

TABLE 44: MIPS APM Measure List-- Comprehensive ESRD Care Model

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measure Steward
Diabetes Care: Eye Exam	0055	Effective Clinical Care	Percentage of patients 18–75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	NCQA
Diabetes Care: Foot Exam	0056	Effective Clinical Care	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 previous measurement year.	NCQA
Advance Care Plan	0326	Communication and Care Coordination	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	NCQA
Medication Reconciliation Post-Discharge	0554	Communication and Care Coordination	The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years of age and older seen within 30 days following the discharge in the office by the physicians, 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. National Committee for Quality Assurance. This measure is reported as three rates stratified by age group: <ul style="list-style-type: none"> • 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. 	NCQA
Influenza Immunization for the ESRD Population	Not Endorsed	N/A	Percentage of patients aged 6 months and older seen for a visit between July 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	KCQA
Pneumococcal Vaccination Status	0043	Community/Population Health	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	NCQA
Screening for Clinical Depression and Follow-Up Plan	0418	Community/Population Health	Percentage of patients aged 12 and older screened for depression on the date of the encounter and using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	CMS
Tobacco Use: Screening and	0028	Community/Population Health	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received	PCPI Foundation

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measure Steward
Cessation Intervention			cessation counseling intervention if identified as a tobacco user.	
Falls: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls	0101	Patient Safety	(A) Screening for Future Fall Risk: Patients who were screened for future fall risk at last once within 12 months. (B) Multifactorial Falls Risk Assessment: Patients at risk of future fall who had a multifactorial risk assessment for falls completed within 12 months. (C) Plan of Care to Prevent Future Falls: Patients at risk of future fall with a plan of care or falls prevention documented within 12 months.	NCQA
ICH CAHPS: Nephrologists' Communication and Caring	0258	N/A	Summary/Survey Measures may include: <ul style="list-style-type: none"> ● Getting timely care, appointments, and information. ● How well providers communicate. ● Patients' rating of provider. ● Access to specialists. ● Health promotion and education. ● Shared Decision-making. ● Health status and functional status. ● Courteous and helpful office staff. ● Care coordination. ● Between visit communication. ● Helping you to take medications as directed, and ● Stewardship of patient resources. 	CMS
ICH CAHPS: Quality of Dialysis Center Care and Operations	0258	N/A	Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers, including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.	CMS
ICH CAHPS: Providing Information to Patients	0258	N/A	Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers, including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.	CMS
ICH CAHPS: Rating of the Nephrologist	0258	N/A	Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers, including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.	CMS

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measure Steward
ICH CAHPS: Rating of Dialysis Center Staff	0258	N/A	Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers, including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.	CMS
ICH CAHPS: Rating of the Dialysis Facility	0258	N/A	Comparison of services and quality of care that dialysis facilities provide from the perspective of ESRD patients receiving in-center hemodialysis care. Patients will assess their dialysis providers, including nephrologists and medical and non-medical staff, the quality of dialysis care they receive, and information sharing about their disease.	CMS
Standardized Mortality Ratio	0369	N/A	This measure is calculated as a ratio but expressed as a rate.	CMS
Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)	Not Endorsed	N/A	The standardized ratio of the observed to expected number of incident patients under age 75 listed on the kidney or kidney-pancreas transplant waitlist or who received a living donor transplant within the first year of initiating dialysis based on the national rate.	CMS
Percentage of Prevalent Patients Waitlisted (PPPW)	Not Endorsed	N/A	The percentage of patients who were on the kidney or kidney-pancreas transplant waitlist.	CMS

TABLE 45: MIPS APM Measure List-- Comprehensive Primary Care Plus (CPC+) Model

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measures Steward
Controlling High Blood Pressure	0018	Effective Treatment/ Clinical Care	Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.	National Committee for Quality Assurance
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent)	0059	Effective Treatment/ Clinical Care	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c >9.0 percent during the measurement period.	National Committee for Quality Assurance
Dementia: Cognitive Assessment	2872	Effective Treatment/ Clinical Care	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.	PCPI Foundation
Falls: Screening for Future Fall Risk	0101	Patient Safety	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	National Committee for Quality Assurance
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	Effective Treatment/ Clinical Care	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported: a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	National Committee for Quality Assurance
Closing the Referral Loop: Receipt of Specialist Report	Not Endorsed	Communication and Care Coordination	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	CMS
Cervical Cancer Screening	0032	Effective Treatment/ Clinical Care	Percentage of women 21–64 years of age, who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • 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. 	National Committee for Quality Assurance
Colorectal Cancer Screening	0034	Effective Treatment/ Clinical Care	Percentage of patients, 50–75 years of age who had appropriate screening for colorectal cancer.	National Committee for Quality Assurance
Diabetes: Eye Exam	0055	Effective Treatment/ Clinical Care	Percentage of patients 18–75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam	National Committee for Quality Assurance

