cervical cytology performed within the last 3 years</li> <li>Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years</li> </ul>	Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> <li>Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test</li> <li>Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test</li> </ul>	Equals Initial Population: Women 24-64 years of age by the end of the measurement period with a visit during the measurement period	Process	Effective Clinical Care	Preventive Care	Yes <sup>a</sup>
CMS125v11	Not Applicable	112	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period	Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period	Equals Initial Population: Women 52-74 years of age by the end of the measurement period with a visit during the measurement period	Process	Effective Clinical Care	Preventive Care	Yes <sup>a</sup>
CMS127v11	Not Applicable	111	Pneumococcal Vaccination Status for Older Adults	Percentage of patients 66 years of age and older who have received a pneumococcal vaccine	Patients who received a pneumococcal vaccination on or after their 60th birthday and before the end of the measurement period	Equals Initial Population: Patients 66 years of age and older at the start of the measurement period with a visit during the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS128v11	Not Applicable	009	Anti-depressant Medication Management	<p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>	<p>Numerator 1: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment beginning on the IPSD through 114 days after the IPSD (115 total days).</p> <p>Numerator 2: Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment beginning on the IPSD through 231 days after the IPSD (232 total days).</p>	<p>Equals Initial Population: Patients 18 years of age and older as of April 30 of the measurement period who were dispensed antidepressant medications during the Intake Period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event and had a visit 60 days prior to, or 60 days after the dispensing event</p>	Process	Effective Clinical Care	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>
CMS129v12	0389e	102	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<p>Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer</p>	<p>Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer</p>	<p>Equals Initial Population at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy</p>	Process	Efficiency and Cost Reduction	Appropriate Use of Healthcare	No <sup>c</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS130v11	Not Applicable	113	Colorectal Cancer Screening	Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during the measurement period</li> <li>• FIT-DNA during the measurement period or the two years prior to the measurement period</li> <li>• Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period</li> <li>• CT Colonography during the measurement period or the four years prior to the measurement period</li> <li>• Colonoscopy during the measurement period or the nine years prior to the measurement period</li> </ul>	Equals Initial Population: Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period	Process	Effective Clinical Care	Preventive Care	Yes <sup>a</sup>
CMS131v11	Not Applicable	117	Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy in any part of the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period	<p>Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> <li>• Diabetic with a diagnosis of retinopathy in any part of the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period</li> <li>• Diabetic with no diagnosis of retinopathy in any part of the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period or the year prior to the measurement period</li> </ul>	Equals Initial Population: Patients 18-75 years of age by the end of the measurement period, with diabetes with a visit during the measurement period	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS133v11	0565e	191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following the cataract surgery	Cataract surgeries with best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following cataract surgery	Equals Initial Population: All cataract surgeries for patients aged 18 years and older who did not meet any exclusion criteria	Outcome	Effective Clinical Care	Management of Chronic Conditions	No <sup>c</sup>
CMS134v11	Not Applicable	119	Diabetes: Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	Equals Initial Population: Patients 18-75 years of age by the end of the measurement period, with diabetes with a visit during the measurement period	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>
CMS135v11	0081e	005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <=40% who were prescribed or already taking ACE inhibitor or ARB or ARNI therapy during the measurement period	Patients who were prescribed or already taking ACE inhibitor or ARB or ARNI therapy during the measurement period	Equals Initial Population with a current or prior LVEF <= 40%	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS136v12	Not Applicable	366	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<p>Percentage of children 6-12 years of age and newly prescribed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>Numerator 1: Patients who had at least one visit with a practitioner with prescribing authority during the Initiation Phase.</p> <p>Numerator 2: Patients who had at least one visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the 31-300 days after the IPSD.</p>	<p>Equals Initial Population:</p> <p>Initial Population 1: Children 6-12 years of age as of the Intake Period who were prescribed an ADHD medication during the Intake Period and who had a visit during the measurement period. Children are removed if they were actively on ADHD medication in the 120 days prior to the IPSD, or had an acute inpatient stay with a principal diagnosis of mental, behavioral or neurodevelopmental disorder during the Initiation Phase.