

TABLE F: 2016 PQRS Measures Finalized for Removal for MIPS Reporting in 2017

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description [†]	Measure Steward
	N/A/ 002	163v4	EHR	Effective Clinical Care	<p>Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)</p> <p>Percentage of patients 18–75 years of age with diabetes whose LDL-C was adequately controlled (< 100 mg/dL) during the measurement period</p> <p>CMS did not receive specific comments regarding this measure.</p> <p>Final Decision: This measure no longer reflects evidence. CMS is finalizing its proposal for the removal of this measure because it no longer reflects clinical guidelines and evidence. Clinical guidelines are better represented by PQRS # 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.</p>	National Committee for Quality Assurance
!	0271/ 022	N/A	Claims, Registry	Patient Safety	<p>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)</p> <p>Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</p> <p>Comments: CMS received several comments to include this measure in the 2017 measure set. Commenter believes this measure is still relevant for certain clinicians and support inclusion in the program if it were modified to be an outcome measure.</p> <p>Response: CMS is finalizing its proposal to remove this measure. This measure is considered low bar and is part of standard clinical practice. There is no significant performance gap for this measure as indicated by its high performance rate above 95%. Removing this measure will not significantly impact surgeons' ability to report.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement/ National Committee for Quality Assurance
	NA/ 041	NA	Claims, Registry	Effective Clinical Care	<p>Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older</p> <p>Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months</p> <p>Comments: CMS received several comments to include this measure in the 2017 measure set. One commenter stated this measure should continue in the program because they do not consider the measure low-bar.</p> <p>Response: CMS is finalizing its proposal to remove this measure. The measure steward will no longer support stewardship of this measure. Measures implemented in the quality payment program are required to be updated annually by the measure steward. Since the measure steward has removed its support to update this measure in 2017, CMS is finalizing the removal of the measure.</p> <p>Final Decision: CMS is finalizing its proposal to remove this</p>	National Committee for Quality Assurance/ American Medical Association- Physician Consortium for Performance Improvement

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
					measure.	
	0047/ 053	N/A	Registry, Measures Group	Effective Clinical Care	<p>Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting</p> <p>Percentage of patients aged 5 years and older with a diagnosis of persistent asthma who were prescribed long-term control medication</p> <p>Comments: CMS received several comments to include this measure in the 2017 measure set. Commenters urged CMS not to remove measure because it remained relevant for immunologists.</p> <p>Response: CMS is finalizing its proposal for the removal of this measure. This measure is being replaced by NQF 1799: Medication Management for People with Asthma. NQF #1799 is a measure included in a CQMC core measure set. Additionally, this measure has a performance rate of above 97%.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Academy of Allergy, Asthma, and Immunology/ American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance
	0090/ 054	N/A	Claims, Registry	Effective Clinical Care	<p>Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain</p> <p>Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had a 12-lead electrocardiogram (ECG) performed</p> <p>Comments: CMS received several comments to include this measure in the 2017 measure set. Commenters cited that removal of this measure would inhibit the number of claims-based measures emergency medicine physicians can report.</p> <p>Response: CMS is finalizing its proposal for the removal of this measure. This measure is considered low bar and is part of standard clinical practice. There is no significant performance gap for this measure as indicated by the high performance rate of 94%. Removal of this measure does not impact the number of adequate measures for Emergency Department Physicians. CMS estimates that emergency medicine physicians can report more than 10 measures that are claims based if this measure is removed.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association-Physician Consortium for Performance Improvement/ National Committee for Quality Assurance

