



Addendum to 2015 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting (HQR)

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1. Introduction

The Centers for Medicare & Medicaid Services (CMS) published the [CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting \(HQR\) Supplementary Implementation Guide for 2015 Version 1.0](#) (referred to as the 2015 CMS QRDA IG) on July 29, 2014.¹ The 2015 CMS QRDA IG provides implementation guidance for submitting Quality Reporting Document Architecture Category I (QRDA-I) reports to the CMS EHR Incentive Program and the Hospital Inpatient Quality Reporting Program 2015 Reporting Year for both the Eligible Professional (EP) programs and Hospital Quality Reporting (HQR), and for submitting QRDA Category III (QRDA-III) reports to EP programs for the 2015 Reporting Year.

This addendum lists the updates and clarifications to the 2015 CMS QRDA IG, which include:

- Technical corrections to some of the templates in Part A and Part B of the 2015 CMS QRDA IG.
- Clarifications and additional guidance for QRDA-I file submission to the Physician Quality Reporting System (PQRS) and HQR programs.
- Clarifications and additional guidance for QRDA-III file submissions.
- A complete list of the UUIDs referenced by the 2014 EP eCQMs, which includes the Version Specific Measure Identifier for each 2014 eCQM for EP and the population identifiers for all population criteria within each of the eCQMs. The list also includes the identifiers for reporting strata if applicable.

¹ CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III, Eligible Professional Programs and Hospital Quality Reporting (HQR) Supplementary Implementation Guide for 2015, Version: 1.0 (07/29/2014)
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_EP_HQR_Guide_2015.pdf

2. Part A – QRDA-I DSTU R2 Supplementary Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting

The following sections list the updates and clarifications to the Part A – QRDA-I DSTU R2 Supplementary Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting of the 2015 CMS QRDA IG.

2.1. Template Changes

The template name and conformance number for each change are listed along with the text of the original (2015 CMS QRDA IG, Version 1.0, 7/29/14), the text of this update (Addendum, 7/8/15), and the rationale for the change.

The template changes apply to both EP programs and HQR.

Table 1 QRDA-I Template Changes to 2015 CMS QRDA IG

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
5.1.1 General Header	5372 CMS_0010	This languageCode SHALL contain exactly one [1..1] @code="en" English (CodeSystem: Language 2.16.840.1.113883.6.121) (CMS_0010).	SHALL contain exactly one [1..1] languageCode, which SHALL be selected from ValueSet Language 2.16.840.1.113883.1.11.11526 DYNAMIC (CONF:5372) This languageCode SHALL contain exactly one [1..1] @code="en" English (CONF:CMS_0010)	Added for clarification.

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
5.1.1 General Header	CMS_0003	MAY contain zero or more [0..*] participant (CONF:CMS_0003) such that it SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_0004)	MAY contain zero or more [0..*] participant (CONF:10003) such that it SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_0004) .	Corrected to use the conformance number from the base HL7 QRDA-I, R2 standard. ² Added missing period. No change to the constraint.
5.1.2 recordTarget	7291	contain at least one and not more than 4 streetAddressLine (CONF:7291).	SHALL contain at least one and not more than 4 streetAddressLine (CONF:7291).	Added missing "SHALL".
5.1.2 recordTarget	5284	This patient SHALL contain exactly one [1..1] name (CONF:5284).	This patient SHALL contain at least one [1..*] name (CONF:5284).	Corrected the cardinality.
5.1.2 recordTarget	CMS_0007	SHALL contain exactly one [1..1] Patient Identifier Number (CONF:CMS_0007)	SHALL contain exactly one [1..1] Patient Identifier Number (CONF:CMS_0007) .	Added missing period. No change to the constraint.

² HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category I, Draft Standard for Trial Use (DSTU) Release 2, (US Realm)—July 2012 (and its December 2012 and June 2014 errata update).

<http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=80>

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
5.2.2 Reporting Parameter Section	<p>CMS_27 (changed to CMS_0027)</p> <p>CMS_28 (changed to CMS_0028)</p>	<p>This effectiveTime SHALL contain exactly one [1..1] low (CONF:3274).</p> <p>SHALL be precise to day (CONF:CMS_27)</p> <p>This effectiveTime SHALL contain exactly one [1..1] high (CONF:3275).</p> <p>SHALL be precise to day (CONF:CMS_28)</p>	<p>This effectiveTime SHALL contain exactly one [1..1] low (CONF:3274).</p> <p>SHALL be precise to day (CONF:CMS_0027)</p> <p>This effectiveTime SHALL contain exactly one [1..1] high (CONF:3275).</p> <p>SHALL be precise to day (CONF:CMS_0028)</p>	Corrected typos in the conformance numbers.

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
5.2.3 Patient Data Section	CMS_0029	<p>SHALL contain at least one [1..*] entry (CONF:CMS_0029)</p> <p>Where the clinical statement codes SHALL contain the @sdtc:valueSet extension to reference the value set from which the supplied code was drawn (CONF:16573).</p> <p>Note: For PQRS program, validation for the generic constraint CONF:16573 is applied at an individual data element constraint level where applicable.</p>	<p>SHALL contain at least two [2..*] entry (CONF:CMS_0029)</p> <p>Where the clinical statement codes SHALL contain the @sdtc:valueSet extension to reference the value set from which the supplied code was drawn (CONF:16573).</p> <p>Note: For PQRS program, validation for the generic constraint CONF:16573 is applied at an individual data element constraint level where applicable.</p> <p>For all PQRS submission there must be one eCQM required Patient Data template ID entries in addition to the Patient Characteristic Payer template ID entry.</p>	<p>Payer summplemental data element is required for both EP programs and HQR.</p> <p>It is required that there be at least one Patient Characteristic Payer entry template in addition to the eCQM required Patient Data template in each QRDA-I submission.</p>

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
5.2.3 Patient Data Section	14430 (changed to CMS_0030)	MAY contain zero or more [0..*] entry (CONF:14430) such that it	SHALL contain at least one [1..*] entry (CONF:CMS_0030) such that it	Payer summplemental data element is required for both EP programs and HQR.
	14431	SHALL contain exactly one [1..1] Patient Characteristic Payer (templated:2.16.84 0.1.113883.10.20.2 4.3.55) (CONF:14431).	SHALL contain exactly one [1..1] Patient Characteristic Payer (templated:2.16.84 0.1.113883.10.20.2 4.3.55) (CONF:14431).	It is required that there be at least one Patient Characteristic Payer entry template in each QRDA-I submission.

