



CMS Implementation Guide for Quality Reporting Document Architecture Category III

Eligible Clinicians and Eligible Professionals Programs

Implementation Guide for 2019

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

1 Introduction

1.1 Overview

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

This QRDA guide contains the Centers for Medicare & Medicaid Services (CMS) supplemental implementation guide to the *HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category III, STU Release 2.1¹ (June, 2017)* for the 2019 performance period. This HL7 base standard is referred to as the HL7 QRDA III STU R2.1.

1.2 Organization of the Guide

This implementation guide contains the following chapters:

- Chapter 1: Introduction
- Chapter 2: Conformance Conventions Used in This Guide — describes the formal representation of templates and additional information necessary to understand and correctly implement the content found in this guide
- Chapter 3: Overview
- Chapter 4: QRDA Category III Submission Rules — includes guidelines for submissions under the Comprehensive Primary Care Plus (CPC+), and the Merit-Based Incentive Payment System (MIPS) Program
- Chapter 5: QRDA Category III Validation — contains the formal definitions for the QRDA Category III report for the CMS Eligible Clinicians and Eligible Professionals Programs:
 - Document-level template that defines the document type and header constraints specific to CMS reporting
 - Section-level templates that define measure reporting and reporting parameters
 - Entry-level templates that define entry templates
- Chapter 6: 2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians UUID List
- Chapter 7: Measure Identifiers

APPENDIX

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

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

2 Conformance Conventions Used in This Guide

2.1 Conformance Verbs (Keywords)

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

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

2.2 Cardinality

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

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

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

Figure 1: Constraints Format – only one allowed

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

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

Figure 2: Constraints Format – only one like this allowed

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

2.3 Null Flavor

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

Figure 3: nullFlavor Example

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

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

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

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

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

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

3 Overview

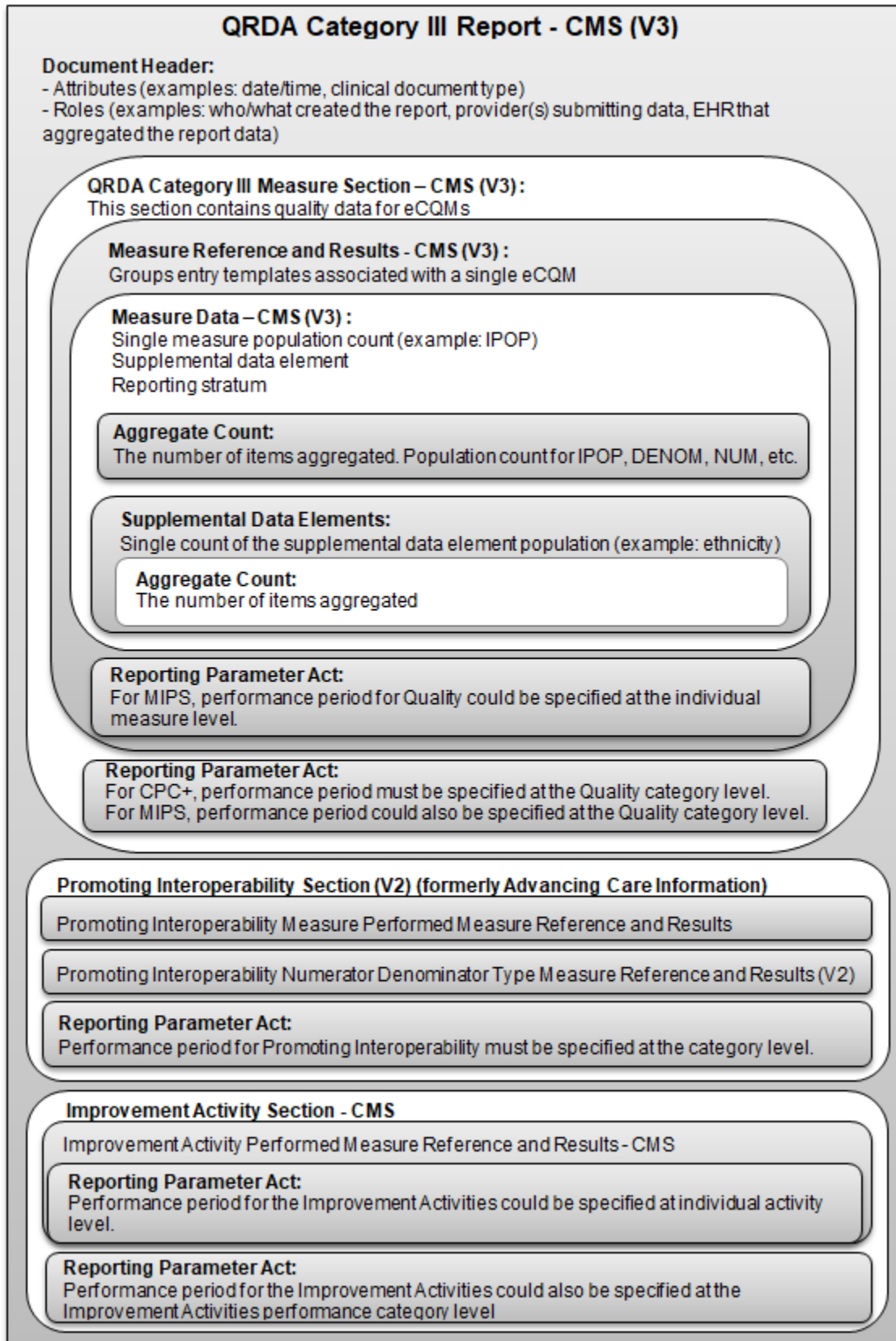
3.1 Background

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

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

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

Figure 4: QRDA III Report Structure Example



3.2 How to Read This QRDA III Guide

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

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

4 QRDA Category III Submission Rules

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

4.1 Comprehensive Primary Care Plus (CPC+) Submissions

CPC+ practice sites need to adopt health IT (HIT) meeting requirements published by the CPC+ model. These requirements have yet to be finalized for the 2019 program year.²

CPC+ quality measure data must be submitted at the CPC+ practice site level. CPC+ practice site level reporting should include all patients (includes all payers and the uninsured) who were seen one or more times at the practice site location during the Performance Period by one or more CPC+ clinicians (TIN/NPI), and who meet the inclusion criteria for the initial patient population as specified in each measure. Each CPC+ practice site submitting QRDA III files for the 2019 performance period must provide at least the minimum number² of measures required by the CPC+ program.

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

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

QRDA III submissions for CPC+ will use the [2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians](#) provided in the [eCQI Resource Center](#).

The performance period for the CPC+ program begins on January 1, 2019 and ends on December 31, 2019.

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

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

² Please note that CPC+ health IT requirements and CPC+ quality reporting requirements have not been finalized for the 2019 Performance Period. These requirements are subject to change. Additional information regarding CPC+ eCQM quality reporting requirements and CPC+ eCQM set may be found at the following location: <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

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

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

For 2019, MIPS eligible clinicians and groups are required to submit a full year of data for the Quality performance category, 90-days of data for Improvement Activities—unless otherwise specified within the activity, and 90-days of data for the Promoting Interoperability performance categories. For the MIPS eligible clinician participating as an individual, your eCQM populations include all patients (all-payer data) seen by the MIPS eligible clinician during the performance period. For group participation, eCQM populations include all patients (all-payer data). Data submission for both individual MIPS eligible clinicians and groups will occur prior to January 2, 2020, if technically feasible, through March 31, 2020 for the 2019 performance period.

4.3 Identifiers

For all CMS eligible clinicians and eligible professionals program reporting, certain identifiers are **mandatory**, meaning that they must be present in the QRDA III report and no nulls are allowed. Exceptions and considerations are noted where applicable. Mandatory identifiers for CMS eligible clinicians and eligible professionals program reporting include:

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

4.4 Succession Management

This section describes the management of successive replacement documents for QRDA III reports. For example, a submitter notices an error in an earlier submission and wants to replace it with a corrected version. For the MIPS receiving system, managing replacement documents is

sometimes referred to as Final Action Processing (FAP). For MIPS QRDA III reporting, replacement documents will be handled at the category level for final processing.

4.4.1 Final Action Processing used in Succession Management

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

Please note that the CMS receiving system will not be able to analyze specific elements outside of any given category within the file of earlier QRDA III submissions. Therefore submitters should ensure all QRDA III reports are complete data re-submissions per category being resubmitted.

4.4.2 Final Action Processing Rules for MIPS

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

When submitting a replacement QRDA III report for the MIPS program use the same TIN or the same TIN/NPI. For example, suppose a QRDA III report containing Quality data for eCQMs 1, 2, and 3 was submitted on Monday and a replacement QRDA III report for the same TIN/NPI was resubmitted the next day for eCQMs 1, 2, and 4. eCQMs 1, 2, and 4 contained in the latest submission will be used for final processing. Data submitted for eCQM 3 on Monday would not be marked for final processing and not be used for MIPS analysis.

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

4.4.3 Final Action Processing Rules for CPC+

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

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

4.4.4 Program Identifiers Used in Succession Management

The CMS program name requirement for QRDA III submission is specified in [5.1.1 informationRecipient](#). Each QRDA III report **must** contain only one CMS program name, which shall be selected from the [QRDA III CMS Program Name value set \(2.16.840.1.113883.3.249.14.101\)](#). The CMS program name specified in a QRDA III report ensures the report is routed to the correct CMS program once it is received by the CMS QRDA III receiving system. Therefore, when submitting a QRDA III report to CMS, it is critical to specify the correct CMS program. The CMS program name is also used for managing successive replacement QRDA III reports. When submitting a replacement QRDA III report, the replacement QRDA III report **must** contain the same CMS program name as specified in the

report that it is intended to replace. The timestamp of the latest file submitted will be used to determine which file is to be analyzed for the specified CMS program, therefore an error in the CMS program name will produce the wrong analysis. For example, if you are submitting a file initially for CPC+, find an error, and resubmit the file with another CMS program name (such as MIPS_GROUP), the resubmitted file will only be analyzed for MIPS.

4.5 Time Zone

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

Table 1: Time Zone Validation Rule

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

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

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

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

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

4.6 Performance Period and Performance Rate

The performance period for the CPC+ program begins on January 1, 2019 and ends on December 31, 2019. If the CMS program name code is "CPCPLUS", the Reporting Parameters Act `effectiveTime/low` and `effectiveTime/high` value must be set as the following:

- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/low/@value="20190101"
- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/high/@value="20191231"

For the MIPS performance period requirement, please see [4.2 Merit-Based Incentive Payment Systems \(MIPS\) QRDA III Submissions](#) and [5.1.4 component](#).

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

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

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

4.7 Templates Versioning and Validations

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

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

Correct template versions that are specified by both the base HL7 QRDA III STU R2.1 and the 2019 CMS IG must be used for 2019 CMS QRDA III submissions.

5 QRDA Category III Validation

5.1 Document-Level Template: QRDA Category III Report - CMS (V3)

```
[ClinicalDocument: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2018-05-01 (open)]
```

Table 2: QRDA Category III Report - CMS (V3) Contexts

Contained By	Contains
N/A	Promoting Interoperability Section (V2) (optional) (formerly Advancing Care Information Section (V2)) QRDA Category III Measure Section - CMS (V3) (optional) Improvement Activity Section - CMS (optional)

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

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

- Description and explanatory narrative
- Template metadata (e.g., templateId, etc.)
- Header constraints
- Required section-level templates

1. Conforms to [QRDA Category III Report \(V4\)](#) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.1.1:2017-06-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_1) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.1.2"` (CONF:CMS_2).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_3).
3. **SHALL** contain exactly one [1..1] `confidentialityCode` (CONF:3338-17238_C01).
 - a. This `confidentialityCode` **SHALL** contain exactly one [1..1] `@code="N"` Normal (CodeSystem: HL7Confidentiality urn:oid:2.16.840.1.113883.5.25) (CONF:CMS_4).
4. **SHALL** contain exactly one [1..1] `languageCode` (CONF:3338-17239).
 - a. This `languageCode` **SHALL** contain exactly one [1..1] `@code="en"` English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:3338-19669_C01).