</p> <p>Initial Population 2: Children 6-12 years of age as of the Intake Period who were prescribed an ADHD medication during the Intake Period and remained on the medication for at least 210 days during the 301-day period, beginning on the IPSD through 300 days after the IPSD, and who had a visit during the measurement period. Children are removed if they were actively on ADHD medication in the 120 days prior to the IPSD, or had an acute inpatient stay with a principal diagnosis of mental, behavioral or neurodevelopmental disorder during the Continuation and Maintenance Phase.</p>	Process	Effective Clinical Care	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS137v11	Not Applicable	305	Initiation and Engagement of Substance Use Disorder Treatment	<p>Percentage of patients 13 years of age and older with a new substance use disorder (SUD) episode who received the following (Two rates are reported):</p> <p>a. Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode.</p> <p>b. Percentage of patients who engaged in ongoing treatment, including two additional interventions or short-term medications, or one long-term medication for the treatment of SUD, within 34 days of the initiation.</p>	<p>Numerator 1: Initiation of treatment includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode</p> <p>Numerator 2: Engagement in ongoing SUD treatment within 34 days of initiation includes:</p> <ol style="list-style-type: none"> <li>1. A long-acting SUD medication on the day after the initiation through 34 days after the initiation of treatment</li> <li>2. One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment: a) two engagement visits, b) two engagement medication treatment events, c) one engagement visit and one engagement medication treatment event</li> </ol>	<p>Equals Initial Population: Patients age 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period</p>	Process	Effective Clinical Care	Prevention and Treatment of Opioid and Substance Use Disorders	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS138v11	0028e	226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<p>Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.</p> <p>Three rates are reported:</p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period</p> <p>b. Percentage of patients aged 18 years and older who were identified as a tobacco user during the measurement period who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period</p> <p>c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p>	<p>Population 1: Patients who were screened for tobacco use at least once during the measurement period</p> <p>Population 2: Patients who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period</p> <p>Population 3: Patients who were screened for tobacco use at least once during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p>	<p>Population 1: Equals Initial Population</p> <p>Population 2: Equals Initial Population who were screened for tobacco use during the measurement period and identified as a tobacco user</p> <p>Population 3: Equals Initial Population</p>	Process	Community/Population Health	Prevention and Treatment of Opioid and Substance Use Disorders	Yes <sup>a</sup>
CMS139v11	Not Applicable	318	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period	Patients who were screened for future fall risk at least once within the measurement period	Equals Initial Population: Patients aged 65 years and older at the start of the measurement period with a visit during the measurement period	Process	Patient Safety	Preventable Healthcare Harm	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS142v11	Not Applicable	019	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care	Equals Initial Population who had a dilated macular or fundus exam performed	Process	Communication and Care Coordination	Transfer of Health Information and Interoperability	No <sup>b</sup>
CMS143v11	0086e	012	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more visits within 12 months	Patients who have an optic nerve head evaluation during one or more visits within 12 months	Equals Initial Population: All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	Process	Effective Clinical Care	Management of Chronic Conditions	No <sup>b</sup>
CMS144v11	0083e	008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <= 40% who were prescribed or already taking beta-blocker therapy during the measurement period	Patients who were prescribed or already taking beta-blocker therapy during the measurement period	Equals Initial Population with a current or prior LVEF <= 40%	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>
CMS145v11	0070e	007	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <=40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <=40% who were prescribed beta-blocker therapy	Patients who were prescribed beta-blocker therapy	Equals Initial Population who also have prior (within the past 3 years) MI or a current or prior LVEF <=40%	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS146v11	Not Applicable	066	Appropriate Testing for Pharyngitis	The percentage of episodes for patients 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic order and a group A streptococcus (strep) test in the seven-day period from three days prior to the episode date through three days after the episode date	A group A streptococcus test in the seven-day period from three days prior to the episode date through three days after the episode date	Equals Initial Population: Outpatient, telephone, online assessment (i.e. e-visit or virtual check-in), observation, or emergency department (ED) visits with a diagnosis of pharyngitis or tonsillitis and an antibiotic order on or within 3 days after the episode date among patients 3 years or older	Process	Efficiency and Cost Reduction	Appropriate Use of Healthcare	Yes <sup>a</sup>