2.2. Clarifications to Time Zone

The following statements are added to Section 4.4 Time Zone (page 7) of the 2015 CMS QRDA IG for clarification: “Currently, since the CMS Processing Facility is located in Warrington, VA, the default time zone is EST, however, this shouldn't be relied upon. A mixture of specified and unspecified time zones can cause unintended consequences.”

2.3. Clarifications for PQRS Submission

2.3.1. Use of Translation Codes for PQRS

The base HL7 QRDA-I, R2 IG indicates that if 'nullFlavor="OTH"' is specified in a code or value element then the @code does not have to be provided and, instead, a translation code can be entered.

For clinical codes in the Patient Data Section of a QRDA-I file, PQRS does not support this option. PQRS ignores the “nullFlavor” in this instance and ignores all translation codes. The primary @code must always be provided along with the @codeSystem and @sdct:valueSet.

2.3.2. Medicare HIC Number for PQRS

Medicare HIC number, in a valid format, is required for Medicare patients. The HIC number is not allowed for non-Medicare patients.

2.3.3. CMS Program Name for PQRS

The only valid values for CMS Program Name for PQRS submission are PQRS_MU_INDIVIDUAL and PQRS_MU_GROUP. Submission with any other CMS Program Name will be rejected by PQRS.

2.4. Additional Transmission Guidance for Hospital Quality Reporting

Additional transmission guidance is provided for clarity and to promote satisfactory reporting of quality data by Eligible Hospitals (EH) and Critical Access Hospitals (CAH) utilizing QRDA-I files for the Medicare Electronic Health Record (EHR) Incentive Program and the Hospital Inpatient Quality Reporting (IQR) program.

2.4.1. Reporting Periods for CY 2015

For 2015 HQR programs, hospitals choosing to submit clinical quality measures electronically will need to submit quality data for one (1) calendar year (CY) quarter (Q). The applicable discharge quarters for CY 2015 are shown in the table below.

Table 2 HQR Reporting Periods for CY 2015

Discharge Reporting Period	Submission Deadline
January 1 – March 31, 2015 (Q1)	November 30, 2015
April 1 – June 30, 2015 (Q2)	November 30, 2015
July 1 – September 30, 2015 (Q3)	November 30, 2015
October 1 – December 31, 2015 (Q4)	Not Applicable

QRDA-I files with patients meeting the Initial Patient Population (IPP) of respective eCQMs, Zero Denominator Declarations, and/or Case Threshold Exemptions must be successfully submitted by November 30, 2015 to the HQR Receiving System, through the QualityNet Secure Portal, for one or more of the applicable quarters to meet program requirements for the Medicare EHR Incentive Program and/or the IQR program.

2.4.2. Clarifications to Reporting Parameter Section

The Reporting Parameters section provides information about the reporting time interval. The QRDA-I report contains data covering a single time period represented by the reporting parameters. The information provided in this section does not change anything contained in the 2015 CMS QRDA IG, but does add guidance to pass validation performed by the HQR Receiving System.

Table 3 Clarifications to Reporting Parameter Section for HQR

Chapter	Clarifications
5.2.2 Reporting Parameters Section (pg. 21)	For each QRDA-I file submitted, the QRDA Reporting Parameter Section dates must match the start and end dates for the quarter in which the data are being submitted. If the date range does not exactly match the quarter start and end dates, the file will be rejected.
	The system will reject QRDA-I files if the Reporting Parameter Section Effective Date Range does not align with one of the Program's CY Discharge Quarters. The allowable discharge quarter date ranges are listed in Table 2 HQR Reporting Periods for CY 2015.

2.4.3. Clarifications to Encounter Performed Entry Template

The “Encounter Performed” clinical statement describes the interactions between the patient and clinicians that have been completed. Interactions include in-person encounters, telephone conversations, and email exchanges. The specifications for each eCQM will provide details on what is considered an acceptable encounter for the measure. The actStatus is constrained to “completed” and both a low and high effectiveTime are required. The low value corresponds to

the start date, the admission date for the encounter, and the high value to the end date, the discharge date for the encounter.

Table 4 Clarifications to Encounter Performed Entry Template for HQR

Chapter	Clarifications
5.2.3 Patient Data Section (pg. 22)	The system will reject QRDA-I files, if the Encounter Performed Discharge Date is after the file upload date.
	The system will reject QRDA-I files, if the Encounter Performed Admission Date (effectiveTime low value) is after the Encounter Performed Discharge Date (effectiveTime high value).
	The system will reject QRDA-I files, if at least one Encounter Performed Discharge Date is not within the Programs CY discharge quarter.
	The system will use the earliest Encounter Performed Start Date and the latest Encounter Performed End Date, when determining the patient episode of care for an eCQM that utilizes multiple "Occurrence A of Encounter" when calculating the population criteria.

Note: When reporting the ED-3 measure (CMS32v4) for CY 2015, encounters that begin within one discharge period and end in another will not be processed correctly within the system. This is due to a conflict with the hospital eCQM receiving system’s functionality and the eCQM logic for this measure. This known issue for CY 2015 will be resolved in reporting for CY 2016.

2.4.4. Clarifications to CCN Placement

Table 5 Clarifications to CCN for HQR

Chapter	Clarifications
5.1.3 Custodian (pg.13)	<p>The system will obtain the CCN from the custodian field within the QRDA-I file.</p> <p>The system will obtain the CCN from the serviceEvent field if any of the following conditions are met:</p> <ul style="list-style-type: none"> • The CCN is not present in the custodian field • The CCN in the custodian field is invalid

2.4.5. Clarifications to Succession Management

Table 6 Clarifications to Succession Management for HQR

Chapter	Clarifications
<p>4.2 Succession Management (pg.6)</p>	<p>The system will evaluate accepted QRDA-I files for duplicates.</p>
	<p>The system will exclude test QRDA-I files from the duplicate evaluation.</p>
	<p>The system will identify a duplicate when two files match on all of the following key identifiers:</p> <ul style="list-style-type: none"> • CMS Program Name • CCN • Patient ID • Reporting Parameter Section
	<p>HQR requires one file per patient-provider per reporting file to be submitted for all applicable measures. The file must contain all the inpatient episodes of care and data required to calculate the associated eCQMs being reported.</p>
	<p>HQR allows file resubmission to update a previously submitted file.</p> <ul style="list-style-type: none"> • In the event that multiple file submissions occur, the most recently submitted and accepted Production QRDA-I file will overwrite previously submitted files based on the exact match of four key elements identifying the patient: <ul style="list-style-type: none"> ▪ CMS Certification Number (CCN), ▪ CMS Program Name, ▪ EHR Patient ID, ▪ and the reporting period specified in the Reporting Parameters Section. <p>The new file must be cumulative and contain all the patient data for the same reporting period data not just the corrected or new data. If just one of the key identifiers does not match in a resubmitted file, it will not be considered a duplicate, and a new patient record will be created.</p>

2.4.6. Measure Section

Table 7 Clarifications to Measure Section for HQR

Chapter	Clarifications
5.2.1 Measure Section (pg.19)	The system will only accept eCQMs identified in the April 2014 eCQM Specification packages located under the <i>2014 eCQM Eligible Hospitals</i> heading on the CMS eCQM Library . ³

2.4.7. Successful Submission for Meeting Program Requirements

To meet program requirements, a hospital will need to submit a combination of QRDA-I files, zero denominator declarations, and/or case threshold exemptions for 16 of the available measures across three of the six quality domains.

