TABLE G: Measures Finalized with Substantive Changes for MIPS Reporting in 2017

Measure Title:	Diabetes: Hemoglobin A1c Poor Control
MIPSID Number:	NA
NQF/PQPS#:	0059/001
CMSE-Measure ID:	OMS122v5
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data	Claims, Web Interface, Registry, EHR, Measures Group
Submission Method:	
Ourrent Measure Description:	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
Finalized Substantive Change	Revise Measure Title to read: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Revise data submission method to remove Measures Group
Steward:	National Committee for Quality Assurance
Pationale:	CMSis finalizing its proposal to change the measure description that darifies the definition of Hemoglobin A1c required for poor control. This change does not constitute a change in measure intent or logic coding. Hemoglobin A1c >9.0% is consistent with clinical guidelines and practice. Additionally, in response to the finalized MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method.
Measure Title:	Coronary Artery Disease (CAD): Antiplatelet Therapy
MIPSID Number:	N/A
NQF/ PQRS#:	0067/006
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Ourrent Data Submission Method:	Registry, Measures Group
Ourrent Measure Description:	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
Finalized Substantive	Pevise Measure Title to read: Chronic Stable Coronary Artery Disease (CAD):
Change	Antiplatelet Therapy Revise data submission method to remove Measures Group
Ormandi	
Seward: Pationale:	National Committee for Quality Assurance CMS is finalizing its proposal to change the measure title to align with the NQF endorsed version of this measure and to darify the intent of the measure. This change does not constitute a change in the measure intent. The measure description remains the same where patients diagnosed with CAD are prescribed an antiplatelet within 12 months.
	Additionally, in response to the finalized MIPS policy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method.
Measure Title:	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
MIPSID Number:	NA
NQF/PQRS#:	0083/008
OMSEMeasure ID:	OMS144v5
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Web Interface, Registry, EHR, Measures Group
Submission Method:	
Ourrent Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting ORat

	each hospital discharge
Finalized Substantive	Revise data submission method to remove from the Web Interface
Change	
Steward:	American Medical Association-Physician Consortium for Performance Improvement/
	American College of Cardiology Foundation/ American Heart Association
Pationale:	CMSis finalizing its proposal to change the reporting mechanism for this measure by
	removing it from the Web Interface. The Web Interface measure set contains measures for
	primary care and also includes relevant measures from the POMH Core Measure Set
	established by the Core Quality Measure Collaborative (COMC). This measure is not a
	measure in the core set and is being finalized for removal from the Web Interface to align
	the Web Interface measure set with the POMH Core Measure Set.
Measure Title:	Medication Reconciliation Post-Discharge
MIPSID Number:	N/A
NQF/PQRS#:	0097/046
CMSE-Measure ID:	NA
National Quality	Communication and Care Coordination
Strategy Domain:	
Current Data	Claims, Registry
Submission Method:	
Ourrent Measure	The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility,
Description:	or rehabilitation facility) for patients 18 years and older of age seen within 30 days following
	discharge in the office by the physician, prescribing practitioner, registered nurse, or dinical
	pharmacist providing on-going care for whom the discharge medication list was reconciled
	with the current medication list in the outpatient medical record
	This measure is reported as three rates stratified by age group:
	Peporting Criteria 1 18-64 years of age
	Reporting Criteria 2 65 Lears and older
	Total Pate All patients 18
Finalized Substantive	Pevise data submission method to add the Web Interface
Change	
Steward:	National Committee for Quality Assurance/ American Medical Association-Physician
— 1000000	Consortium for Performance Improvement
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure by
	adding it to the Web Interface. The Web Interface measure set contains measures for
	primary care and also includes relevant measures from the POMH Core Measure Set
	established by the COMC. This measure is a core measure and is being finalized for the Web
	Interface to align the Web Interface measure set with the POMH Core Measure Set.
	Furthermore, this measure is replacing PQPS#130: Documentation of Current Medications
Manager Water	in the Medical Record in the Web Interface.
Measure Title:	Appropriate Testing for Children with Pharyngitis
MIPSID Number:	N/A
NQF/PQRS#:	N/A (previously 0002)/066
CMSE-Measure ID:	CMS146v5
National Quality	Efficiency and Cost Peduction
Strategy Domain:	Project D.D.
Current Data	Registry, BHR
submission Method:	December of shill- 0.40 conserver at the same of the s
Current Measure	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an
Description:	antibiotic and received a group A streptococcus (strep) test for the episode
Finalized Substantive	Pevise Measures description to read: Percentage of children 3-18 years of age who
Change	were diagnosed with pharyngitis, ordered an antibiotic and received a group A
	streptococcus (strep) test for the episode
	Fernove NQF#0002

Steward:	National Committee on Quality Assurance
Pationale:	CMSis finalizing its proposal to change the measure description due to guideline changes in
i attoriale.	2013 where the age range changed to 3-18. Furthermore, this measure is no longer
	endorsed by the National Quality Forum (NQF), therefore, QMSproposes to remove the NQF
	number as a reference for this measure.
Measure Title:	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Fisk Prostate Cancer
Woddie IItie.	Patients
MIDCID Number	N/A
MIPSID Number:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NQF/PQRS#:	0389/102
CMSE-Measure ID:	CMS129v6
National Quality	Efficiency and Cost Reduction
Strategy Domain:	
Current Data	Registry, BHR
submission Method:	
Measure	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of
Description:	recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to
	the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan
	performed at any time since diagnosis of prostate cancer
Finalized Substantive	Revise measure description to read: Percentage of patients, regardless of age, with
Change	a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving
-	interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate,
	OR radical prostatectomy, OR cryotherapy who did not have a bone scan
	performed at any time since diagnosis of prostate cancer
Seward:	American Medical Association-Physician Consortium for Performance Improvement
Pationale:	CMSis finalizing its proposal to change the measure description due to a change in clinical
rationals.	guidelines that includes very low and low risk of prostate cancer recurrence. CMS received
	a comment that supported this change in the measure description. CMSbelieves that this
	change does not change the intent of the measure but merely ensures the measure remains
	up-to-date according to dinical guidelines and practice.
Measure Title:	Breast Cancer Screening
MIPSID Number:	NA NA
NQF/ PQRS#:	2372 (previously not applicable)/112
OMSE-Measure ID:	CMS125v5
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data	Claims, Web Interface, Registry, EHR, Measures Group
submission Method:	
Current Measure	Percentage of women 40-69 years of age who had a mammogram to screen for breast
Description:	cancer
Finalized Substantive	Pevise Measures description to read: Percentage of women 50-74 years of age who
Change	had a mammogram to screen for breast cancer
	Add NQF# 2372 which was not previously applicable
	Revise data submission method to remove Measures Group
Steward:	National Committee on Quality Assurance
Pationale:	CMSis finalizing its proposal to change the measure description due to clinical guideline
	changes that occurred in 2013 which changed the age requirement for mammograms from
	40-69 years to 50-74 years. CMSbelieves that this change does not change the intent of the
	measure but merely ensures the measure remains up-to-date according to dinical
	guidelines and practice. Additionally, in response to the finalized MIPS policy that no longer
	includes Measures Group, this measure is being removed from Measures Group as a data
	submission method. Furthermore, this measure has been recently endorsed by NQF with
	the updated age range. Therefore, CMS proposes to add the NQF#2372 to the measure.
Mooning Titles	
Measure Title:	Oronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or

	Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
MIPSID Number:	N/A
NQF/PQRS#:	0066/118
CMSE-Measure ID:	NA
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Web Interface, Registry
submission Method:	
Current Measure	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease
Description:	seen within a 12-month period who also have diabetes OR a current or prior Left Ventricular
•	Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or AFB therapy
Finalized Substantive	Pevise data submission method to remove from the Web Interface
Change	
Seward:	American College of Cardiology/ American Heart Association/ American Medical
	Association-Physician Consortium for Performance Improvement
Pationale:	CMS is finalizing its proposal to change the data submission method for this measure by
	removing it from the Web Interface. The Web Interface measure set contains measures for
	primary care and also includes relevant measures from the PCMH Core Measure Set
	established by the CQMC. This measure is not a measure in the POMH Core Measure Set
	and is being finalized for removal from the Web Interface to align the Web Interface
	measure set with the POMH Core Measure Set.
Measure Title:	Diabetes: Urine Protein Screening
MIPSID Number:	NA
NQF/PQRS#:	0062/119
CMSE-Measure ID:	QMSt34v4
National Quality	Effective Ginical Care
Strategy Domain:	and the control of th
Current Data	Registry, EHR, Measures Group
submission Method:	regary, birt Measures Group
Current Measure	The percentage of patients 18-75 years of age with diabetes who had a nephropathy
Description:	screening test or evidence of nephropathy during the measurement period
Finalized Substantive	Revise measure title to read: Diabetes: Medical Attention for Nephropathy
	l
Change	Pevise data submission method to remove Measures Group
Seward:	National Committee for Quality Assurance
Pationale:	CMSis finalizing its proposal to revise the title of this measure to align with the measure's
	intent to increase reporting darit and to match the NQF endorsed measure's title.
	Additionally, in response to the finalized MIPSpolicy that no longer includes Measures
	Group, this measure is being removed from Measures Group as a data submission method.
Measure Title:	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Flan
MIPSID Number:	N/A
NQF/PQRS#:	0421/128
CMSE-Measure ID:	OMS69v5
National Quality	Community/Population Health
Strategy Domain:	
Current Data	Claims, Web Interface, Registry, Measures Group
submission Method:	
Measure	Percentage of patients aged 18 years and older with a BMI documented during the current
Description:	encounter or during the previous six months AND with a BMI outside of normal parameters,
The American Control of the Control	a follow-up plan is documented during the encounter or during the previous six months of
	the current encounter
	Normal Parameters:

	-Age 65 years and older BMI ⇒ 23 and < 30 kg/m2 -Age 18 - 64 years BMI ⇒ 18.5 and < 25 kg/m2
Finalized Substantive Change	Pemove upper parameter from measure description. Pevise description to read: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal Parameters: Age 18 - 64 years BMI ⇒ 18.5 and < 25 kg/m2 Pevise data submission method to remove Measures Group
Seward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Pationale:	CMSis finalizing its proposal to remove the upper parameter from the measure description to align with the recommendations of technical expert panel and dinical expertise. Additionally, in response to the finalized MIPSpolicy that no longer includes Measures Group, this measure is being removed from Measures Group as a data submission method.
Measure Title:	Documentation of Current Medications in the Medical Record
MIPSID Number:	N/A
NQF/PQRS#:	0419/130
CMSE-Measure ID:	CMS68v6
National Quality Strategy Domain:	Patient Safety
Current Data	Oaims, Web Interface, Registry, B-IR, Measures Group
submission Method:	
Measure Description:	Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequence:
Finalized Substantive Change	Fevise data submission method to remove from the Web Interface and Measures Group. Measure will remain reportable via Qaims, EHR, and Registry
Steward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Pationale:	CMSis finalizing its proposal to revise the data submission method of this measure to remove it from use in the Web Interface. This measure is being replaced in the Web Interface with the core measure, PQPS#46: Medication Peconciliation Post-Discharge. Since these measures cover similar topic areas, CMSproposes to remove this measure from the Web Interface. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group.
Measure Title:	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
MIPSID Number:	N/A
NQF/PQRS#:	0418/134
CMSE-Measure ID:	CMS2v6
National Quality Strategy Domain:	Community/Population Health
Ourrent Data submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
Measure Description:	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen
Finalized Substantive Change	Pevise measure title to read: Preventive Care and Screening: Screening for Depression and Follow-Up Flan Pevise measure description to read: Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is