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
	0387/ 071	CMS1 40v4	Claims, Registry, EHR, Measures Group	Effective Clinical Care	<p>Breast Cancer: Hormonal Therapy for Stage IC -IIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</p> <p>Percentage of female patients aged 18 years and older with Stage IC through IIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period</p> <p>Comments: CMS received comments requesting that CMS not remove this measure from the 2017 measure set. The commenter believed that this measure was easy to report and should not be replaced with more complicated measures.</p> <p>Response: CMS is finalizing its proposal to remove this measure. CMS is finalizing its proposal to remove this measure as it is similar to a core measure established by the CQMC. Additionally, this measure is topped out with a performance rate above 96%. The CQMC measure is reportable via registry but not EHR. If the clinician was submitting this measure via EHR, the clinician will need to work with a registry to report the new measure. However, the new measure is not more complicated clinically. Additionally, the clinical performance identified with this measure can be addressed by the measures within the core measure set.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement/ American Society of Clinical Oncology/ National Comprehensiv e Cancer Network
	0385 /072	CMS1 41v5	Claims, Registry, EHR, Measures Group	Effective Clinical Care	<p>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients</p> <p>Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period</p> <p>Comments: CMS received comments requesting that CMS not remove this measure from the 2017 measure set. One commenter believed that this measure was easy to report and should not be replaced with more complicated measures.</p> <p>Response: CMS is finalizing its proposal for the removal of this measure. CMS is finalizing its proposal to remove this measure as it is similar to a core measure. Additionally, this measure is topped out with a performance rate above 98%. This measure is closely related to one of the core measures covered under the Core Measure Collaborative and is not included in the core measure set. The Core Measure Collaborative measure is reportable via registry but not EHR. If the clinician was submitting this measure via EHR, the clinician will need to work with a registry to report the new measure. However, the new measure is not more complicated clinically. Additionally, the clinical performance identified with this measure can be addressed by the measures within the core measure set.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement/ American Society of Clinical Oncology/ National Comprehensiv e Cancer Network

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
	0395/ 084	N/A	Measures Group	Effective Clinical Care	<p>Hepatitis C: Ribonucleic Acid (RNA) Testing Before Initiating Treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>Comments: CMS received a comment requesting that this measure continue to be included in the 2017 measure set as an individual measure. Commenter noted that there were not a lot of measures that hepatologists can report and should, therefore, not remove this measure.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement /American Gastroenterol ogical Association
	0396/ 085	N/A	Measures Group	Effective Clinical Care	<p>Hepatitis C: Hepatitis C Virus (HCV) Genotype Testing Prior to Treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who started antiviral treatment within the 12 month reporting period for whom hepatitis C virus (HCV) genotype testing was performed within 12 months prior to initiation of antiviral treatment</p> <p>Comments: CMS received a comment requesting that this measure continue to be included in the 2017 measure set as an individual measure. Commenter noted that there were not a lot of measures that hepatologists can report and should, therefore, not remove this measure.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement /American Gastroenterol ogical Association

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
	0398/ 087	N/A	Measures Group	Effective Clinical Care	<p>Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative hepatitis C virus (HCV) ribonucleic acid (RNA) testing was performed between 4-12 weeks after the initiation of antiviral treatment</p> <p>Comments: CMS received a comment requesting that this measure continue to be included in the 2017 measure set as an individual measure. Commenter noted that there were not a lot of measures that hepatologists can report and should, therefore, not remove this measure.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Gastroenterol ogical Association
	0054/ 108	N/A	Measures Group	Effective Clinical Care	<p>Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy</p> <p>Percentage of patients aged 18 years and older who were diagnosed with rheumatoid arthritis and were prescribed, dispensed, or administered at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)</p> <p>Comments: CMS received comments that both supported and did not support the removal of this measure. Commenter asked that this measure be included in a Rheumatology measure set instead of being removed.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	National Committee for Quality Assurance