For the EHR Incentive Program (Meaningful Use for EH and CAHs), there are 29 eCQMs; for the IQR Program, there are 28 eCQMs.

Table 8 HQR Submission Requirements

Number	Submission Requirements
1	To be accepted as a successful data submission for MU or IQR credit, a cumulative QRDA-I document must be submitted for each patient who meets the Initial Patient Population (IPP) criteria for any applicable eCQMs.
2	Submitted QRDA-I files must pass initial validation checks to be accepted into the system and to allow measure calculations to be performed.
3	To meet successful QRDA-I file submission requirements, submitted files must have patients that meet the IPP for the corresponding eCQMs. Hospitals need to check the data submission reports to confirm that there is at least one patient in the IPP to meet program requirements. Applicable data submission reports include: <ul style="list-style-type: none"> • EHR Hospital Reporting – Submission Detail Report • EHR Hospital Reporting – eCQM Submission Status Report • EHR Hospital Reporting – eCQM Submission and Performance Feedback Report

³ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Number	Submission Requirements
4	If a facility determines that it does not have any patients that meet IPP for an intended eCQM, a zero denominator declaration must be submitted in the Denominator Declaration Screen on the <i>QualityNet</i> Secure Portal for that measure to meet program requirements.
5	If a facility determines that there are 5 or fewer patients that meet the IPP for a specific eCQM for the applicable quarter, case threshold exemptions can be submitted in the Denominator Declarations Screen.

3. PART B – QRDA-III DSTU R1 Supplementary Implementation Guide for Eligible Professional Programs

Based on data submitted via QRDA-III files to the PQRS System for Program Year 2014, the following changes and clarifications are being provided to the *Part B – QRDA-III DSTU R1 Supplementary Implementation Guide for Eligible Professional Programs* of the 2015 CMS QRDA IG.

3.1 Template Changes

The template name and conformance number for each change are listed along with the text of the original (2015 CMS QRDA IG, Version 1.0, 7/29/14, and the *Supplemental Requirement to the 2014 CMS QRDA III Implementation Guide for Eligible Professionals for Performance Rate Calculation*, 9/24/2014, referred to as the 2014 Performance Rate Supplemental Requirement in this addendum), the text of this update (Addendum, 7/8/15), and the rationale for the change.

Table 9 QRDA-III Template Changes to 2015 CMS QRDA IG

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
8.1.5 legal Authenticator	19671	This assignedEntity MAY contain zero or one [0..1] representedOrganization (CONF:19671). The represented Organization, if present, SHALL contain at least one [1..*] id (CONF:19671).	This assignedEntity MAY contain zero or one [0..1] representedOrganization (CONF:19671). The represented Organization, if present, SHALL contain at least one [1..*] id (CONF:19672).	Corrected the conformance number of the 2 nd CONF:19671 to be CONF:19672, which is specified in the base HL7 QRDA-III standard. ⁴

⁴ *HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category III, DSTU Release 1, November 2012* and its July 2014 errata update http://www.hl7.org/implement/standards/product_brief.cfm?product_id=286

Template	Conf. #	Version 1.0 (7/29/14)	Addendum (7/8/15)	Rationale
8.3.5 Measure Reference and Results (CMS EP)	18428 (changed to 711296)	<p>SHALL contain at least one [1..*] component (CONF:18425) such that it</p> <p>SHALL contain exactly one [1..1] Measure Data (CMS EP) (templateId:2.16.84 0.1.113883.10.20.2 7.3.16) (CONF:18428).</p>	<p>SHALL contain at least one [1..*] component (CONF:18425) such that it</p> <p>SHALL contain exactly one [1..1] Measure Data (CMS EP) (templateId:2.16.84 0.1.113883.10.20.2 7.3.16) (CONF:711296).</p>	Corrected the conformance number. Assigned a new conformance number, since CONF:18428 was already used for another constraint in the base HL7 QRDA-III standard.

Table 10 QRDA-III Template Changes to 2014 Performance Rate Supplemental Requirement

Template	Conf. #	2014 Performance Rate Supplemental Requirement (9/24/14)	Addendum (7/8/15)	Rationale
8.3.5 Measure Reference and Results (CMS EP)	711290 (changed to 17903)	SHALL contain one or more [1..*] component (CONF:711290) such that it	MAY contain zero or more [0..*] component (CONF:17903) such that it	The 2014 Performance Rate Supplemental Requirement is no longer applicable to the 2015 CMS QRDA IG. The CONF:711290 is reversed back to CONF:17903. The CMS QRDA-III receiving system for the 2015 reporting year can distinguish a proportion measure vs. a continuous variable measure, and applies validations to require performance rate for proportion measures only. Performance rate is required for all proportion measures. Performance rate is not applicable to continuous variable measure.
Performance Rate for Proportion Measure (CMS EP)	711213	SHALL contain exactly one [1..1] Performance Rate for Proportion Measure (CMS EP) (templateId:2.16.840.1.113883.10.20.27.3.25) (CONF:711213).	SHALL contain exactly one [1..1] Performance Rate for Proportion Measure (CMS EP) (templateId:2.16.840.1.113883.10.20.27.3.25) (CONF:711213).	

3.2 Clarifications to Performance Rates

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-III file should not be the Performance Rate times 100, but instead should be the value obtained from the calculation of $\text{NUMER}/(\text{DENOM} - \text{DENOM EXCL} - \text{DENOM EXCEP})$, rounded to the nearest millionth ; refer to the rounding rules listed below.

If the expression $(\text{DENOM} - \text{DENOM EXCL} - \text{DENOM EXCEP})$ results in a null or a value of 0, then a nullFlavor of "NA" should be provided for the Performance Rate.