Pationale: OMSis finalizing its proposal to revise the title and measure description to align with the recommendations of the technical expert panel and dinical expertise in the field. CMS believes the revision provides darity to providers when reporting depression screening and follow-up. Additionally, in response to the finalized MIRSpolicy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Title: MIRSID Number: N/A MIRSID Number: N/A NOF PORS#: O405/180	i	documented on the date of the positive screen
Eationale: CMSis finalizing its proposal to revise the title and measure description to align with the recommendations of the technical expert panel and clinical expertise in the field. CMS believes the revision provides darily to providers when reporting depression screening and follow-up. Additionally, in response to the finalized MIRSpotloy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Title: HIVAIDS Preumocystis Jroved Pheumonia (PCP) Prophylaxis N/A NGF PCPS#: 0405/160 0405/16		Pevise data submission method to remove from Measures Group
Eationale: CMSis finalizing its proposal to revise the title and measure description to align with the recommendations of the technical expert panel and clinical expertise in the field. CMS believes the revision provides darily to providers when reporting depression screening and follow-up. Additionally, in response to the finalized MIRSpotloy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Title: HIVAIDS Preumocystis Jroved Pheumonia (PCP) Prophylaxis N/A NGF PCPS#: 0405/160 0405/16	Steward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
MIFSID Number: NOF PORS#: 0405/160	Pationale:	CMS is finalizing its proposal to revise the title and measure description to align with the recommendations of the technical expert panel and dinical expertise in the field. CMS believes the revision provides darity to providers when reporting depression screening and follow-up. Additionally, in response to the finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from
MIRSID Number: N/A NOEP PORS#: O405/160 OMSEMeasure ID: National Quality Brategy Domain: OMSEMeasure ID: National Quality Brategy Domain: Current Data submission Method: Measure Description: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocysits Jroved Pneumonia (PCP) prophylaxis Finalized Substantive Onange Seward: National Committee for Quality Assurance CMSIs finalizing its proposal to change the data submission method for this measure from Measures Group to EHRonly. Aspart of a meteric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group. Measure Title: Diabetes Foot Beam MIPSID Number: N/A NOEF PORS#: OMSEMeasure ID: CMS123v5 BHR submission Method: Current Data submission Method: Current Measure Description: Finalized Substantive Change Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period Finalized Substantive CMS18 finalizing the measure description to read: Percentage of patients 18-75 years of age with diabetes who had a foot exam during the measurement period CMS18 finalizing the measure description as written above to improve darity for providers about what constitutes a foot exam. CMSbelleves this change does not change the intent of the measure, but mere Eighnowing the word "the" from the beginning of the measure description as proposed was not consistent with other measure description be word "the" from the beginning of the measure description. Measure Title: MIPSID Number: N/A NOEF PORS#: O130/165 ONSEMeasure ID: N/A NoEF PORS#: O130/165 N/A National Quality British Additional Care British Additional	Measure Title:	HIV/AIDS Pneumocystis Jroveci Pneumonia (POP) Prophylaxis
OMSEMeasure ID: National Quality Strategy Domain: Ourrent Data submission Method: Bercentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jroveci Pneumonia (PCP) prophylaxis Finalized Substantive Change Seward: National Committee for Quality Assurance OMSis finalizing its proposal to change the data submission method for this measure from Measures Group to EHRonly. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group. Measure Title: Diabetes Foot Exam MIPSID Number: NVA OOS6/163 OMSEMeasure ID: OMSiz23/5 Reticive Clinical Care Fercentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period Finalized Substantive Change Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period Finalized Substantive Change Retional Committee for Quality Assurance OMSis finalizing the measure description as written above to improve darity for providers about what constitutes a foot exam. CMS-believes this change does not change the intent of the measure description as written above to improve darity for providers about what constitutes a foot exam. CMS-believes this change does not change the intent of the measure description with "the" preceding the word "percentage". OMSis correcting the description with "the" preceding the word "percentage". OMSis correcting the description with "the" preceding the word "percentage". OMSis correcting the description NyA NOFF PORS#: OGMSEMeasure ID: NYA NESTORS#: ORSEMeasure ID: NYA Reticulational Quality Frective Clinical Care	MIPSID Number:	
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National Quality Strategy Domain: Ourrent Data submission Method: Becomitage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jroved Pneumonia (PCP) prophylaxis Finalized Substantive Change Seward: National Committee for Quality Assurance OMSis finalizing its proposal to change the data submission method for this measure from Measures Group to BHRonly. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group. Diabetes Foot Beam MIPSID Number: N/A NOFF PORS#: OMSE Measure ID: Current Data submission Method: Current Data submission Method: Current Measure Description: Finalized Substantive Change Fercentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period Finalized Substantive Change Seward: National Committee for Quality Assurance OMSis finalizing in the measure description to read: Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement period OMSis finalizing the measure description as written above to improve darity for providers about what constitutes a foot exam. (MSbelieves this change does not change the intent of the measure, but merelliprovides darit lin response to providers' feedback. Additionall' OMSreceived a comment that the measure description as proposed was not consistent with other measure descriptions with "the" preceding the word "percentage". OMSis correcting the description billips moving the word "the" from the beginning of the measure description. Orneary Artery Bypass Graft (CABG); Deep Sernal Wound Infection Pate MIPSID Number: N/A NOFF PORS#: 0130/165 OWSEMeasure ID. NA		
Strategy Domain: Current Data submission Method: Measure Description: Finalized Substantive Change Rationale: National Committee for Quality Assurance Measure Strup to B-Bronly. Aspart of a measure group and have this measure group to the finalized substantive of the provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method for this measure from Measure Title: Diabetes Foot Exam MIPSID Number: NAN NOFF PORS#: OS56/163 CMSE Measure B+R National Committee for Cuality Assurance Assurance Mipsid Mipsi		Effective Clinical Care
Ourrent Data submission Method: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribtion: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pheumocystis Jroveci Pheumonia (PCP) prophylaxis Imalized Substantive Change data submission method to remove Measures Group and have this measure be reportable as B-Ronly Seward: National Committee for Quality Assurance CMSis finalizing its proposal to change the data submission method for this measure from Measures Group to B-Ronly. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group. Diabetes Foot Eam MIPSID Number: N/A MGFF PORS#: 0056/163 CMSEMeasure ID: National Quality Strategy Domain: Gurrent Data submission Method: Current Measure Description: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period Frecentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period That period a patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period Current Measure Carrent Description: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period That measure description to read: Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year Seward: National Committee for Quality Assurance OMSis finalizing the measure description as written above to improve darity for providers about what constitutes a foot exam. CMSbelieves this change does not change the intent of the measure, but merell-provides darit! In response t		
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OMSE-Measure ID: N/A National Quality Effective Clinical Care	NQF/PQRS#:	
National Quality Effective Clinical Care		
	Strategy Domain:	

Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	Society of Thoracic Surgeons
Pationale:	OMSis finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. OMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Coronary Artery Bypass Graft (CABG): Stroke
MIPSID Number:	NA
NQF/PQRS#:	0131/166
CMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data	Measures Group
submission Method:	
Measure	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have
Description:	a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	Society of Thoracic Surgeons
Rationale:	CMSis finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Coronary Artery Bypass Graft (CABG): Postoperative Penal Failure
MIPSID Number:	N/A
NQF/PQRS#:	0114/167
CMSE-Measure ID:	NA
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data	Measures Group
submission Method:	
Measure Description:	Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-existing renal failure) who develop postoperative renal failure or require dialysis
Finalized Substantive	Change data submission method from Measures Group only to Pegistry
Change	
Steward:	Society of Thoracic Surgeons
Pationale:	CMS is finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPS policy to no longer include Measures Group as a data submission

	method, this measure is being finalized as an individual measure. OMSbelieves this
	measure continues to address a clinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration
MIPSID Number:	N/A
NQF/PQRS#:	0115/168
CMSE-Measure ID:	NA
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	·
Measure	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who
Description:	require a return to the operating room (OR) during the current hospitalization for
·	mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction, or
	other cardiac reason
Finalized Substantive	Change data submission method from Measures Group only to Pegistry
Change	
Seward:	Society of Thoracic Surgeons
Pationale:	OMSfinalizing its proposal to change the reporting mechanism for this measure from
1300	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. Additionally, in response
	to the finalized MIPSpolicy to no longer include Measures Group as a data submission
	method, this measure is being finalized as an individual measure. CMSbelieves this
	measure continues to address a clinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Pheumatoid Arthritis (PA): Tuberculosis Screening
MIPSID Number:	N/A
NQF/ PQRS#:	WA/176
OMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data	Measures Group
submission Method:	Weasures Croup
Measure	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (PA)
	who have documentation of a tuberculosis (TB) screening performed and results interpreted
Description:	within 6 months prior to receiving a first course of therapy using a biologic disease-
	modifying anti-rheumatic drug (DMARD)
Englished Orbetonting	
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	Associana Ollona of Chaumatalana
Steward:	American College of Fheumatology
Rationale:	OMSis finalizing its proposal to change the reporting mechanism for this measure from
	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. Additionally, in response
	to the finalized MIPSpolicy to no longer include Measures Group as a data submission
	method, this measure is being finalized as an individual measure. OMSbelieves this
	measure continues to address a clinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Pheumatoid Arthritis (PA): Periodic Assessment of Disease Activity
MIPSID Number:	N/A
NQF/PQRS#:	NA177
CMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	

Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease activity within 12 months
Finalized Substantive Change	Change data submission method from Measures Group only to Registry reporting
Steward:	American College of Pheumatology
Pationale:	CMSis finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Pheumatoid Arthritis (PA): Assessment and Classification of Disease Prognosis
MIPSID Number:	NA
NQF/PQRS#:	N/A/179
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Ourrent Data submission Method:	Measures Group
Measure	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (PA)
Description:	who have an assessment and classification of disease prognosis at least once within 12 months
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Pheumatology
Pationale:	OMSis finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. OMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Pheumatoid Arthritis (PA): Glucocorticoid Management
MIPSID Number:	NA
NQF/PQRS#:	N/A/180
CMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (PA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg dail (br equivalent) with improvement or no change in disease activit documentation of glucocorticoid management plan within 12 months
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Fheumatology
Pationale:	OMSis finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response

MIPSID Number:	NA
Measure Title:	Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Knee Impairments
	measure is being removed from measure group.
i anditus.	measure's intent and to provide darit Libr providers. Additionally, in response to the finalized MIPS policy to no longer include measure groups as a data submission method, this
Rationale:	CMS is finalizing its proposal to revise the measure title and description to align with the
Steward:	National Committee for Quality Assurance
	Pevise measure description to read: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period Pevise data submission method to remove from Measures Group
Finalized Substantive Change	Pevise measure title to read: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
Current Measure Description:	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PO) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period
submission Method:	
Strategy Domain: Ourrent Data	Claims, Web Interface, Registry, EHR, Measures Group
National Quality	Effective Clinical Care
OMSE-Measure ID:	CMS164v5
NQF/PQRS#:	0068/204
MIPSID Number:	N/A
Measure Title:	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
	measure to process measure. This measure was previously finalized in PQRS as an outcome measure. However, upon further review and analysis, CMS believes the classification of this measure is process measure.
Steward: Rationale:	American Society of Anesthesiologists/ The Joint Commission CMSis finalizing its proposal to change this measure type designation from outcome
Finalized Substantive Change	Change measure type from outcome measure to process measure
Description:	who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within three hours of time last known well
Ourrent Data submission Method: Ourrent Measure	Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke
National Quality Strategy Domain:	Effective Clinical Care
CMSE-Measure ID:	NA String
NQF/PQPS#:	N/A/187
MIPSID Number:	N/A
Measure Title:	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
	to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a dinical performance gap even if it is reported as an individual measure.