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	N/A/ 121	N/A	Registry, Measures Group	Effective Clinical Care	<p>Adult Kidney Disease: Laboratory Testing (Lipid Profile)</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period</p> <p>Comments: CMS received a comment supporting its proposal to remove the measure.</p> <p>Response: We thank the commenter for their support. CMS is finalizing its proposal to remove this measure because it is considered a low bar measure and is part of standard clinical practice. There is no significant performance gap for this measure.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	Renal Physicians Association
	0399/ 183	N/A	Measures Group	Communit y/ Populatio n Health	<p>Hepatitis C: Hepatitis A Vaccination</p> <p>Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who have received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A</p> <p>Comments: CMS received a comment requesting that this measure not be removed from the measure set. Commenter noted that there were not a lot of measures that hepatologists can report and should, therefore, not remove this measure.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure, this measure is considered low-bar and not robust enough to stand alone. CMS will finalize its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement/ American Gastroenterol ogical Association
	N/A/ 241	182v5	EHR	Effective Clinical Care	<p>Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100 mg/dL)</p> <p>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 each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (< 100 mg/dL)</p> <p>Comments: CMS received one comment that supported the removal of this measure.</p> <p>Response: We thank the commenter for their support. This measure no longer reflects evidence. CMS is finalizing its proposal to remove this measure because it no longer reflects clinical guidelines and evidence. Clinical guidelines are better represented</p>	National Committee for Quality Assurance

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
					by PQRS # 438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Final Decision: CMS is finalizing its proposal to remove this measure.	
	N/A/ 242	N/A	Measures Group	Effective Clinical Care	Coronary Artery Disease (CAD): Symptom Management Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period with results of an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12-month period CMS did not receive any comments regarding the removal of this measure. Final Decision: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.	American College of Cardiology/ American Heart Association/ American Medical Association- Physician Consortium for Performance Improvement
	N/A/ 270	N/A	Registry, Measures Group	Effective Clinical Care	Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills that have been prescribed corticosteroid sparing therapy within the last twelve months Comments: CMS received a comment to not remove the measure from the 2017 measure set. But no specific reason was given to justify continued inclusion. Response: CMS is finalizing its proposal to remove this measure. This measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set. Final Decision: CMS is finalizing its proposal to remove this measure.	American Gastroenterol ogical Association
	N/A/ 274	N/A	Registry, Measures Group	Effective Clinical Care	Inflammatory Bowel Disease (IBD): Testing for Latent Tuberculosis (TB) Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) for whom a tuberculosis (TB) screening was performed and results interpreted within six months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy Comments: CMS received a comment to not remove the measure from the 2017 measure set. But no specific reason was given to	American Gastroenterol ogical Association

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
					<p>justify continued inclusion.</p> <p>Response: CMS is finalizing its proposal to remove this measure. This measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	
	N/A/ 280	N/A	Measures Group	Effective Clinical Care	<p>Dementia: Staging of Dementia</p> <p>Percentage of patients, regardless of age, with a diagnosis of dementia whose severity of dementia was classified as mild, moderate or severe at least once within a 12-month period</p> <p>Comments: CMS received a comment to not remove the measure from the 2017 measure set. But no specific reason was given to justify continued inclusion.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Academy of Neurology/ American Psychiatric Association
	N/A/ 287	N/A	Measures Group	Effective Clinical Care	<p>Dementia: Counseling Regarding Risks of Driving</p> <p>Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled regarding the risks of driving and the alternatives to driving at least once within a 12-month period</p> <p>Comments: CMS received a comment to not remove the measure from the 2017 measure set. But no specific reason was given to justify continued inclusion.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Medical Association- Physician Consortium for Performance Improvement/ American Gastroenterol ogical Association
	N/A/ 289	N/A	Measures Group	Effective Clinical Care	<p>Parkinson’s Disease: Annual Parkinson’s Disease Diagnosis Review</p> <p>All patients with a diagnosis of Parkinson’s disease who had an annual assessment including a review of current medications (e.g., medications that can produce Parkinson-like signs or symptoms) and a review for the presence of atypical features (e.g., falls at presentation and early in the disease course, poor response to</p>	American Academy of Neurology

