

A collage of images is arranged in a diamond pattern on the left side of the cover. It includes a smiling female nurse in blue scrubs, a doctor in a white lab coat looking at a laptop, a male doctor in a light blue shirt, and a smiling male patient. At the bottom, there are images of a stethoscope on a clipboard, a laptop displaying a data dashboard with various charts and graphs, and a tablet showing a line graph.

CMS Quality Measure Development Plan 2022 Annual Report

For the Quality Payment Program



CMS Quality Measure Development Plan

2022 Annual Report Appendices

For the Quality Payment Program

Prepared by Health Services Advisory Group, Inc.

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Appendix A – MACRA Statutory Language Excerpts

Section 1848(s)(3) of the Social Security Act, as amended by section 102 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

“(3) ANNUAL REPORT BY THE SECRETARY.—

“(A) IN GENERAL.—Not later than May 1, 2017, and annually thereafter, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a report on the progress made in developing quality measures for application under the applicable provisions.

“(B) REQUIREMENTS.—Each report submitted pursuant to subparagraph (A) shall include the following:

- “(i) A description of the Secretary’s efforts to implement this paragraph.
- “(ii) With respect to the measures developed during the previous year—
 - “(I) a description of the total number of quality measures developed and the types of such measures, such as an outcome or patient experience measure;
 - “(II) the name of each measure developed;
 - “(III) the name of the developer and steward of each measure;
 - “(IV) with respect to each type of measure, an estimate of the total amount expended under this title to develop all measures of such type; and
 - “(V) whether the measure would be electronically specified.
- “(iii) With respect to measures in development at the time of the report—
 - “(I) the information described in clause (ii), if available; and
 - “(II) a timeline for completion of the development of such measures.
- “(iv) A description of any updates to the plan under paragraph (1) (including newly identified gaps and the status of previously identified gaps) and the inventory of measures applicable under the applicable provisions.
- “(v) Other information the Secretary determines to be appropriate.”

Section 1848(s)(6) of the Social Security Act, as amended by section 102 of MACRA

“(6) FUNDING.—For purposes of carrying out this sub-section, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$15,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2015 through 2019. Amounts transferred under this paragraph shall remain available through the end of fiscal year 2022.



Appendix B – Acknowledgments

The 2022 MDP Annual Report is the product of collaboration between the Centers for Medicare & Medicaid Services, other HHS agencies, and the private sector. Specifically, we thank:

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Appendix C – CMS-Funded Quality Measures Developed During the Previous Year

See *Quality Measures Developed During the Previous Year*, page 11 in Chapter 3 of the report, which estimates the amounts expended under title XVIII to complete development of these quality measures for MIPS.

Key:	Measure Stewards/Developers:
AAHPM	American Academy of Hospice and Palliative Medicine
APA	American Psychiatric Association
ASCP	American Society for Clinical Pathology
BWH	Brigham and Women's Hospital
CMS	Centers for Medicare & Medicaid Services
NCQA	National Committee for Quality Assurance
PBGH	Purchaser Business Group on Health
SCCA	Seattle Cancer Care Alliance
UCSF	University of California, San Francisco
UM-KECC	University of Michigan Kidney Epidemiology and Cost Center
Yale CORE	Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

Table C-1: CMS-Funded Measures Developed Between October 1, 2020, and September 30, 2021 (n = 25)

Steward/Developer	Title	NQF #/MIPS ID	eCQM ID	Type	Quality Priority/MACRA Domain*
BWH/BWH	Care goal achievement following total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) ^A	N/A/N/A	N/A	PRO-PM	Person and Family Engagement/Patient and Caregiver Experience
CMS/Yale CORE	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions ^B	3597/484	N/A	Outcome	Communication and Coordination/Care Coordination
UCSF/UCSF	Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults ^A	N/A/N/A	N/A	Intermediate outcome	Patient Safety/Safety
CMS/UM-KECC	Hemodialysis Vascular Access: Practitioner-Level Long-Term Catheter Rate ^C	N/A/482	N/A	Intermediate outcome	Patient Safety/Safety
APA/NCQA/APA	Improvement or Maintenance in Recovery for Individuals with a Mental Health and/or Substance Use Disorder ^A	N/A/N/A	N/A	Outcome	Effective Treatment/Clinical Care

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

^A Completed under the MACRA Measure Development for the Quality Payment Program contract

^B Although this measure was identified as completing development during FY 2020 in the 2021 MDP Annual Report, MACRA funding was spent on the initial NQF endorsement process during FY 2021.