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 raw calculated performance rate that has ≥ 7 digits after the decimal point, round the decimal number to the millionth.
- For a raw calculated performance rate that has ≤ 6 digits after the decimal point, rounding is not permitted for the performance rate.

3.3 Clarifications to Measures, Populations, and Reporting Stratum

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.

Each stratum may only be reported once for a specific population.

Refer to Appendix: 2014 eCQMs for Eligible Professionals UUID List for the version specific measure identifier and population identifiers for each 2014 EP eCQM.

3.4 Clarifications to Reporting Parameter Dates

The QRDA-III report contains data covering a single time period represented by the reporting parameters act. The reporting parameter dates are equivalent to the measurement period dates for the aggregated data. For Program Year 2015, the reporting parameter start date **SHALL** be "20150101" (i.e. 01/01/2015), and the reporting parameter end date **SHALL** be "20151231" (i.e., 12/31/2015).

3.5 Time Zone

Time comparisons or elapsed time calculations are frequently involved in determining measure population outcomes. The use of Coordinated Universal Time (UTC) time zone offsets is recommended whenever precision is specified to hour, minute, or second, however inclusion of time zone offsets is not required for successful QRDA-III submissions to CMS. Consistency of UTC time zone offset use is critical to the calculation process when reporting data elements that use the *effectiveTime* or *time* elements, especially those directly utilized in measure calculations or outcomes. To ensure the highest accuracy in measure outcomes, if UTC time zone offsets are used in any template within a QRDA-III document, it is best that offsets be used throughout the file, otherwise it is best to not utilize offsets at all.

Currently, since the CMS Processing Facility is located in Warrington, VA, the default time zone is EST, however, this shouldn't be relied upon. A mixture of specified and unspecified time zones can cause unintended consequences.

Appendix: 2014 eCQMs for Eligible Professionals UUID List

The following tables list the Version Specific Measure Identifier for each 2014 eCQM for EP, and the population identifiers for all population criteria within each of the eCQM. If a 2014 EP eCQM specifies Reporting Stratification, identifiers of reporting strata are also listed for that eCQM. The [2014 eCQM Specifications for Eligible Professionals Update July 2014⁵](#) is the source eCQM specifications for these identifiers.

Table 11 UUID List for 2014 eCQMs: Proportion Measures without Reporting Stratification

eCQM	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID
CMS117-v3	40280381-4555-e1c1-0145-d7c003364261	6ED6A787-C871-49B9-825C-70A0DB898977	545DA813-89ED-4DCD-BDDF-4B33D93DCD84	None	00193fc7-ae4-4507-a20f-d25a7bb214ad	None
CMS122-v3	40280381-4555-e1c1-0145-90ac70de2c73	EDED90E9-E4FE-47E6-90AC-29D9AA3E861A	6721D6DA-E87D-4E42-A34A-C8490686598C	None	7549ba9e-1841-4231-8caa-095bdf0ab8a1	None
CMS123-v3	40280381-4555-e1c1-0145-e20602fe49e8	5109769D-844A-4379-8710-23F5D35700EB	C47E4A2F-744D-4B8D-A6FC-BC7E5BA9F276	None	3739fecc-3a89-41e8-bb6e-ac4132fcdccc	None
CMS124-v3	40280381-4600-425f-0146-1f2f42bf0e12	21D17EA5-67D7-4842-B7F6-3D28CC3E8A69	7E7CA78D-C3BD-43BD-89DB-7766E5D2213A	44829070-fb59-4807-9bbd-a64b37511cd2	6558531e-97d5-44fb-97b7-e5523fb681b8	None
CMS125-v3	40280381-446b-b8c2-0145-3e1d974a66a3	606AADB8-B388-46EF-A177-F1951D6C50DC	37E2BB57-67E4-4C21-A1C2-77857A05B908	b3a04401-eb06-410e-a1be-3c17322f9097	6027e222-68ab-4c51-b2d5-18a85b7604d4	None

⁵ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_eCQM_EligibleProfessional_July2014.zip

eQm	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID
CMS127 v3	40280381-4555-e1c1-0145-762578a81c4c	873AECC7-E15B-49E7-8391-D73A46201E2E	FF7016E1-E8C7-43BA-9D56-2BEF649F36FA	None	201f5a6e-4dde-43a2-bdfc-ce85a98560da	None
CMS128 v3	40280381-4555-e1c1-0145-b9a06ace3771	D9A5F327-7FE8-4BB5-93CD-140C1C3D9631	F0559744-C3F0-420E-A434-7EE37B5667D6	00c95f29-cd87-41ed-a3ca-7ed8ae2c0aa8	<p><u>Numerator 1:</u> 4d9b3de1-5fa1-4f3e-ac74-bee38a635063</p> <p><u>Numerator 2:</u> b53df3e8-ad88-40f9-98dc-19196d245184</p>	None
CMS129 v4	40280381-4555-e1c1-0145-75eed891b1b	8AA79152-295C-49E8-B4F3-966384290032	9BC32102-1C28-4B0D-AE81-BCF059743738	None	863bca26-5d89-4e0e-a527-6d0b3b3b5b1f	6998dfc8-8732-4a8f-8335-e8d42389df49
CMS130 v3	40280381-4555-e1c1-0145-762289881c2e	4554098F-D160-45D2-A601-19B99450CE3C	FD984D3F-F50A-4301-8DCF-0DA6B418EE9E	4b563ae2-b0fd-4c13-b97d-572854fe2087	093e9894-71d9-49d0-b2ff-4cc0e00e2d09	None
CMS131 v3	40280381-4600-425f-0146-1f27240b0dfe	DE1D4246-044E-49BC-9614-3286D999BC0B	E7C9915E-077F-47A6-8C6A-F48B105DEEF3	None	e7d88d3f-3052-4ca9-a52b-bad1c4688c42	None
CMS132 v3	40280381-4555-e1c1-0145-84abff181e77	FCA99AB2-260F-44A3-A7D1-17EB702D64C0	434F2907-3DA8-4A60-AB19-6DA8FFA2BB5E	eedc9d58-8c4e-45ee-b267-14a311a932d9	611bf90f-d2d0-4c69-9127-7a2cf5adbe4a	None
CMS133 v3	40280381-4555-e1c1-0145-81b260f81e02	99C53B57-D084-42DF-8912-37496FFB0AF7	DB45C80A-B164-42EA-B96B-C4CE190A95FF	ee4b2949-a850-4af5-ad33-ebe3796d12a1	28dec4ea-1a4a-4962-81a0-835de9ddf5cb	None
CMS134 v3	40280381-4555-e1c1-0145-761ed1a91c0b	DF16D61D-9115-4E94-800C-4B3687030249	3E27A3C9-EBE6-47C1-AED0-22A7708196A9	None	0d071df8-9429-4399-a16b-aea573219180	None
CMS135 v3	40280381-4555-e1c1-0145-76ba50e31d71	7285B33A-A219-44BD-86EC-17ACCF313208	C7C49582-2071-4183-A286-F7E1681DE1A2	None	ed5f00be-877b-442f-a454-7c2ec0e8fb20	bf109548-fa34-4769-b75a-6875487b142c

