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This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for Eligible Clinicians and group practices for the 2018 Quality Payment Program (QPP) Performance Period.

QCDR MEASURES	MEASURE ID
<p>High Risk Pneumococcal Vaccination</p> <p>The percentage of patients aged 19 through 64 with a high risk condition, who either received a pneumococcal vaccination OR who reported previous receipt of a pneumococcal vaccination.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	<p>ACPGR1</p>
<p>Tdap (Tetanus, Diphtheria, Acellular Pertussis) Vaccination</p> <p>Percentage of patients aged 19 or older who received a primary vaccine series of tetanus/diphtheria/acellular pertussis (tdap) vaccine OR who reported previous receipt of Tdap booster vaccination.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	<p>ACPGR2</p>
<p>Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and LVEF <40% on ACEI or ARB and Beta-blocker Therapy</p> <p><i>Used with permission from the National Minority Quality Forum</i></p> <p>Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) and a current or prior ejection fraction (EF) <40% who are self-identified Black or African Americans and receiving ACEI or ARB and Beta-blocker therapy who were prescribed a fixed-dose combination of hydralazine and isosorbide dinitrate seen for an office visit in the measurement period in the outpatient setting or at each hospital discharge.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	<p>ACPGR3</p>
<p>Zoster (Shingles) Vaccination</p> <p>The percentage of patients 50 years of age and older who have two Varicella Zoster (shingles) Shingrix vaccinations.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	<p>PPRNET34</p>

ACP CUSTOM MEASURES	MEASURE ID
<p><i>Available for calculation, performance tracking, and improvement activities. Not available for 2018 MIPS Submission.</i></p>	
<p>Evaluation or Interview for Risk of Opioid Misuse</p> <p>All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record. This measure is available for data collection, calculation, and real-time feedback although not eligible for 2018 MIPS submission.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process Data Submission Method(s): Electronic Measure</p>	<p>ACPGR5</p>

ACP CUSTOM MEASURES **MEASURE ID**

Available for calculation, performance tracking, and improvement activities. Not available for 2018 MIPS Submission.

Opioid Therapy Follow-up Evaluation

ACPGR4

All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record.

This measure is available for data collection, calculation, and real-time feedback although **not eligible for 2018 MIPS submission**.

National Quality Strategy Domain: Effective Clinical Care

Type: Process

Data Submission Method(s): Electronic Measure

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
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Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

001

CMS122v6

0059

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

National Quality Strategy Domain: Effective Clinical Care

Type: Intermediate Outcome

High-Priority: Yes

Data Submission Method(s): Electronic Measure

Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

005

CMS135v6

2907

0081

Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

National Quality Strategy Domain: Effective Clinical Care

Type: Process

High-Priority: No

Data Submission Method(s): Electronic Measure

Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

007

CMS145v6

0070

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% who were prescribed beta-blocker therapy.

National Quality Strategy Domain: Effective Clinical Care

Type: Process

High-Priority: No

Data Submission Method(s): Electronic Measure

Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

008

CMS144v6

2908

0083

Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge.

National Quality Strategy Domain: Effective Clinical Care

Type: Process

High-Priority: No

Data Submission Method(s): Electronic Measure

*CMS Quality Measure Specifications are available at <https://qpp.cms.gov/about/resource-library>.

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
Anti-Depressant Medication Management Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported: a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months). National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	009	CMS128v6	---	0105
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	012	CMS143v6	---	0086
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	018	CMS167v6	---	0088
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	019	CMS142v6	---	0089
Appropriate Treatment for Children with Upper Respiratory Infection (URI) Percentage of children 3 months–18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode. National Quality Strategy Domain: Efficiency and Cost Reduction Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	065	CMS154v6	---	0069
Appropriate Testing for Children with Pharyngitis Percentage of children 3–18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode. National Quality Strategy Domain: Efficiency and Cost Reduction Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	066	CMS146v6	---	---

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. National Quality Strategy Domain: Efficiency and Cost Reduction Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	102	CMS129v7	---	0389
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	107	CMS161v6	---	0104
Preventive Care and Screening: Influenza Immunization 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. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	110	CMS147v7	---	0041
Pneumococcal Vaccination Status for Older Adults Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	111	CMS127v6	---	0043
Breast Cancer Screening Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	112	CMS125v6	---	2372
Colorectal Cancer Screening Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	113	CMS130v6	---	0034