^C Although this measure was identified as completing development during FY 2020 in the 2021 MDP Annual Report, MACRA funding was spent on implementation in MIPS during FY 2021.



**APPENDIX C – CMS-FUNDED QUALITY MEASURES
DEVELOPED DURING THE PREVIOUS YEAR**

Steward/ Developer	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
APA NCQA/ APA	Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder ^A	N/A/ N/A	N/A	Outcome	Effective Treatment/ Clinical Care
APA NCQA/ APA	Initiation and Update to Suicide Safety Plan for Individuals with Suicidal Ideation, Behavior or Suicide Risk ^A	N/A/ N/A	N/A	Process	Effective Treatment/ Clinical Care
APA NCQA/ APA	Measurement-based Care Processes: Baseline Assessment, Monitoring and Treatment Adjustment ^A	N/A/ N/A	N/A	Process	Effective Treatment/ Clinical Care
AAHPM/ AAHPM	Palliative care outpatients' experience of feeling heard and understood ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
AAHPM/ AAHPM	Palliative care outpatients' experience of receiving desired help for pain ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
SCCA/ PBGH	Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer, Colon Cancer, and Non-Small Cell Lung Cancer ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
SCCA/ PBGH	Patient-Reported Overall Mental Health Following Chemotherapy among Adults with Breast Cancer, Colon Cancer, and Non-Small Cell Lung Cancer ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
SCCA/ PBGH	Patient-Reported Overall Physical Health Following Chemotherapy among Adults with Breast Cancer, Colon Cancer, and Non-Small Cell Lung Cancer ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
SCCA/ PBGH	Patient-Reported Pain Intensity Following Chemotherapy among Adults with Breast Cancer, Colon Cancer, and Non-Small Cell Lung Cancer ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
SCCA/ PBGH	Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer, Colon Cancer, and Non-Small Cell Lung Cancer ^A	N/A/ N/A	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

^A Completed under the MACRA Measure Development for the Quality Payment Program contract

Steward/ Developer	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
BWH/ BWH	Prolonged opioid prescribing following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (eCQM) ^A	N/A/ N/A	TBD	Process	Effective Treatment/ Clinical Care
ASCP/ ASCP	Rate of communicating results of an amended report with a major discrepancy to the responsible provider ^A	N/A/ N/A	TBD	Process	Communication and Coordination/ Care Coordination
ASCP/ ASCP	Rate of Notification of a New Diagnosis of Malignancy to the Responsible Provider ^A	N/A/ N/A	TBD	Process	Communication and Coordination/ Care Coordination
APA NCQA/ APA	Reduction in Suicidal Ideation or Behavior Symptoms ^A	N/A/ N/A	N/A	Outcome	Effective Treatment/ Clinical Care
CMS/ Yale CORE	Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System ^B	3612/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
BWH/ BWH	Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (eCQM) ^A	N/A/ N/A	TBD	Outcome	Patient Safety/ Safety
BWH/ BWH	Risk-standardized inpatient respiratory depression rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (eCQM) ^A	N/A/ N/A	TBD	Outcome	Patient Safety/ Safety
BWH/ BWH	Risk-standardized major bleeding and venous thromboembolism (VTE) rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) (eCQM) ^A	N/A/ N/A	TBD	Outcome	Patient Safety/ Safety
CMS/ UM-KECC	Unsafe Opioid Prescriptions at the Dialysis Practitioner Group Level ^C	N/A/ N/A	N/A	Intermediate outcome	Patient Safety/ Safety
CMS/ UM-KECC	Unsafe Opioid Prescriptions at the Prescriber Group Level ^C	N/A/ N/A	N/A	Intermediate outcome	Patient Safety/ Safety

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

^A Completed under the MACRA Measure Development for the Quality Payment Program contract

^B Although this measure was identified as completing development during FY 2020 in the 2021 MDP Annual Report, MACRA funding was spent on the initial NQF endorsement process during FY 2021.

^C This measure was identified as *Opioid Safety Measure* in the 2021 MDP Annual Report.