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CMS136 v4	40280381-4555-e1c1-0145-b957717c3738	<u>IPP 1:</u> 24DE6AA2-D28B-483E-8588-68CA71D15AEF	<u>Denominator 1:</u> B58E356D-759F-40D7-81CF-C973EED176B1	<u>Denominator Exclusions 1:</u> 98091fe0-6c29-47cb-bc2a-fcf17dffdf48	<u>Numerator 1:</u> aa12e280-490a-425b-8fe7-5b0b90ffac6d	<u>Denominator Exceptions 1:</u> None
		<u>IPP 2:</u> 07D8EA18-CFE1-41A8-89CB-8D9D36DC34FF	<u>Denominator 2:</u> 87272F31-3DC8-4B64-9E2D-F83F4ECA1CF0	<u>Denominator Exclusions 2:</u> 6f4ef6df-0116-486a-8290-9444c285bfd4	<u>Numerator 2:</u> d5bfc5bf-ea19-4f62-9e9c-42f6c8415533	<u>Denominator Exceptions 2:</u> None
CMS138 v3	40280381-4600-425f-0146-1f5867d40e82	4E118B62-2AF8-4F51-9355-6FD3F2427D9F	FA1B3953-AE58-4541-BF7B-84D0EB1B0713	None	35b1a6df-1871-4633-a74b-bcae371bc030	3ee6dff5-ab17-482f-a147-e6d1e46dbb79
CMS139 v3	40280381-4555-e1c1-0145-672613970d15	2448B0C6-6848-4DCB-AA6D-F199337A2C5C	EC400908-35BE-439B-92A9-231D99CEA9DF	None	663fb12b-0ff4-49ab-80a3-624c5e7df892	fec7251a-bf8d-4472-97d8-e2a9c0a42176
CMS140 v3	40280381-4555-e1c1-0145-6dc909121355	F304AD5E-8728-411F-949F-9C56B42D2BF3	C37B325F-0BC8-45F4-B2E7-B8FE4BC2DB56	None	1f67b7d4-6960-4e54-aca8-5ed5fd08ccd4	019b6b0c-6278-4fee-883e-9d8d32bbb165
CMS141 v4	40280381-4555-e1c1-0145-6d90feaf1326	9D92551B-010E-4DC5-AE1D-74844B0DFCB1	221FBA2D-83B3-4260-B015-26F24985D4C5	None	e9d9903c-8768-4557-87c5-fbf27943f91b	b2b0f178-9211-4dcd-b0f9-f5f40900470b
CMS142 v3	40280381-4555-e1c1-0145-6c81e59112b1	7D2EB82E-A97D-40A5-A207-2460DD3D4250	3E33E05C-5D05-46A3-91E4-99241935DE40	None	df102887-117f-4ab6-a9b6-ee3f57aa5c8e	e980bd04-f549-4870-9d4f-be8e10fd4a9b
CMS143 v3	40280381-4600-425f-0146-1f5c08260e97	3FD88F90-FC02-4A95-A5A3-6105A8C7AABB	E1B9C2C0-1CB1-4905-81BF-C64F15D3C739	None	2c59863a-c6d2-47c2-9ff5-5efac79fc3c2	3a2622b4-37ed-491f-9419-a8fcb3d4b5d9
CMS144 v3	40280381-4555-e1c1-0145-8652b6bd22d4	1C429285-08ED-4A16-AD16-2A194820E7BB	C77F2A9F-BAF3-4C3E-ADDA-367C390FB164	None	42aa33aa-ba09-4ab4-bdd8-16d0993e0a15	8af7a3b0-d00b-487a-90a6-d379a60b8e18

eQm	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID
CMS145 v3	40280381-4555-e1c1-0145-9457077d2d3d	IPP 1: 0C89A936-11EF-4431-863E-CD6A27453E8C	Denominator 1: FFE71A82-D5DF-4277-AD76-6DF1D8D5B29F	Denominator Exclusions 1: None	Numerator 1: fb44cda9-8231-4869-a0c3-0d9f0730931f	Denominator Exceptions 1: a0f9f21f-8e21-47f7-9290-4819ed94cbee
		IPP 2: 1BCA5764-EDBC-4791-B414-C437228DB462	Denominator 2: 40289C76-0369-4553-8ACF-176BA88CEFD8	Denominator Exclusions 2: None	Numerator 2: d2a58473-f117-4cf5-afea-3618ac525174	Denominator Exceptions 2: 67140930-8e95-4aa7-8edc-81b0b0ff4af5
CMS146 v3	40280381-4600-425f-0146-1f6e280c0f09	9D1135EA-BA90-45E7-8EED-F7335D1CC934	D04EFECB-A901-4565-BDDB-826510499092	0525fba2-f068-4706-adb5-e345852dc55b	3f4cde57-1c5c-4250-a338-55fed6775f57	None
CMS147 v4	40280381-4600-425f-0146-ee66f0005509	F48702E6-D39A-49D8-BE3C-8FAB5C6AADDA	B61EC2DC-0841-4906-A84B-5BE5024DA7F1	None	0ed7b212-369b-489a-a5b5-07bc146fa557	b5c9ec50-3011-43dc-ad07-ced2d3b770b2
CMS148 v3	40280381-4600-425f-0146-1f7129420f2a	9B0D7655-203D-48F0-AB69-28C0BEC39FC5	2FB8B08A-9863-430A-8C01-8053D362EA27	None	af39dc8c-4ec5-4ae0-a477-76b3fffd2c6a	None
CMS149 v3	40280381-446b-b8c2-0145-4868a5e86dec	2E846FA1-8F22-4E67-9FF0-F64E6577178F	883799CC-C0FD-4C4B-BAAB-4854D2E3B36F	None	58410dd2-9e6f-4466-8dbb-99c546918127	0e62fa51-024f-47de-b15d-b4909a79a873
CMS154 v3	40280381-4600-425f-0146-1f7808490f52	F979410D-8E23-4578-9FE3-54D155F9FE0A	1A34CFE7-1AA5-4662-B38A-FFC16F006B8F	9e5cbf0e-036e-485f-95ef-eac6b94f9574	3dc3d983-7716-4572-8d68-1c2709baf30a	None
CMS156 v3	40280381-4555-e1c1-0145-9515de702df5	055E1D25-42C9-4D4F-9D07-A5C954E5A941	F09806A4-F15F-4E7A-BFD3-4C1444164D6E	None	Numerator 1: 2a3201b2-cd1d-4c9f-a0d0-e018b722f38b Numerator 2: aa4ade15-9439-42a3-af70-08e53c991f9b	None
CMS157 v3	40280381-4600-425f-0146-1f620bdf0eb0	C29B6555-3BC7-416F-B61A-FCACD637594F	E5F80C25-6816-4992-92E2-A735B17F8D4F	None	c948d0d2-d6e9-4099-9cd4-870f2f83a14c	None
CMS158 v3	40280381-4555-e1c1-0145-8ad5dc372535	0DAA4E6A-2788-4596-B31E-A377F910289C	D686E1A5-8FD7-41F2-9BBF-21C9ED7EBD37	None	555dbc58-6130-4460-937b-1a6cc9836eeb	1812de38-e957-47e0-8e23-da67698e08a3