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measures Steward
			(no evidence of retinopathy) in the 12 months prior to the measurement period.	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028	Community/Population Health	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user.	PCPI Foundation
Breast Cancer Screening	2372	Effective Treatment/ Clinical Care	Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	National Committee for Quality Assurance
CG–CAHPS® Survey 3.0 - modified for CPC+	Not Endorsed	Person and Caregiver-Centered Experience and Outcomes	CG–CAHPS® Survey 3.0	AHRQ
Inpatient Hospital Utilization	Not Endorsed	Communication and Care Coordination	For members 18 years of age and older, the risk-adjusted ratio of observed to expected acute inpatient discharges during the measurement year reported by Surgery, Medicine, and Total.	National Committee for Quality Assurance
Emergency Department Utilization	Not Endorsed	Communication and Care Coordination	For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.	National Committee for Quality Assurance
Diabetes: Medical Attention for Nephropathy	0062	Effective Treatment/ Clinical Care	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.	National Committee for Quality Assurance
Preventive Care and Screening: Depression and Follow-Up Plan	0418	Community/Population Health	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.	PCPI Foundation
Depression Utilization of the PHQ-9 Tool	0712	Effective Treatment/ Clinical Care	The percentage of patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 4 month period in which there was a qualifying visit.	MN Community Measurement
Preventive Care and Screening: Influenza Immunization	0041	Community/Population Health	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)
Pneumococcal Vaccination	Not Endorsed	Community/Population Health	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	National Committee for

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measures Steward
Status for Older Adults				Quality Assurance
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	0068	Effective Treatment/ Clinical Care	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.	National Committee for Quality Assurance
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Not Endorsed	Effective Treatment/ Clinical Care	Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> • Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR • Adults aged ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR • Adults aged 40–75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70–189 mg/dL. 	CMS
Use of High-Risk Medications in the Elderly	0022	Patient Safety	Percentage of patients 65 years of age and older who were ordered high-risk medications.	National Committee for Quality Assurance
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Not Endorsed	Community/Population Health	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.	CMS
Documentation of Current Medications in the Medical Record	0419	Patient Safety	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	CMS
Preventive Care and Screening: Body Mass Index (BMI) Screening	0421	Community/Population Health	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous 12 months AND with a BMI outside of normal parameters, a follow-up plan is documented	CMS

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measures Steward
and Follow-Up Plan			during the encounter or during the previous twelve months of the current encounter.	
Diabetes: Foot Exam	0056	Effective Treatment/ Clinical Care	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 previous measurement year.	National Committee for Quality Assurance
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0081	Effective Treatment/ Clinical Care	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 percent who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.	PCPI Foundation
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083	Effective Treatment/ Clinical Care	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 percent who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	PCPI Foundation
Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40 percent)	0070	Effective Treatment/ Clinical Care	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40 percent who were prescribed beta-blocker therapy.	PCPI Foundation
Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	Not Endorsed	Effective Treatment/ Clinical Care	Percentage of female patients aged 50 to 64 without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.	CMS

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measures Steward
HIV Screening	Not Endorsed	Community/Population Health	Percentage of patients 15-65 years of age who have ever been tested for human immunodeficiency virus (HIV).	Centers for Disease Control and Prevention (CDC)
Total Resource Use Population- based PMPM Index (RUI)	1598	N/A	This measure is used to assess the total resource use index population-based per member per month (PMPM). The Resource Use Index (RUI) is a risk adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients. Resource use includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.	Minneapolis (MN): Health Partners