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
					<p>levodopa, symmetry at onset, rapid progression [to Hoehn and Yahr stage 3 in 3 years], lack of tremor or dysautonomia) at least annually</p> <p>Comments: CMS received a comment to not remove the measure from the 2017 measure set. But no specific reason was given to justify continued inclusion.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	
	N/A/ 292	N/A	Measures Group	Effective Clinical Care	<p>Parkinson’s Disease: Querying about Sleep Disturbances</p> <p>All patients with a diagnosis of Parkinson’s disease (or caregivers, as appropriate) who were queried about sleep disturbances at least annually</p> <p>Comments: CMS received a comment to not remove the measure from the 2017 measure set. But no specific reason was given to justify continued inclusion.</p> <p>Response: This measure was previously a part of a Measures Group and was reportable as a measures group only. To align with the finalized MIPS policy of removing Measures Group as a reporting option, this measure will no longer be reportable as part of a measure group. As an individual measure this measure is considered low-bar and not robust enough to stand alone. CMS is finalizing its proposal to remove this measure because it is considered low-bar as an individual measure and is standard clinical practice.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	American Academy of Neurology
	0036/ 311	126v4	EHR	Effective Clinical Care	<p>Use of Appropriate Medications for Asthma</p> <p>Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period</p> <p>Comments: CMS received a comment asking the CMS reconsider removal of this measure and instead remove NQF #1799 because eligible clinicians can report pharmacy refills with Q #311. Additionally, CMS received comments to include this measure because it aligns with the CHIPRA core measure set.</p> <p>Response: This measure has a high performance rate and shows little variation in care. CMS is finalizing its proposal to remove this measure because it has a high performance rate and is clinically close to another measure that is being finalized, NQF 1799: Medication Management for people with Asthma.</p>	National Committee for Quality Assurance

Indicator	NQF/ Quality #	CMS E-Measure ID	Data Submission Method	National Quality Strategy Domain	Measure Title and Description ^y	Measure Steward
					<p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	
	NA/316	61v5 & 64v4	EHR	Effective Clinical Care	<p>Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C</p> <p>Percentage of patients aged 20 through 79 years whose risk factors* have been assessed and a fasting LDL test has been performed AND percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.</p> <p>*There are three criteria for this measure based on the patient’s risk category.</p> <ol style="list-style-type: none"> 1. Highest Level of Risk: Coronary Heart Disease (CHD) or CHD Risk Equivalent OR 10-Year Framingham Risk >20% 2. Moderate Level of Risk: Multiple (2+) Risk Factors OR 10-Year Framingham Risk 10-20% 3. Lowest Level of Risk: 0 or 1 Risk Factor OR 10-Year Framingham Risk <10% <p>Comments: CMS received a comment asking that CMS remove the measure because it does not align with AHA/ACC recommendation. CMS also received a comment supporting the inclusion of the measure but would like the measure to be modified to align with recommendations. CMS also received a comment requesting the measure be reportable via registry.</p> <p>Response: Although this measure was not originally proposed for removal from MIPS, CMS would like to finalize its removal. CMS received comments that recommended this measure be removed because it does not align with current clinical recommendations. This measure is currently only reportable via EHR data submission method.</p> <p>Final Decision: CMS agrees this measure is not aligned with current clinical guidelines and is finalizing its removal. Measure #438 is a measure representative of the current guidelines.</p>	Centers for Medicare & Medicaid Services/ Quality Insights of Pennsylvania
	2083/339	N/A	Measures Group	Effective Clinical Care	<p>Prescription of HIV Antiretroviral Therapy</p> <p>Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year</p> <p>CMS did not receive any comments on this proposal.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure. This measure is related to one of the conditions covered under the Core Measure Collaborative but is not included in the core measure set. The clinical performance identified with this measure can be addressed by the measures within the core measure set.</p>	Health Resources and Services Administration