5.1.1 informationRecipient

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

5. **SHALL** contain exactly one [1..1] `informationRecipient` (CONF:CMS_7).

- a. This informationRecipient **SHALL** contain exactly one [1..1] intendedRecipient (CONF:CMS_8).
 - i. This intendedRecipient **SHALL** contain exactly one [1..1] id (CONF:CMS_9).
 - 1. This id **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.7" CMS Program (CONF:CMS_10).
 - 2. This id **SHALL** contain exactly one [1..1] @extension, which **SHALL** be selected from ValueSet QRDA III CMS Program Name urn:oid:2.16.840.1.113883.3.249.14.101 **STATIC** 2018-05-01 (CONF:CMS_11).

Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.

 - a. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_12).

Note: For CPC+ reporting, CPC+ APM Entity Identifier must be submitted.
 - b. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then a QRDA Category III Measure Section – CMS **SHALL** be present (CONF:CMS_13).

Note: For CPC+ reporting, the QRDA III document must contain a Quality (eCQMs) section.
 - c. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then a Performance Rate for Proportion Measure – CMS (V3) **SHALL** be present (CONF:CMS_14).

Note: For CPC+ reporting, performance rate for a proportion eCQM must be specified.

Table 3: QRDA III CMS Program Name

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

Figure 5: informationRecipient Example, QRDA Category III Report - CMS (V3)

```

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

```

5.1.2 participant is Location

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

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

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

Figure 6: Location Participant Example

```

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

```

5.1.3 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.

7. **SHALL** contain exactly one [1..1] **documentationOf** (CONF:3338-18170_C01).

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

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

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

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

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

The assignedEntity id/@root='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI).

NPI is required except for group reporting and virtual group reporting. For group and virtual group reporting, id/@root='2.16.840.1.113883.4.6' is coupled with @nullFlavor="NA", and @extension shall be omitted.

1. Such performers **SHALL** contain exactly one [1..1] **assignedEntity** (CONF:3338-18176).
 - a. This assignedEntity **SHALL** contain exactly one [1..1] **id** (CONF:3338-18177_C01) such that it
 - i. **MAY** contain zero or one [0..1] **@nullFlavor** (CONF:CMS_29).
Note: @nullFlavor is only present for MIPS group reporting and MIPS virtual group reporting.

- ii. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.4.6"` National Provider ID (CONF:3338-18178_C01).
 Note: This OID contained in the `@root` (2.16.840.1.113883.4.6) designates that the `@extension` must hold a National Provider ID.
 - iii. **MAY** contain zero or one [0..1] `@extension` (CONF:3338-18247).
 Note: This is the provider's NPI. It is only present when this is not MIPS group reporting or MIPS virtual group reporting. For CPC+, only those NPIs that are participating in the CPC+ program should be provided.
- b. This assignedEntity **SHALL** contain exactly one [1..1] `representedOrganization` (CONF:3338-18180).
- i. This `representedOrganization` **MAY** contain zero or one [0..1] `id` (CONF:3338-18181_C01) such that it
 - 1. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.4.2"` Tax ID Number (CONF:3338-18182).
 Note: This OID contained in the `@root` (2.16.840.1.113883.4.2) designates that the `@extension` must hold a Tax Identification Number (TIN).
 - 2. **SHALL** contain exactly one [1..1] `@extension` (CONF:3338-18190).
 Note: This is the organization's TIN.
 - ii. This `representedOrganization` **MAY** contain zero or one [0..1] `id` (CONF:CMS_79) such that it
 - 1. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.3.249.5.2"` MIPS Virtual Group (CONF:CMS_80).
 Note: This OID contained in the `@root` (2.16.840.1.113883.3.249.5.2) designates that the `@extension` must hold a Virtual Group Identifier.
 - 2. **SHALL** contain exactly one [1..1] `@extension` (CONF:CMS_81).
 Note: This is the Virtual Group Identifier.
 - iii. If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP"`, then this `representedOrganization` **SHALL** contain one [1..1] `id` such that it, **SHALL** be the group's TIN (CONF:CMS_82).
 - iv. If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP"`, then this `representedOrganization` **SHALL** contain exactly one [1..1] `id` such that it, **SHALL** be the virtual group's Virtual Group Identifier (CONF:CMS_83).

Figure 7: documentationOf Example

```

<documentationOf>
  <serviceEvent classCode="PCPR">
    <!-- Care provision -->
    <effectiveTime>
      <low value="20190101"/>
      <high value="20191231"/>
    </effectiveTime>
    <!-- Multiple performers can be included for CPC+ only,
      each with an NPI and TIN -->
    <performer typeCode="PRF">
      <time>
        <low value="20190101"/>
        <high value="20191231"/>
      </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>

```

5.1.4 component

A CMS QRDA Category III document for the 2019 performance period must contain at least a QRDA Category III Measure Section, an Improvement Activity Section, or a Promoting Interoperability (formerly known as Advancing Care Information) Section.

The performance period for Improvement Activities shall be specified either at the Improvement Activities performance category level or at the individual activity level.

The performance period for Promoting Interoperability performance category must be specified at the category level, which is using the Reporting Parameters Act template contained within the Promoting Interoperability Section (formerly Advancing Care Information Section).

For MIPS reporting, the performance period for Quality (eCQMs) performance category shall be specified either at the performance category level or at the individual measure level.

For CPC+ reporting, the performance period for Quality (eCQMs) performance category must be specified at the category level, using the Reporting Parameters Act template contained within the QRDA Category III Measure Section - CMS (V3).

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

8. **SHALL** contain exactly one [1..1] **component** (CONF:3338-17217).
 - a. This component **SHALL** contain exactly one [1..1] **structuredBody** (CONF:3338-17235).
 - i. This **structuredBody** **SHALL NOT** contain [0..0] **component** (CONF:3338-17281_C01) such that it
Note: Reporting Parameter Section shall not be used for specifying performance period.

1. **SHALL** contain exactly one [1..1] [QRDA Category III Reporting Parameters Section](#) (identifier: urn:oid:2.16.840.1.113883.10.20.27.2.2) (CONF:3338-17282).
- ii. This structuredBody **MAY** contain zero or one [0..1] component (CONF:3338-17283) such that it
 1. **SHALL** contain exactly one [1..1] [QRDA Category III Measure Section - CMS \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2018-05-01) (CONF:3338-17301_C01).
- iii. This structuredBody **MAY** contain zero or one [0..1] component (CONF:3338-21173) such that it
 1. **SHALL** contain exactly one [1..1] [Improvement Activity Section - CMS](#) (identifier: urn:hl7ii:2.16.840.1.113883.3.249.20.2.1:2018-05-01) (CONF:3338-21174_C01).
- iv. This structuredBody **MAY** contain zero or one [0..1] component (CONF:3338-21317) such that it
 1. **SHALL** contain exactly one [1..1] [Promoting Interoperability Section \(V2\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01) (CONF:3338-21318).
 Note: Formerly known as the Advancing Care Information Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01)
- v. This structuredBody **SHALL** contain at least a QRDA Category III Measure Section - CMS (V3), or an Improvement Activity Section - CMS, or a Promoting Interoperability Section (V2) (CONF:3338-21394_C01).
 Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)

Figure 8: structuredBody Example

```

<component>
  <structuredBody>
    <component>
      <!-- QRDA Category III Measure Section - CMS (V3)-->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Improvement Activity Section - CMS -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Promoting Interoperability Section (V2) -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
  </structuredBody>
</component>

```

5.2 Section-Level Templates

5.2.1 Improvement Activity Section - CMS

```
[section: identifier urn:hl7ii:
2.16.840.1.113883.3.249.20.2.1:2018-05-01 (open)]
```

Table 4: Improvement Activity Section– CMS Contexts

Contained By	Contains
QRDA Category III Report - CMS (V3) (optional)	Improvement Activity Performed Measure Reference and Results - CMS (required)

This section references the Improvement Activities being reported. Examples of activities may include care coordination, shared decision-making, safety checklists, and expanded practice access. This section includes entries for reporting activities that are met (with yes answer).

When submitting Improvement Activities to CMS for the MIPS programs, the performance period shall be specified either at the individual improvement activity level, using the Reporting Parameter Act template contained within the Improvement Activity Performed Measure Reference and Results – CMS template, or at the Improvement Activity performance category level (Improvement Activity Section - CMS). However, specifying performance period at both the individual improvement activity level and the Improvement Activity performance category level is not permitted.

1. **Conforms to [Improvement Activity Section \(V2\) template](#)** (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:3377-711342) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.3.249.20.2.1"` (CONF:CMS_70).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_76).
3. **SHALL** contain at least one [1..*] `entry` (CONF:3259-21181) such that it
 - a. **SHALL** contain exactly one [1..1] [Improvement Activity Performed Measure Reference and Results - CMS](#) (identifier: urn:hl7ii:2.16.840.1.113883.3.249.20.3.1:2018-05-01) (CONF:3259-21436_C01).

Figure 9: Improvement Activity Section - CMS Example

```

<component>
  <section>
    <!-- Measure Section -->
    <templateId root="2.16.840.1.113883.10.20.24.2.2"/>
    <!-- Improvement Activity Section (V2) templateId -->
    <templateId root="2.16.840.1.113883.10.20.27.2.4"
extension="2017-06-01"/>
    <!-- Improvement Activity Section - CMS templateId -->
    <templateId root="2.16.840.1.113883.3.249.20.2.1"
extension="2018-05-01"/>
    <code code="55186-1" codeSystem="2.16.840.1.113883.6.1"
displayName="Measure Section"/>
    <title>Measure Section</title>
    <text>
      ...
    </text>
    <entry>
      <!-- Improvement Activity Performed Reference and Results -
CMS -->
      <organizer classCode="CLUSTER" moodCode="EVN">
        ...
      </organizer>
    </entry>
  </section>
</component>

```

5.2.2 QRDA Category III Measure Section - CMS (V3)

```
[section: identifier urn:hl7ii:
2.16.840.1.113883.10.20.27.2.3:2018-05-01 (open)]
```

Table 5: QRDA Category III Measure Section - CMS (V3) Contexts

Contained By	Contains
QRDA Category III Report - CMS (V3) (optional)	Measure Reference and Results - CMS (V3)

This section references the eCQM(s) being reported. For each reported eCQM, this section includes entries for reporting various aggregate counts (e.g. number of patients in the measure's denominator). For continuous variable measures, this section includes entries for reporting the continuous variables. This section can also include entries not only for aggregate counts, but also for stratified aggregate counts (e.g. not just total number of patients in the denominator, but also the number of males in the denominator). Note that the QRDA III

standard allows for more than one measure within this section, but does not allow multiple occurrences of the same measure in a single QRDA III instance.

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

When submitting eQMs to CMS for the MIPS Quality category, the performance period shall be specified either at the individual measure level, using a Reporting Parameter Act template within the Measures Reference and Results – CMS (V3) template, or at the Quality performance category level (QRDA Category III Measure Section (V4)). However, specifying performance period at both the individual measure level and the Quality performance category level is not permitted.

