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

Measure Title:	Diabetes: Hemoglobin A1c Poor Control
MIPS ID Number:	N/A
NQF/PQRS #:	0059/001
CMS E-Measure ID:	CMS122v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data Submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
Current 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
Rationale:	CMS is finalizing its proposal to change the measure description that clarifies 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
MIPS ID Number:	N/A
NQF/PQRS #:	0067/006
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data Submission Method:	Registry, Measures Group
Current 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: Chronic Stable Coronary Artery Disease (CAD): Antiplatelet Therapy ☐ Revise data submission method to remove Measures Group
Steward:	National Committee for Quality Assurance
Rationale:	CMS is finalizing its proposal to change the measure title to align with the NQF endorsed version of this measure and to clarify 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)
MIPS ID Number:	N/A
NQF/PQRS #:	0083/008
CMS E-Measure ID:	CMS144v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data Submission Method:	Web Interface, Registry, EHR, Measures Group
Current 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 OR at

	each hospital discharge
Finalized Substantive Change	☐ Revise data submission method to remove from the Web Interface
Steward:	American Medical Association-Physician Consortium for Performance Improvement/ American College of Cardiology Foundation/ American Heart Association
Rationale:	CMS is 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 PCMH Core Measure Set established by the Core Quality Measure Collaborative (CQMC). 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 PCMH Core Measure Set.
Measure Title:	Medication Reconciliation Post-Discharge
MIPS ID Number:	N/A
NQF/ PQRS #:	0097/046
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data Submission Method:	Claims, Registry
Current Measure Description:	The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, 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 clinical 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: • Reporting Criteria 1 18-64 years of age • Reporting Criteria 2 65 years and older • Total Rate All patients 18 years of age and older
Finalized Substantive Change	☐ Revise data submission method to add the Web Interface
Steward:	National Committee for Quality Assurance/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	CMS is 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 PCMH Core Measure Set established by the CQMC. This measure is a core measure and is being finalized for the Web Interface to align the Web Interface measure set with the PCMH Core Measure Set. Furthermore, this measure is replacing PQRS #130: Documentation of Current Medications in the Medical Record in the Web Interface.
Measure Title:	Appropriate Testing for Children with Pharyngitis
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A (previously 0002)/066
CMS E-Measure ID:	CMS146v5
National Quality Strategy Domain:	Efficiency and Cost Reduction
Current Data submission Method:	Registry, EHR
Current Measure Description:	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode
Finalized Substantive Change	☐ Revise Measures description to read: Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode ☐ Remove NQF #0002