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	N/A/ 365	148v4	EHR	Effective Clinical Care	<p>Hemoglobin A1c Test for Pediatric Patients</p> <p>Percentage of patients 5-17 years of age with diabetes with a HbA1c test during the measurement period</p> <p>CMS did not receive any comments on this proposal.</p> <p>Response: CMS is finalizing its proposal to remove this measure because the measure owner is no longer supporting implementation. Additionally, the evidence for this measure is no longer supported by clinical experts and guidance.</p>	National Committee for Quality Assurance
	N/A/ 368	62v4	EHR	Effective Clinical Care	<p>HIV/AIDS: Medical Visit</p> <p>Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit</p> <p>CMS did not receive any comments on this proposal.</p> <p>Response: According to clinical experts, this measure no longer reflects the evidence. CMS is finalizing its proposal to remove this measure because it no longer reflects clinical guidelines and evidence.</p>	National Committee for Quality Assurance
!	N/A/ 380	CMS1 79v4	EHR	Patient Safety	<p>ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</p> <p>Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period</p> <p>Comments: CMS received comments to support the removal of this measure. Commenters agreed with CMS assessment that the measure was difficult to report.</p> <p>Response: Since its implementation, this measure has had difficulty with feasibility. CMS is finalizing its proposal to remove this measure because it is not technically feasible to implement.</p> <p>Final Decision: CMS is finalizing its proposal to remove this measure.</p>	Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance
	N/A/ 381	77v4	EHR	Effective Clinical Care	<p>HIV/AIDS: RNA Control for Patients with HIV</p> <p>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.</p> <p>CMS did not receive any comments on this measure.</p> <p>Response: According to clinical experts, this measure no longer reflects the evidence. CMS is finalizing its proposal to remove this measure because it no longer reflects clinical guidelines and evidence.</p>	Centers for Medicare & Medicaid Services/ National Committee for Quality Assurance

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	2452/ 399	N/A	Registry	Effective Clinical Care	<p>Post-Procedural Optimal Medical Therapy Composite (Percutaneous Coronary Intervention)</p> <p>Percentage of patients aged 18 years and older for whom PCI is performed who are prescribed optimal medical therapy at discharge</p> <p>Comments: Although CMS did not receive a comment regarding its proposal to remove the measure, we did receive a comment requesting the measure be modified.</p> <p>Response: The measure steward will no longer support stewardship of this measure. Measures implemented in the quality measure program are required to be updated annually by the measure steward. Additionally, the request to modify the measure reaffirms the need for this measure to have a measure steward. Since the measure steward has removed its support to update this measure in 2017, CMS is finalizing its removal of this measure.</p>	American College of Cardiology/American Heart Association/American Medical Association-Physician Consortium for Performance Improvement
Proposals Not Finalized						
	N/A/ 425	N/A	Claims, Registry	Effective Clinical Care	<p>Photodocumentation of Cecal Intubation</p> <p>The rate of screening and surveillance colonoscopies for which photodocumentation of landmarks of cecal intubation is performed to establish a complete examination</p> <p>CMS proposed this measure for removal in Table H of the Appendix of the proposed rule (81 FR 28531) because CMS believed this measure is related to one of the conditions covered under the Core Quality Measure Collaborative but is not included in the core measure set.</p> <p>Comments: CMS received several comments requesting that CMS not remove this measure from the program until performance data can be collected.</p> <p>Response: CMS agrees that it would be premature to remove the measure from the program without adequate data to justify removal based on performance. Therefore, CMS will not finalize this measure for removal.</p> <p>Final Decision: We are not finalizing our proposal to remove Q #425 for the 2017 Performance Period. Under section 1848(q)(2)(D)(vii) of the Act, existing quality measures shall be included in the final list of quality measures unless removed. Accordingly, CMS is finalizing Q #425 for the 2017 Performance Period.</p>	American College of Gastroenterology/ American Gastroenterological Association/ American Society for Gastrointestinal Endoscopy