NQF/PQRS#:	0422/217
CMSE-Measure ID:	N/A
National Quality	Communication and Care Coordination
Strategy Domain:	
Current Data	Pegistry
submission Method:	
Current Measure Type:	Process
Ourrent Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the knee in which the change in their Fisk-Adjusted
	Functional Status is measured
Finalized Substantive Change	Pevise measure title to read: Functional Status Change for Patients with Knee Impairments
	Revise measure description to read: A self-report measure of change in functional status for patients 14 year+ with knee impairments. The change in functional status assessed using FOTO's (knee) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality Pevise measure type from a process measure to an outcome measure
Steward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	CMSis finalizing its proposal to revise the measure title and description to align with the
	NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the change in functional status score and denominator details that include patients that completed the FOTO knee FS PROM at admission and discharge. Additionally, this change in numerator and denominator details entails that the measure type changes from process to outcome
Measure Title:	Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Hip Impairments
MIPSID Number:	NA .
NQF/PQPS#:	0423/218
CMSEMeasure ID:	N/A
National Quality	Communication and Care Coordination
•	Communication and care coordination
Strategy Domain: Ourrent Data submission Method:	Registry
	Ottorno
Ourrent Measure	Outcome
Type: Ourrent Measure	Percentage of patients aged 18 or older that receive treatment for a functional deficit
Description:	secondary to a diagnosis that affects the hip in which the change in their Fisk-Adjusted Functional Status is measured
Finalized Substantive Change	Pevise measure title to read: Functional Status Change for Patients with Hip Impairments Pevise measure description to read: A self-report measure of change in functional
	status for patients 14 years+ with hip impairments. The change in functional status assessed using FOTO's (hip) PPOM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual dinician, and at the dinic level to assess quality
Seward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	OMSis finalizing its proposal to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description

	of the measure to be consistent with the change in numerator details that now calculate the average change in functional status scores in patients who were treated in a 12-month period and denominator details that include patients that completed the FOTO hip FSPROM at admission and discharge.
Measure Title:	Functional Deficit: Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Lower Leg. Foot or Ankle Impairments
MIPSID Number:	N/A
NQF/PQRS#:	0424/219
CMSE-Measure ID:	N/A
National Quality	Communication and Care Coordination
Strategy Domain:	
Current Data	Registry
submission Method:	
Current Measure	Outcome
Type:	
Current Measure	Percentage of patients aged 18 or older that receive treatment for a functional deficit
Description:	secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Fisk-Adjusted Functional Status is measured
Finalized Substantive	Revise measure title to read: Functional Status Change for Patients with Foot and
Change	Ankle Impairments
	Fevise measure description to read: A self-report measure of change in functional status for patients 14 years+ with foot and ankle impairments. The change in functional status assessed using POTO's (foot and ankle) PPOM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality
Steward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	CMSis finalizing its proposal to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average change in functional status score in patients who were treated in a 12-month period and denominator details that include patients that completed the FOTO foot and ankle PPOM at admission and discharge.
Measure Title:	Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Lumbar Spine Impairments
MIPSID Number:	N/A
NQF/PQRS#:	0425/220
CMSE-Measure ID:	NA
National Quality	Communication and Care Coordination
Strategy Domain:	
Current Data	Registry
submission Method:	
Current Measure	Outcome
Type:	
Current Measure	Percentage of patients aged 18 or older that receive treatment for a functional deficit
Description:	secondary to a diagnosis that affects the lumbar spine in which the change in their Fisk-Adjusted Functional Status is measured
Finalized Substantive Change	Pevise measure title to read: Functional Status Change for Patients with Lumbar Impairments Pevise measure description to read: A self-report outcome measure of functional status for patients 14 years+ with lumbar impairments. The change in functional status assessed using FOTO's (lumbar) PPOM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as

	a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality
Steward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	CMSis finalizing its proposal to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average functional status score for patients treated in a 12-month period compared to a standard threshold and denominator details that include patients that completed the FOTO (lumbar) PFOM.
Measure Title:	Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Shoulder Impairments
MIPSID Number:	NA PARTIES AND THE PARTIES AND
NQF/PQRS#:	0426/221
CMSE-Measure ID:	NA
National Quality Strategy Domain:	Communication and Care Coordination
Ourrent Data submission Method:	Pegistry
Ourrent Measure Type:	Outcome
Ourrent Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the shoulder in which the change in their Fisk-Adjusted Functional Status is measured
Finalized Substantive Change	Fevise measure title to read: Functional Status Change for Patients with Shoulder Impairments Fevise measure description to read: A self-report outcome measure of change in functional status for patients 14 years+ with shoulder impairments. The change in functional status assessed using FOTO's (shoulder) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality
Seward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	CMSis finalizing its proposal to revise the measure title and description to align with the NOF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average functional status score in patients treated in a 12-month period and denominator details that include patients that completed the FOTO shoulder PSoutcome instrument at admission and discharge.
Measure Title:	Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments
MIPSID Number:	N/A
NQF/PQRS#:	0427/222
CMSE-Measure ID:	NA
National Quality Strategy Domain:	Communication and Care Coordination
Ourrent Data submission Method:	Pegistry
Ourrent Measure Type:	Outcome
Ourrent Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the elbow, wrist or hand in which the change in their Fisk-Adjusted Functional Status is measured
Finalized Substantive	Pevise measure title to read: Functional Status Change for Patients with Elbow,