Steward:	National Committee on Quality Assurance
Rationale:	CMS is finalizing its proposal to change the measure description due to guideline changes in 2013 where the age range changed to 3-18. Furthermore, this measure is no longer endorsed by the National Quality Forum (NQF), therefore, CMS proposes to remove the NQF number as a reference for this measure.
Measure Title:	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
MIPS ID Number:	N/A
NQF/PQRS #:	0389/102
CMS E-Measure ID:	CMS129v6
National Quality Strategy Domain:	Efficiency and Cost Reduction
Current Data submission Method:	Registry, EHR
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at 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
Finalized Substantive Change	☐ Revise measure description to read: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer
Steward:	American Medical Association-Physician Consortium for Performance Improvement
Rationale:	CMS is finalizing its proposal to change the measure description due to a change in clinical guidelines that includes very low and low risk of prostate cancer recurrence. CMS received a comment that supported this change in the measure description. CMS believes that this change does not change the intent of the measure but merely ensures the measure remains up-to-date according to clinical guidelines and practice.
Measure Title:	Breast Cancer Screening
MIPS ID Number:	N/A
NQF/PQRS #:	2372 (previously not applicable)/112
CMS E-Measure ID:	CMS125v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
Current Measure Description:	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer
Finalized Substantive Change	☐ Revise Measures description to read: Percentage of women 50-74 years of age who 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
Rationale:	CMS is 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. CMS believes that this change does not change the intent of the measure but merely ensures the measure remains up-to-date according to 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. 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.
Measure Title:	Coronary 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:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Web Interface, Registry
Current Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease 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 ARB therapy
Finalized Substantive Change	☐ Revise data submission method to remove from the Web Interface
Steward:	American College of Cardiology/ American Heart Association/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	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 CCMC. This measure is not a measure in the PCMH Core Measure Set and is being finalized for removal from the Web Interface to align the Web Interface measure set with the PCMH Core Measure Set.
Measure Title:	Diabetes: Urine Protein Screening
MIPSID Number:	N/A
NQF/PQRS #:	0062/119
CMSE-Measure ID:	CMS134v4
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Registry, EHR, Measures Group
Current Measure Description:	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period
Finalized Substantive Change	☐ Revise measure title to read: Diabetes: Medical Attention for Nephropathy ☐ Revise data submission method to remove Measures Group
Steward:	National Committee for Quality Assurance
Rationale:	CMS is finalizing its proposal to revise the title of this measure to align with the measure's intent to increase reporting clarity and to match the NQF endorsed measure's title. 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:	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
MIPSID Number:	N/A
NQF/PQRS #:	0421/128
CMSE-Measure ID:	CMS69v5
National Quality Strategy Domain:	Community/Population Health
Current Data submission Method:	Claims, Web Interface, Registry, Measures Group
Measure Description:	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 65 years and older BMI => 23 and < 30 kg/m2 -Age 18 - 64 years BMI => 18.5 and < 25 kg/m2
Finalized Substantive Change	☐ Remove upper parameter from measure description. Revise 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 ☐ Revise data submission method to remove Measures Group
Steward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Rationale:	CMS is finalizing its proposal to remove the upper parameter from the measure description to align with the recommendations of technical expert panel and clinical expertise. 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:	Documentation of Current Medications in the Medical Record
MIPS ID Number:	N/A
NQF/ PQRS #:	0419/130
CMS E-Measure ID:	CMS68v6
National Quality Strategy Domain:	Patient Safety
Current Data submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
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, frequency and route of administration
Finalized Substantive Change	☐ Revise data submission method to remove from the Web Interface and Measures Group. Measure will remain reportable via Claims, EHR, and Registry
Steward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Rationale:	CMS is 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, PQRS #46: Medication Reconciliation Post-Discharge. Since these measures cover similar topic areas, CMS proposes to remove this measure from the Web Interface. 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:	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
MIPS ID Number:	N/A
NQF/ PQRS #:	0418/134
CMS E-Measure ID:	CMS2v6
National Quality Strategy Domain:	Community/ Population Health
Current 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	☐ Revise measure title to read: Preventive Care and Screening: Screening for Depression and Follow-Up Plan ☐ Revise 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

	documented on the date of the positive screen ☐ Revise data submission method to remove from Measures Group
Steward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Rationale:	CMS is 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 clarity 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 Measures Group.
Measure Title:	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
MIPS ID Number:	N/A
NQF/ PQRS #:	0405/ 160
CMS E-Measure ID:	52v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	EHR, Measures Group
Measure Description:	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis
Finalized Substantive Change	☐ Change data submission method to remove Measures Group and have this measure be reportable as EHR only
Steward:	National Committee for Quality Assurance
Rationale:	CMS is finalizing its proposal to change the data submission method for this measure from Measures Group to EHR 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 removed from Measures Group.
Measure Title:	Diabetes: Foot Exam
MIPS ID Number:	N/A
NQF/ PQRS #:	0056/ 163
CMS E-Measure ID:	CMS123v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	EHR
Current Measure Description:	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period
Finalized Substantive Change	☐ Revise 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
Steward:	National Committee for Quality Assurance
Rationale:	CMS is finalizing the measure description as written above to improve clarity for providers about what constitutes a foot exam. CMS believes this change does not change the intent of the measure, but merely provides clarity in response to providers' feedback. Additionally, CMS received a comment that the measure description as proposed was not consistent with other measure descriptions with "the" preceding the word "percentage". CMS is correcting the description by removing the word "the" from the beginning of the measure description.
Measure Title:	Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate
MIPS ID Number:	N/A
NQF/ PQRS #:	0130/ 165
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care

