CMS Quality Measure Development Plan

Appendices

2023 Annual Report

For the Quality Payment Program

Prepared by Health Services Advisory Group, Inc.

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Appendix A – Statutory Language Excerpts

Section 1848(s)(3) of the Social Security Act, as added by section 102 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

(3) ANNUAL REPORT BY THE SECRETARY.—

(A) IN GENERAL.—Not later than May 1, 2017, and annually thereafter, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a report on the progress made in developing quality measures for application under the applicable provisions.

(B) REQUIREMENTS.—Each report submitted pursuant to subparagraph (A) shall include the following:

(i) A description of the Secretary's efforts to implement this paragraph.

(ii) With respect to the measures developed during the previous year—

(I) a description of the total number of quality measures developed and the types of such measures, such as an outcome or patient experience measure;

(II) the name of each measure developed;

(III) the name of the developer and steward of each measure;

(IV) with respect to each type of measure, an estimate of the total amount expended under this title to develop all measures of such type; and

(V) whether the measure would be electronically specified.

(iii) With respect to measures in development at the time of the report—

(I) the information described in clause (ii), if available; and

(II) a timeline for completion of the development of such measures.

(iv) A description of any updates to the plan under paragraph (1) (including newly identified gaps and the status of previously identified gaps) and the inventory of measures applicable under the applicable provisions.

(v) Other information the Secretary determines to be appropriate.

Section 1848(s)(6) of the Social Security Act, as added by section 102 of MACRA

(6) FUNDING.—For purposes of carrying out this sub-section, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $15,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2015 through 2019. Amounts transferred under this paragraph shall remain available through the end of fiscal year 2022.

Appendix B – Acknowledgments

The 2023 MDP Annual Report is the product of collaboration between the Centers for Medicare & Medicaid Services, other HHS agencies, and the private sector. Specifically, we thank:

Health Services Advisory Group, Inc.: Kyle Campbell, Michelle Pleasant, Eric Clark, Eric Gilbertson, Nancy Gordon, Doug Ritenour, Melissa Hakim, and Jenna Zubia.

MDP/QMI Technical Expert Panel (2022–2024)

Mary Baliker, BS, retired Healthcare Consultant, Middleton, WI

Crystal Barter, MS, Director of Programs & Services, Michigan Center for Rural Health, East Lansing, MI

Zeeshan Butt, PhD, Director of Clinical Content; Licensed Clinical Psychologist, Phreesia, Raleigh, NC

Heidi Bossley, MSN, MBA, Independent Healthcare Consultant, Bossley Consulting, LLC, Alexandria, VA

Catherine Eppes, MD, MPH, Chief of Obstetrics and Maternal Medical Director, Ben Taub Hospital; Assistant Professor of Obstetrics and Gynecology. Baylor College of Medicine, Houston, TX

Nupur Gupta, MD, Assistant Professor of Medicine and Program Director of home dialysis fellowship in Division of Nephrology, Indiana University, Carmel, IN; Medical Director, DaVita Home Dialysis of Indianapolis

Amy Nguyen Howell, MD, MBA, FAAFP, Chief of the Office for Provider Advancement, Optum Care, El Segundo, CA

Shu-Xia Li, PhD, Associate Director of Data Management and Analytics, Yale-New Haven Hospital Center for Outcomes Research and Evaluation (CORE), New Haven, CT

John Martin, PhD, MPH, Vice President of Data Science, Information and Technology Services (TEP Co-Chair), Premier Inc., Charlotte, NC

Gregg Miller, MD, FACEP, FAAEM, Emergency Physician; Chief Medical Officer, Vituity®, Emeryville, CA

Connie L. Montgomery, BS, OTR/L (retired), Pawleys Island, SC

Kristin Rising, MD, MSHP, Associate Professor and Director of Acute Care Transitions in Department of Emergency Medicine, Thomas Jefferson University, Philadelphia, PA; Founding Director, Jefferson Center for Connected Care