Appendix D – CMS-Funded Quality Measures in Development

See *Quality Measures in Development at the Time of This Report*, page 13 in Chapter 3 of the report, which estimates the amounts expended under title XVIII for ongoing development of quality measures for MIPS.

Key: **Measure Stewards/Developers:**
 CMS Centers for Medicare & Medicaid Services
 ASA American Society of Anesthesiologists
 Yale CORE Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

Table D-1. CMS-Funded Measures Suspended at the Time of This Report (n = 1)^{i,ii}

Steward/Developer	Title	eCQM ID	Type	Quality Priority/MACRA Domain*	Est. Date of Completion
CMS ASA/Mathematica	Safe Opioid Prescribing Practices ^{A,B}	890	Process	Effective Treatment/Clinical Care	N/A

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

^A Measure was stopped due to preliminary feedback on challenges related to measure feasibility and data availability.

^B Intended for use in MIPS but funded from other title XVIII sources not specific to MACRA

Table D-2: CMS-Funded Measures Being Specified at the Time of This Report (n = 1)^{i,ii}

Steward/Developer	Title	eCQM ID	Type	Quality Priority/MACRA Domain*	Est. Date of Completion
CMS ASA/Mathematica	COVID-19 Vaccination by Clinicians ^A	N/A	Process	Effective Treatment/Clinical Care	December 2022

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

^A Intended for use in MIPS but funded from other title XVIII sources not specific to MACRA

Table D-3: CMS-Funded Measures in Active Testing at the Time of This Report (n = 1)^{i,ii}

Steward/Developer	Title	eCQM ID	Type	Quality Priority/MACRA Domain*	Est. Date of Completion
CMS/Mathematica	Preventive Care and Wellness ^A	TBD	Composite	Effective Treatment/Clinical Care	December 2022

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

^A Intended for use in MIPS but funded from other title XVIII sources not specific to MACRA

ⁱ As of November 1, 2021, to allow for estimated funding for the entire FY 2021 and for federal review and clearance of this report.

ⁱⁱ Section 1848(s)(3)(B)(iii) and section 1848(s)(3)(B)(v) of the Act.

**Table D-4: CMS-Funded Measures in the Implementation
Phase at the Time of This Report (n = 1)^{iii,iv}**

Steward/ Developer	Title	eCQM ID	Type	Quality Priority/ MACRA Domain*	Est. Date of Completion
CMS/ Yale CORE	Risk-Standardized Patient- Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA) Measure for Merit-based Incentive Payment System (MIPS)	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience	April 2022

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

ⁱⁱⁱ As of November 1, 2021, to allow for estimated funding for the entire FY 2021 and for federal review and clearance of this report

^{iv} Section 1848(s)(3)(B)(iii) and section 1848(s)(3)(B)(v) of the Act.



Appendix E – CMS Advanced APM Quality Measures Inventory

Refer to www.qpp.cms.gov for a current list of Advanced Alternative Payment Models (APMs) and MIPS APMs; changes to models occur more frequently than the publication of this MDP Annual Report. These measure sets were accurate and complete as of November 19, 2021.

Key:	Measure Stewards/Developers:
ACC	American College of Cardiology
ACS	American College of Surgeons
AHA	American Heart Association
AHRQ	Agency for Healthcare Research and Quality
ASA	American Stroke Association
ASAM	American Society of Addiction Medicine
ASCO	American Society of Clinical Oncology
ASPS	American Society of Plastic Surgeons
CMS	Centers for Medicare & Medicaid Services
CU Denver	University of Colorado Denver
HEDIS	Healthcare Effectiveness Data and Information Set
HFH	Henry Ford Hospital
HRS	Heart Rhythm Society
KCQA	Kidney Care Quality Alliance
MNCM	Minnesota Community Measurement
NCQA	National Committee for Quality Assurance
STS	The Society of Thoracic Surgeons
TJC	The Joint Commission