Current 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
Rationale:	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. CMS believes 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
MIPS ID Number:	N/A
NQF/PQRS #:	0131/166
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have 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:	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. CMS believes 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): Postoperative Renal Failure
MIPS ID Number:	N/A
NQF/PQRS #:	0114/167
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
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	☐ Change data submission method from Measures Group only to Registry
Steward:	Society of Thoracic Surgeons
Rationale:	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. CMS believes 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
MIPS ID Number:	N/A
NQF/PQRS #:	0115/168
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who 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	☐ Change data submission method from Measures Group only to Registry
Steward:	Society of Thoracic Surgeons
Rationale:	CMS 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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Rheumatoid Arthritis (RA): Tuberculosis Screening
MIPS ID Number:	N/A
NQF/PQRS #:	N/A/176
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 6 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry
Steward:	American College of Rheumatology
Rationale:	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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
MIPS ID Number:	N/A
NQF/PQRS #:	N/A/177
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care

Current 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 Rheumatology
Rationale:	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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 179
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current 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 prognosis at least once within 12 months
Finalized Substantive Change	Change data submission method from Measures Group only to Registry
Steward:	American College of Rheumatology
Rationale:	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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Rheumatoid Arthritis (RA): Glucocorticoid Management
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 180
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg dail (or 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 Rheumatology
Rationale:	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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 187
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Registry
Current Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke 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
Finalized Substantive Change	☐ Change measure type from outcome measure to process measure
Steward:	American Society of Anesthesiologists/ The Joint Commission
Rationale:	CMS is finalizing its proposal 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 believes the classification of this measure is process measure.
Measure Title:	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
MIPS ID Number:	N/A
NQF/ PQRS #:	0068/ 204
CMS E-Measure ID:	CMS164v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
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 (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 antithrombotic during the measurement period
Finalized Substantive Change	☐ Revise measure title to read: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet ☐ Revise 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 ☐ Revise data submission method to remove from Measures Group
Steward:	National Committee for Quality Assurance
Rationale:	CMS is finalizing its proposal to revise the measure title and description to align with the measure's intent and to provide clarit☐ for providers. Additionally, in response to the finalized MIPS policy to no longer include measure groups as a data submission method, this measure is being removed from measure group.
Measure Title:	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments
MIPS ID Number:	N/A