1. Conforms to [QRDA Category III Measure Section \(V4\)](#) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2017-06-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_64) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.2.3"` (CONF:CMS_65).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_66).
3. **SHALL** contain at least one [1..*] `entry` (CONF:3338-17906_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Reference and Results – CMS \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2018-05-01) (CONF:3338-17907_C01).

For **CPC+**, performance period for Quality (eQMs) must be specified at the category level, using the Reporting Parameter Act template contained within the measure section.

Figure 10: QRDA III Measure Section – CMS (V3) Example

```

<section>
  <!-- Measure Section template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.2.2" />
  <!-- QRDA Category III Measure Section (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.1"
extension="2017-06-01"/>
  <!-- QRDA Category III Measure Section - CMS (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.3"
extension="2018-05-01"/>
  <code code="55186-1" codeSystem="2.16.840.1.113883.6.1"/>
  <title>Measure Section</title>
  <text>
    <table border="1" width="100%">
      <thead>
        <tr>
          <th>eCQM Title</th>
          <th>Version specific identifier</th>
        </tr>
      </thead>
      <tbody>
        <tr>
          <td>Controlling High Blood Pressure</td>
          <td>40280382-6258-7581-0162-92d6e6db1680</td>
        </tr>
      </tbody>
      <list>
        ..
      </list>
    </table>
  </text>
  <entry>
    <!-- Measure Reference and Results - CMS (V3) -->
    <organizer classCode="CLUSTER" moodCode="EVN">
      ...
    </organizer>
  </entry>
</section>

```

5.3 Entry-Level Templates

5.3.1 Improvement Activity Performed Measure Reference and Results - CMS

```

[organizer: identifier
urn:hl7ii:2.16.840.1.113883.3.249.20.3.1:2018-05-01 (open)]

```

Table 6: Improvement Activity Performed Measure Reference and Results – CMS Contexts

Contained By	Contains
Improvement Activity Section - CMS (required)	Measure Performed (required) Reporting Parameters Act (optional)

This template defines the way that an improvement activity should be referenced and reported. Improvement activity is referenced through externalAct reference to an externalDocument. The externalDocument/id is used to reference the improvement activity.

When submitting improvement activities to CMS for the MIPS programs, the performance period shall be specified either at the individual improvement activity level, using a Reporting Parameter Act template contained within the Improvement Activity Performed Measure Reference and Results – CMS template, or at the Improvement Activities performance category level (Improvement Activity Section – CMS). However, specifying performance period at both the individual activity level and the Improvement Activities performance category level is not permitted.

Table 7: Improvement Activity Performed Measure Reference and Results – CMS Constraints Overview

observation[templated/@root = '2.16.840.1.113883.10.20.27.3.33']
[templated/@extension="2018-05-01"]

XPath	Card.	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS_71	
@root	1..1	SHALL		CMS_72	2.16.840.1.113883.3.249.20.3.1
@extension	1..1	SHALL		CMS_73	2018-05-01
component	1..1	SHALL		CMS_74	
act	0..1	MAY		CMS_75	Reporting Parameters Act (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8)

1. Conforms to [Improvement Activity Performed Measure Reference and Results template](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.33:2016-09-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_71) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.3.249.20.3.1"` (CONF:CMS_72).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_73).
3. **MAY** contain zero or one [0..1] `component` (CONF:CMS_74).
 - a. This component **SHALL** contain exactly one [1..1] [Reporting Parameters Act](#) (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8) (CONF:CMS_75).

Note: Performance period for Improvement Activities shall be specified either at the individual improvement activity level using this Reporting Parameter Act here, or at the Improvement Activities performance category level.

Figure 11: Improvement Activity Performed Reference and Results – CMS Example

```

<organizer classCode="CLUSTER" moodCode="EVN">
  <!-- Measure Reference template -->
  <templateId root="2.16.840.1.113883.10.20.24.3.98"/>
  <!-- Improvement activity Performed Reference and Results -->
  <templateId root="2.16.840.1.113883.10.20.27.3.33"
extension="2016-09-01"/>
  <!-- Improvement activity Performed Reference and Results - CMS-->
  <templateId root="2.16.840.1.113883.3.249.20.3.1" extension="2018-
05-01"/>
  <id root="ac575aef-7062-4ea2-b723-df517cfa470a"/>
  <statusCode code="completed"/>
  <reference typeCode="REFR">
    <!-- Reference to a particular improvement activity's unique
identifier. -->
    <externalDocument classCode="DOC" moodCode="EVN">
      <!-- extension is the unique identifier for an improvement
activity.-->
      <id root="2.16.840.1.113883.3.7034" extension="IA_EPA_2"/>
      <!-- improvement activity title -->
      <text>Use of telehealth services that expand practice
access</text>
    </externalDocument>
  </reference>
  <component>
    <!-- Measure Performed -->
    ...
  </component>
</organizer>

```

5.3.2 Measure Data - CMS (V3)

[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01 (open)]

Table 8: Measure Data – CMS (V3) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V3) (required)	Aggregate Count (required) Continuous Variable Measure Value (optional) Reporting Stratum (optional) Sex Supplemental Data Element (V3) (required) Ethnicity Supplemental Data Element (V2) (required) Race Supplemental Data Element (V2) (required) Payer Supplemental Data Element - CMS (V3) (required) Reporting Parameters Act (optional for MIPS, not allowed for CPC+)

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

Populations that are used in eCQMs can be complicated. The simple case has one each of initial population (IPOP), numerator, and denominator, along with denominator exclusions and

denominator exceptions. It is also possible to have eCQMs with multiple population groups (a population group is a set of IPOP, numerator, denominator, etc.), and eCQMs with multiple denominators and numerators (e.g., an eCQM with 3 denominators and 2 numerators will require a QRDA Category III report with 6 sets of data). QRDA Category III reports were designed to allow the representation of data sets that map to all of these types of multiple populations.

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

Table 9: Measure Data - CMS (V3) Constraints Overview

observation[templated/@root = '2.16.840.1.113883.10.20.27.3.16']
[templated/@extension="2018-05-01"]

XPath	Card	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS 41	
@root	1..1	SHALL		CMS 42	2.16.840.1.113883.10.20.27.3.16
@extension	1..1	SHALL		CMS 43	2018-05-01
entryRelationship	1..*	SHALL		3259-18141_C01	
@typeCode	1..1	SHALL		3259-18146	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		3259-18151_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		3259-18136_C01	
@typeCode	1..1	SHALL		3259-18137	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		3259-18138	Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01)
entryRelationship	1..*	SHALL		3259-18140_C01	
@typeCode	1..1	SHALL		3259-18150	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
observation	1..1	SHALL		3259-18150	Race Supplemental Data Element (V2) (identifier:)

XPath	Card	Verb	Data Type	CONF#	Value
					urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01
entryRelationship	1..*	SHALL		3259-18139_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)
entryRelationship	0..1	SHOULD		CMS_86	
@typeCode	1..1	SHALL		CMS_87	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = DRIV
act	0..1	MAY		CMS_88	Reporting Parameters Act (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8)

1. Conforms to [Measure Data \(V3\)](#) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-09-01).
2. **SHALL** contain exactly one [1..1] [templateId](#) (CONF:CMS_41) such that it
 - a. **SHALL** contain exactly one [1..1] [@root="2.16.840.1.113883.10.20.27.3.16"](#) (CONF:CMS_42).
 - b. **SHALL** contain exactly one [1..1] [@extension="2018-05-01"](#) (CONF:CMS_43).
3. **SHALL** contain at least one [1..*] [entryRelationship](#) (CONF:3259-18141_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:3259-18151_C01).
4. **SHALL** contain at least one [1..*] [entryRelationship](#) (CONF:3259-18136_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [@typeCode="COMP"](#) (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18137).
 - b. **SHALL** contain exactly one [1..1] [Sex Supplemental Data Element \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).
5. **SHALL** contain at least one [1..*] [entryRelationship](#) (CONF:3259-18140_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:3259-18150).
 - 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:3259-18139_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).

For CPC+, performance period for Quality (eCQMs) must be specified at the category level, using the Reporting Parameter Act template contained within the measure section.

For MIPS, performance period for Quality (eCQMs) shall be specified either at the individual eCQM level using this Reporting Parameter Act here, or at the Quality performance category level.

7. **MAY** contain zero or one [0..1] entryRelationship (CONF:CMS_86) such that it
 - a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:CMS_87).
 - b. **SHALL** contain exactly one [1..1] **Reporting Parameters Act** (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8) (CONF:CMS_88).

Figure 12: Measure Data - CMS (V3) 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 (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.16"
extension="2018-05-01"/>
  <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4"
    displayName="Assertion" codeSystemName="ActCode"/>
  <statusCode code="completed"/>
  <value xsi:type="CD" code="IPOP"
    codeSystem="2.16.840.1.113883.5.4"
    displayName="initial population"
    codeSystemName="ActCode"/>
  <!-- Aggregate Count -->
  <entryRelationship typeCode="SUBJ" inversionInd="true">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Sex Supplemental Data Element (V3)-->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Ethnicity Supplemental Data Element (V2) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Race Supplemental Data Element (V2) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Payer Supplemental Data Element - CMS (V3) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- reference to the relevant population in the eCQM -->
  <reference typeCode="REFR">
    <externalObservation classCode="OBS" moodCode="EVN">
      <id root="8D585C42-FBE0-4483-A76B-AAE1B438D49F"/>
      <!-- This is the population ID in the eCQM.
      In this case, the IPOP -->
    </externalObservation>
  </reference>
</observation>

```

5.3.3 Measure Reference and Results - CMS (V3)

[organizer: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2018-05-01 (open)]

Table 10: Measure Reference and Results - CMS (V3) Contexts

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

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 (V3) Constraints Overview

organizer[templateId/@root = '2.16.840.1.113883.10.20.27.3.17']
[templateId/@extension="2018-05-01"]

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

1. Conforms to [Measure Reference and Results \(V3\) template](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2016-09-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_54) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.17"` (CONF:CMS_55).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_56).
3. **MAY** contain zero or more [0..*] `component` (CONF:3259-17903) such that it

- a. **SHALL** contain exactly one [1..1] [Performance Rate for Proportion Measure - CMS \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01) (CONF:3259-17904_C01).
- 4. **SHALL** contain at least one [1..*] **component** (CONF:3259-18425_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Data - CMS \(V3\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01) (CONF:3259-18426_C01).

Figure 13: Measure Reference and Results - CMS (V3) Example

```

<organizer classCode="CLUSTER" moodCode="EVN">
  <!-- Measure Reference template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.3.98" />
  <!-- Measure Reference and Results (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.1"
  extension="2016-09-01"/>
  <!-- Measure Reference and Results - CMS (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.17"
  extension="2018-05-01"/>
  <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="40280381-3d61-56a7-013e-66a5a5834990"/>
      <code code="57024-2"
      displayName="Health Quality Measure Document"
      codeSystemName="LOINC"
      codeSystem="2.16.840.1.113883.6.1" />
      <!-- This is the title of the eCQM -->
      <text>Breast Cancer Screening</text>
    </externalDocument>
  </reference>
</component>
  <!-- Performance Rate for Proportion Measure - CMS (V3) -->
  <observation classCode="OBS" moodCode="EVN">
    ...
  </observation>
</component>
</organizer>
    
```

5.3.4 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 (V3) (required)	Aggregate Count (required)

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

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

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

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

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

Table 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)

Payer Grouping D: Other Government (3), Department of Corrections (4), Managed Care Unspecified (7), No Payment Listed (8), Miscellaneous/Other (9)

Code	Code System	Code System OID	Print Name
A	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Medicare
B	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Medicaid
C	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Private Health Insurance
D	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Other

Figure 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>

```

5.3.5 Performance Rate for Proportion Measure – CMS (V3)

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

Table 15: Performance Rate for Proportion Measure – CMS (V3) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V3) (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 16: Performance Rate for Proportion Measure - CMS (V3) Constraints Overview

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

XPath	Card.	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS_59	
@root	1..1	SHALL		CMS_60	2.16.840.1.113883.10.20.27.3.25
@extension	1..1	SHALL		CMS_61	2018-05-01
value	1..1	SHALL	REAL	3259-21307_C01	
reference	1..1	SHALL		3259-19651_C01	
@typeCode	1..1	SHALL		3259-19652_C01	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = REFR
externalObservation	1..1	SHALL		3259-19653_C01	

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

1. Conforms to [Performance Rate for Proportion Measure \(v2\)](#) template
(`identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.14:2016-09-01`).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_59) such that it
 - a. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.10.20.27.3.25"` (CONF:CMS_60).
 - b. **SHALL** contain exactly one [1..1] `@extension="2018-05-01"` (CONF:CMS_61).
3. **SHALL** contain exactly one [1..1] `value` with `@xsi:type="REAL"` (CONF:3259-21307_C01).
 - a. The value, if present, **SHALL** be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62).
 - b. The value, if present, **SHALL** contain no more than 6 digits to the right of the decimal (CONF:CMS_63).