eQm	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID
CMS159 v3	40280381-4555-e1c1-0145-8f01a1442873	12757779-EDAE-4272-BB0E-5F6B49350AD4	AC7C2A35-74E5-4ECE-8B5A-329FF176C7AA	03a447db-58cd-45b8-9dea-b830eac461b5	8be4f74e-78dc-42c4-ab87-d177dcad11ab	None
CMS160 v3	40280381-4555-e1c1-0145-8eb06e66277a	IPP 1: F1961D80-9B7A-4313-A17B-BACD0566DA8A	Denominator 1: 691C6D8D-6993-4391-9D17-F0825D9A46CA	Denominator Exclusions 1: e3e334f8-f83a-4feb-918b-ac18ce6bf213	Numerator 1: f47acdf5-8fea-4516-b6d1-b97a0dc1082e	Denominator Exceptions 1: None
		IPP 2: 72D538B6-70F2-45A4-B5A2-345B0AEE2ABC	Denominator 2: E20967E1-6CD1-465F-BDAD-D577F537E1FE	Denominator Exclusions 2: 563ed057-661f-4d4e-99dc-09735980dfb7	Numerator 2: d1e861c4-519b-481c-a446-1df20189c96b	Denominator Exceptions 2: None
		IPP 3: 14779348-165F-4F5D-BC7F-C150697E1F13	Denominator 3: 7BEC1A92-35BD-4465-B32F-B0C5495E9178	Denominator Exclusions 3: f83c8ac8-1770-4671-8c20-2348a3125bf4	Numerator 3: dd553a04-5d4c-4192-9362-a98fe7234773	Denominator Exceptions 3: None
CMS161 v3	40280381-4555-e1c1-0145-e23d63344bb2	E591EF68-86D9-4ABA-B04F-68E10884DC6B	B71E3D2E-2624-4679-AB5C-1A7562121BDF	None	f43cba97-9c14-47f4-b876-43827f601400	None
CMS163 v3	40280381-4600-425f-0146-1f68661e0ed5	03E78AA2-C493-45AB-BE96-78449C05828C	1A75D0C6-9F0E-47E4-8041-473B9053416B	None	11aaa5f5-c6eb-41d9-9323-30295d244c46	None
CMS164 v3	40280381-4555-e1c1-0145-6b7813c70fb3	EBDEE689-5ACF-4FEF-A811-392FD8B94523	CEB5AEA1-EB73-4C27-BED4-E634E21E214E	None	edf6d0b7-1115-4f49-b633-d65d5d406705	None
CMS165 v3	40280381-4600-425f-0146-1f6f722b0f17	A72855CE-3C60-41F9-AEE2-64D4F584DDD4	26046A5C-E2CC-4A27-B480-FF7E3575691F	4327d845-6194-410d-a48d-d6e1802cad55	0899a359-0cd8-4977-aa29-666892aa3ad4	None
CMS166 v4	40280381-4555-e1c1-0145-9500c0b22dc1	ED0F23BC-F811-4F9E-A19C-7263F1C6F174	77999DD4-72B9-45CB-9B7A-8025D87A7731	8c395680-2899-4499-ad44-43fa92369aef	7ceffff4-7d1b-411a-9e66-074a8eea71c8	None
CMS167 v3	40280381-4600-425f-0146-1f7caf610f6b	CC1EAA44-25D1-47AC-8A65-C14B86F45ECF	B4FEFB39-7E36-4748-8733-B475BB1C79FD	None	3b886c75-9cd3-4ee7-ac4b-351f8c2a2e81	e101bb37-26ea-4c53-b06d-39ac15f96bbb

