

**TABLE B: Proposed Existing Quality Measures That Are Calculated for 2017 MIPS Performance That Do Not Require Data Submission**

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Type	Measure Title and Description <sup>x</sup>	Measure Steward
	N/A	N/A	Communication and Care Coordination	Outcome	<b>Acute Conditions Composite:</b> <ul style="list-style-type: none"> <li>Bacterial Pneumonia (PQI 11) (NQF 0279)</li> <li>Urinary Tract Infection (PQI 12) (NQF 0281)</li> <li>Dehydration (PQI 10) (NQF 0280)</li> </ul>	Agency for Healthcare Research & Quality
	N/A	N/A	Communication and Care Coordination	Outcome	<b>Chronic Conditions Composite:</b> <ul style="list-style-type: none"> <li>Diabetes (composite of 4 indicators) (PQI 03, 01, 14, 16) (NQF 0274, 0272, 0285, 0638)</li> <li>Chronic Obstructive Pulmonary Disease or Asthma (PQI 5) (NQF 0275)</li> <li>Heart Failure (PQI 8) (NQF 0277)</li> </ul>	Agency for Healthcare Research & Quality
	1789/N/A	N/A	Communication and Care Coordination	Outcome	<b>All-cause Hospital Readmission Measure:</b> The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge. The measure applies to solo practitioners and groups of practitioners, as identified by their Taxpayer Identification Number (TIN).	Yale University

**TABLE C: Proposed Individual Quality Cross-Cutting Measures for the MIPS to Be Available to Meet the Reporting Criteria Via Claims, Registry, and EHR Beginning in 2017**

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Data Submission Method	Measure Type	Measure Title and Description <sup>x</sup>	Measure Steward
1	0326/047	N/A	Communication and Care Coordination	Claims, Registry	Process	<b>Care Plan:</b> 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.	National Committee for Quality Assurance/ American Medical Association-Physician Consortium for Performance Improvement

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Data Submission Method	Measure Type	Measure Title and Description <sup>x</sup>	Measure Steward
* !	0419 /130	68v5	Patient Safety	Claims, Registry, EHR	Process	<b>Documentation of Current Medications In the Medical Record:</b> 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 (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
§	0028 /226	138v 4	Community/ Population Health	Claims, Web Interface, Registry, EHR	Process	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> 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.	American Medical Association- Physician Consortium for Performance Improvement
§ !	0018 /236	165v 4	Effective Clinical Care	Claims, Web Interface, Registry, EHR	Intermediat e Outcome	<b>Controlling: High Blood Pressure:</b> 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
*	N/A/ 317	22v4	Community/ Population Health	Claims, Registry, EHR	Process	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> 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.	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
	N/A/ 374	50v4	Communication and Care Coordination	EHR	Process	<b>Closing the Referral Loop: Receipt of Specialist Report:</b> 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.	Centers for Medicare & Medicaid Services/ Mathematica
	N/A/ 402	N/A	Community/ Population Health	Registry	Process	<b>Tobacco Use and Help with Quitting Among Adolescents:</b> The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	National Committee for Quality Assurance/ National Collaborative for Innovation in Quality Measurement

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Data Submission Method	Measure Type	Measure Title and Description <sup>x</sup>	Measure Steward
	2152 /431	N/A	Community/ Population Health	Registry	Process	<b>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling:</b> Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user	American Medical Association-Physician Consortium for Performance Improvement
* §	0421 /128	69v4	Community/Po pulation Health	Claims, Web Interface, Registry, EHR	Process	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.  Normal Parameters: Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m2.	Centers for Medicare & Medicaid Services/ Mathematica/ Quality Insights of Pennsylvania
§ !	0005 & 0006 /321	N/A	Person and Caregiver- Centered Experience and Outcomes	CMS- approved Survey Vendor	Patient Engagemen t/Experienc e	<b>CAHPS for MIPS Clinician/Group Survey: Summary Survey Measures may include:</b> <ul style="list-style-type: none"> <li>• Getting Timely Care, Appointments, and Information;</li> <li>• How well Providers Communicate;</li> <li>• Patient’s Rating of Provider;</li> <li>• Access to Specialists;</li> <li>• Health Promotion and Education;</li> <li>• Shared Decision-Making;</li> <li>• Health Status and Functional Status;</li> <li>• Courteous and Helpful Office Staff;</li> <li>• Care Coordination;</li> <li>• Between Visit Communication;</li> <li>• Helping You to Take Medication as Directed; and</li> <li>• Stewardship of Patient Resources.</li> </ul>	Agency for Healthcare Research & Quality

**TABLE D: Proposed New Measures for MIPS Reporting in 2017**

<b>Title</b>	Non-melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Pathologist
<b>NQF #:</b>	N/A
<b>Description:</b>	Length of time taken from when the pathologist completes the final biopsy report to when s/he sends the final report to the biopsying physician. This measure evaluates the reporting time between pathologist and biopsying clinician
<b>Measure Steward:</b>	American Academy of Dermatology
<b>Numerator:</b>	Number of final pathology reports diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the