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

4. **SHALL** contain exactly one [1..1] `reference` (CONF:3259-19651_C01).
 1. This reference **SHALL** contain exactly one [1..1] `@typeCode="REFR"` refers to (CodeSystem: HL7ActRelationshipType `urn:oid:2.16.840.1.113883.5.1002`) (CONF:3259-19652_C01).
 2. This reference **SHALL** contain exactly one [1..1] `externalObservation` (CONF:3259-19653_C01).
 - i. This externalObservation **SHALL** contain exactly one [1..1] `@classCode` (CodeSystem: HL7ActClass `urn:oid:2.16.840.1.113883.5.6`) (CONF:3259-19654).
 - ii. This externalObservation **SHALL** contain exactly one [1..1] `id` (CONF:3259-19655).
 1. This id **SHALL** contain exactly one [1..1] `@root` (CONF:3259-19656).
Note: This is the ID of the numerator in the referenced eCQM.
 - iii. This externalObservation **SHALL** contain exactly one [1..1] `code` (CONF:3259-19657).
 1. This code **SHALL** contain exactly one [1..1] `@code="NUMER"` Numerator (CONF:3259-19658).
 2. This code **SHALL** contain exactly one [1..1]
`@codeSystem="2.16.840.1.113883.5.4"` (CodeSystem: HL7ActCode `urn:oid:2.16.840.1.113883.5.4`) (CONF:3259-21180).

Figure 15: Performance Rate for Proportion Measure - CMS (V3) Example

```

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

```

6 2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians UUID List

The following tables list the Version Specific Measure Identifier for each eCQM included in the [2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians](#), and the population identifiers for all population criteria within each eCQM. If an eCQM specifies Reporting Stratification, identifiers of reporting strata are also listed for that eCQM. **All UUIDs are case insensitive.**

Populations in Table 17 are labeled using the population codes listed below:

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

(Note: all eCQM specifications contained in the 2019 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians are proportion measures.)

Table 17: UUID List for 2019 Performance Period eCQM Specifications Eligible Professionals and Eligible Clinicians

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID
0418/134	CMS2 v8	40280382-5fa6-fe85-0160-0ed2838423ca	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>
N/A/317	CMS22 v7	40280382-610b-e7a4-0161-9a3a392c37d5	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>
N/A/374	CMS50 v7	40280382-6240-b6b9-0162-5467c36a0b71	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0405/ 160	CMS52 v7	40280382-6258-7581-0162- 92e5585c16ad	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u>	71E7C594-FEF2-4BD9-BABD-2EA57E8DDF78 ED3D68FB-5E40-4AF9-A2CB-A3BBDFAA9CA7 0432D1BB-5DE2-45CF-9A85-6DCF63A0900E 1C3A2E69-608E-4223-91F1-B17856C5DF3F 3A7BE237-709A-4C5B-9B56-5B986ADFEADE E10CEF10-C0D8-4EF8-9306-E09C0CFBEBCA 38296D5C-88CD-4D36-81C1-53B1C1B3D4A7 718987D3-6A58-4DEA-9D34-CC2F8BC9A960 EF777C94-7CA0-4894-A06B-7E64F6027A4C 5320E2B2-29DB-4121-ACFF-5C1F5C1BB803 B855F277-DD52-48E1-9C44-5A0CE16C9C64 0104DCC6-E976-4A7F-9DBD-4B14D48C1CD1 52725B47-3AA3-4D11-B688-92E835AD5AA4 56360B75-89AA-416C-AD4A-6E38FF0EE138
N/A/ 376	CMS56 v7	40280382-6258-7581-0162- 97717ae2188b	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	18FA6F98-08F5-49BD-8909-14AE4EA22420 B9A584E2-8869-469E-B492-07613B0A6152 1282FBA4-2F72-406A-9354-3A1E6E92ADD9 B28BF434-F43C-4982-A7E3-7E52E27E9C1B
N/A/ 373	CMS65 v8	40280382-6258-7581-0162- 92f8faf516db	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	EDC27A6E-F2EF-4B75-8CA3-57586AB78FAE 6270E4EF-5AA6-4A26-846F-44C4FDB1E76F 0B4E6D89-5D86-4723-89EF-6D053139F2C9 DBB13EAD-A093-4D33-A9D1-126DB7D8CA08
N/A/ 375	CMS66 v7	40280382-6258-7581-0162- 9b6651201a04	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	F8EB92AC-C55A-466B-9345-4CD5572B29D6 2CFF455B-6103-4B2E-A3B3-EAA20AECA766 02D4C01D-BDF8-4686-B3B1-486ADB6463C0 E9FCC926-AFB3-4A33-BD7E-656C96E131C1
0419/ 130	CMS68 v8	40280382-5fa6-fe85-0160- 0ea3e0012376	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	2C662755-088C-4C75-8401-FF2DA63A971E D4D2DEE7-385A-4C28-A09C-884A062A97AA 4E058941-CA3D-48BF-BABC-358F3A9FE2AF 146E4DDD-4E52-492D-B150-61DF3BE52676
0421/ 128	CMS69 v7	40280382-5fa6-fe85-0160- 3275a2f02cb9	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	4E3EEFD7-3134-4781-8FE5-849C13D046B8 D5A0C410-972C-4C78-BBB6-B0CFB84AC53A 0F1DFD76-5CD7-4A5C-B45C-DF48ECF5E5D2 2A8A0EA4-0245-47BC-9351-DOF78AC19338 141080C7-29D2-457A-89B6-5B85E14DD57B
N/A/ 379	CMS74 v8	40280382-6258-7581-0162- 92fea60316ee	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	4DAE1F06-ACAC-4FE8-B2DB-6819D5106076 8A1CEA1D-8C98-441A-BB1B-2844586B5E82 072B2944-36FE-4557-B332-EB91FE97421A A89FFB85-F438-466C-AB5F-7EB31310285B 69C80D2F-2C9D-40CB-B75A-2B29B8C37786 087992AE-837D-43B9-88C5-EB55BA2E810B F4FC32F4-C178-477D-9250-CB60081D5222
N/A/ 378	CMS75 v7	40280382-6258-7581-0162- 930923861702	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	E3EAD500-A4F2-45C2-A370-B5C191DC7825 466991C9-1413-4FDA-9DE5-B1B0A262271B 7CAC738B-EEBA-4683-88C6-CF344BF47A87 007F6693-32AC-43C3-B97D-6DBCA05F9F3E
N/A/ 372	CMS82 v6	40280382-6258-7581-0162- 974e086f181e	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	0ABD1F84-09B1-421D-BE08-10F3B2413456 B484793F-FF58-49CD-9F29-289B5246BF22 8E82739E-EE2A-4FA3-8593-01754A177BAB
N/A/ 377	CMS90 v8	40280382-6258-7581-0162- 9214c9a9139e	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	2CCC4C8A-32E2-4EF3-8EB7-38773DAD3DC4 52F79D36-2C65-4FD3-8605-9B8E122F54D8 FDADE71D-E911-47BF-A2C0-0FCD3F736AA0 ECOED867-67DD-4F6A-9EA8-7B2B4D9BE70B

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0038/ 240	CMS117 v7	40280382-6258-7581-0162- 9253847b1483	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	126CEE42-1754-49E3-AE45-8F5AA850C4B5 F67ACA73-115E-42AA-82DE-7D4F83FD8D2B 96BF01DE-5052-480B-BA67-C74A6D4DF0A3 B74AD40F-6DEB-4687-95A4-C62DE03ED270
0059/ 001	CMS122 v7	40280382-6258-7581-0162- 9249c8ab1447	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	A15C0CC7-E072-4D9F-BB29-80429C6335DB F50E5334-415D-482F-A30D-0623C082B602 B88574B5-AE7B-4AAF-9925-6E4D75B595FA BD70E166-D478-41A4-B8C8-041CE9F75850
0056/ 163	CMS123 v7	40280382-62c4-de26-0162- fe2505800cc9	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	7567276B-C419-4192-9302-B74184432984 181114D4-30C3-4373-883B-1089B4B5F78C 169882FC-8B2E-4632-862C-3081579CB7AD 1B37DBE9-2193-4846-95BD-A3F3DFF21D5A
0032/ 309	CMS124 v7	40280382-6258-7581-0162- 92660f2414b9	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	CC6370F0-F018-412A-97C1-D4979EEBF5A4 1F51C21F-CE89-46BE-B306-A8D1A8B18442 CED31130-5537-4E93-9AE7-DE8DABA70A9E 58569B1E-E97B-4733-BC6A-1AF476D2721C
2372/ 112	CMS125 v7	40280382-6258-7581-0162- 927500b514ef	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	9CA3765E-674E-48DC-BAB3-AF1841F10436 765F291C-E122-4258-BA57-CD2036C1E9DD F7FA46A4-D0DE-4BCD-A111-E85DEC1226DC 7C63166F-CAFA-4786-A469-E8DE4942AD5C
N/A / 111	CMS127 v7	40280382-6258-7581-0162- 92877e281530	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	AD7E66D5-D06C-4079-8086-8B2978CA1AEF FC166E13-A380-466E-8E38-2E86261ADB21 A791271E-6A92-406C-B67B-C6F6175F3FE7 BE0E99DE-0998-4E13-AEE7-8012513CF47E
0105/ 009	CMS128 v7	40280382-6258-7581-0162- 92901c56156e	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	D040D054-4927-4D01-BC57-F810953D2829 OCCC6796-3957-4921-9DAA-C35169A3A7AB 7D73AE83-6F35-48B6-94B4-4D5C26475599 E93F4D1A-F0BD-4F3E-A731-7F569B2467CB F7243F23-FA80-4FCC-A4E4-F23A430F19E4 9DFB4D33-98B4-490B-8A9D-30029F5A6113 9AB4EA72-C8A9-4975-84DD-3A26CFE64FAE 731C990A-340C-49D4-A87B-A7C3B839860D
0389/ 102	CMS129 v8	40280382-6240-b6b9-0162- 501e58af08c9	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	427E4C5C-E523-428E-A20E-60313EC5FA46 BB551AC1-D201-46CB-96F8-A0E0848F3B0B F53E6A1A-7EDF-4AC7-9B74-49A6DE5E9944 478363AB-FCA8-4EC6-8CC6-1977455B372B
0034/ 113	CMS130 v7	40280382-6258-7581-0162- 92959376159d	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	92842C82-25C1-4262-BD71-537BB8400E96 F2257E5C-85C1-41BC-8F9D-FC5118FA7363 79DF7019-7CD4-4D38-BFA0-6C6DFC261B53 A537E11B-5A76-4A55-8DDE-6FB83FEC87FB
0055/ 117	CMS131 v7	40280382-6258-7581-0162- 9241a52a13fd	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	47D97F49-B5D4-4F0C-BE7E-CF33065EEC68 B69DBC72-834A-41A1-B796-B3408E531D9C C865E42B-466C-4CD5-9EA2-46C532AE818A 88F63A33-6D05-4BD2-8159-2C3712CA5638
0564/ 192	CMS132 v7	40280382-6240-b6b9-0162- 547e6afb0c02	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	90CB94D3-A909-4A54-AC3C-E2A131AF50C3 AEA53BEE-666A-49EC-8E7D-50A03BF34444 BD5C5DAA-1F7A-40C3-9DFF-591664B9C0F8 13F9C2C6-A9A4-4BF0-B66A-770F568B73BF
0565/ 191	CMS133 v7	40280382-6240-b6b9-0162- 54705e6c0bb0	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	DA5802D7-5D0B-4560-9DBB-AD2F596C80FD AOA03921-EAF1-4781-BC96-5AD5F04EAB82 36F823EC-7E3E-4A56-A4DB-2A3353BB1093 E7E63A54-0AD8-4905-B766-ACDF89DF4D13