Sarah Hudson Scholle, MPH, DrPH, Principal, Leavitt Partners, Washington, DC

Anita Somplasky, RN, CHTS-CP, CHTS-PW, Principal and Program Advisor, Mathematica Policy Research, Princeton, NJ

Samantha Tierney, MPH, Senior Scientist, Clinical Policy, American College of Physicians, Philadelphia, PA (TEP Co-Chair)

Lindsey Wisham, MPA, volunteer advocate for patient and families; Director of Federal Health Solutions, Telligen, Johnson, IA

Appendix C – CMS-Funded Quality Measures Developed During the Previous Year

See *Quality Measures Developed During the Previous Year*, page 10 in Chapter 3 of the report, which estimates the amounts expended under title XVIII to complete development of these quality measures for MIPS. Meaningful Measures (MM) 2.0 priorities are assigned in this appendix according to an August 2022 draft of the Cascade of Meaningful Measures.

Key:
CBE consensus-based entity specified pursuant to section 1890 of the Social Security Act

Measure Stewards/Developers:
CMS Centers for Medicare & Medicaid Services
UM-KECC University of Michigan Kidney Epidemiology and Cost Center
Yale CORE Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

Table C-1: CMS-Funded Measures Developed Between October 1, 2021, and September 30, 2022 (n = 8)

Steward/ Developer	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS/ Mathematica	Adult COVID-19 Vaccination Status	N/A/ N/A	N/A	Process	Wellness and Prevention/ Population Health and Prevention
CMS/ UM-KECC	First Year Standardized Waitlist Ratio (FYSWR)	N/A/ N/A	N/A	Process	Person-Centered Care / Patient and Caregiver Experience
CMS/ UM-KECC	Percentage of Prevalent Patients Waitlisted (PPPW)	N/A/ N/A	N/A	Process	Person-Centered Care / Patient and Caregiver Experience
CMS/ UM-KECC	Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)	N/A/ N/A	N/A	Process	Person-Centered Care / Patient and Caregiver Experience
CMS/ UM-KECC	Prevalent Standardized Waitlist Ratio (PSWR)	N/A/ N/A	N/A	Process	Person-Centered Care / Patient and Caregiver Experience
CMS/ Mathematica	Preventive Care and Wellness (composite)	N/A/ N/A	TBD	Composite	Wellness and Prevention/ Population Health and Prevention
CMS/ Yale CORE	Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure [A]	3612/ 492	N/A	Outcome	Chronic Conditions/ Clinical Care
CMS/ Yale CORE	Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	3639/ N/A	N/A	PRO-PM	Person-Centered Care / Patient and Caregiver Experience

[A] Although this measure had previously been reported in the 2021 and 2022 MDP Annual Report as developed, additional section 1848(s) funding was spent on the endorsement process in FY 2022.

Appendix D – CMS-Funded Quality Measures in Development

See *Quality Measures in Development at the Time of This Report*, page 11 in Chapter 3, which estimates amounts expended under title XVIII for ongoing development of quality measures for MIPS. Meaningful Measures (MM) 2.0 priorities are assigned in this appendix according to an August 2022 draft of the Cascade of Meaningful Measures.

Key: Measure Stewards/Developers:
CMS Centers for Medicare & Medicaid Services
Yale CORE Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation

Table D-1: CMS-Funded Measures Suspended at the Time of This Report (n = 4)[i,ii]

Steward/ Developer	Title	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS/ Mathematica	Diabetes-related amputation composite measure concept[A]	N/A	Composite	Chronic Conditions/ Clinical Care
CMS/ Mathematica	Behavioral health integration[B]	N/A	Outcome	Behavioral Health/ Clinical Care
CMS/ Mathematica	Opioid-related ED visits[B]	N/A	Outcome	Behavioral Health/ Clinical Care
CMS/ Mathematica	Concurrent prescription-related ED visits[B]	N/A	Outcome	Behavioral Health/ Clinical Care

[A] Primary, secondary, and tertiary prevention components are performed by different clinicians (e.g., primary care providers, specialists) and were not feasible to combine in a single composite measure.
[B] The concept applied to a limited number of clinician types, which did not meet the intent of a broadly applicable, important measure, and it was determined that Medicare fee-for-service claims were not the most appropriate data source.