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
<p>Diabetes: Eye Exam</p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	117	CMS131v6	---	0055
<p>Diabetes: Medical Attention for Nephropathy</p> <p>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.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	119	CMS134v6	---	0062
<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</p> <p>Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.</p> <p>Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m².</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	128	CMS69v6	---	0421
<p>Documentation of Current Medications in the Medical Record</p> <p>Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.</p> <p>National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure</p>	130	CMS68v7	---	0419
<p>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</p> <p>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.</p> <p>National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	134	CMS2v7	---	0418
<p>Oncology: Medical and Radiation – Pain Intensity Quantified</p> <p>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.</p> <p>National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure</p>	143	CMS157v6	---	0384

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis Jiroveci Pneumonia (PCP) prophylaxis. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	160	CMS52v6	---	0405
Diabetes: Foot Exam The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	163	CMS123v6	---	0056
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery. National Quality Strategy Domain: Effective Clinical Care Type: Outcome High-Priority: Yes Data Submission Method(s): Electronic Measure	191	CMS133v6	---	0565
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence. National Quality Strategy Domain: Patient Safety Type: Outcome High-Priority: Yes Data Submission Method(s): Electronic Measure	192	CMS132v6	---	0564
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet 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 Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	204	CMS164v6	---	0068
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	226	CMS138v6	---	0028

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
Controlling High Blood Pressure Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. National Quality Strategy Domain: Effective Clinical Care Type: Intermediate Outcome High-Priority: Yes Data Submission Method(s): Electronic Measure	236	CMS165v6	---	0018
Use of High-Risk Medications in the Elderly Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted. 1) Percentage of patients who were ordered at least one high-risk medication. 2) Percentage of patients who were ordered at least two of the same high-risk medication. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	238	CMS156v6	---	0022
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Percentage of patients 3–17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	239	CMS155v6	---	0024
Childhood Immunization Status Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	240	CMS117v6	---	0038
Dementia: Cognitive Assessment 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. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	281	CMS149v6	---	2872

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment 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 Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	305	CMS137v6	---	0004
Cervical Cancer Screening Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed every 3 years * Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	309	CMS124v6	---	0032
Chlamydia Screening for Women Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	310	CMS153v6	---	0033
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Percentage of patients aged 18 years and older seen during the submitting 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. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	317	CMS22v6	---	---
Falls: Screening for Future Fall Risk Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	318	CMS139v6	---	0101

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
Follow-Up Care for Children Prescribed ADHD Medication (ADD) Percentage of children 6–12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	366	CMS136v7	---	0108
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	367	CMS169v6	---	---
Pregnant Women that had HBsAg Testing This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	369	CMS158v6	---	---
Depression Remission at Twelve Months The percentage of patients 18 years of age and or older with major depression or dysthymia who reached remission 12 months (+/- 30 days) after an index visit. National Quality Strategy Domain: Effective Clinical Care Type: Outcome High-Priority: Yes Data Submission Method(s): Electronic Measure	370	CMS159v6	---	0710
Depression Utilization of the PHQ-9 Tool 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. National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	371	CMS160v6	---	0712
Maternal Depression Screening The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life. National Quality Strategy Domain: Community/Population Health Type: Process High-Priority: No Data Submission Method(s): Electronic Measure	372	CMS82v5	---	---

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
Hypertension: Improvement in Blood Pressure Percentage of patients aged 18–85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period. National Quality Strategy Domain: Effective Clinical Care Type: Intermediate Outcome High-Priority: Yes Data Submission Method(s): Electronic Measure	373	CMS65v7	---	---
Closing the Referral Loop: Receipt of Specialist Report 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. National Quality Strategy Domain: Communication and Care Coordination Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	374	CMS50v6	---	---
Functional Status Assessment for Total Knee Replacement Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	375	CMS66v6	---	---
Functional Status Assessment for Total Hip Replacement Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	376	CMS56v6	---	---
Functional Status Assessments for Congestive Heart Failure Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments. National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure	377	CMS90v7	---	---
Children Who Have Dental Decay or Cavities Percentage of children, age 0–20 years, who have had tooth decay or cavities during the measurement period. National Quality Strategy Domain: Community/Population Health Type: Outcome High-Priority: Yes Data Submission Method(s): Electronic Measure	378	CMS75v6	---	---

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	eMEASURE NQF #	NQF #
<p>Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists</p> <p>Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	379	CMS74v7	---	---
<p>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</p> <p>Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.</p> <p>National Quality Strategy Domain: Patient Safety Type: Process High-Priority: Yes Data Submission Method(s): Electronic Measure</p>	382	CMS177v6	---	1365
<p>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</p> <p>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:</p> <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 Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL. <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	438	CMS347v1	---	---
<p>Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy</p> <p>Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.</p> <p>National Quality Strategy Domain: Effective Clinical Care Type: Process High-Priority: No Data Submission Method(s): Electronic Measure</p>	462	CMS645v1	---	---

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