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0062/ 119	CMS134 v7	40280382-6258-7581-0162- 92106b67138d	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	39C4CA1F-EC2B-4934-BEBD-A256081AF8FE C71183B7-7C20-4A94-9D2B-176D8DBC6F52 3BCC377E-F65F-4307-BB8A-3761CDEB90F5 153A985A-362E-4CAD-B384-AE7D95C11C2B
0081/ 005	CMS135 v7	40280382-6240-b6b9-0162- 5462542a0b59	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	24092CC9-3820-4099-9F70-D0BFAC65AE89 D18CEF8F-9533-4B09-8A69-003F327CE469 41EF9FF5-7260-41D8-88E6-760F876C66FB 635D1D87-8196-453D-9A80-332E6FBD4F7F B859035C-8ECD-4F04-86D9-546BBF293396 89C9D1EC-FDAD-4982-9CE4-F144E8A85A53 88762E67-6197-4F77-9800-46707A34C062 1504BDD4-8AAD-4B91-87C3-5F0B12B6E97D
0108/ 366	CMS136 v8	40280382-6258-7581-0162- 929d3fb415c3	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	F5F4C658-6848-4004-B5B8-AF2C5DC0A1C1 8184F88D-D587-4DEC-B64C-E222741965D1 38CA7B94-B1BC-4B89-8093-BE3C175F0BE1 42F25D08-0B43-4388-B256-BA276FDE48B8 C6C60AD7-0901-4140-9C55-6870E043D311 39641D8A-C01D-4AB3-B92A-52C1B94E34CC DE032C8E-7AA3-479A-9BCA-9597A80CCAE0 226956ED-22B1-4722-9179-EBD7C4AC9ECC
0004/ 305	CMS137 v7	40280382-6258-7581-0162- 92a37a9b15df	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u>	452021F9-5466-45A8-9528-0F92E70C95DD 39C79E71-7369-46C3-AD5F-1C5D83BA474A B0687FEA-DC33-40B2-95F7-279E11E3AB28 22DE67FC-79C0-4725-BDE3-3C9B0A1ACAF7 F7764C47-6BAE-4359-A3DF-9C452DC95A33 44729C98-B535-4C78-8BC3-A716323B9965 C7127400-8034-45D1-8227-6C244349AB6E B636C467-23C5-4A23-8709-C71641B1A3AE 089CFF04-2838-4B37-8BDA-647E7B94C709 C3D3C7F3-CADA-45E9-A5AA-A05A3C04A76A 2A93884C-D881-447F-BA9B-F2EA0A2F30F4 7ECED382-8389-4028-9623-36ED3537E010
0028/ 226	CMS138 v7	40280382-6240-b6b9-0162- 54815a310c2c	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>NUMER 3:</u> <u>DENEXCEP 3:</u>	D03DA272-DBB3-4F46-B19B-CF3262A23C2E 0F1384E0-350D-43B9-8C17-1140837F342E 1356052C-4C82-4859-85B4-D04ACF269564 A8DBEC91-05EF-4897-80E4-39400B23F030 C4D32BC0-8DBE-4766-BF47-7718D1569C79 C1195308-7F73-409B-A4FF-8F17A4AA772E D10D6789-32F2-4A72-9588-611C4765FC13 29CD08BD-BFA6-4208-80C6-24DD96862EB4 1D17B8A9-4DBF-448A-BB7F-879223A0A825 C33FDC75-14E2-4A57-A18E-130D26411C92 98958164-44A0-4759-AF5C-86EFB56AF1BA EA9FE5F4-3057-495E-B5E5-83554CE39944
0101/ 318	CMS139 v7	40280382-6258-7581-0162- 9208ce991364	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	6BB57058-1BA6-4CC8-82A0-36DDE72E01D3 8586069F-F8C7-44C1-B3A6-1078F5F5936E 794FFEE9-6FB6-4DF7-A723-9BABEEDA8E23 726DED9F-9CBC-4FEE-B261-4AB16657126D
0089/ 019	CMS142 v7	40280382-6240-b6b9-0162- 549114a80c89	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	5747BDD1-7F73-4CBD-9BD7-5886EF236324 00714830-5C9C-411B-9D8A-3BED7FFBEE99 F3CAD65E-4340-4976-8019-14619CFBB3CD ACCEF775-3911-41DB-8293-70D7EF13599F

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0086/ 012	CMS143 v7	40280382-6240-b6b9-0162-54983d1b0cc1	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	CAB25784-D997-43A0-ABFB-1F4037879C78 DC3619D0-AC3B-48CF-9DB1-492BAB59382C 3908F921-7D5C-465F-9645-F02B38786EEF 3A1D3772-CE76-48BF-80C2-087A06E76FAA
0083/ 008	CMS144 v7	40280382-6240-b6b9-0162-547042330ba8	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	FF41D325-76E0-4566-A25A-8C408AC1EE7C D9E6BC34-DBAA-4C4D-BC38-DC1B4FD99FD1 26D7073D-0C8C-4848-9B80-BEE422A2C581 920C2B5A-5F6B-4A32-8A5B-0DB7D4BFFDE4 F7EE681D-64D5-48BB-9F93-D88A36A24647 68E9F779-6446-4FE1-A120-4CF69F1F782B 973E2DFA-192A-474E-A963-A93D691380B3 9BDB3B97-C1C7-4F35-9BA0-A354C204369B
0070/ 007	CMS145 v7	40280382-6258-7581-0162-8cfbf64110c1	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	D37F8791-745C-422B-AC54-AFE90EF73403 FA3204A5-C7E7-4DCF-883C-E30E1EAF6B15 B0B86C82-753C-41B6-ABC0-C40605738B19 5C10D849-3AAF-4AB8-AC42-C41593EA4B41 FF8E828F-3079-422E-8A60-DC7E07DC04EB 87EBA461-3E66-45D9-9798-E0BD11ED7D3E 8C4B62DB-A300-4FAC-ACE1-9DBADC125338 F46DADC8-C8A8-4CDD-8599-07B771C60DD5
N/A/ 066	CMS146 v7	40280382-6258-7581-0162-92aa410d15fa	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	89270E43-AD2F-43E1-910C-A261B6564BC5 746CDA64-25E9-42CA-BAFE-EF53A7DD5B89 FCB39D55-0BB2-4405-8FBF-C6BBB686D6BD 41F00603-CEC7-4A5C-A7FF-6C82CA63B242
0041/ 110	CMS147 v8	40280382-6240-b6b9-0162-5096917708e0	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	4034509E-A7C9-4067-AEC6-B356CA0DD2F5 4AE15148-711D-4785-8433-4385D9D257DC CAD38C39-7093-4BA4-B8BD-5A297079F1CF F9FF5A51-8FBE-4DAC-92CD-17F295496456
2872/ 281	CMS149 v7	40280382-6258-7581-0162-aaad978c1b8b	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	A3B84895-314B-4BD9-8A43-59D2E03C2CB6 968A2AAD-3A68-4441-8B21-0034AA76155A 8C9729F4-4DB8-421C-960C-BEE98F624340 DD0B3CEF-1234-45B7-9C5B-74FEE9746A2E
0033/ 310	CMS153 v7	40280382-6258-7581-0162-97958ac818e6	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	74AD1F30-A634-433F-A963-41A64ECA9826 687CDBAD-DDA9-40AC-A60A-6DD530DCAF3A BDE65498-086A-43E4-BEBB-9F283C16EBB4 D541817E-208C-43E0-A55D-D574700525D2 483E377C-4DCD-4CDF-83F7-E85E39402511 124EF6DD-FEBC-4717-AB0F-03E9E4464EF3
0069/ 065	CMS154 v7	40280382-6258-7581-0162-92b0570d1611	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	26F062A6-77DB-4B29-A61F-19E29E943127 16CDA3DE-0D9C-4F12-85ED-265ACCE9C53A FD81B017-8B38-4646-B0B0-7C36101C66BA 209B1996-15C2-43F5-BBE6-CB32F962BAFB

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0024/ 239	CMS155 v7	40280382-6258-7581-0162- 92bfc82f162f	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>STRAT 3-1:</u> <u>STRAT 3-2:</u>	8B54A9C1-94A1-4849-B655-D9EABC06D132 CFA40B68-749C-4695-93CD-AE5309CADBF0 F3EB129E-4A98-4CAD-8DCA-A7B829AA6549 909538E9-AA38-46E2-AA0D-AA197025B3DA 0F14D3D6-23D1-46D7-83CD-FCE0BFFF7D29 F595B144-786B-4BBE-9854-9442911E2437 C6AE5AA5-70F6-4572-BFB7-FC92CC697341 EA90375E-8866-4DB0-9331-5CCF9DED26F4 70080BA6-56E1-4A9D-9FE2-803662AFAB09 65E4A114-23DD-4DBA-AB9A-4AAB2BB03CC1 2472B8CB-32F2-4D8C-AB0C-202467ADC977 DE79F033-E918-4CB2-9A84-E9A841486409 72869D14-4B0B-4716-B3AF-F139588BBB14 C23F3E0F-D6B1-4370-8FE1-4906619A4A1B C365FE78-44EF-4BE0-BBC2-0F053454D210 3E62E73D-886D-48AD-89E2-7321847EF4B7 F9617BDD-16F0-4CF1-A33C-D6F14CE932B2 6F03F0A8-09DB-43A6-B2D6-A735F7A55858
0022/ 238	CMS156 v7	40280382-6258-7581-0162- 92c7a9811647	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	35872DE4-ADC6-4D3D-B439-B3248FEF3456 2FCB1E4B-CA28-4F1E-827D-2F5E378FF222 BD7DEC25-34DE-4E75-843E-50720AD7FF8C A5797141-A910-4FA0-8A5F-32FB348848A0 FEDC857A-3B2E-49D5-89BC-366075AD6403 877B83EF-716C-4B0B-AE4C-0F9689A946A8 DEDFBFA0-DB7C-413B-8B22-A734590D83CE 51CCFD8B-C7B1-492F-88DE-041AD08FDAED
0384/ 143	CMS157 v7	40280382-6258-7581-0162- 91426b9911ee	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u>	09EDD5D3-ECFE-4D10-A0F7-43573D2071CA 8A25EE19-D0E8-4211-84D9-BED5D7E2B915 833E7403-F20F-4505-967F-5F93AB729E8D C7ABD4C6-1B7C-4168-BFD2-F81C7B070780 8117F8AC-F9EF-4824-828F-0472DBDC8535 9D2B6FFF-DB32-476B-A185-6078D50EFB0C
N/A/ 369	CMS158 v7	40280382-6240-b6b9-0162- 4357a47700a0	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	49599685-9BDF-47C9-BB1E-202ADF6B55D9 6B389B1A-9632-4019-99D9-CD24E99019D3 669CF8F6-1057-4271-A316-DD596583E28D 67C5914D-0148-4F0F-ACFD-AA944F54F507
0710/ 370	CMS159 v7	40280382-6258-7581-0162- 626f31a0009e	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	28EF715E-00EF-495A-B529-9FEF83EDA5FF 81429A7D-591D-4EE0-B1E0-AE7A3AA96D56 6B6C8B54-B290-4258-BD5A-9B3562036108 F4580E7F-EB6C-42AB-93A8-9AF1A4FD46EE 1D836150-AE93-46B1-9432-DACCC20C5CDF E4C1A2E2-1959-4BF7-873E-8EB80128C206

