

Measure Title	Quality Number (Q#)	Measure Description	Measure Type	High Priority	Primary Measure Steward	Collection Type
Adherence to Antipsychotic Medications For Individuals with Schizophrenia	383	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months)	Intermediate Outcome	X	Health Services Advisory Group	MIPS CQM
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	107	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	Process	-	Mathematica	eCQM
All-cause Hospital Readmission	458	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	Outcome	X	Yale University	Administrative Claims

<p>Anti-Depressant Medication Management</p>	<p>009</p>	<p>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.</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</p>	<p>Process</p>	<p>-</p>	<p>National Committee for Quality Assurance</p>	<p>eCQM</p>
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<p align="center">CAHPS for MIPS Clinician/Group Survey</p>	<p align="center">321</p>	<p>The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Clinician/Group Survey is comprised of 10 Summary Survey Measures (SSMs) and measures patient experience of care within a group practice. The NQF endorsement status and endorsement id (if applicable) for each SSM utilized in this measure are as follows:</p> <ul style="list-style-type: none"> • Getting timely care, appointments, and information (Not endorsed by NQF); • How well providers Communicate (Not endorsed by NQF); • Patient’s Rating of Provider (NQF endorsed #0005); • Access to Specialists (Not endorsed by NQF); • Health Promotion & Education (Not endorsed by NQF); • Shared Decision Making (Not endorsed by NQF); • Health Status/Functional Status (Not endorsed by NQF); • Courteous and Helpful Office Staff (NQF endorsed #0005); • Care Coordination (Not endorsed by NQF); and • Stewardship of Patient Resources (Not endorsed by NQF) 	<p align="center">Patient Engagement /Experience</p>	<p align="center">X</p>	<p align="center">Agency for Healthcare Research & Quality</p>	<p align="center">CSV</p>
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Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	382	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	Process	X	Physician Consortium for Performance Improvement	eCQM
Closing the Referral Loop: Receipt of Specialist Report	374	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	Process	X	Centers for Medicare & Medicaid Services	eCQM
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	468	Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment	Process	X	University of Southern California	MIPS CQM
Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management	283	Percentage of patients with dementia for whom there was a documented screening for behavioral and psychiatric symptoms, including depression, and for whom, if symptoms screening was positive, there was also documentation of recommendations for management in the last 12 months	Process	-	American Academy of Neurology	MIPS CQM

Dementia: Cognitive Assessment	281	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	Process	-	Physician Consortium for Performance Improvement Foundation (PCPI®)	eCQM
Dementia: Education and Support of Caregivers for Patients with Dementia	288	Percentage of patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months	Process	X	American Academy of Neurology	MIPS CQM
Dementia: Functional Status Assessment	282	Percentage of patients with dementia for whom an assessment of functional status was performed at least once in the last 12 months	Process	-	American Academy of Neurology	MIPS CQM
Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia	286	Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety concerns screening in two domains of risk: 1) dangerousness to self or others and 2) environmental risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources	Process	X	American Academy of Neurology	MIPS CQM

Depression Remission at Twelve Months	370	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	Outcome	X	Minnesota Community Measurement	eCQM CMS Web Interface MIPS CQM
Documentation of Current Medications in the Medical Record	130	Percentage of visits for patients aged 18 years and older for which the MIPS 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.	Process	X	Centers for Medicare & Medicaid Services	Medicare Part B Claims eCQM MIPS CQM
Documentation of Signed Opioid Treatment Agreement	412	All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	Process	X	American Academy of Neurology	MIPS CQM
Elder Maltreatment Screen and Follow-Up Plan	181	Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen	Process	X	Centers for Medicare & Medicaid Services	Medicare Part B Claims MIPS CQM

<p>Evaluation or Interview for Risk of Opioid Misuse</p>	<p>414</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, Screener and Opioid Assessment for Patients with Pain, revised (SOAPP-R)) or patient interview documented at least once during Opioid Therapy in the medical record</p>	<p>Process</p>	<p>X</p>	<p>American Academy of Neurology</p>	<p>MIPS CQM</p>
<p>Follow-Up After Hospitalization for Mental Illness (FUH)</p>	<p>391</p>	<p>The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are submitted:</p> <ul style="list-style-type: none"> • The percentage of discharges for which the patient received follow-up within 30 days after discharge. • The percentage of discharges for which the patient received follow-up within 7 days after discharge. 	<p>Process</p>	<p>X</p>	<p>National Committee for Quality Assurance</p>	<p>MIPS CQM</p>

<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p>	<p>366</p>	<p>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.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase</p> <p>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</p>	<p>Process</p>	<p>-</p>	<p>National Committee for Quality Assurance</p>	<p>eCQM</p>
<p>Functional Outcome Assessment</p>	<p>182</p>	<p>Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies</p>	<p>Process</p>	<p>X</p>	<p>Centers for Medicare & Medicaid Services</p>	<p>Medicare Part B Claims MIPS CQM</p>

<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</p>	<p>305</p>	<p>Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis. b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.</p>	<p>Process</p>	<p>X</p>	<p>National Committee for Quality Assurance</p>	<p>eCQM</p>
<p>Opioid Therapy Follow-up Evaluation</p>	<p>408</p>	<p>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</p>	<p>Process</p>	<p>X</p>	<p>American Academy of Neurology</p>	<p>MIPS CQM</p>
<p>Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment for Patients with Parkinson's Disease</p>	<p>291</p>	<p>Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for cognitive impairment or dysfunction in the past 12 months</p>	<p>Process</p>	<p>-</p>	<p>American Academy of Neurology</p>	<p>MIPS CQM</p>

Parkinson's Disease: Rehabilitative Therapy Options	293	Percentage of all patients with a diagnosis of Parkinson's Disease (or caregiver(s), as appropriate) who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months	Process	X	American Academy of Neurology	MIPS CQM
Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease	290	Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for psychiatric symptoms in the past 12 months	Process	-	American Academy of Neurology	MIPS CQM
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	128	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 Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m ²	Process	-	Centers for Medicare & Medicaid Services	Medicare Part B Claims eCQM MIPS CQM
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	134	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to 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 eligible encounter	Process	-	Centers for Medicare & Medicaid Services	Medicare Part B Claims eCQM CMS Web Interface MIPS CQM

<p>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</p>	<p>317</p>	<p>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</p>	<p>Process</p>	<p>-</p>	<p>Centers for Medicare & Medicaid Services</p>	<p>Medicare Part B Claims eCQM MIPS CQM</p>
<p>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p>	<p>226</p>	<p>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</p> <p>a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.</p> <p>b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention.</p> <p>c. 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.</p>	<p>Process</p>	<p>-</p>	<p>Physician Consortium for Performance Improvement Foundation (PCPI®)</p>	<p>Medicare Part B Claims eCQM CMS Web Interface MIPS CQM</p>

<p>Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling</p>	<p>431</p>	<p>Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user</p>	<p>Process</p>	<p>-</p>	<p>Physician Consortium for Performance Improvement Foundation (PCPI®)</p>	<p>MIPS CQM</p>
<p>Tobacco Use and Help with Quitting Among Adolescents</p>	<p>402</p>	<p>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</p>	<p>Process</p>	<p>-</p>	<p>National Committee for Quality Assurance</p>	<p>MIPS CQM</p>
<p>Use of High-Risk Medications in the Elderly</p>	<p>238</p>	<p>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</p>	<p>Process</p>	<p>X</p>	<p>National Committee for Quality Assurance</p>	<p>eCQM MIPS CQM</p>