NQF/PQRS#:	0422/217
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Process
Current 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 Risk-Adjusted Functional Status is measured
Finalized Substantive Change	☐ Revise 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 ☐ Revise measure type from a process measure to an outcome measure
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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 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 Risk-Adjusted Functional Status for Patients with Hip Impairments
MIPS ID Number:	N/A
NQF/PQRS#:	0423/218
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Outcome
Current Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the hip in which the change in their Risk-Adjusted Functional Status is measured
Finalized Substantive Change	☐ Revise measure title to read: Functional Status Change for Patients with Hip Impairments ☐ Revise 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) 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
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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 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 FS PROM at admission and discharge.
Measure Title:	Functional Deficit: Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments
MIPS ID Number:	N/A
NQF/ PQRS #:	0424/219
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Outcome
Current Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lower leg, foot or ankle in which the change in their Risk-Adjusted Functional Status is measured
Finalized Substantive Change	☐ Revise measure title to read: Functional Status Change for Patients with Foot and Ankle Impairments ☐ Revise 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 FOTO's (foot and ankle) 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
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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 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 PROM at admission and discharge.
Measure Title:	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments
MIPS ID Number:	N/A
NQF/ PQRS #:	0425/220
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Outcome
Current Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the lumbar spine in which the change in their Risk-Adjusted Functional Status is measured
Finalized Substantive Change	☐ Revise measure title to read: Functional Status Change for Patients with Lumbar Impairments ☐ Revise 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) 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
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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 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) PROM.
Measure Title:	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments
MIPS ID Number:	N/A
NQF/ PQRS #:	0426/221
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Outcome
Current 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 Risk-Adjusted Functional Status is measured
Finalized Substantive Change	☐ Revise measure title to read: Functional Status Change for Patients with Shoulder Impairments ☐ Revise 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
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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 average functional status score in patients treated in a 12-month period and denominator details that include patients that completed the FOTO shoulder FS outcome instrument at admission and discharge.
Measure Title:	Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments
MIPS ID Number:	N/A
NQF/ PQRS #:	0427/222
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Outcome
Current 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 Risk-Adjusted Functional Status is measured
Finalized Substantive	☐ Revise 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) 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
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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 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 Risk-Adjusted Functional Status for Patients with Neck, Cranium, Mandible, Thoracic Spine, Ribs, or Other General Orthopedic Impairments
MIPS ID Number:	N/A
NQF/ PQRS #:	0428/223
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Registry
Current Measure Type:	Outcome
Current Measure Description:	Percentage of patients aged 18 or older that receive treatment for a functional deficit secondary to a diagnosis that affects the neck, cranium, mandible, thoracic spine, ribs, or other general orthopedic impairment in which the change in their Risk-Adjusted Functional Status is measured
Finalized Substantive Change	☐ Revise measure title to read: Functional Status Change for Patients with General Orthopedic Impairments ☐ Revise 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
Steward:	Focus on Therapeutic Outcomes, Inc.
Rationale:	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:	Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
MIPS ID Number:	N/A
NQF/ PQRS #:	1814/268
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Claims, Registry
Current Measure Description:	All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were counseled or referred for counseling for how epilepsy and its treatment may affect

	contraception OR pregnancy at least once a year
Finalized Substantive Change	☐ Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology
Rationale:	CMS is finalizing its proposal 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 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:	Sleep Apnea: Assessment of Sleep Symptoms
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/276
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea that includes documentation of an assessment of sleep symptoms, including presence or absence of snoring and daytime sleepiness
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry
Steward:	American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	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. 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. CMS believes 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
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/277
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry
Steward:	American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	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. Additionally, in response to the finalized MIPS policy to no longer include Measure 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:	Sleep Apnea: Positive Airway Pressure Therapy Prescribed
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/278
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of moderate or severe obstructive sleep apnea who were prescribed positive airway pressure therapy
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry
Steward:	American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	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. 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. CMS believes 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
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/279
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive 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	☐ Change data submission method from Measures Group only to Registry
Steward:	American Academy of Sleep Medicine/ American Medical Association-Physician Consortium for Performance Improvement
Rationale:	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. 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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Dementia: Functional Status Assessment
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/282
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an

Description:	assessment of functional status is performed and the results reviewed at least once within 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
Rationale:	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. 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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Dementia: Neuropsychiatric Symptom Assessment
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/283
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current 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
Rationale:	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. 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. CMS believes 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
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/284
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of dementia who have one or 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
Steward:	American Academy of Neurology/ American Psychiatric Association
Rationale:	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. 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. CMS believes 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
MIPS ID Number:	N/A
NQF/PQRS #:	N/A/286
CMS eMeasure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within 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
Rationale:	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. 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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Dementia: Caregiver Education and Support
MIPS ID Number:	N/A
NQF/PQRS #:	N/A/288
CMS eMeasure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) 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	☐ Change data submission method from Measures Group only to Registry
Steward:	American Academy of Neurology/ American Psychiatric Association
Rationale:	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. 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. CMS believes this measure continues to address a clinical performance gap even if it is reported as an individual measure.
Measure Title:	Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease
MIPS ID Number:	N/A
NQF/PQRS #:	N/A/290
CMS eMeasure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	All patients with a diagnosis of Parkinson's disease who were assessed for psychiatric symptoms (e.g., psychosis, depression, anxiety disorder, apathy, or impulse control

	disorder) in the last 12 months
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry ☐ Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology
Rationale:	CMS is finalizing its proposal to change the data submission 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. 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 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 Dysfunction Assessment
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 291
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
Measure Description:	All patients with a diagnosis of Parkinson's disease who were assessed for cognitive impairment or dysfunction in the last 12 months
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry ☐ Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology
Rationale:	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. 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 classification of this measure to process measure in order to match the clinical action of assessment of cognitive impairment.
Measure Title:	Parkinson's Disease Rehabilitative Therapy Options
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 293
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (e.g., physical, occupational, or speech therapy) discussed in the last 12 months
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry ☐ Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology

Rationale:	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. 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 classification 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 Reviewed
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/294
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	All patients with a diagnosis of Parkinson's disease (or caregiver(s), as appropriate) who had the Parkinson's disease treatment options (e.g., non-pharmacological treatment, pharmacological treatment, or surgical treatment) reviewed at least once annually
Finalized Substantive Change	☒ Change data submission method from Measures Group only to Registry ☒ Change measure type from outcome measure to process measure
Steward:	American Academy of Neurology
Rationale:	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 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 PQRS as an outcome measure. However, upon further review and analysis, CMS proposes to revise the classification of this measure to process measure in order to match the clinical action of communicating treatment options.
Measure Title:	Cervical Cancer Screening
MIPS ID Number:	N/A
NQF/ PQRS #:	0032/309
CMS E-Measure ID:	CMS124v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	EHR
Current Measure Description:	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer
Finalized Substantive Change	☒ Revise Measure description to read: Percentage 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 - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years
Steward:	National Committee on Quality Assurance

Rationale:	CMS is 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
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/317
CMS E-Measure ID:	CMS22v5
National Quality Strategy Domain:	Community/ Population Health
Current Data submission Method:	Claims, Web Interface, Registry, EHR, Measures Group
Current 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
Steward:	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
Rationale:	CMS is 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 PCMH Core Measure Set established by the CCMC. This measure is not a core measure and is being removed to align the Web Interface measure set with the PCMH 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
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/327
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Registry
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 (ESRD) 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
Steward:	Renal Physicians Association
Rationale:	CMS is finalizing its proposal 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 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
MIPS ID Number:	N/A
NQF/ PQRS #:	2082/ 338
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical 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
Steward:	Health Resources and Services Administration
Rationale:	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
MIPS ID Number:	N/A
NQF/ PQRS #:	2079/340
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Efficiency and Cost Reduction
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients, regardless of age with a diagnosis of HIV who had at least one 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:	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:	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/350
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients regardless of age undergoing a total knee replacement with 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 Registry ☐ Change measure type from outcome measure to process measure
Steward:	American Association of Hip and Knee Surgeons
Rationale:	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. Additionally, CMS is finalizing its proposal 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 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 Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/351
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Current 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
Rationale:	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. Additionally, CMS is finalizing its proposal 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 believes the classification of this measure to be a process measure.
Measure Title:	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/352
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Current 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	☐ 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
Rationale:	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. Additionally, CMS is finalizing its proposal 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 believes the classification of this measure to be a process measure.
Measure Title:	Total Knee Replacement: Identification of Implanted
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/353
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients regardless of age undergoing a total knee replacement whose 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	☐ 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
Rationale:	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 Measure 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 it proposal 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 believes the classification of this measure to be a process measure.
Measure Title:	Anastomotic Leak Intervention
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/354
CMSE-Measure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Current Data submission Method:	Measures Group
Measure Description:	Percentage of patients aged 18 years and older who required an anastomotic leak intervention following gastric bypass or colectomy surgery
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry
Steward:	American College of Surgeons
Rationale:	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:	Unplanned Reoperation within the 30 Day Postoperative Period
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/355
CMSE-Measure ID:	N/A