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
0712/ 371	CMS160 v7	40280382-6258-7581-0162- 63106f9201b2	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>STRAT 3-1:</u> <u>STRAT 3-2:</u>	D00E7D31-7F59-468D-99C6-631D07715E59 A52E93B8-A2D1-414E-94D0-90155E8FF81F 0830DDCA-C45E-4D80-B359-E69E2F83D7B2 539B0A53-F5B0-47CB-887E-392792E9D4ED 13406420-1144-4100-9439-ED134656A4FC DD7E5C35-6825-496B-A155-A4CBE9056535 95F5AFA0-CB23-4786-A2E0-0646C0494E4F 1B9C4359-5DF7-4B6D-ACD8-C12175C67EFD 7889D513-C24C-482F-8C9C-FC31F35E3999 92D313A7-3A3D-44EC-8A94-103CC0003A30 39B15197-7895-4AFC-B4AA-83DABFF66373 0416AB91-F7FF-4432-A5D9-77B27F5AE30C 750B4DDA-EC94-4082-9AB4-86824666D808 2E3A7115-247D-4A0E-918C-AB581E13486A DE1952F9-9E35-4493-BA65-3F6CD8904059 9FCE046B-5EF9-4A19-9D22-D3A6518EDA51 1FD9CB54-2485-43C9-A9CB-041E6FE078F0 B4B269AE-AE95-4FFF-AD3A-0C7F62DC0C72
0104/ 107	CMS161 v7	40280382-6240-b6b9-0162- 54a885810d2b	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	33FD7F21-04D7-4EBD-A82B-F783766A2D73 C2249005-1B28-46B0-ADF7-19AB17FE5590 B012B952-499D-4432-A793-6CDE12630E0C
0068/ 204	CMS164 v7	40280382-6258-7581-0162- 92cdaf46165e	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	C57051F4-17D9-47DE-9DF2-51643CDABD58 752CC7C9-81E7-4BD8-9496-AB6A0DF2DE5B B3CA16ED-2D7C-4405-AFDA-B9A6CC95D5E8 5F4568C2-DC8A-4BFA-8CCE-285F7711502F
0018/ 236	CMS165 v7	40280382-6258-7581-0162- 92d6e6db1680	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	A096B729-ECCA-4C7A-9CA0-A601D8D70396 BA4CB92A-1635-4E1B-BC23-1ED7B967072A 4A61F526-AFFA-465F-89C9-B2DB8E6ECEBC A815D9EA-5CE0-4AD8-A703-BC69D19E360B
0088/ 018	CMS167 v7	40280382-6240-b6b9-0162- 549464d50cab	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	FCBFF0B8-B971-43AE-8857-6B24614F92EC F8B1B06D-2874-4DC2-AE04-F5D7678E8953 0111C6AA-3644-4CD7-8052-00FE44F2AD2F 2F9D9572-502D-4173-9E5E-BCE69360F8C4
N/A/ 367	CMS169 v7	40280382-6240-b6b9-0162- 4384eed500fa	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	B5D53C19-EA5F-4DE7-9936-B111E13EC0B9 0EB447F0-9072-4B0D-92FB-CDB408C2AD2B 6426681C-98C5-40C3-90FA-31FA53C3AB38
1365/ 382	CMS177 v7	40280382-6240-b6b9-0162- 54b832d90d52	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	0F0FB2E3-6F44-4A80-9D8B-B7CD02CC3595 E008C006-7EA5-4BD8-B6A7-89927F8C9625 FCE22FCD-291F-4606-93E9-B77588BBF50B
N/A	CMS249 v1	40280382-6258-7581-0162- 92de53e31699	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	14C62E37-7B68-4636-B6D3-65FCFA922B85 99FEE774-9169-4A52-A890-7175726E40F6 0FB2B684-8D8D-44C6-9945-0B16543FF95E 6E2DF1CA-216E-44CC-8587-AE7D3B743048

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 438	CMS347 v2	40280382-610b-e7a4-0161- 9a6155603811	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>DENEXCEP 3:</u>	B8CAA667-4F5E-4CB1-88E0-ECD9702389EF 8E7F3638-494A-41F5-9741-13DE1BC62433 8ADFC7E4-5840-42D5-8BAC-CF6F3DAFD51D 434B2A88-7C68-486E-A629-D0416DFB2C98 C3C77B50-D21E-48B5-A986-91053FA2271E B4C17248-386D-4CC5-83DF-1056A613B5B6 5AAD787D-8862-48A9-B3E8-677038DDBB209 C8F028DD-E14A-45D1-B614-1FBF883872D3 33BB1512-C0B0-4A32-AF56-7AA8976EF424 79649D36-E894-4C77-A546-D36D03D32D41 AE9FCC5C-749A-4C35-870E-FD93CFFD098E 60E98526-8DF8-46DA-B4B5-F021FCFB3076 4139C888-F034-42C0-B0E0-05F1DA48C303 DD0E5714-23DB-4CC9-8C8E-198EEC05F3BD 7EDBAED7-8055-4619-B41F-533C168324B1
N/A/ 462	CMS645 v2	40280382-610b-e7a4-0161- 7c19ad7c2a5d	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	6943043A-E370-49DE-9B16-56E61CE9F062 F4A7E971-A676-425D-B0BD-1951F3F22407 4EB0E993-A98D-4E42-8B7E-158BDC19F521 84B0E025-DC5A-4B45-BC2E-8B71E64907D4

7 Measure Identifiers

For all CMS eligible clinicians and eligible professionals programs reporting, certain identifiers are **mandatory**, meaning that they must be present in the QRDA III report and no nulls are allowed. Exceptions and considerations are noted where applicable. Each improvement activity included in the QRDA III report must reference its Activity ID. Each Promoting Interoperability Objective and Measure included in the QRDA III report must reference its Measure Identifier³.

Table 18: Improvement Activities Identifiers

Activity Name	Activity Description	Activity ID
To be published in subsequent addendum with publication of the 2019 Physician Fee Schedule Rule.		

Table 19: 2019 Promoting Interoperability Objectives and Measures Identifiers

Objective	Measure Identifier	Measure	Reporting Metric
To be published in subsequent addendum with publication of the 2019 Physician Fee Schedule Rule.			

Table 20: Promoting Interoperability Attestation Statements Identifiers

Identifier	Attestation Statement	Reporting Metric
To be published in subsequent addendum with publication of the 2019 Physician Fee Schedule Rule.		

Table 21: Promoting Interoperability Improvement Activities Bonus Identifier

Identifier	Description	Reporting Metric
To be published in subsequent addendum with publication of the 2019 Physician Fee Schedule Rule.		

³ The Promoting Interoperability (formerly Advancing Care Information) Transition Objective and Measure Identifiers table is removed from the 2019 IG.

APPENDIX

8 Troubleshooting and Support

8.1 Resources

The following provide additional information:

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

8.2 Support

Table 22: Support Contact Information

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

8.3 Errata or Enhancement Requests

Table 23: Errata or Enhancement Request Location

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

9 Null Flavor Validation Rules for Data Types

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

Table 24: 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 Equivalentents (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 25: NPI Validation Rules and Table 26: TIN Validation Rules list the validation rules performed on the NPI and TIN.

Table 25: 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 26: TIN Validation Rules

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

11 Change Log – CMS QRDA III Implementation Guide Changes to QRDA III STU R2.1 Base Standard

This table lists all changes made to this 2019 guide from the "Base Standard", the *HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category III, STU Release 2.1*.

Table 27: 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] <code>templateId</code> (CONF:CMS_1) such that it SHALL contain exactly one [1..1] <code>@root="2.16.840.1.113883.10.20.27.1.2"</code> (CONF:CMS_2). SHALL contain exactly one [1..1] <code>@extension="2018-05-01"</code> (CONF:CMS_3).
3338-17238_C01 CMS_4	5.1	SHALL contain exactly one [1..1] <code>confidentialityCode</code> , which SHOULD be selected from ValueSet HL7 BasicConfidentialityKind <code>urn:oid:2.16.840.1.113883.1.11.16926</code> STATIC (CONF:3259-17238).	SHALL contain exactly one [1..1] <code>confidentialityCode</code> (CONF:3338-17238_C01). This <code>confidentialityCode</code> SHALL contain exactly one [1..1] <code>@code="N"</code> Normal (CodeSystem: ConfidentialityCode <code>urn:oid:2.16.840.1.113883.5.25</code> STATIC) (CONF:CMS_4).
3338-19669_C01	5.1	This <code>languageCode</code> SHALL contain exactly one [1..1] <code>@code</code> , which SHALL be selected from ValueSet Language <code>urn:oid:2.16.840.1.113883.1.11.11526</code> DYNAMIC (CONF:3259-19669).	SHALL contain exactly one [1..1] <code>languageCode</code> (CONF:3338-17239). This <code>languageCode</code> SHALL contain exactly one [1..1] <code>@code="en"</code> English (CodeSystem: Language <code>urn:oid:2.16.840.1.113883.6.121</code>) (CONF:3338-19669_C01).
CMS_7	5.1.1	n/a	SHALL contain exactly one [1..1] <code>informationRecipient</code> (CONF:CMS_7).
CMS_8	5.1.1	n/a	This <code>informationRecipient</code> SHALL contain exactly one [1..1] intendedRecipient (CONF:CMS_8).
CMS_9	5.1.1	n/a	This <code>intendedRecipient</code> SHALL contain exactly one [1..1] id (CONF:CMS_9).