Change	Wrist and Hand Impairments Revise measure description to read: A self-report outcome measure of functional status for patients 14 years+ with elbow, wrist and hand impairments. The change in functional status assessed using FOTO's (elbow, wrist and hand) PFOM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality
Seward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	CMSis finalizing its proposal to revise the measure title and description to align with the NQF-endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the average functional status scores for patients treated over a 12-month period and denominator details that include patients that completed the FOTO (elbow, wrist, and hand) PROM.
Measure Title:	Functional Deficit: Change in Fisk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Fibs, or Other General Orthopedic Impairments
MIPSID Number:	N/A
NQF/PQRS#:	0428/223
CMSE-Measure ID:	N/A
National Quality	Communication and Care Coordination
Strategy Domain:	- VS-4
Current Data	Registry
submission Method:	100 TO 1
Current Measure	Outcome
Type:	
Current Measure	Percentage of patients aged 18 or older that receive treatment for a functional deficit
Description:	secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Fisk-Adjusted Functional Status is measured
Finalized Substantive Change	Revise measure title to read: Functional Status Change for Patients with General Orthopedic Impairments
	Pevise measure description to read: A self-report outcome measure of functional status for patients 14 years+ with general orthopedic impairments. The change in functional status assessed using FOTO (general orthopedic) PROM is adjusted to patient characteristics known to be associated with functional status outcomes (risk-adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality
Seward:	Focus on Therapeutic Outcomes, Inc.
Pationale:	CMS is finalizing its proposal to revise the measure title and description to align with the NQF endorsed version of the measure. The measure owner revised the title and description of the measure to be consistent with the change in numerator details that now calculate the change in functional status scores for patients over a 12-month period and denominator
	details that include patients that completed the FOTO (general orthopedic) PROM.
Measure Title:	
Measure Title: MIPSID Number:	details that include patients that completed the FOTO (general orthopedic) PROM.
MIPSID Number: NQF/ PQRS#:	details that include patients that completed the FOTO (general orthopedic) PROM. Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
MIPSID Number:	details that include patients that completed the FOTO (general orthopedic) PROM. Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy N/A
MIPSID Number: NQF/ PQPS#: OMSE-Measure ID: National Quality	details that include patients that completed the FOTO (general orthopedic) PROM. Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy N/A 1814/268
MIPSID Number: NQF/ PQPS#: OMSE-Measure ID: National Quality Strategy Domain:	details that include patients that completed the FOTO (general orthopedic) PROM. Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy N/A 1814/268 N/A Effective Clinical Care
MIPSID Number: NQF/ PQPS#: OMSE-Measure ID: National Quality Strategy Domain: Ourrent Data	details that include patients that completed the FOTO (general orthopedic) PROM. Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy N/A 1814/268 N/A
MIPSID Number: NQF/ PQPS#: OMSE-Measure ID: National Quality Strategy Domain:	details that include patients that completed the FOTO (general orthopedic) PROM. Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy N/A 1814/268 N/A Effective Clinical Care

	contraception Officerangue at least once a very
Finalized Substantive	contraception ORpregnancy at least once a year
	Change measure type from outcome measure to process measure
Change	Amorian Academy of Novucles
Seward:	American Academy of Neurology
Fationale:	CMSis finalizing its proposal to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQFSas an outcome measure. However, upon further review and analysis of the measure specification, CMS believes the classification of this measure to be a process measure. This would be consistent with the clinical action required for the measure and would align the measure type with the NQF-endorsed version.
Measure Title:	Seep Apnea: Assessment of Seep Symptoms
MIPSID Number:	N/A
NQF/PQRS#:	N/A/276
OMSE-Measure ID:	NA
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	
Measure	Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive
Description:	sleep apnea that includes documentation of an assessment of sleep symptoms, including
	presence or absence of snoring and daytime sleepiness
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Steward:	American Academy of Seep Medicine/ American Medical Association-Physician Consortium
	for Performance Improvement
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from
	Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. OMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Sleep Apnea: Assessment of Sleep Symptoms
MIPSID Number:	NA
NQF/ PQRS#:	N/A/277
OMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	
Measure	Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea
Description:	who had an apnea hypopnea index (AHI) or a respiratory disturbance index (ADI) measured at the time of initial diagnosis
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Seward:	American Academy of Seep Medicine/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measure Group as a data submission method, this measure is being finalized as an individual measure. OMSbelieves this measure continues to address a clinical performance gap even if it is reported as an

	individual measure.
Measure Title:	Seep Apnea: Positive Airway Pressure Therapy Prescribed
MIPSID Number:	N/A
NQF/PQRS#:	N/A/278
CMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data	Measures Group
submission Method:	
Measure	Percentage of patients aged 18 years and older with a diagnosis of moderate or severe
Description:	obstructive sleep apnea who were prescribed positive airway pressure therapy
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Steward:	American Academy of Seep Medicine/ American Medical Association-Physician Consortium
	for Performance Improvement
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from
- Aveno	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. Additionally, in response
	to the finalized MIPS policy to no longer include Measures Group as a data submission
	method, this measure is being finalized as an individual measure. CMSbelieves this
	measure continues to address a clinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
MIPSID Number:	N/A
NQF/PQRS#:	N/A/279
CMSE-Measure ID:	NA
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	Tributan de di dap
Measure	Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive
Description:	sleep apnea who were prescribed positive airway pressure therapy who had documentation
	that adherence to positive airway pressure therapy was objectively measured
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Steward:	American Academy of Seep Medicine/ American Medical Association-Physician Consortium
	for Performance Improvement
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from
	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. Additionally, in response
	to the finalized MIPSpolicy to no longer include Measures Group as a data submission
	method, this measure is being finalized as an individual measure. OMSbelieves this
	measure continues to address a dinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Dementia: Functional Status Assessment
MIPSID Number:	NA
NQF/PQRS#:	N/A/282
CMSE-Measure ID:	N/A
National Quality	Efective Clinical Care
Strategy Domain:	
Ourrent Data	Measures Group
submission Method:	

Description:	assessment of functional status is performed and the results reviewed at least once within a 12-month period
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Steward:	American Academy of Neurology/ American Psychiatric Association
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Pegistry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Dementia: Neuropsychiatric Symptom Assessment
MIPSID Number:	N/A
NQF/PQRS#:	N/A/283
CMSE-Measure ID:	NA NA
National Quality Strategy Domain:	Effective Clinical Care
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of dementia and for whom an assessment of neuropsychiatric symptoms is performed and results reviewed at least once in a 12-month period
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American Academy of Neurology/ American Psychiatric Association
Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Pegistry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. OMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Dementia: Management of Neuropsychiatric Symptoms
MIPSID Number:	N/A
NQF/PQRS#:	N/A/284
CMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	
Measure	Percentage of patients, regardless of age, with a diagnosis of dementia who have one or
Description:	more neuropsychiatric symptoms who received or were recommended to receive an intervention for neuropsychiatric symptoms within a 12-month period
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Seward:	American Academy of Neurology/ American Psychiatric Association
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. Additionally, in response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a clinical performance gap even if it is reported as an

	individual measure.
Measure Title:	Dementia: Counseling Regarding Safety Concerns
MIPSID Number:	N/A
NQF/PQRS#:	N/A/286
CMSE-Measure ID:	N/A
National Quality	Patient Safety
Strategy Domain:	i buildin Culoty
Ourrent Data	Measures Group
submission Method:	Wedsules Goup
Measure	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s)
Description:	who were counseled or referred for counseling regarding safety concerns within a 12-month period
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Steward:	American Academy of Neurology/ American Psychiatric Association
Rationale:	CMSis finalizing its proposal to change the data submission method for this measure from
Lationale.	Measures Group only to Peoistry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. Additionally, in response
	to the finalized MIPSpolicy to no longer include Measures Group as a data submission
	method, this measure is being finalized as an individual measure. CMSbelieves this
	measure continues to address a dinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Dementia: Caregiver Education and Support
MIPSID Number:	N/A
NQF/ PQRS#:	N/A/288
CMSE Measure ID:	N/A
	Communication and Care Coordination
National Quality	Continuitation and care coordination
Strategy Domain: Ourrent Data	Measures Group
submission Method:	Measures Group
Measure	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s)
Description:	were provided with education on dementia disease management and health behavior changes AND referred to additional sources for support within a 12-month period
Finalized Substantive	Change data submission method from Measures Group only to Pegistry
Change	and go data destination method from Metadates droup only to regary
Steward:	American Academy of Neurology/ American Psychiatric Association
Bationale:	CMSis finalizing its proposal to change the data submission method for this measure from
T Dittoricate.	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. Additionally, in response
	to the finalized MIPSpolicy to no longer include Measures Group as a data submission
	method, this measure is being finalized as an individual measure. CMSbelieves this
	measure continues to address a clinical performance gap even if it is reported as an
	individual measure.
Measure Title:	Parkinson's Disease 'Ps' ahiatric S'imptoms Assessment for Patients with Parkinson's Disease
MIPSID Number:	NA NA
NQF/PQPS#:	N/A/290
CMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	and the annual and a
Current Data	Measures Group
submission Method:	In granter to the out
Measure	All patients with a diagnosis of Parkinson's disease who were assessed for psichlatric
Description:	symptoms (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control
Dog iption.	Toyriptoria (e.g., paydroas, depression, armery disorder, aparity, or impulse writtor