CMS147v12	0041e	110	Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization between July 1 of the year prior to the measurement period to June 30 of the measurement period	Equals Initial Population and seen for a visit between October 1 of the year prior to the measurement period and March 31 of the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>
CMS149v11	2872e	281	Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	Equals Initial Population: All patients, regardless of age, with a diagnosis of dementia	Process	Effective Clinical Care	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>
CMS153v11	Not Applicable	310	Chlamydia Screening in Women	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period	Women with at least one chlamydia test during the measurement period	Equals Initial Population: Women 16 to 24 years of age by the end of the measurement period who are sexually active and who had a visit in the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>
CMS154v11	Not Applicable	065	Appropriate Treatment for Upper Respiratory Infection (URI)	Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic order	URI episodes without a prescription for antibiotic medication on or 3 days after the outpatient visit, telephone visit, online assessment, observation stay or emergency department visit for an upper respiratory infection	Equals Initial Population: Outpatient visits, telephone visits, online assessments (i.e. e-visit or virtual check-in), observation stays or emergency department visits with a diagnosis of URI during the measurement period among patients 3 months of age and older	Process	Efficiency and Cost Reduction	Appropriate Use of Healthcare	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS155v11	Not Applicable	239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	<p>Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement period.</p> <ul style="list-style-type: none"> <li>Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.</li> <li>Percentage of patients with counseling for nutrition.</li> <li>Percentage of patients with counseling for physical activity.</li> </ul>	<p>Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period</p> <p>Numerator 2: Patients who had counseling for nutrition during the measurement period</p> <p>Numerator 3: Patients who had counseling for physical activity during the measurement period</p>	<p>Equals Initial Population: Patients 3-17 years of age by the end of the measurement period, with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period</p>	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>
CMS156v11	Not Applicable	238	Use of High-Risk Medications in Older Adults	<p>Percentage of patients 67 years of age and older who were ordered at least two high-risk medications from the same drug class. Three rates are reported.</p> <ol style="list-style-type: none"> <li>Percentage of patients 67 years of age and older who were ordered at least two high-risk medications from the same drug class.</li> <li>Percentage of patients 67 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses.</li> <li>Total rate (the sum of the two numerators divided by the denominator, deduplicating for patients in both numerators).</li> </ol>	<p>Rate 1: Patients with at least two orders of high-risk medications from the same drug class on different days.</p> <ol style="list-style-type: none"> <li>At least two orders of high-risk medications from the same drug class.</li> <li>At least two orders of high-risk medications from the same drug class with summed days supply greater than 90 days.</li> <li>At least two orders of high-risk medications from the same drug class each exceeding average daily dose criteria.</li> </ol> <p>Rate 2: Patients with at least two orders of high-risk medications from the same drug class (i.e., antipsychotics and benzodiazepines) on different days.</p> <p>Total rate (the sum of the two previous numerators, deduplicated).</p>	<p>Equals Initial Population: Patients 67 years and older at the end of the measurement period who had a visit during the measurement period</p>	Process	Patient Safety	Medication Management	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS157v11	0384e	143	Oncology: Medical and Radiation - Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Patient visits in which pain intensity is quantified	Equals Initial Population: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	Process	Person and Caregiver-Centered Experience and Outcomes	Management of Chronic Conditions	Yes <sup>a</sup>
CMS159v11	0710e	370	Depression Remission at Twelve Months	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by the most recent twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five	Equals Initial Population: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be assessed using PHQ-9 or PHQ-9M on the same date or up to 7 days prior to the encounter (index event).	Outcome	Effective Clinical Care	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>
CMS161v11	0104e	107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of all patient visits for those patients that turn 18 or older during the measurement period in which a new or recurrent diagnosis of major depressive disorder (MDD) was identified and a suicide risk assessment was completed during the visit	Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified and a suicide risk assessment was completed during the visit	Equals Initial Population: Patient visits for patients that turn 18 or older during the measurement period during which a new diagnosis of MDD, single or recurrent episode, was identified	Process	Effective Clinical Care	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>