CONF. #	Section	Base Standard	Changed To
CMS_10	5.1.1	n/a	This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.7" CMS Program (CONF:CMS_10).
CMS_11	5.1.1	n/a	This id SHALL contain exactly one [1..1] @extension, which SHALL be selected from ValueSet CMS Program Name 2.16.840.1.113883.3.249.14.101 STATIC 2018-05-01 (CONF:CMS_11). Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.
CMS_12	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then ClinicalDocument/participant/@typeCode="LOC" SHALL be present (CONF: CMS_12). Note: For CPC+ reporting, CPC+ APM Entity Identifier must be submitted.
CMS_13	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then QRDA Category III Measure Section – CMS SHALL be present (CONF: CMS_13). Note: For CPC+ reporting, the QRDA III document must contain a Quality (eQMs) section.
CMS_14	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="CPCPLUS", then Performance Rate for Proportion Measure – CMS (V3) SHALL be present (CONF: CMS_14). Note: For CPC+ reporting, performance period for the Quality (eQMs) section must be specified.
CMS_15	5.1.2	n/a	MAY contain zero or one [0..1] participant (CONF:CMS_15) such that it

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

CONF. #	Section	Base Standard	Changed To
CMS_25	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] addr (CONF: CMS_25).
3338-18170_C01	5.1.3	MAY contain zero or one [0..1] documentationOf (CONF: 3338-18170).	SHALL contain exactly one [1..1] documentationOf (CONF:3338-18170_C01).
3338-18171_C01	5.1.2	The documentationOf , if present, SHALL contain exactly one [1..1] serviceEvent (CONF:3338-18171).	<p>For MIPS group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.</p> <p>For MIPS virtual group reporting: it must contain exactly one performer, which contains on Virtual Group Identifier. No NPI is allowed.</p> <p>For MIPS individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.</p> <p>For CPC+: it must contain at least one performer, each performer contains one TIN and one NPI. Only CPC+ Practice Site providers are listed as performers.</p> <p>This documentationOf SHALL contain exactly one [1..1] serviceEvent (CONF:3338-18171_C01).</p> <p>This serviceEvent SHALL contain at least one [1..*] performer (CONF:3338-18173).</p>
3338-18177_C01	5.1.3	<p>This assignedEntity id/@root coupled with the id/@extension can be used to represent the individual provider's National Provider Identification number (NPI). Other assignedEntity ids may be present.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:3338-18177) such that it</p>	<p>The assignedEntity id/@root = '2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI).</p> <p>NPI is required except for group reporting. For group reporting, id/@root='2.16.840.1.113883.4.6' is coupled with @nullFlavor="NA", and @extension shall be omitted.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:3338-18177_C01) such that it</p>
CMS_29	5.1.3	n/a	<p>MAY contain zero or one [0..1] @nullFlavor="NA" (CONF:CMS_29).</p> <p>Note: @nullFlavor is only present for MIPS group reporting and MIPS virtual group reporting.</p>

CONF. #	Section	Base Standard	Changed To
3338-18178_C01	5.1.3	MAY contain zero or one [0..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:3338-18178).	SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF: 3338-18178_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.
3338-18181_C01	5.1.3	This representedOrganization MAY contain zero or one [0..1] id (CONF:3338-18181) such that it	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:3338-18181_C01) such that it
CMS_79 CMS_80 CMS_81	5.1.3	n/a	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:CMS_79) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.2" MIPS Virtual Group (CONF:CMS_80). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.2) designates that the @extension must hold a Virtual Group Identifier. SHALL contain exactly one [1..1] @extension (CONF:CMS_81). Note: This is the Virtual Group Identifier.
CMS_82	5.1.3	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the group's TIN (CONF:CMS_82).
CMS_83	5.1.3	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).

CONF. #	Section	Base Standard	Changed To
3338-17281_C01	5.1.4	This structuredBody MAY contain zero or one [0..1] component (CONF:3338-17281) such that it SHALL contain exactly one [1..1] QRDA Category III Reporting Parameters Section (identifier: urn:oid:2.16.840.1.113883.10.20.27.2.2) (CONF:3338-17282).	This structuredBody SHALL NOT contain [0..0] component (CONF:3338-17281_C01) such that it Note: Reporting Parameter Section shall not be used for specifying performance period. SHALL contain exactly one [1..1] QRDA Category III Reporting Parameters Section (identifier: urn:oid:2.16.840.1.113883.10.20.27.2.2) (CONF:3338-17282).
3338-17301_C01	5.1.4	SHALL contain exactly one [1..1] QRDA Category III Measure Section (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2017-06-01) (CONF:3338-17301).	SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2018-05-01) (CONF:3338-17301_C01).
3338-21174_C01	5.1.4	This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21173) such that it SHALL contain exactly one [1..1] Improvement Activity Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01) (CONF:3338-21174).	This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21173) such that it SHALL contain exactly one [1..1] Improvement Activity Section - CMS (identifier: urn:hl7ii:2.16.840.1.113883.3.249.2.0.2.1:2018-05-01) (CONF:3338-21174_C01).
3338-21394_C01	5.1.4	This structuredBody SHALL contain at least a QRDA Category III Measure Section (V4), or an Improvement Activity Section (V2), or an Advancing Care Information Section (V2) (CONF:3338-21394).	This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V3), or an Improvement Activity Section - CMS, or a Promoting Interoperability Section (V2) (CONF:3338-21394_C01). Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)
CMS_70 CMS_76	5.2.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:3377-711342) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.2.1" (CONF:CMS_70). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_76).

CONF. #	Section	Base Standard	Changed To
3259-21436_C01	5.2.1	SHALL contain at least one [1..*] entry (CONF:3338-21181) such that it SHALL contain exactly one [1..1] Improvement Activity Performed Measure Reference and Results (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.33:2016-09-01) (CONF:3338-21436).	SHALL contain at least one [1..*] entry (CONF:3259-21181) such that it SHALL contain exactly one [1..1] Improvement Activity Performed Measure Reference and Results - CMS (identifier: urn:hl7ii:2.16.840.1.113883.3.249.2.0.3.1:2018-05-01) (CONF:3259-21436_C01).
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="2018-05-01" (CONF:CMS_66).
3338-17907_C01	5.2.1	SHALL contain at least one [1..*] entry (CONF:3338-17906) such that it SHALL contain exactly one [1..1] Measure Reference and Results (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2016-09-01) (CONF:3338-17907).	SHALL contain at least one [1..*] entry (CONF:3338-17906) such that it SHALL contain exactly one [1..1] Measure Reference and Results - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2018-05-01) (CONF: 3338-17907_C01).
CMS_71 CMS_72 CMS_73	5.3.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_71) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.20.3.1" (CONF:CMS_72). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_73).

CONF. #	Section	Base Standard	Changed To
<p>CMS_74 CMS_75</p>	<p>5.3.1</p>	<p>n/a</p>	<p>MAY contain zero or one [0..1] component (CONF:CMS_74). This component SHALL contain exactly one [1..1] Reporting Parameters Act (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8) (CONF:CMS_75). Note: Performance period for Improvement Activities could be specified either at the individual improvement activity level using this Reporting Parameter Act here, or at the Improvement Activities performance category level.</p>
<p>CMS_41 CMS_42 CMS_43</p>	<p>5.3.2</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_41) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.16" (CONF:CMS_42). SHALL contain exactly one [1..1] @extension="2016-11-01" (CONF:CMS_43).</p>
<p>3259-18136_C01</p>	<p>5.3.2</p>	<p>MAY contain zero or more [0..*] entryRelationship (CONF:3259-18136) such that it</p>	<p>SHALL contain at least one [1..*] entryRelationship (CONF:3259-18136_C01) such that it SHALL contain exactly one [1..1] Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).</p>
<p>3259-18139_C01</p>	<p>5.3.2</p>	<p>MAY contain zero or more [0..*] entryRelationship (CONF:3259_18139) such that it</p>	<p>SHALL contain at least one [1..*] entryRelationship (CONF:3259-18139_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).</p>
<p>3259-18140</p>	<p>5.3.2</p>	<p>MAY contain zero or more [0..*] entryRelationship (CONF:3259-18140) such that it</p>	<p>SHALL contain at least one [1..*] entryRelationship (CONF:3259-18140_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).</p>

CONF. #	Section	Base Standard	Changed To
<p>3259-18141_C01</p> <p>3259-18151_C01</p>	<p>5.3.2</p>	<p>MAY contain zero or more [0..*] entryRelationship (CONF:3259-18141) such that it</p>	<p>SHALL contain at least one [1..*] entryRelationship (CONF:3259-18141_C01) such that it</p> <p>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:3259-18151_C01).</p>
<p>CMS_86</p> <p>CMS_87</p> <p>CMS_88</p>	<p>5.3.2</p>	<p>For CPC+, performance period for Quality (eCQMs) must be specified at the category level, using the Reporting Parameter Act template contained within the measure section.</p> <p>For MIPS, performance period for Quality (eCQMs) shall be specified either at the individual eCQM level using this Reporting Parameter Act here, or at the Quality performance category level.</p> <p>MAY contain zero or one [0..1] entryRelationship (CONF:CMS_86) such that it</p> <p>SHALL contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:CMS_87).</p> <p>SHALL contain exactly one [1..1] Reporting Parameters Act (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8) (CONF:CMS_88).</p>	<p>n/a</p>
<p>CMS_54</p> <p>CMS_55</p> <p>CMS_56</p>	<p>5.3.3</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_54) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.17" (CONF:CMS_55).</p> <p>SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_56).</p>

CONF. #	Section	Base Standard	Changed To
3259-17904_C01	5.3.3	<p>MAY contain zero or more [0..*] component (CONF:3259-17903) such that it</p> <p>SHALL contain exactly one [1..1] Performance Rate for Proportion Measure</p> <p>(identifier: urn:oid:2.16.840.1.113883.10.20.27.3.14) (CONF:3259-17904).</p>	<p>MAY contain zero or more [0..*] component (CONF:3259-17903) such that it</p> <p>SHALL contain exactly one [1..1] Performance Rate for Proportion Measure - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01) (CONF:3259-17904_C01).</p>
3259-18426_C01	5.3.3	<p>SHALL contain at least one [1..*] component (CONF:3259-18425) such that it</p> <p>SHALL contain exactly one [1..1] Measure Data (V2)</p> <p>(identifier:urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-02-01) (CONF:3259-18426).</p>	<p>SHALL contain at least one [1..*] component (CONF:3259-18425) such that it</p> <p>SHALL contain exactly one [1..1] Measure Data - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01) (CONF:3259-18426_C01).</p>
CMS_47 CMS_48 CMS_49	5.3.4	n/a	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_47) such that it</p> <p>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.18" (CONF:CMS_48)</p> <p>SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_49).</p>
CMS_50 CMS_51 CMS_52 CMS_53	5.3.4	<p>SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHOULD be selected from ValueSet Payer</p> <p>urn:oid:2.16.840.1.114222.4.11.3591 DYNAMIC (CONF:2226-18250).</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="CD" (CONF:CMS_50).</p> <p>This value SHALL contain exactly one [1..1] @nullFlavor="OTH" (CONF:CMS_51).</p> <p>This value SHALL contain exactly one [1..1] translation (CONF:CMS_52).</p> <p>This translation SHALL contain exactly one [1..1] @code, which SHALL be selected from ValueSet CMS Payer Groupings</p> <p>urn:oid:2.16.840.1.113883.3.249.14.102 (CONF:CMS_53).</p>

CONF. #	Section	Base Standard	Changed To
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="2018-05-01" (CONF:CMS_61).
2233-21307_C01 CMS_62 CMS_63	5.3.5	n/a	SHALL contain exactly one [1..1] value with @xsi:type="REAL" (CONF:2233-21307_C01). The value, if present, SHALL be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62). The value, if present, SHALL contain no more than 6 digits to the right of the decimal (CONF:CMS_63).
3259-19651_C01 3259-19652_C01 3259-19653_C01	5.3.5	MAY contain zero or one [0..1] reference (CONF:3259-19651). The reference, if present, SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-19652). The reference, if present, SHALL contain exactly one [1..1] externalObservation (CONF:3259-19653).	SHALL contain exactly one [1..1] reference (CONF: 3259-19651_C01). This reference SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-19652_C01). This reference SHALL contain exactly one [1..1] externalObservation (CONF:3259-19653_C01).