Table E-1: CMS Bundled Payments for Care Improvement Advanced Model (n = 29)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
AHRQ	Patient Safety for Selected Indicators (PSI 90)	0531/ N/A	N/A	Outcome	Patient Safety/ Safety
ASPS	Perioperative Care: Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin	0268/ N/A	N/A	Process	Patient Safety/ Safety
CMS	Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)	2881/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
CMS	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	2558/ N/A	N/A	Outcome	Effective Treatment/ Clinical Care
CMS	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	1550/ N/A	N/A	Outcome	Patient Safety/ Safety
CMS	Risk-Standardized, All Condition Readmission	1789/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
NCQA	Advance Care Plan	0326/ 047	N/A	Process	Person and Family Engagement/ Patient and Caregiver Experience
CU Denver	3-Item Care Transition Measure (CTM-3)	N/A	N/A	Outcome	Person and Family Engagement/ Patient and Caregiver Experience
AHA	Cardiac Rehab Patient Referral From an Inpatient Setting	0642/ N/A	N/A	Process	Effective Treatment/ Clinical Care
AHA	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	1525/ 326	N/A	Process	Effective Treatment/ Clinical Care
ACC	Discharge Medications (Angiotensin-Converting Enzyme (ACE)/Angiotensin Receptor Blocker (ARB) and Beta Blockers) in Eligible Implantable Cardioverter- Defibrillator (ICD)/Cardiac Resynchronization Therapy Defibrillators (CRT-D) Implant Patients	0965/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
AHA	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0081/ 005	N/A	Process	Effective Treatment/ Clinical Care
AHA	Heart Failure (HF): Beta blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083/ 008	N/A	Process	Effective Treatment/ Clinical Care
CMS	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	0468/ N/A	N/A	Outcome	Effective Treatment/ Clinical Care
ACC	Hospital Risk-Standardized Complication Rate following Implantation of ICD	N/A / N/A	N/A	Composite	Patient Safety/ Safety
ACC	Risk Standardized Bleeding for Patients Undergoing Percutaneous Coronary Intervention (PCI)	2459/ N/A	N/A	Outcome	Patient Safety/ Safety
HRS	In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)	2461/ N/A	N/A	Process	Effective Treatment/ Clinical Care

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
ACC	Overall Defect Free Care for Acute Myocardial Infarction (AMI)	2377/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
ACS	Patient-Centered Surgical Risk Assessment and Communications	N/A / 358	N/A	N/A	Person and Family Engagement/ Patient and Caregiver Experience
NCQA	Preventive Care & Screening: Tobacco Use and Cessation Intervention	0028/ 226	N/A	Process	Effective Treatment/ Clinical Care
HFH	Severe Sepsis and Septic Shock: Management Bundle	0500/ N/A	N/A	Composite	Patient Safety/ Safety
TJC	STK-06: Discharged on Statin Medication	0439/ N/A	N/A	Process	Communication and Coordination/ Care Coordination
STS	STS Coronary Artery Bypass Graft (CABG) Composite Score	0696/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
ASAM	Substance Use Screening and Intervention Composite	2597/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
ACC	Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients	0964/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
AHA/ASA	Time to Intravenous Thrombolytic Therapy	1952/ N/A	N/A	Process	Effective Treatment/ Clinical Care
STS	STS Aortic Valve Replacement (AVR) Composite Score and STS Aortic Valve Replacement (AVR) + Coronary Artery Bypass Graft (CABG) Composite Score	2561, 2563/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
STS	STS Mitral Valve Repair/Replacement (MVRR) Composite Score and STS Mitral Valve Repair/Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score	3031, 3032/ N/A	N/A	Composite	Effective Treatment/ Clinical Care
ACS	Bariatric Surgery Standards for Successful Programs Measure	N/A / N/A	N/A	Process	Patient Safety/ Safety

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

Table E-2: Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1-CEHRT) (n = 3)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain
AHRQ/ CAHPS Consortium/ CMS	Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS)*	0166/ N/A	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
CMS	Total hip arthroplasty (THA) and/or total knee arthroplasty (TKA): hospital-level risk-standardized complication rate (RSCR) following elective primary THA and/or TKA**	1550/ N/A	N/A	Outcome	Patient Safety/ Safety
CMS	Patient-reported outcomes and risk variable data collection (PRO)**	N/A	N/A	Patient-reported outcome-based performance measure (PRO-PM)	Person and Family Engagement/ Patient and Caregiver Experience

*HCAHPS and complications measure data are collected through the Hospital Inpatient Quality Reporting (HIQR) Program; the CJR model does not make additional changes to the data.

