

Quality Measures

Choose 6* Quality measures including 1 outcome measure, if available, or 1 high-priority measure. These must be reported on for the entire calendar year in the performance period and reporting for at least 70% data completeness. Measures reported by claims include patients with Medicare Fee-for-Service (FFS) Part B and Railroad Board insurance. Measures reported by the Centers for Medicare & Medicaid Services (CMS) Web Interface includes Medicare Part A & B insurance. All other methods of reporting include all patients (includes self-pay).

ID	Quality Measure Name	Outcome	High Priority	How to Report
047	Advance Care Plan	-	✓	Claims, Registry
326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	-	-	Registry
243	Cardiac Rehabilitation Patient Referral from an Outpatient Setting	-	✓	Registry
322	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients	-	✓	Registry
323	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	-	✓	Registry
324	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	-	✓	Registry
374	Closing the Referral Loop: Receipt of Specialist Report	-	✓	EHR, Registry
236	Controlling High Blood Pressure	✓	✓	Claims, EHR, Registry, CMS Web Interface
118	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	-	-	Registry
006	Coronary Artery Disease (CAD): Antiplatelet Therapy	-	-	Registry
007	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	-	-	EHR, Registry
130	Documentation of Current Medications in the Medical Record	-	✓	Claims, EHR, Registry
005	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	-	-	EHR, Registry
008	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	-	-	EHR, Registry
441	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	✓	✓	Registry
111	Pneumococcal Vaccination Status for Older Adults	-	-	Claims, EHR, Registry
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	-	-	Claims, EHR, Registry
110	Preventive Care and Screening: Influenza Immunization	-	-	Claims, EHR, Registry, CMS Web Interface
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	-	-	Claims, EHR, Registry
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	-	-	Claims, EHR, Registry, CMS Web Interface
431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	-	-	Registry
344	Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)	✓	✓	Registry
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	-	-	EHR, Registry, CMS Web Interface
402	Tobacco Use and Help with Quitting Among Adolescents	-	-	Registry
238	Use of High-Risk Medications in the Elderly	-	✓	EHR, Registry

*** Submit a complete specialty measure set if the specialty measure set contains less than 6 measures when reporting via claims or registry; OR submit all quality measures included in the CMS Web Interface (available to groups, virtual groups, and Alternative Payment Method [APM] Entities with 25 or more eligible clinicians).**

EHR = Electronic health record; MIPS = Merit-based Incentive Payment System

Improvement Activities

Choose between 2 high-weighted, or 4 medium-weighted Improvement Activities. Small practices (15 or fewer clinicians) and [Special Statuses](#) can choose between 1 high-weighted or 2 medium-weighted Improvement Activities. View all Improvement Activities at the [CMS Explore Measures & Activities](#) page.

Perform over a continuous 90-day period in the performance year. You can use the same or a different 90 continuous-day period as the Promoting Interoperability category.

ID	Improvement Activity (IA)	Weight
IA_BE_6	Collection and Follow-up on Patient Experience and Satisfaction Data on Beneficiary Engagement	High
IA_ERP_3	COVID-19 Clinical Trials	High
IA_BE_14	Engage Patients and Families to Guide Improvement in the System of Care	High
IA_CC_17	Patient Navigator Program	High
IA_AHE_3	Promote Use of Patient-Reported Outcome Tools	High
IA_EPA_1	Provide 24/7 Access to MIPS-Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	High
IA_AHE_6	Provide Education Opportunities for New Clinicians	High
IA_ERP_2	Participation in a 60-day or Greater Effort to Support Domestic or International Humanitarian Needs.	High
IA_BMH_12	Promoting Clinician Well-Being	High
IA_AHE_8	Create and Implement an Anti-Racism Plan	High
IA_PM_21	Advance Care Planning	Medium
IA_CC_12	Care Coordination Agreements That Promote Improvements in Patient Tracking Across Settings	Medium
IA_BE_4	Engagement of Patients Through Implementation of Improvements in Patient Portal	Medium
IA_BE_15	Engagement of Patients, Family, and Caregivers in Developing a Plan of Care	Medium
IA_BMH_4	Depression Screening	Medium
IA_EPA_2	Use of Telehealth Services That Expand Practice Access	Medium

Promoting Interoperability

You must submit collected data for measures from each of the 4 objectives (unless an exclusion or [special status](#) is claimed) for the same 90 continuous days (or more) during 2022. You can use the same or a different 90 continuous-day period as the Improvement Activity category.

- MIPS-eligible clinicians in small practices, special statuses, and some clinician types are automatically exempt from the Promoting Interoperability category. Any Promoting Interoperability data submitted will override the automatic exception.
- MIPS-eligible clinicians reporting as a group or virtual groups may submit a MIPS Promoting Interoperability Performance Category Hardship Exception Application by December 31, 2022 to redistribute the weighting of the Promoting Interoperability category to 0%. This application is not available to APM Entities.

Objectives	Measures	Attestation (Y/N) or Data Submission?	Points
e-Prescribing	e-Prescribing	Data Submission	1–10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	Attestation	10 bonus points (Optional)
Health Information Exchange (HIE) (Option 1)	Support Electronic Referral Loops by Sending Health Information	Data Submission	1–20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	Data Submission	1–20 points
HIE (Option 2)	HIE Bi-Directional Exchange	Attestation	40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Data Submission	1–40 points
Public Health and Clinical Data Exchange	Report to the following public health or clinical data registries: 1. Immunization Registry Reporting 2. Electronic Case Reporting	Attestation	10 points
	Option to report one of the	Attestation	5 bonus points (Optional)

	following public health agency or clinical data registry measures: <ul style="list-style-type: none">• Public Health Registry Reporting, OR• Clinical Data Registry Reporting, OR• Syndromic Surveillance Reporting		
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For More Information:

- [CMS QPP Website](#)

QPP = Quality Payment Program

Health Services Advisory Group (HSAG) prepared this material based on data from CMS.