Table D-2: CMS-Funded Measures in Conceptual Phase at the Time of This Report (n = 1)[i,ii]

Steward/ Developer	Title	eCQM ID	Type	MM 2.0 Priority/ Quality Domain	Est. Date of Completion
CMS/ Yale CORE	Addressing Social Needs (ASN) eCQM	TBD	Patient engagement and experience	Equity/ Patient and Caregiver Experience	March 2024

Table D-3: CMS-Funded Measures Being Specified at the Time of This Report (n = 2)[i,ii]

Steward/ Developer	Title	eCQM ID	Type	MM 2.0 Priority/ Quality Domain	Est. Date of Completion
CMS/ Yale CORE	Cancer Health Equity PRO-PM for Preventive Screening and Counseling	N/A	PRO-PM	Equity/ Patient and Caregiver Experience	September 2024
CMS/ Mathematica	Health Equity in Language Service	N/A	Process	Equity/ Patient and Caregiver Experience	May 2025

[i] As of November 1, 2021, to allow for estimated funding for the entire FY 2022 and for federal review and clearance of this report.
[ii] Section 1848(s)(3)(B)(iii) and section 1848(s)(3)(B)(v) of the Act.

Appendix E – CMS Advanced APM Quality Measures Inventory

Refer to https://qpp.cms.gov/apms/advanced-apms for a current list of Advanced Alternative Payment Models (Advanced APMs) and MIPS APMs; changes to models occur more frequently than the publication of this MDP Annual Report. These measure sets were accurate and complete as of April 7, 2023.

Meaningful Measures (MM) 2.0 priorities are assigned in this appendix according to an August 2022 draft of the Cascade of Meaningful Measures.

Key:
CBE consensus-based entity specified pursuant to section 1890 of the Social Security Act

Measure Stewards/Developers:
ACC American College of Cardiology
ACS American College of Surgeons
AHA American Heart Association
AHRQ Agency for Healthcare Research and Quality
ASAM American Society of Addiction Medicine
ASPS American Society of Plastic Surgeons
CMS Centers for Medicare & Medicaid Services
CU Denver University of Colorado Denver
HFH Henry Ford Hospital
HRS Heart Rhythm Society
NCQA National Committee for Quality Assurance
STS The Society of Thoracic Surgeons
TJC The Joint Commission

Table E-1: CMS Bundled Payments for Care Improvement Advanced Model (n = 28)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS	Patient Safety for Selected Indicators (PSI 90)	0531/ N/A	N/A	Outcome	Safety/ Safety
ASPS	Perioperative Care: Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin	0268/ N/A	N/A	Process	Safety/ Safety
CMS	Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)	2881/ N/A	N/A	Outcome	Affordability and Efficiency
CMS	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery	2558/ N/A	N/A	Outcome	Chronic Conditions/ Clinical Care
CMS	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	1550/ N/A	N/A	Outcome	Safety/ Safety
CMS	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	1789/ 458	N/A	Outcome	Affordability and Efficiency