National Quality Strategy Domain:	Patient Safety
Current 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
Rationale:	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:	Unplanned Hospital Readmission within 30 Days of Principal Procedure
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/356
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Measures Group
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
Steward:	American College of Surgeons
Rationale:	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:	Surgical Site Infection (SSI)
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/357
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current 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
Steward:	American College of Surgeons
Rationale:	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 Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/359
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	Percentage of computed tomography (CT) imaging reports for all patients, regardless of age, with the imaging study named according to a standardized nomenclature and the standardized nomenclature is used in institution's computer systems
Finalized Substantive Change	☐ Change data submission method from Measures Group only to Registry
Steward:	American College of Radiology
Rationale:	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 Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/360
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Patient Safety
Current 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	☐ Change data submission method from Measures Group only to Registry
Steward:	American College of Radiology
Rationale:	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 Radiation: Reporting to a Radiation Dose Index Registry
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/361
CMS E-Measure ID:	N/A

National Quality Strategy Domain:	Patient Safety
Current Data submission Method:	Measures Group
Measure Description:	Percentage of total computed tomography (CT) studies performed for all patients, 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 Radiology
Rationale:	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 Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/362
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	Percentage of final reports for computed tomography (CT) studies performed for all 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 Radiology
Rationale:	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 Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/363
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
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 Registry
Steward:	American College of Radiology
Rationale:	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 Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/364
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Communication and Care Coordination
Current Data submission Method:	Measures Group
Measure Description:	Percentage of final reports for computed tomography (CT) imaging studies of the thorax for 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
Rationale:	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. 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:	Depression Remission at Twelve Months
MIPS ID Number:	N/A
NQF/ PQRS #:	0710/370
CMS E-Measure ID:	CMS159v5
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Web interface, Registry, EHR
Measure Description:	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 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	☐ Revise 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:	CMS is finalizing its proposal to revise the measure description to provide clarity for reporting. This does not change the intent of the measure but merely provides clarity to ensure consistent reporting for eligible clinicians. Additionally, CMS is finalizing its proposal to change this measure type designation from intermediate outcome measure to outcome measure. This measure was previously finalized in PQRS as an intermediate outcome measure. However, upon further review and analysis, CMS believes the classification of this measure to be an outcome measure in order to match the outcome of depression remission.
Measure Title:	Functional Status Assessment for Knee Replacement
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/375
CMS E-Measure ID:	CMS66v5
National Quality Strategy Domain:	Person and Caregiver-Centered Experience and Outcomes
Current Data submission Method:	EHR
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	☐ Revise 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
Rationale:	CMS is 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 clarity to ensure consistent reporting for eligible clinicians.
Measure Title:	Functional Status Assessment for Hip Replacement
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/376
CMS E-Measure ID:	CMS66v5
National Quality Strategy Domain:	Person and Caregiver-Centered Experience and Outcomes
Current Data submission Method:	EHR
Measure Description:	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments
Finalized Substantive Change	☐ Revise title to read: Functional Status Assessment for Total Hip Replacement ☐ 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
Rationale:	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 clarity to ensure consistent reporting for eligible clinicians.
Measure Title:	Functional Status Assessment for Complex Chronic Conditions
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/377
CMS E-Measure ID:	CMS90v6

National Quality Strategy Domain:	Person and Caregiver-Centered Experience and Outcomes
Current Data submission Method:	EHR
Measure Description:	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments
Finalized Substantive Change	☐ Revise 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 clarity 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 (Rumsfeld, 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
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 420
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Registry
Current Measure Description:	Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with 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	☐ Change measure type from process measure to outcome measure
Steward:	Society of Interventional Radiology
Rationale:	CMS is finalizing its proposal to change this measure type designation from process measure to outcome measure. This measure was previously finalized in PQRS as a process measure. However, upon further review and analysis of the measure specification, CMS is finalizing tis proposal to revise the classification of this measure to outcome measure because it assesses improvement on a patient reported outcome survey instrument.
Measure Title:	Appropriate Assessment of Retrievable Inferior Vena Cava Filters for Removal
MIPS ID Number:	N/A
NQF/ PQRS #:	N/A/ 421
CMS E-Measure ID:	N/A
National Quality Strategy Domain:	Effective Clinical Care
Current Data submission Method:	Registry
Current Measure	Percentage of patients in whom a retrievable IVC filter is placed who, within 3 months post-

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 Radiology
Rationale:	CMS is finalizing its proposal 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 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.