

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). MIPS = Merit-based Incentive Payment System

ID	Quality Measure Name	Outcome	High Priority	How to Report
093	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	-	✓	Registry
383	Adherence to Antipsychotic Medications For Individuals with Schizophrenia	✓	✓	Registry
107	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	-	-	EHR
331	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	-	✓	Registry
332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin with or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)	-	✓	Registry
047	Advance Care Plan	-	✓	Claims, Registry
387	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users	-	-	Registry
009	Anti-Depressant Medication Management	-	-	EHR
066	Appropriate Testing for Pharyngitis	-	✓	EHR
065	Appropriate Treatment for Upper Respiratory Infection (URI)	-	✓	Registry
472	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	-	✓	Registry
326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	-	-	-
116	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	-	✓	Registry
321	CAHPS for MIPS Clinician/Group Survey	-	✓	EHR
243	Cardiac Rehabilitation Patient Referral from an Outpatient Setting	-	✓	EHR, Registry
309	Cervical Cancer Screening	-	-	Claims, Registry
374	Closing the Referral Loop: Receipt of Specialist Report	-	✓	Registry
024	Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older	-	✓	Claims, EHR, Registry, CMS Web Interface
468	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	-	✓	Registry
236	Controlling High Blood Pressure	✓	✓	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
370	Depression Remission at Twelve Months	✓	✓	EHR, Registry, CMS Web Interface
126	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation	-	-	Registry
117	Diabetes: Eye Exam	-	-	Claims, EHR, Registry
001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	✓	✓	Claims, EHR, Registry, CMS Web Interface
119	Diabetes: Medical Attention for Nephropathy	-	-	EHR, Registry
130	Documentation of Current Medications in the Medical Record	-	✓	Claims, EHR, Registry
181	Elder Maltreatment Screen and Follow-Up Plan	-	✓	Claims, Registry
155	Falls: Plan of Care	-	✓	Claims, Registry
318	Falls: Screening for Future Fall Risk	-	✓	EHR, CMS Web Interface

391	Follow-Up After Hospitalization for Mental Illness (FUH)	-	✓	Registry
377	Functional Status Assessments for Congestive Heart Failure	-	✓	EHR
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
401	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	-	-	Registry
475	HIV Screening	-	-	EHR
338	HIV Viral Load Suppression	✓	✓	Registry
394	Immunizations for Adolescents	-	-	EHR
305	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	-	✓	Registry
441	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	✓	✓	Registry
443	Non-Recommended Cervical Cancer Screening in Adolescent Females	-	✓	Registry
400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	-	-	Registry
398	Optimal Asthma Control	✓	✓	Claims, Registry
418	Osteoporosis Management in Women Who Had a Fracture	-	-	Registry
483	Person-Centered Primary Care Measure Patient-Reported Outcome Performance Measure (PCPCM PRO-PM)	-	✓	Claims, EHR, 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, CMS Web Interface
110	Preventive Care and Screening: Influenza Immunization	-	-	Registry
134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	-	-	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
039	Screening for Osteoporosis for Women Aged 65-85 Years of Age	-	-	Claims, Registry
279	Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	-	-	Registry
277	Sleep Apnea: Severity Assessment at Initial Diagnosis	-	-	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
048	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	-	-	Registry
050	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	-	✓	Registry
238	Use of High-Risk Medications in Older Adults	-	✓	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 Model [APM] Entities with 25 or more eligible clinicians). EHR = Electronic health record

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_EPA_1	Provide 24/7 Access to MIPS-Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	High
IA_PM_2	Anticoagulant Management Improvements	High
IA_PM_4	Glycemic management services	High

IA_BE_6	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	High
IA_BMH_6	Implementation of co-location PCP and MH services	High
IA_PSPA_6	Consultation of the Prescription Drug Monitoring Program	High
IA_AHE_1	Engagement of New Medicaid Patients and Follow-up	High
IA_BE_14	Engage Patients and Families to Guide Improvement in the System of Care	High
IA_BE_25	Drug Cost Transparency	High
IA_PSPA_32	Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support	High
IA_BMH_12	Promoting Clinician Well-Being	High
IA_AHE_8	Create and Implement an Anti-Racism Plan	High
IA_CC_18	Relationship-Centered Communication	Medium
IA_BMH_10	Completion of Collaborative Care Management Training Program	Medium
IA_EPA_3	Collection and Use of Patient Experience and Satisfaction Data on Access	Medium
IA_CC_8	Implementation of Documentation Improvements for Practice/Process Improvements	Medium
IA_CC_2	Implementation of Improvements That Contribute to More Timely Communication of Test Results	Medium

PCP = Primary care physician; MH = Mental Health; CDC = Centers for Disease Control and Prevention

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 following public health agency or clinical data registry measures: • Public Health Registry Reporting, OR • Clinical Data Registry Reporting, OR • Syndromic Surveillance Reporting	Attestation	5 bonus points (Optional)

For More Information:

- [CMS QPP Website](#)

QPP = Quality Payment Program

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