	disorder) in the last 12 months
Finalized Substantive	Change data submission method from Measures Group only to Pegistry
Change	Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology
Pationale:	CMSis finalizing its proposal to change the data submission for this measure from Measures Group only to Pegistry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS proposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQPS as an outcome measure. However, upon further review and analysis of the measure specification, CMS proposes to revise the classification of this measure to process measure to match the clinical action of psychiatric disease assessment.
Measure Title:	Parkinson's Disease Cognitive Impairment or Distunction Assessment
MIPSID Number:	N/A
NQF/PQRS#:	N/A/291
CMSE-Measure ID:	NA
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	
Measure	All patients with a diagnosis of Parkinson's disease who were assessed for cognitive
Description:	impairment or dysfunction in the last 12 months
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology
Pationale: Measure Title:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. OMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, OMSproposes to change this measure type designation from outcome measure to process measure. This measure was previously finalized in POPS as an outcome measure. However, upon further review and analysis, OMSproposes to revise the classification of this measure to process measure in order to match the clinical action of assessment of cognitive impairment. Parkinson's Disease Behabilitative Therap Options
MIPSID Number:	N/A N/A/293
NQF/PQPS#: CMSE-Measure ID:	
National Quality	N/A Communication and Care Coordination
Strategy Domain:	
Current Data submission Method:	Measures Group
Measure	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had
Description:	rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed in the last 12 months
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology

Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from
	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. In response to the
	finalized MIPS policy to no longer include Measures Group as a data submission method,
	this measure is being finalized as an individual measure. OMSbelieves this measure
	continues to address a dinical performance gap even if it is reported as an individual
	measure. Additionally, CMS proposes to change this measure type designation from
	outcome measure to process measure. This measure was previously finalized in PORS as an
	outcome measure. However, upon further review and analysis, CMS proposes to revise the
	dassification of this measure to process measure in order to match the clinical action of
	communication about therapy options.
Measure Title:	Parkinson's Disease Parkinson's Disease Medical and Surgical Treatment Options Peviewed
MIPSID Number:	NA
NQF/PQRS#:	N/A/294
CMSE-Measure ID:	N/A
National Quality	Communication and Care Coordination
Strategy Domain:	
Current Data	Measures Group
submission Method:	Massards Group
Measure	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had
Description:	the Parkinson's disease treatment options (e.g., non-pharmacological treatment,
Description.	pharmacological treatment, or surgical treatment) reviewed at least once annually
Finalized Substantive	
	Change data submission method from Measures Group only to Registry
Change	Change measure type from outcome measure to process measure
Seward:	American Academy of Neurology
Pationale:	CMSis finalizing its proposal to change the reporting mechanism for this measure from
	Measures Group only to Pegistry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition in response to the
	finalized MIPSpolicy to no longer include Measures Group as a data submission method,
	this measure is being finalized as an individual measure. OMSbelieves this measure
	continues to address a dinical performance gap even if it is reported as an individual
	measure. Additionally, CMS proposes to change this measure type designation from
	outcome measure to process measure. This measure was previously finalized in PQRS as an
	outcome measure. However, upon further review and analysis, CMS proposes to revise the
	dassification of this measure to process measure in order to match the dinical action of
	communicating treatment options.
Measure Title:	Cervical Cancer Screening
MIPSID Number:	N/A
NQF/PQRS#:	0032/309
CMSE-Measure ID:	The state of the s
Metional Quality	CMS124v5
National Quality	CMS124v5 Effective Clinical Care
National Quality Strategy Domain:	
•	
Strategy Domain:	Effective Clinical Care
Strategy Domain: Current Data	Effective Clinical Care
Strategy Domain: Current Data submission Method:	Effective Clinical Care
Strategy Domain: Current Data submission Method: Current Measure	Effective Clinical Care EHR Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer
Strategy Domain: Ourrent Data submission Method: Ourrent Measure Description: Finalized Substantive	Effective Clinical Care EHR Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer Elevise Measure description to read:
Strategy Domain: Ourrent Data submission Method: Ourrent Measure Description:	Effective Clinical Care EHR Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer EN Pevise Measure description to read: Percentage of women 21-64 years of age who were screened for cervical cancer using
Strategy Domain: Ourrent Data submission Method: Ourrent Measure Description: Finalized Substantive	Effective Clinical Care EHR Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer END Pevise Measure description to read: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:
Strategy Domain: Ourrent Data submission Method: Ourrent Measure Description: Finalized Substantive	Effective Clinical Care EHR Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer Elementage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: - Women age 21-64 who had cervical cytology performed every 3 years
Strategy Domain: Ourrent Data submission Method: Ourrent Measure Description: Finalized Substantive	Effective Clinical Care EHR Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer END Pevise Measure description to read: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

Pationale:	OMSis finalizing its proposal to change the measure description of this measure to align with measure intent and 2012 USPSTF recommendation: U.S. Preventive Services Task Force. 2012. "Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement." Ann Intern Med. 156(12):880-91.
Measure Title:	Preventive Care and Screening: Screening for High Blood Pressure and Follow-up Documented
MIPSID Number:	N/A
NQF/PQRS#:	N/A/317
CMSE-Measure ID:	OMS22v5
National Quality Strategy Domain:	Community/Population Health
Ourrent Data submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
Ourrent Measure Description:	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.
Finalized Substantive Change	Revise data submission method to remove from Web Interface and Measures Group
Seward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Rationale:	CMSis finalizing its proposal a change to the data submission method for this measure and remove it from the Web Interface. The Web Interface measure set contains measures for primary care and also includes relevant measures from the POMH Core Measure Set established by the COMC. This measure is not a core measure and is being removed to align the Web Interface measure set with the POMH Core Measure Set. Additionally, in response to the finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being removed from Measures Group.
Measure Title:	Pediatric Kidney Disease: Adequacy of Volume Management
MIPSID Number:	N/A
NQF/PQRS#:	N/A/327
OMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Ourrent Data submission Method:	Pegistry
Measure Description:	Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESPD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.
Finalized Substantive Change	Change measure type from outcome measure to process measure
Seward:	Penal Physicians Association
Pationale:	CMSIs finalizing its proposal to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQPS as an outcome measure. However, upon further review and analysis, CMS understands this measure to be a percentage of documented assessment rather than a health outcome. Therefore, CMS believes the classification of this measure to be a process measure.
Measure Title:	HIV Viral Load Suppression
MIPSID Number:	N/A
NQF/PQPS#:	2082/338
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Effective Ginical Care