12 Change Log – Changes from the 2018 CMS QRDA Implementation Guide

The 2019 CMS QRDA III IG contains the following high-level changes/corrections as compared with the 2018 CMS QRDA III IG:

- The 2019 CMS QRDA III IG is more aligned with its base standard, the HL7 QRDA III STU R2.1 IG. Several CMS specific QRDA templates in previous versions of the CMS QRDA III IG were removed because they have no substantive changes from their parent HL7 templates.
- The 2019 CMS QRDA III IG shows the template changes from the base HL7 QRDA III STU R2.1 IG only. The "CMS_" prefix (e.g., CMS_20) indicates the new conformance statements. The "_C01" postfix indicates that the conformance statement from the base HL7 QRDA III STU R2.1 standard is further constrained in the CMS IG.
- The 2019 CMS QRDA III IG is updated with the eCQM UUIDs for the 2019 performance period eCQMs that were released on May 4th, 2018. Please note, measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for the applicable program.

The following changes were made in the 2018 CMS QRDA III IG, V2 (7/27/2018) and are remained the same in the 2019 CMS QRDA III IG.

- Performance period reporting requirements:
 - The performance period under MIPS can be reported at either of the following levels:
 - The individual measure level for the MIPS quality measures and at the individual activity level for the MIPS improvement activities (IA), as defined by CMS, or
 - The performance category level for Quality and IA performance categories.
 - Performance period reporting for PI remains at the performance category level only.
 - Performance period reporting for Comprehensive Primary Care Plus (CPC+) for the Quality performance category remains at the category level only.
- CMS program name code "MIPS_VIRTUALGROUP" to support MIPS virtual group reporting.
- The 2015 Edition (c)(4) filter certification criterion (45 CFR 170.315(c)(4)) is no longer a requirement for CPC+ reporting. However, practices must continue to report eCQM data at the CPC+ practice site level (practice site location, TIN(s)/NPI(s)).

The Table 28 lists the changes made in each section of this 2019 CMS QRDA Eligible Clinicians and EPs Implementation Guide since the release of 2018 CMS QRDA Implementation Guide.

Table 28: Changes Made to the 2019 CMS Eligible Clinicians and EPs QRDA IG from 2018 CMS QRDA IG

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
Overall	"Advancing Care Information" was renamed to "Promoting Interoperability" in 2018 CMS QRDA III IG, V2.	Renamed "Advancing Care Information" to "Promoting Interoperability"
3.2 How to Read this QRDA III Guide	n/a	Language is updated to describe 1) the new convention of using "CMS_" prefix and "_C01" postfix to indicate CMS specific conformance statements, and 2) the base HL7 QRDA III STU R2.1 must be referenced in addition to this guide for implementations.
4 QRDA Category III Submission Rules	Submission rules for the 2018 performance period.	Language is updated to reflect the requirement updates for the 2019 performance period.
5.1 Document-Level Template: QRDA Category III Report – CMS (V3)	QRDA Category III Report – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2017-07-01)	QRDA Category III Report – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2018-05-01)
5.1.1 informationRecipient Table 3 CMS Program Name	MIPS_VIRTUALGROUP was added to the 2018 CMS QRDA III IG, V2	CPCPLUS MIPS_INDIV MIPS_GROUP MIPS_VIRTUALGROUP

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
<p>5.1.3 documentationOf</p>	<p>This assignedEntity SHALL contain exactly one [1..1] representedOrganization (CONF:2233-18180). This representedOrganization SHALL contain exactly one [1..1] id (CONF:2233-711168) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.2" Tax ID Number (CONF:2233-711171). Note: This value specifies that this id is the organization's Tax Identification Number (TIN). SHALL contain exactly one [1..1] @extension (CONF:2233-711172). Note: This is the organization's TIN.</p> <p>Section 5.4.1 MIPS Virtual Group provided example for how to submit as a MIPS virtual group.</p>	<p>Updated to support MIPS virtual group reporting. For MIPS virtual group reporting: it must contain exactly one performer, which contains on Virtual Group Identifier. No NPI is allowed.</p> <p>This assignedEntity SHALL contain exactly one [1..1] representedOrganization (CONF:3338-18180). This representedOrganization MAY contain zero or one [0..1] id (CONF:3338-18181_C01) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.2" Tax ID Number (CONF:3338-18182). Note: This OID contained in the @root (2.16.840.1.113883.4.2) designates that the @extension must hold a Tax Identification Number (TIN). SHALL contain exactly one [1..1] @extension (CONF:3338-18190). Note: This is the organization's TIN.</p> <p>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.</p>

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
5.1.3 documentationOf	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP", then this representedOrganization SHALL contain one [1..1] id such that it SHALL be the group's TIN (CONF:CMS_82).</p> <p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP", then this representedOrganization SHALL contain exactly one [1..1] id such that it, SHALL be the virtual group's Virtual Group Identifier (CONF:CMS_83).</p>

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
5.1.4 component	<p>Performance period shall be specified either at the performance category level for Quality/Improvement Activities performance categories, or at the individual measure/activity level.</p> <p>Section 5.4.2 Improvement Activity – Performance Period and Section 5.4.3 Quality – Performance Period provide examples of how to submit performance period at individual activity and individual measure level respectively.</p> <p>This structuredBody MAY contain zero or one [0..1] component (CONF:2233-17283) such that it SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.2 7.2.3:2017-07-01) (CONF:2233-711142).</p> <p>This structuredBody MAY contain zero or one [0..1] component (CONF:2233-21173) such that it SHALL contain exactly one [1..1] Improvement Activity Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.2 7.2.4:2017-06-01) (CONF:2233-21174).</p>	<p>This structuredBody MAY contain zero or one [0..1] component (CONF:3338-17283) such that it SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.2 7.2.3:2018-05-01) (CONF:3338-17301_C01).</p> <p>This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21173) such that it SHALL contain exactly one [1..1] Improvement Activity Section - CMS (identifier: urn:hl7ii:2.16.840.1.113883.3.249.2 0.2.1:2018-05-01) (CONF:3338-21174_C01).</p>

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
5.1.4 component	<p>This structuredBody MAY contain zero or one [0..1] component (CONF:2233-21317) such that it SHALL contain exactly one [1..1] Advancing Care Information Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01) (CONF:3338-21318).</p>	<p>Updated to support the renaming from Advancing Care Information to Promoting Interoperability. No changes to the templates structures. This structuredBody MAY contain zero or one [0..1] component (CONF:3338-21317) such that it SHALL contain exactly one [1..1] Promoting Interoperability Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01) (CONF:3338-21318). Note: Formerly known as the Advancing Care Information Section (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2017-06-01)</p>
5.1.4 component	<p>This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V2), or an Improvement Activity Section (V2), or a Promoting Interoperability Section (V2) (CONF:2233-711311). Note: Promoting Interoperability Section (V2) is formerly Advancing Care Information (V2)</p>	<p>This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V3), or an Improvement Activity Section - CMS, or a Promoting Interoperability Section (V2) (CONF:3338-21394_C01). Note: Promoting Interoperability Section (V2) is formerly the Advancing Care Information Section (V2)</p>
5.2 Section-Level Templates	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level. Improvement Activity Section (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2017-06-01)</p>	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level. Added Improvement Activity Section – CMS (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.1:2018-05-01) as a new template.</p>
5.2 Section-Level Templates	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level. QRDA Category III Measure Section – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.2:2017-07-01)</p>	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level. QRDA Category III Measure Section – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.2.2:2018-05-01)</p>

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
5.3 Entry-Level Templates	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level.</p> <p>Improvement Activity Performance Measure Reference and Results (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.33:2016-09-01)</p>	<p>Performance period for the Improvement Activity performance category shall be specified either at the category level or individual improvement activity level.</p> <p>Improvement Activity Performance Measure Reference and Results – CMS (identifier urn:hl7ii:2.16.840.1.113883.3.249.20.3.1:2018-05-01)</p>
5.3 Entry-Level Templates	<p>Measure Data – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2016-11-01) contains the following CMS specific templates:</p> <p>Aggregate Count – CMS (templateId 2.16.840.1.113883.10.20.27.3.24)</p> <p>Continuous Variable Measure Value – CMS (templateId 2.16.840.1.113883.10.20.27.3.26)</p> <p>Ethnicity Supplemental Data Element – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.22:2016-11-01)</p> <p>Race Supplemental Data Element – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.19:2016-11-01)</p> <p>Reporting Stratum – CMS (templateId 2.16.840.1.113883.10.20.27.3.20)</p> <p>Sex Supplemental Data Element – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.21:2016-11-01)</p>	<p>Updated the Measure Data – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2018-05-01) to contain the following templates directly. The previous CMS specific templates (listed on the left column) are deprecated and no longer used and included in this guide.</p> <p>Aggregate Count (identifier urn:oid:2.16.840.1.113883.10.20.27.3.3)</p> <p>Continuous Variable Measure Value (identifier urn:oid:2.16.840.1.113883.10.20.27.3.2)</p> <p>Ethnicity Supplemental Data Element (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01)</p> <p>Race Supplemental Data Element (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01)</p> <p>Reporting Stratum (identifier urn:oid:2.16.840.1.113883.10.20.27.3.4)</p> <p>Sex Supplemental Data Element (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01)</p>
5.3 Entry-Level Templates	<p>Measre Reference and Results – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2016-11-01)</p>	<p>Measre Reference and Results – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2018-05-01)</p>

Section Heading	2018 CMS QRDA III Eligible Clinicians and EPs IG, V2 (07/28/18)	2019 CMS QRDA III Eligible Clinicians and EPs IG
5.3 Entry-Level Templates	Payer Supplemental Data Element CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2016-11-01)	Payer Supplemental Data Element CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01)
5.3 Entry-Level Templates	Performance Rate for Proportion Measure – CMS (V2) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2016-11-01)	Performance Rate for Proportion Measure – CMS (V3) (identifier urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01)
5.4 Templates Updates for MIPS Only (updated July 2018)	5.4.1 MIPS Virtual Group 5.4.2 Improvement Activity – Performance Period 5.4.3 Quality – Performance Period	n/a
6 eCQM Specifications for Eligible Clinicians and Eligible Professionals 2019 UUID List	UUID list based on the eCQM specifications for Eligible Clinicians and Eligible Professionals for the 2018 performance period	Updated the UUID list based on the eCQM specifications for Eligible Clinicians and Eligible Professionals for the 2019 performance period
7. Measure Identifiers	Identifiers for the 2018 performance period.	Identifiers for the 2019 performance period will be published in subsequent addendum with publication of the 2019 Physician Fee Schedule Rule.: Improvement Activities Identifiers 2019 Promoting Interoperability Objectives and Measure Identifiers Promoting Interoperability Attestation Statements Identifiers Promoting Interoperability Improvement Activities Bonus Identifier
7. Measure Identifiers	Advancing Care Information Transition Objective and Measure Identifiers table (for the 2018 performance period)	The Promoting Interoperability (formerly Advancing Care Information) Transition Objective and Measure Identifiers table is removed from the 2019 IG

13 Acronyms

This section describes acronyms used in this guide.

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

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

14 Glossary

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

15 References

Comprehensive Primary Care Plus (CPC+).

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

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

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

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

ONC, Electronic Clinical Quality Measure issue reporting system.

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

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

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