eQm	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID
CMS169 v3	40280381-4555-e1c1-0145-aa02634b31fa	61731F2D-B53F-417D-BFA8-4D81BB877B97	82D85A6A-3B2D-4CA7-8148-E455AFCBC9FA	None	42dfc0f-eb66-464a-8312-96b86e66faa6	None
CMS177 v3	40280381-4555-e1c1-0145-6b728ded0f97	5BA13EC6-3A31-4345-AF8A-9F68DE7ED94B	CCB0E1A7-9927-4CCE-9613-4E3D20AA0998	None	d85592fb-b4c1-4836-ab7f-e3eb20a9eeaa	None
CMS182 v4	40280381-4600-425f-0146-1f8d3b750fac	83792D90-A9B5-46F7-9ABD-6DC9AD6B48C5	0BCC635A-37C7-4D27-91E3-0114896E51FD	None	<u>Numerator 1:</u> 5208797f-394e-407d-a239-db6fa4ed1eab <u>Numerator 2:</u> 46c3075c-ac8a-402a-a7aa-a5ecbf7ee40c	None
CMS22 v3	40280381-4555-e1c1-0145-cc7350473a13	A647A120-0FA5-4D89-AB6D-0A3DB4EBE13C	DE15A634-EEC3-4448-A3AE-80B154E2B00F	43038ea7-dfa5-4919-93b3-7a9d5521a4ff	cfa3907c-cc44-4e9f-8b5c-4818561b6183	3cf29f95-0c8c-4f52-b574-4f5e3bff1fb6
CMS2 v4	40280381-4555-e1c1-0145-dd4e02e44678	0A220117-5622-4514-AD92-83AFD25B713D	37613083-CBC2-4AC4-9B10-B7325A7A8C3D	82eddba8-fee6-4ee1-963b-af0e2e52022b	dcb5a4df-8a12-4bed-a6b1-b1d99965cdb0	6e2e3e1c-0e87-4107-b330-7a3f46111752
CMS50 v3	40280381-4555-e1c1-0145-9002b50a2963	E130E522-895A-470A-AA6F-5385772F5F9E	D5920A27-7752-4D10-8492-835CFC81764E	None	593ec589-78d3-4bb2-9a91-0836214eab39	None
CMS52 v3	40280381-4600-425f-0146-201b66c71138	<u>IPP 1:</u> DB6E628F-ADE3-45BA-A3C6-BB186280AE6E	<u>Denominator 1:</u> 1A107536-1152-412F-BF5E-3286E4943918	<u>Denominator Exclusions 1:</u> None	<u>Numerator 1:</u> bd950667-ea6d-47b9-a149-31d52c0e1b9c	<u>Denominator Exceptions 1:</u> 4a4f5c58-728d-4940-8aa9-9b8c612ff2e4
		<u>IPP 2:</u> 7AC21CC2-A531-4FA8-95E3-68DD48D14E61	<u>Denominator 2:</u> 31B157C1-DE83-4ABD-BEA4-D1123CAF73F0	<u>Denominator Exclusions 2:</u> None	<u>Numerator 2:</u> 380bf0b6-5ca9-463a-85bc-27c4941cf5cb	<u>Denominator Exceptions 2:</u> f2b9068e-232b-424c-9e8b-7bb432f93520
		<u>IPP 3:</u> EA4AA805-067E-4280-9430-12C2CC67CB96	<u>Denominator 3:</u> 128A2136-C554-4ECC-9CBA-0F6F6E649785	<u>Denominator Exclusions 3:</u> None	<u>Numerator 3:</u> 937d269e-97a5-4088-ad85-f7ae6cc42e2f	<u>Denominator Exceptions 3:</u> None

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CMS56 v3	40280381-4555-e1c1-0145-b4652c463506	42F2867F-8C2A-4795-AB37-C4EEAE833B	0D410673-EAB2-40C1-839A-944A402A722B	fc5dc4b5-c64f-444c-af32-43c1e040ba48	375b37f5-e7e0-4065-bab1-afb72e462119	None
CMS61 v4	40280381-4555-e1c1-0145-be65673d3935	IPP 1: AB611E40-1008-4A00-8C69-0A8C1946F921	Denominator 1: BE589AB3-41B9-4015-BDDD-AC0FCBE0AFC0	Denominator Exclusions 1: 6342534a-112d-4f60-8fba-333affbfb609	Numerator 1: 52f79f01-4359-4c45-a912-5e83d245ecf7	Denominator Exceptions 1: d2b46af1-d522-4a09-ae47-8d8f33741c16
		IPP 2: 2A21E224-0705-48DA-8C65-70DF9C222F17	Denominator 2: 19BC83F3-F6B0-464D-B148-D686927A18E0	Denominator Exclusions 2: f7331c42-7688-4065-b4a8-2b7994bba2a	Numerator 2: c25a376b-a2c6-401f-9804-b6f6e89e18ae	Denominator Exceptions 2: 3925f8c9-fed0-4de0-ab6b-44d5dc0389c3
		IPP 3: 435CA325-9D91-4C3B-8E2D-66105FE53556	Denominator 3: 7F109271-2F23-4064-850A-AABCBA436B226	Denominator Exclusions 3: 48be5692-c191-4268-a4a6-9a5c772362f6	Numerator 3: 0ae080e4-fead-479f-89e7-18b34b4c73e2	Denominator Exceptions 3: 5d1c02a0-836b-4861-87dc-e1936109f131
CMS62 v3	40280381-454e-c5fa-0145-51cf2c3501fc	B0AA7DEF-CC58-4544-91D4-3636B8963683	ABBAAB58-A8E0-432F-ADAD-F1C118E69E36	None	83bf438d-014b-4e1e-8a17-767b859518af	None
CMS64 v4	40280381-4555-e1c1-0145-be9e7f6939a9	IPP 1: 38AAEAD7-7675-4C49-A1AA-F9BAB2495086	Denominator 1: 380939D4-E8A8-4AEC-878C-E799530C6C7A	Denominator Exclusions 1: 029b295f-d4da-4e4d-9008-1b76374db261	Numerator 1: 0f0516ff-9735-482c-adb9-9d0b28e0e2fa	Denominator Exceptions 1: None
		IPP 2: CC4056BC-E622-4A32-84C8-A1E01F4A042E	Denominator 2: 8F9D4C89-AD2D-4243-AA58-7F70EF1302E0	Denominator Exclusions 2: ab5766ab-324f-4b5e-9f89-bc7329e0535f	Numerator 2: 9abab074-b5d9-42b1-856c-ac8a91b847d9	Denominator Exceptions 2: None
		IPP 3: F2AAEE99-C062-4E40-AC45-4F5B2D0942AE	Denominator 3: 0534FB0E-4E41-4C06-BA88-BBF7A2D9453C	Denominator Exclusions 3: a365c56b-539d-4bec-a744-f53159a1b8b8	Numerator 3: 2919957c-f557-484c-a832-b7af9f2d9685	Denominator Exceptions 3: None
CMS65 v4	40280381-4555-e1c1-0145-897e603b2324	EE149C77-8166-499E-B849-EB6198971F66	0A0F6290-142D-4443-BDA3-7D3D89299F79	f449732e-618b-4d51-9c1d-f514eeddaf95	05787873-ba54-4289-97a3-ef283fd1ad0c	None