**Patient-reported outcomes and limited risk variable data collection (PRO) is a data collection and measure development initiative run by CMS contractor Yale CORE and is not required for reconciliation eligibility for participant hospitals. Successful submission of PRO (not performance on PRO) can increase financial opportunity for participant hospitals under the model.

Table E-3: Global and Professional Direct Contracting Model (n = 2)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain
CMS	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions	2888/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
CMS	Risk-Standardized, All Condition Readmission	1789/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination

Table E-4: Maryland Total Cost of Care Model (Maryland Primary Care Program) (n = 7)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
AHRQ	CG-CAHPS Survey 3.0 – Modified for CPC+	N/A	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
NCQA	Controlling High Blood Pressure	0018/ 236	165v8	Intermediate outcome	Effective Treatment/ Clinical Care
NCQA	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	0059/ 001	122v8	Intermediate outcome	Effective Treatment/ Clinical Care
NCQA HEDIS	Emergency Department Utilization	N/A	N/A	Risk-adjusted utilization	Affordable Care
NCQA HEDIS	Acute Hospital Utilization	N/A	N/A	Risk-adjusted utilization	Affordable Care
CMS	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421/ 128	69v8	Process	Effective Treatment/ Clinical Care
CMS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	0418/ 134	2v9	Process	Effective Treatment/ Clinical Care

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

Table E-5: Maryland Care Redesign Program (n = 9)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
NCQA	CRP-Composite: Advance Care Plan	0326/ 47	N/A	Process	Person and Family Engagement/ Patient and Caregiver Experience
CMS	CRP-Composite: Documentation of Current Medications in the Medical Record	0419e/ 130	CMS68 v11	Process	Communication and Coordination/ Care Coordination
CMS	CRP-Composite: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	N/A/ 128	CMS ID: CMS69 v9	Process	Effective Treatment/ Clinical Care
CMS	CRP-Composite: All-Cause Hospital Readmission Measure	1789/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
ASPS	CRP-Composite: Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin	0268/ N/A	N/A	Process	Patient Safety/ Safety
CMS	CRP-Composite: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	1550/ N/A	N/A	Outcome	Patient Safety/ Safety

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
CMS	CRP-Composite: Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (CABG)	2558/ N/A	N/A	Outcome	Patient Safety/ Safety
CMS	CRP-Composite: Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (AMI)	2881/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
CMS	CRP-Composite: AHRQ Patient Safety Indicators	0531/ N/A	N/A	Outcome	Patient Safety/ Safety

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

Table E-6: Primary Care First (n = 9)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
NCQA	Advance Care Plan as adapted for Bundled Payments for Care Improvement (BPCI)	0326/ N/A	N/A	Process	Effective Treatment/ Clinical Care
NCQA	Colorectal Cancer Screening	N/A / 113	130v10	Process	Effective Treatment/ Clinical Care
NCQA	Controlling High Blood Pressure	N/A / 236	165v10	Intermediate outcome	Effective Treatment/ Clinical Care
NCQA	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	N/A / 001	122v10	Intermediate outcome	Effective Treatment/ Clinical Care
NCQA	Advance Care Plan	326/ 047	N/A	Process	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	Patient Experience of Care Measure (using CG-CAHPS Survey 3.0 – modified for PCF)	0005/ 321	N/A	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
NCQA	Utilization Measure: Acute Hospital Utilization	N/A	N/A	Risk-adjusted utilization	Affordable Care
CMS	Utilization Measure: Days at Home	N/A	N/A	Outcome	Affordable Care
CMS	Utilization Measure: Total Per Capita Cost	N/A	N/A	Risk-adjusted utilization	Affordable Care

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

Table E-7: Oncology Care Model – All Tracks (n = 6)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
AHRQ	Patient-Reported Experience	Based on QPP 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
ASCO	Oncology: Medical and Radiation – Plan of Care for Pain	0383/ 144	N/A	Process	Person and Family Engagement/ Patient and Caregiver Experience
CMS	Screening for Depression and Follow-Up Plan	0418/ 134	2v6	Process	Effective Treatment/ Clinical Care
N/A**	Proportion of patients who died who were admitted to hospice for 3 days or more	N/A	N/A	Outcome	Affordable Care
N/A**	Risk-adjusted proportion of patients with all-cause ED visits that did not result in a hospital admission within the 6-month episode	N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
ASCO	Oncology: Medical and Radiation – Pain Intensity Quantified	0384/ 143	157v5	Process	Person and Family Engagement/ Patient and Caregiver Experience