TABLE 46: MIPS APM Measure List-- Oncology Care Model

Measure Name	NQF/ Quality ID	National Quality Strategy Domain	Measure Description	Primary Measure Steward
Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	0223	Communication and Care Coordination	Percentage of patients under the age of 80 with AJCC III (lymph node positive) colon cancer for whom adjuvant chemotherapy is recommended and not received or administered within 4 months (120 days) of diagnosis.	Commission on Cancer, American College of Surgeons
Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	0387	Communication and Care Coordination	Percentage of female patients aged 18 years and older with Stage I (T1b) through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	AMA-convened Physician Consortium for Performance Improvement
Oncology: Medical and Radiation – Plan of Care for Pain	0384	Person and Caregiver-Centered Experience and Outcomes	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	American Society of Clinical Oncology
Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer	0559	Communication and Care Coordination	Percentage of female patients, age >18 at diagnosis, who have their first diagnosis of breast cancer (epithelial malignancy), at AJCC stage T1cN0M0 (tumor greater than 1 cm), or Stage IB–III, whose primary tumor is progesterone and estrogen receptor negative recommended for multiagent chemotherapy (recommended or administered) within 4 months (120 days) of diagnosis.	Commission on Cancer, American College of Surgeons
Documentation of Current Medications in the Medical Record	0419	Patient Safety	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 AND must contain the medications' name, dosage, frequency and route of administration.	CMS
Oncology: Medical and Radiation -Pain Intensity Quantified	0383	Person and Caregiver Centered Experience	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	Physician Consortium for Performance Improvement Foundation

Measure Name	NQF/ Quality ID	National Quality Strategy Domain	Measure Description	Primary Measure Steward
Patient-Reported Experience of Care	N/A	Person and Caregiver-Centered Experience and Outcomes	Summary/Survey Measures may include: <ul style="list-style-type: none"> ● Overall measure of patient experience. ● Exchanging Information with Patients. ● Access. ● Shared Decision Making. ● Enabling Self-Management. ● Affective Communication. 	CMS
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	0418	Community/Population Health	Percentage of patients aged 12 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.	CMS
Proportion of patients who died who were admitted to hospice for 3 days or more	N/A	N/A	Percentage of OCM-attributed FFS beneficiaries who died and spent at least 3 days in hospice during the measurement time period.	CMS
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	Percentage of OCM-attributed FFS beneficiaries who had an ER visit that did not result in a hospital stay during the measurement period.	CMS
Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode	N/A	N/A	Percentage of OCM-attributed FFS beneficiaries who were had an acute-care hospital stay during the measurement period.	CMS
Trastuzumab administered to patients with AJCC stage I (T1c) - III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	1858	Efficiency and Cost reduction	Proportion of female patients (aged 18 years and older) with AJCC stage I (T1c)–III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant Chemotherapy.	American Society of Clinical Oncology

**TABLE 47: MIPS APM Measure List--Bundled Payments for Care Improvement
Advanced Model**

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measure Steward
All-Cause Hospital Readmission	1789	Communication and Care Coordination	This measure estimates a hospital-level risk-standardized readmission rate (RSRR) of unplanned, all cause readmission after admission for any eligible condition within 30 days of hospital discharge.	CMS
Advanced Care Plan	0326 (adapted) ¹	Communication and Care Coordination	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	NCQA
Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin	0268	Patient Safety	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic who had an order for first OR second generation cephalosporin for antimicrobial prophylaxis.	American Society of Plastic Surgeons
Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Elective Coronary Artery Bypass Graft (CABG) Surgery	2558	Patient Safety	The measure estimates a hospital-level, risk-standardized mortality rate (RSMR) for patients 18 years and older discharged from the hospital following a qualifying isolated CABG procedure. Mortality is defined as death from any cause within 30 days of the procedure date of an index CABG admission. The measure was developed using Medicare Fee-for-Service (FFS) patients 65 years and older and was tested in all-payer patients 18 years and older. An index admission is the hospitalization for a qualifying isolated CABG procedure considered for the mortality outcome.	CMS
Excess Days in Acute Care After Hospitalization for Acute Myocardial Infarction	2881	Patient Safety	This measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for acute myocardial infarction (AMI) to provide a patient-centered assessment of the post-discharge period. This measure is intended to capture the quality of care transitions provided to discharged patients hospitalized with AMI by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. To aggregate all three events, we measure each in terms of days. In 2016, CMS will begin annual reporting of the measure for patients who are 65 years or older, are enrolled in fee-for-	CMS