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CMS66 v3	40280381-4555-e1c1-0145-b46a605c353b	A141F22A-3A2D-4BAB-83AD-475AAFEB68E3	C42631CB-A7A1-4387-98CE-C945E62CCA01	244c8863-b59c-49e4-bfc1-d9615a8c778c	f3a1e592-9c64-4db7-9f0c-b7fcac6215a5	None
CMS68 v4	40280381-4555-e1c1-0145-dc7dc26a44bf	DC87C081-5272-4E9A-B10A-F607FCEB560B	169025B4-2133-44F9-9879-9014A2028C81	None	14a01d7a-b936-4148-889f-c9b1a8b3d8a3	6c8d1f46-3a00-4b7b-bafa-a2fe49499ae2
CMS69 v3	40280381-4555-e1c1-0145-d2b36dbb3fe6	<u>IPP 1:</u> 1C936855-E644-44C0-B264-49A28756FDB1	<u>Denominator 1:</u> 27F1591C-2060-462C-B5D7-7FE86A44B534	<u>Denominator Exclusions 1:</u> 9b0c3c26-d621-4ea3-81fb-a839a3012044	<u>Numerator 1:</u> 3095531c-24d7-4afb-9bcb-f1901ff0ff69	<u>Denominator Exceptions 1:</u> None
		<u>IPP 2:</u> 6E701B1C-6CA5-4AD5-98C9-5F766745EA89	<u>Denominator 2:</u> E4DC29B8-EB26-4A01-ABB0-4F99FC03BA39	<u>Denominator Exclusions 2:</u> bb1b4301-c275-4bac-87c9-6e960b1601da	<u>Numerator 2:</u> 7669026d-3683-44cc-a2c5-3d62eb2f8a33	<u>Denominator Exceptions 2:</u> None
CMS75 v3	40280381-4555-e1c1-0145-cd2c554e3a85	85920026-0902-479C-A48B-36B671F23FAC	88D8D525-D599-4436-900B-BDE20DBD62F1	None	2e9d496c-9826-4d1a-9631-3f72bca681a7	None
CMS77 v3	40280381-4555-e1c1-0145-cd2ed45c3a9e	2240AF60-8380-4014-A3F1-4ECB2017D9A5	2ACCE441-FBCE-465E-96B5-F4919F214EBC	None	bca83f76-7fba-4b70-91dd-ed473b76792e	None
CMS82 v2	40280381-4555-e1c1-0145-d2203a283f60	B97FEC10-358E-40AC-BCF7-97F10B24A1B2	AB27DC66-5FBF-42EB-8014-40135A5E2F44	None	15b51172-78c2-41d7-8b67-caa28315cce1	None
CMS90 v4	40280381-4555-e1c1-0145-af598c243391	64D1755C-E61F-4FC8-AA8E-250A195D75F2	B6299783-BFE1-495C-8006-DF1FF2F768CD	339773d0-b398-404e-8c7c-2c7e50d40257	4fe21ec9-41e9-4eaa-b599-2d172913e61d	None

Table 12 UUID List for 2014 eCQMs: Proportion Measures with Reporting Stratification

eCQM	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID	Reporting Stratification
CMS126 v3	40280381-4555-e1c1-0145-9038dc102b22	DD566B59-01E5-4FDC-9D35-2C3A39862249	2462FFDF-92AA-4529-8FB4-91041E870D53	5cfffca-6889-4d87-83d4-f4eced3bee99	c38518d3-f7e7-4b34-a833-16517bf716e0	None	<p><u>Reporting Stratum 1:</u> 40280381-3d61-56a7-013e-66493a34443e</p> <p><u>Reporting Stratum 2:</u> 40280381-3d61-56a7-013e-66493bc34440</p> <p><u>Reporting Stratum 3:</u> 40280381-3d61-56a7-013e-66493d314442</p> <p><u>Reporting Stratum 4:</u> 40280381-3d61-56a7-013e-66493e984444</p>
CMS137 v3	40280381-4600-425f-0146-1f6ae4760eef	AA494FD0-8789-4443-B71B-6C410062F456	3C06637C-35B0-4962-9D91-36EA4149CC61	d0de5851-d2ac-42d4-a7b4-cab09bfa3c9d	<p><u>Numerator 1:</u> bea1444c-fa23-4741-8659-f8abca3644ee</p> <p><u>Numerator 2:</u> 6938bc4a-2870-481d-b9aa-0a3d3313fef0</p>	None	<p><u>Reporting Stratum 1:</u> 8a4d92b2-3946-cdae-0139-7944bb49014b</p> <p><u>Reporting Stratum 2:</u> 8a4d92b2-3946-cdae-0139-7944bb80014d</p>
CMS153 v3	40280381-4555-e1c1-0145-9507771b2dd1	95FFC5B6-4FFB-479D-BF13-539CDA3011D5	172E23E4-EBFD-4E9C-8519-F8AE8946C646	b7072008-9118-4b6e-ac77-f3f6b4354f3f	e684d686-6503-4ebc-846b-df4afb3bb4c	None	<p><u>Reporting Stratum 1:</u> 40280381-3d61-56a7-013e-5d4040616cc7</p> <p><u>Reporting Stratum 2:</u> 40280381-3d61-56a7-013e-5d4041fe6cc9</p>

eCQM	Version Specific Measure ID	Initial Patient Population ID	Denominator Population ID	Denominator Exclusions ID	Numerator ID	Denominator Exceptions ID	Reporting Stratification
CMS155 v3	40280381-4555-e1c1-0145-85c7311720f5	10127790-AE94-4070-9DD3-1D3776D08D7C	3B3C1568-F875-49B1-9090-E2F494EECBB6	b288d5a4-d573-4faa-92d6-0b01e1b35c7a	<p><u>Numerator 1:</u> fd4649bd-b962-4cbe-bf4a-c2f95f3ea08e</p> <p><u>Numerator 2:</u> 52fbd726-4dd1-48f5-98b9-7175754923e1</p> <p><u>Numerator 3:</u> c43ce779-c5ee-4c15-a4cc-af1c446cfb09</p>	None	<p><u>Reporting Stratum 1:</u> 40280381-3d61-56a7-013e-5d53298e6da3</p> <p><u>Reporting Stratum 2:</u> 40280381-3d61-56a7-013e-5d532af06da5</p>
CMS74 v4	40280381-4555-e1c1-0145-cd28c4e03a73	C5390426-BD1A-4396-8ACE-8861382D1F20	8CE4B09D-AF4B-44B0-A1D8-3F98D66DD4CF	None	3f3b5ff7-2527-4f8e-8ff9-15e593c618c4	None	<p><u>Reporting Stratum 1:</u> 40280381-3e93-d1af-013e-e72a14ec22d9</p> <p><u>Reporting Stratum 2:</u> 40280381-3e93-d1af-013e-e72a164322db</p> <p><u>Reporting Stratum 3:</u> 40280381-3e93-d1af-013e-e72a179d22dd</p>

Table 13 UUID List for 2014 eQMs: Continuous Variable Measure

eCQM	Version Specific Measure ID	Initial Patient Population ID	Measure Population
CMS179v3	40280381-454e-c5fa-0145-517f7383016d	F959FBEC-B4D3-4EFA-9266-3A59CE238B5C	2C5F4B52-A657-4F9B-9133-D33072FFEA59