Current Data submission Method:	Measures Group
Measure Description:	The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Seward:	Health Resources and Services Administration
Pationale:	CMS is finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the
	finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	HIV Medical Visit Frequency
MiPSID Number:	N/A
NQF/PQRS#:	2079/340
CMSE-Measure ID:	N/A
National Quality	Efficiency and Cost Reduction
Strategy Domain:	
Ourrent Data submission Method:	Measures Group
Measure	Percentage of patients, regardless of age with a diagnosis of HIV who had at least one
Description:	medical visit in each 6-month period of the 24 month measurement period, with a minimum of 60 days between medical visits
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	Health Resources and Services Administration
Rationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
MIPSID Number:	WA
NOF/PORS#:	N/A/350
CMSE-Measure ID:	NA
National Quality Strategy Domain:	Communication and Care Coordination
Ourrent Data submission Method:	Measures Group
Measure	Percentage of patients regardless of age undergoing a total knee replacement with
Description:	documented shared decision-making with discussion of conservative (non-surgical) therapy (e.g. Nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure
Finalized Substantive Change	Change data submission method from Measures Group only to Pegistry Change measure type from outcome measure to process measure
Steward:	American Association of Hip and Knee Surgeons
Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part

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	of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMS is finalizing its proposal to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQPS as an outcome measure. However, upon further review and analysis, CMS believes the classification of this measure to be a process measure in order to match the clinical action of shared decision-making.
Measure Title:	Total Knee Peplacement: Venous Thromboembolic and Cardiovascular Fisk Evaluation
MIPSID Number:	N/A
NOF/ PORS#:	N/A/351
CMSEMeasure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients regardless of age undergoing a total knee replacement who are evaluated for the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE), Myocardial Infarction (MI), Arrhythmia and Stroke)
Finalized Substantive Change	Change data submission method from Measures Group only to Registry Change measure type from outcome measure to process measure
Steward:	American Association of Hip and Knee Surgeons
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure. Additionally, CMSis finalizing its proposal to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQPS as an outcome measure. However, upon further review and analysis, CMSbelieves the classification of this measure to be a process measure.
Measure Title:	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
MIPSID Number:	NA
NQF/PQRS#:	N/A/352
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	Change measure type from outcome measure to process measure
Steward:	American Association of Hip and Knee Surgeons
Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. OMS believes this measure continues to address a clinical performance gap even if it is reported as an individual

	measure. Additionally, CMS is finalizing its proposal to change this measure type designation
	from outcome measure to process measure. This measure was previously finalized in PORS
	as an outcome measure. However, upon further review and analysis, CMSbelieves the
• • • • •	dassification of this measure to be a process measure.
Measure Title:	Total Knee Replacement: Identification of Implanted
MIPSID Number:	NA
NQF/PQPS#:	N/A/353
CMSE-Measure ID:	N/A
National Quality	Patient Safety
Strategy Domain:	
Ourrent Data	Measures Group
submission Method:	
Measure	Percentage of patients regardless of age undergoing a total knee replacement whose
Description:	operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	Change measure type from outcome measure to process measure
Steward:	American Association of Hip and Knee Surgeons
Pationale:	CMS is finalizing its proposal to change the data submission method for this measure from
100000-00	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. In response to the
	finalized MIPSpolicy to no longer include Measure Group as a data submission method, this
	measure is being finalized as an individual measure. CMSbelieves this measure continues
	to address a dinical performance gap even if it is reported as an individual measure.
	Additionally, CMS is finalizing it proposal to change this measure type designation from
	outcome measure to process measure. This measure was previously finalized in PORS as an
	outcome measure. However, upon further review and analysis, CMSbelieves the
	dassification of this measure to be a process measure.
Measure Title:	Anastomotic Leak Intervention
MIPSID Number:	NA
NQF/PQRS#:	N/A/354
CMSE-Measure ID:	N/A
National Quality	Patient Safety
Strategy Domain:	Talleri Calety
Current Data	Measures Group
submission Method:	i Measures Group
	Physical and publicate area 40 years and alder who year itself an appet anotic last
Measure	Percentage of patients aged 18 years and older who required an anastomotic leak
Description:	intervention following gastric bypass or colectomy surgery
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	Associace College of Congress
Steward:	American College of Surgeons
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from
	Measures Group only to Registry only. As part of a measures group, this measure was part
	of a metric that provided relevant content for a specific condition. In response to the
	finalized MIPSpolicy to no longer include Measures Group as a data submission method,
	this measure is being finalized as an individual measure. OMS believes this measure
	continues to address a clinical performance gap even if it is reported as an individual
	measure.
Measure Title:	Unplanned Reoperation within the 30 Day Postoperative Period
MIPSID Number:	N/A
	1 AVAIOCE
NQF/PQPS#: QMSE-Measure ID:	N/A/355 N/A

National Quality Strategy Domain:	Patient Safety
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period
Finalized Substantive Change	Change data submission measure from Measures Group only to Registry
Steward:	American College of Surgeons
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Unplanned Hospital Readmission within 30 Days of Principal Procedure
MIPSID Number:	N/A
NQF/PQRS#:	N/A/356
OMSE-Measure ID:	N/A
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Measures Group
submission Method:	
Measure Description:	Percentage of patients aged 18 years and older who had an unplanned hospital readmission within 30 days of principal procedure
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Seward:	American College of Surgeons
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Surgical Ste Infection (SS)
MIPSID Number:	NA
NOF/PORS#:	N/A/357
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older who had a surgical site infection (SSI)
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Seward:	American College of Surgeons
Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method,

	this measure is being finalized as an individual measure. OMS believes this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Optimizing Patient Exposure to Ionizing Padiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description
MIPSID Number:	NA VA
NQF/PQRS#:	N/A/359
OMSE-Measure ID:	NA
National Quality Strategy Domain:	Communication and Care Coordination
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of computed tomography (CI) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomendature and the standardized nomendature is used in institution's computer subserves.
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Padiology
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Pegistry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMS believes this measure continues to address a dinical performance gap even if it is reported as an individual measure.
Measure Title:	Optimizing Patient Exposure to Ionizing Padiation: Count of Potential High Dose Padiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
MIPSID Number:	WA
NQF/PQRS#:	N/A/360
CMSE-Measure ID:	N/A
National Quality	Patient Safety
Strategy Domain:	·
Ourrent Data submission Method:	Measures Group
Measure Description:	Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study
Finalized Substantive	Change data submission method from Measures Group only to Registry
Change	
Steward:	American College of Padiology
Pationale:	CMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Optimizing Patient Exposure to Ionizing Padiation: Reporting to a Padiation Dose Index Registry
MIPSID Number:	NA
NQF/PQRS#:	N/A/361
CMSE-Measure ID:	N/A

National Quality Strategy Domain:	Patient Safety
Current Data	Measures Group
submission Method:	Wiccasi Co Ca Cap
Measure	Percentage of total computed tomography (CT) studies performed for all patients,
Description:	regardless of age, that are reported to a radiation dose index registry that is capable of collecting at a minimum selected data elements
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Padiology
Steward: Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Optimizing Patient Exposure to Ionizing Padiation: Computed Tomography (CI) Images Available for Patient Follow-up and Comparison Purposes
MIPSID Number:	N/A
NQF/PQRS#:	N/A/362
CMSE-Measure ID:	NA
National Quality	Communication and Care Coordination
Strategy Domain:	
Ourrent Data submission Method:	Measures Group
Measure	Percentage of final reports for computed tomography (CT) studies performed for all
Description:	patients, regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Padiology
Pationale:	CMS is finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition in response to the finalized MIPS policy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Optimizing Patient Exposure to Ionizing Padiation: Search for Prior Computed Tomography (CI) Studies Through a Secure, Authorized, Media-Free, Shared Archive
MIPSID Number:	N/A
NQF/PQRS#:	N/A/363
CMSE-Measure ID:	N/A
National Quality	Communication and Care Coordination
Strategy Domain:	
Current Data	Measures Group
submission Method:	'
Measure Description:	Percentage of final reports of computed tomography (CT) studies performed for all patients regardless of age, which document that a search for Digital Imaging and Communications in Medicine (DICOM) format images was conducted for prior patient CT imaging studies