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

**The Center for Medicare and Medicaid Innovation calculates and maintains these measures.

Table E-8: Shared Savings Program BASIC Track Level E and ENHANCED Track (n = 13)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
AHRQ	CAHPS for MIPS	0005/ 321	NA	PRO-PM	Person and Family Engagement/ Patient and Caregiver Experience
CMS	Hospital-Wide, 30-day, All- Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	NA/479	NA	Outcome	Communication and Coordination/ Care Coordination
CMS	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for MIPS	NA/484	NA	Outcome	Communication and Coordination/ Care Coordination
NCQA	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	0059/ 001	CMS122v10	Intermediate outcome	Effective Treatment/ Clinical Care
CMS	Preventive Care and Screening; Screening for Depression and Follow-up Plan	0418e/ 134	CMS2v11	Process	Effective Treatment/ Clinical Care
NCQA	Controlling High Blood Pressure	0018/ 236	CMS165v10	Intermediate outcome	Effective Treatment/ Clinical Care

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
CMS	Falls: Screening for Future Fall Risk	0101/ 318	CMS139v10	Process	Patient Safety/ Safety
CMS	Preventive Care and Screening: Influenza Immunization	0041e/ 110	CMS147v11	Process	Effective Treatment/ Clinical Care
NCQA	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028e/ 226	CMS138v10	Process	Effective Treatment/ Clinical Care
NCQA	Colorectal Cancer Screening	NA/113	CMS130v10	Process	Effective Treatment/ Clinical Care
NCQA	Breast Cancer Screening	NA/112	CMS125v10	Process	Effective Treatment/ Clinical Care
CMS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	NA/438	CMS347v5	Process	Effective Treatment/ Clinical Care
MN Community Measurement	Depression Remission at Twelve Months	0710e/ 370	CMS159v10	PRO-PM	Effective Treatment/ Clinical Care

*Measures are reported via CMS Web Interface (WI); eCQM reporting is not an available option under this model. All WI measures on this list are subject to scoring for MIPS under the APM scoring standard.

**Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.

Table E-9: Vermont Medicare ACO Initiative (n = 20)

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
AHRQ	CAHPS: Access to Specialists	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Getting Timely Care, Appointments, and Information	0005/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Health Promotion and Education	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Health Status/ Functional Status	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: How Well Your Providers Communicate	0005/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Patients' Rating of Provider	0005/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience

Steward	Title	NQF #/ MIPS ID	eCQM ID	Type	Quality Priority/ MACRA Domain*
AHRQ	CAHPS: Shared Decision Making	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Stewardship of Patient Resources	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Courteous and Helpful Office Staff	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
AHRQ	CAHPS: Care Coordination	N/A/ 321	N/A	Patient engagement/ experience	Person and Family Engagement/ Patient and Caregiver Experience
CMS	Risk-Standardized, Acute Admission Rate for Patients with Multiple Chronic Conditions	2888/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
CMS	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	0418/ 134	2v8	Process	Effective Treatment/ Clinical Care
CMS	Risk Standardized All Cause Readmission	1789/ N/A	N/A	Outcome	Communication and Coordination/ Care Coordination
NCQA	Colorectal Cancer Screening	0034/ 113	130v7	Process	Effective Treatment/ Clinical Care
NCQA	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	0059/ 001	122v7	Intermediate outcome	Effective Treatment/ Clinical Care
NCQA	Controlling High Blood Pressure	0018/ 236	165v6	Intermediate outcome	Effective Treatment/ Clinical Care
NCQA	Initiation and engagement of Alcohol and Other Drug Dependence (AOD) Treatment	0004/ 305	137v7	Process	Effective Treatment/ Clinical Care
NCQA	Follow-up after discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence (30 day)	2605/ N/A	N/A	Process	Effective Treatment/ Clinical Care
NCQA	Preventive Care and Screening: Influenza Immunization	0041/ 110	147v8	Process	Effective Treatment/ Clinical Care
NCQA	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028/ 226	138v7	Process	Effective Treatment/ Clinical Care

*Screening, prevention, and primary care measures are included in the MACRA domain of Clinical Care to align with the health care quality priority of Effective Treatment.