Measure Name	NQF/ Quality ID #	National Quality Strategy Domain	Measure Description	Primary Measure Steward
			service (FFS) Medicare, and are hospitalized in non-federal hospitals.	
AHRQ Patient Safety Measures	0531	Patient Safety	The modified PSI-90 Composite measure (name changed to Patient Safety and Adverse Events Composite) consists of ten component indicators: PSI-3 Pressure ulcer rate; PSI-6 Iatrogenic pneumothorax rate; PSI-8 Postoperative hip fracture rate; PSI-09 Perioperative hemorrhage or hematoma rate; PSI-10 physiologic and metabolic derangement rate; PSI-11 postoperative respiratory failure rate; PSI-12 Perioperative pulmonary embolism or Deep vein thrombosis rate; PSI-13 Postoperative sepsis rate; PSI-14 Postoperative wound dehiscence rate; and PSI-15 Accidental puncture or laceration rate.	AHRQ
Hospital-Level Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	1550	Patient Safety	The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and TKA in Medicare Fee-For-Service beneficiaries who are 65 years and older. The outcome (complication) is defined as any one of the specified complications occurring from the date of index admission to 90 days post date of the index admission (the admission included in the measure cohort).	CMS

1 The specifications used for the Advanced Care Plan quality measure in BPCI Advanced are not NQF endorsed, but have been created specifically for BPCI Advanced.

**TABLE 48: MIPS APM Measure List—Maryland Total Cost of Care Model
(Maryland Primary Care Program)**

Measure Name	NQF/ Quality ID	National Quality Strategy Domain	Measure Description	Primary Measure Steward
Controlling High Blood Pressure	0018	Effective / Clinical Care	Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.	National Committee for Quality Assurance
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent)	0059	Effective Clinical Care	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0 percent during the measurement period.	National Committee for Quality Assurance
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	Effective / Clinical Care	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported: a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	National Committee for Quality Assurance
CG -CAHPS Survey 3.0 - modified for CPC+	Not Endorsed	Person and Family Engagement/ Patient and Caregiver Experience	CG–CAHPS Survey 3.0	AHRQ
Inpatient Hospital Utilization	Not Endorsed	Communication and Care Coordination	For members 18 years of age and older, the risk-adjusted ratio of observed to expected acute inpatient discharges during the measurement year reported by Surgery, Medicine, and Total.	National Committee for Quality Assurance
Emergency Department Utilization	Not Endorsed	Communication and Care Coordination	For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.	National Committee for Quality Assurance

TABLE 49: MIPS APM Measure List-- Independence at Home Demonstration

Measure Name	NQF/ Quality ID	National Quality Strategy Domain	Measure Description	Primary Measure Steward
Number of inpatient admissions for ambulatory-care sensitive conditions per 100 patient enrollment months	Not Endorsed	N/A	Number of inpatient admissions for ambulatory-care sensitive conditions per 100 patient enrollment months.	CMS
Number of readmissions within 30 days per 100 inpatient discharges	Not Endorsed	N/A	Risk adjusted readmissions to a hospital within 30 days following discharge from the hospital for an index admission.	CMS
Emergency Department Visits for Ambulatory Care Sensitive Conditions	Not Endorsed	N/A	Risk adjusted emergency department visits for three ambulatory care sensitive conditions: diabetes, congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD).	CMS
Contact with beneficiaries within 48 hours upon admission to the hospital and discharge from the hospital and/or ED	Not Endorsed	N/A	Percent of hospital admissions, hospital discharges, and emergency department (ED) visits for beneficiaries enrolled in IAH with a follow-up contact within 48 hours.	CMS
Medication reconciliation in the home	Not Endorsed	N/A	Percent of hospital discharges and emergency department (ED) visits for beneficiaries enrolled in IAH with medication reconciliation in the home within 48 hours.	CMS
Percentage with Documented Patient Preferences	Not Endorsed	N/A	Percent of beneficiaries enrolled in IAH with patient preferences documented in the medical record for a demonstration year.	CMS

We proposed to update the MIPS APM measure sets that apply for purposes of the APM scoring standard (83 FR 35933 through 35934). The following is a summary of the public comments received on these measure sets and our responses:

Comment: Several commenters supported the measure sets set forth in the proposed rule.

Other commenters recommended additional measures to be used in future years or suggested modifications to the measures themselves.

Response: We thank the commenters for their support and note that, consistent with §414.1370(g)(1)(i)(A) and (ii)(A), we are using only measures that are included or that CMS