	completed at non-affiliated external healthcare facilities or entities within the past 12- months and are available through a secure, authorized, media free, shared archive prior to
	an imaging study being performed
Finalized Substantive Change	Change data submission method from Measures Group only to Pegistry
Steward:	American College of Padiology
Pationale:	OMSis finalizing its proposal to change the data submission method for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMSbelieves this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Optimizing Patient Exposure to Ionizing Padiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
MIPSID Number:	NA
NQF/PQRS#:	N/A/364
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data	Measures Group
submission Method:	
Measure	Percentage of final reports for computed tomography (CT) imaging studies of the thorax for
Description:	patients aged 18 years and older with documented follow-up recommendations for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size AND patient risk factors
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Radiology
Pationale:	CMSis finalizing its proposal to change the reporting mechanism for this measure from Measures Group only to Registry only. As part of a measures group, this measure was part of a metric that provided relevant content for a specific condition. In response to the finalized MIPSpolicy to no longer include Measures Group as a data submission method, this measure is being finalized as an individual measure. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Depression Pemission at Twelve Months
MIPSID Number:	NA
NQF/PQRS#:	0710/370
QMSE-Measure ID:	CMS159v5
National Quality Strategy Domain:	Effective Clinical Care
Ourrent Data submission Method:	Web interface, Registry, BHR
Measure	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9
Description:	score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment
Finalized Substantive Change	Pevise measure description to read: Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score

	indicates a need for treatment. Change measure type from intermediate outcome measure to outcome measure
Steward:	Minnesota Community Measurement
Rationale:	
rationale.	CMSis finalizing its proposal to revise the measure description to provide darity for reporting. This does not change the intent of the measure but merely provides darity to ensure consistent reporting for eligible dinicians. Additionally, CMSis finalizing its proposal to change this measure type designation from intermediate outcome measure to outcome measure. This measure was previously finalized in PQPS as an intermediate outcome measure. However, upon further review and analysis, CMS believes the dassification of thi measure to be an outcome measure in order to match the outcome of depression remission.
Measure Title:	Functional Status Assessment for Knee Replacement
MIPSID Number:	NA STATE OF THE ST
NQF/PQRS#:	N/A/375
CMSE-Measure ID:	OM/966v5
National Quality Strategy Domain:	Person and Caregiver-Centered Experience and Outcomes
Ourrent Data submission Method:	B-IR
Measure Description:	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.
Finalized Substantive Change	Pevise measure title to read: Functional Status Assessment for Total Knee Replacement Revise measure description to read: Percentage of patients 18 years of age and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported functional status assessments
Steward:	Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance
Pationale:	CMSis finalizing its proposal to revise the title and description of the measure to align with the intent of the measure. This does not change the intent of the measure but merely provides darity to ensure consistent reporting for eligible dinicians.
Measure Title:	Functional Status Assessment for Hip Replacement
MIPSID Number:	N/A
NQF/PQRS#:	NA/376
CMSE-Measure ID:	QV/956V5
National Quality	Person and Caregiver-Centered Experience and Outcomes
Strategy Domain:	Total all all and the second
Current Data	BHR .
submission Method:	
Measure	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA)
Description:	who completed baseline and follow-up (patient-reported) functional status assessments
Finalized Substantive Change	Pevise title to read: Functional Status Assessment for Total Hip Peplacement Revise measure description to read: Percentage of patients 18 years of age and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments
Steward:	Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance
Pationale:	CMS is finalizing its proposal to revise the title and description of the measure to align with the intent of the measure. This change does not change the intent of the measure but merely provides darity to ensure consistent reporting for eligible dinicians.
Measure Title:	Functional Status Assessment for Complex Chronic Conditions
MIPSID Number:	N/A
NQF/PQRS#:	N/A/377
CMSE-Measure ID:	CMS90v6

National Quality	Person and Caregiver-Centered Experience and Outcomes
Strategy Domain:	the second of th
Current Data	BHR .
submission Method:	
Measure	Percentage of patients aged 65 years and older with heart failure who completed initial and
Description:	follow-up patient-reported functional status assessments
Finalized Substantive Change	Pevise measure title to read: Functional Status Assessments for Patients with Congestive Heart Failure
	Revise measure description to read: Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments
Steward:	Centers for Medicare & Medicaid Services/ Mathematica
Rationale:	CMS is finalizing its proposal to revise the title and description of the measure to add clarity
	in response to provider feedback. This does not change the intent of the measure but merely provides darity to ensure consistent reporting for eligible clinicians. CMS received a comment that believes this measure is based on outdated evidence and should not be included in the program. Although there are a few studies listed in the scientific statement that support the use of patient-reported health status assessments, the AHA determined that there is limited evidence on how physicians should use these tools in clinical practice (Purnsfeld, 2013). Since there is a need for further research and because there was not enough evidence to determine best practices for implementing and interpreting patient-reported health assessments in clinical practice, CMS will implement the measure as
	proposed.
Measure Title:	Varicose Vein Treatment with Saphenous Ablation: Outcome Survey
MIPSID Number:	N/A
NQF/PQRS#:	N/A/420
CMSE-Measure ID:	l WA
National Quality	Effective Clinical Care
Strategy Domain:	
Current Data	Registry
submission Method:	
Current Measure	Percentage of patients treated for varicose veins (OEAP C2-S) who are treated with
Description:	saphenous ablation (with or without adjunctive tributary treatment) that report an improvement on a disease specific patient reported outcome survey instrument after treatment.
Finalized Substantive	Change measure type from process measure to outcome measure
Change	and the second type was proceed to a contract to a contrac
Steward:	Society of Interventional Padiology
Pationale:	CMSis finalizing its proposal to change this measure type designation from process measure
Lationalo.	to outcome measure. This measure was previously finalized in PQPS as a process measure.
	However, upon further review and analysis of the measure specification, CMS is finalizing tis
	proposal to revise the dassification of this measure to outcome measure because it assesses
	improvement on a patient reported outcome survey instrument.
Measure Title:	Appropriate Assessment of Petrievable Inferior Vena Cava Filters for Pemoval
Measure III.e.	
MIPSID Number:	NA NA
MIPSID Number: NQF/PQPS#:	N/A N/A/421
MIPSID Number: NQF/ PQFS#: OMSE-Measure ID:	N/A N/A/421 N/A
MIPSID Number: NQF/ PQPS#: OMSE-Measure ID: National Quality	N/A N/A/421
MIPSID Number: NQF/PQRS#: OMSE-Measure ID: National Quality Strategy Domain:	N/A N/A/421 N/A Effective Ginical Care
MIPSID Number: NQF/ PQPS#: OMSE-Measure ID: National Quality	N/A N/A/421 N/A

Description:	placement, have a documented assessment for the appropriateness of continued filtration, device removal or the inability to contact the patient with at least two attempts
Finalized Substantive Change	Change measure type from outcome measure to process measure
Steward:	Society of Interventional Padiology
Pationale:	CMS is finalizing its proposal to change this measure type designation from outcome measure to process measure. This measure was previously finalized in PQPS as an outcome measure. However, upon further review and analysis of the measure specification, CMS is finalizing its proposal to revise the classification of this measure to process measure in order to match the clinical action of appropriate care assessment.