CMS165v11	Not Applicable	236	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	Equals Initial Population: Patients 18-85 years of age by the end of the measurement period who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period	Intermediate Outcome	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS177v11	1365e	382	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder (MDD) with an assessment for suicide risk	Patient visits with an assessment for suicide risk	Equals Initial Population: All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder	Process	Patient Safety	Prevention, Treatment, and Management of Mental Health	Yes <sup>a</sup>
CMS249v5	3475e	472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period	Female patients who received an order for at least one DXA scan in the measurement period	Equals Initial Population: Female patients ages 50 to 63 years at the start of the measurement period with an encounter during the measurement period	Process	Efficiency and Cost Reduction	Appropriate Use of Healthcare	Yes <sup>a</sup>
CMS347v6	Not Applicable	438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period. <ul style="list-style-type: none"> <li>All patients with an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or ever had an ASCVD procedure; OR</li> <li>Patients aged <math>\geq 20</math> years who have ever had a low-density lipoprotein cholesterol (LDL-C) level <math>\geq 190</math> mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR</li> <li>Patients aged 40-75 years with a diagnosis of diabetes</li> </ul>	Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period	Equals Initial Population: Population 1: All patients who have an active diagnosis of clinical ASCVD or ever had an ASCVD procedure.  Population 2: Patients aged $\geq 20$ years at the beginning of the measurement period who have ever had a laboratory result of LDL-C $\geq 190$ mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.  Population 3: Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes.	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS349v5	Not Applicable	475	HIV Screening	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV)	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Equals Initial Population: Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period	Process	Community/Population Health	Preventive Care	Yes <sup>a</sup>
CMS645v6	Not Applicable	462	Bone density evaluation for prostate cancer and receiving androgen deprivation therapy	Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	Patients with a bone density evaluation within the two years prior to the start of or less than three months after the start of ADT treatment	Equals Initial Population: Male patients with a qualifying encounter in the measurement period AND with a diagnosis of prostate cancer AND with an order for ADT or an active medication of ADT with an intent for treatment greater than or equal to 12 months during the measurement period	Process	Effective Clinical Care	Management of Chronic Conditions	Yes <sup>a</sup>
CMS646v3	Not Applicable	481	Intravesical Bacillus-Calmette-Guerin for non-muscle invasive bladder cancer	Percentage of patients initially diagnosed with non-muscle invasive bladder cancer and who received intravesical Bacillus-Calmette-Guerin (BCG) within 6 months of bladder cancer staging	Intravesical Bacillus-Calmette Guerin (BCG) instillation for initial dose or series BCG is initiated within 6 months of the bladder cancer staging and during the measurement period	Equals Initial Population: All patients initially diagnosed with T1, Tis or high grade Ta non-muscle invasive bladder cancer and a qualified encounter in the measurement period	Process	Effective Clinical Care	Appropriate Use of Healthcare	No <sup>b</sup>
CMS771v4	Not Applicable	476	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points	Patients with a documented improvement of at least 3 points in their urinary symptom score during the measurement period	Equals Initial Population: Male patients with an initial diagnosis of benign prostatic hyperplasia 6 months prior to, or during the measurement period, and a urinary symptom score assessment within 1 month of initial diagnosis and a follow-up urinary symptom score assessment within 6-12 months, who had a qualifying visit during the measurement period	Patient Reported Outcome	Person and Caregiver-Centered Experience and Outcomes	Functional Outcomes	No <sup>b</sup>

CMS eCQM ID	NQF ID	MIPS Quality ID	Measure Name	Measure Description	Numerator Statement	Denominator Statement	Measure Type	Quality Domain	Meaningful Measure Area	Telehealth-Eligible
CMS951v1	Not Applicable	TBD	Kidney Health Evaluation	Percentage of patients aged 18-75 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period	Patients who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period	Equals Initial Population: All patients aged 18-75 years with a diagnosis of diabetes at the start of the measurement period with a visit during the measurement period	Process	TBD	TBD	Yes <sup>a</sup>

<sup>a</sup> These eCQMs contain Medicare telehealth-eligible codes found in encounter value sets, which can be used for in-person or telehealth encounters.

<sup>b</sup> Telehealth is not appropriate for encounters within these eCQMs for performance period 2023. Medicare telehealth-eligible codes found in any encounter value set in these measures cannot be used for telehealth encounters and must only be used for in-person encounters for these eCQMs.

<sup>c</sup> These eCQMs are not appropriate for telehealth, as they either do not require an encounter or the encounter value sets within the measure do not contain any temporary or permanent “telehealth-eligible” CPT or HCPCS codes from the Medicare Telehealth Service list.