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
NCQA	Advance Care Plan	0326/ 047	N/A	Process	Person-Centered Care/ Patient and Caregiver Experience
CU Denver	3-Item Care Transition Measure (CTM-3)	N/A	N/A	Outcome	Person-Centered Care/ Patient and Caregiver Experience
AHA	Cardiac Rehab Patient Referral From an Inpatient Setting	0642/ N/A	N/A	Process	Seamless Care Coordination/ Care Coordination
ACC	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	1525/ 326	N/A	Process	Chronic Conditions/ Clinical Care
ACC	Discharge Medications (Angiotensin-Converting Enzyme [ACE]/Angiotensin Receptor Blocker [ARB] and Beta Blockers) in Eligible Implantable Cardioverter-Defibrillator (ICD)/ Cardiac Resynchronization Therapy Defibrillators (CRT-D) Implant Patients	0965/ N/A	N/A	Composite	Chronic Conditions/ Clinical Care
ACC	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0081/ 005	N/A	Process	Chronic Conditions/ Clinical Care
ACC	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083/ 008	N/A	Process	Chronic Conditions/ Clinical Care
CMS	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization	0468/ N/A	N/A	Outcome	Chronic Conditions/ Clinical Care
ACC	Hospital Risk-Standardized Complication Rate following Implantation of ICD	N/A / N/A	N/A	Composite	Safety/ Safety
ACC	Risk-Standardized Bleeding for Patients Undergoing Percutaneous Coronary Intervention (PCI)	2459/ N/A	N/A	Outcome	Safety/ Safety
HRS	In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)	2461/ N/A	N/A	Process	Chronic Conditions/ Clinical Care
ACC	Overall Defect Free Care for Acute Myocardial Infarction (AMI)	2377/ N/A	N/A	Composite	Chronic Conditions/ Clinical Care
ACS	Patient-Centered Surgical Risk Assessment and Communications	N/A / 358	N/A	N/A	Person-Centered Care/ Patient and Caregiver Experience

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
NCQA	Preventive Care & Screening: Tobacco Use and Cessation Intervention	0028/ 226	1275	Process	Behavioral Health/ Clinical Care
HFH	Severe Sepsis and Septic Shock: Management Bundle	0500/ N/A	N/A	Composite	Safety/ Safety
TJC	STK-06: Discharged on Statin Medication	0439/ N/A	N/A	Process	Chronic Conditions/ Clinical Care
STS	STS Coronary Artery Bypass Graft (CABG) Composite Score	0696/ N/A	N/A	Composite	Chronic Conditions/ Clinical Care
ASAM	Substance Use Screening and Intervention Composite	2597/ N/A	N/A	Composite	Behavioral Health/ Clinical Care
ACC	Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients	0964/ N/A	N/A	Composite	Chronic Conditions/ Clinical Care
CMS	Time to Intravenous Thrombolytic Therapy	1952/ N/A	N/A	Process	Safety/ Safety
STS	STS Aortic Valve Replacement (AVR) Composite Score and STS Aortic Valve Replacement (AVR) + Coronary Artery Bypass Graft (CABG) Composite Score	2561, 2563/ N/A	N/A	Composite	Chronic Conditions/ Clinical Care
STS	STS Mitral Valve Repair/ Replacement (MVRR) Composite Score and STS Mitral Valve Repair/ Replacement (MVRR) + Coronary Artery Bypass Graft (CABG) Composite Score	3031, 3032/ N/A	N/A	Composite	Chronic Conditions/ Clinical Care

Table E-2: Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1-CEHRT) (n = 3)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS	Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS)*	0166/ N/A	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
CMS	Total hip arthroplasty (THA) and/or total knee arthroplasty (TKA): hospital-level risk-standardized complication rate (RSCR) following elective primary THA and/or TKA**	1550/ N/A	N/A	Outcome	Safety/ Safety
CMS	Patient-reported outcomes and risk variable data collection (PRO)**	N/A/ N/A	N/A	PRO-PM	Person-Centered Care/ Patient and Caregiver Experience

*HCAHPS and complications measure data are collected through the Hospital Inpatient Quality Reporting (IQR) Program; the CJR model does not make additional changes to the data.
**Under a data collection and measure development initiative run by CMS contractor Yale CORE for this model, successful submission of PRO (not performance on PRO) can increase financial opportunity for participant hospitals.

Table E-3: Accountable Care Organization Realizing Equity, Access, and Community Health Model (n = 5)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS	Risk-Standardized All-Condition Readmission	2888/ N/A	N/A	Outcome	Chronic Conditions/ Clinical Care
CMS	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	1789/ N/A	N/A	Outcome	Affordability and Efficiency
AHRQ	CAHPS Clinician & Group Survey (CG-CAHPS) Version 3.0 – Adult (Modified for ACO REACH)	0005/ 321	N/A	PRO-PM	Person-Centered Care/ Patient and Caregiver Experience
CMS	Days at Home for Patients with Complex, Chronic Conditions (DAH)	N/A / N/A	N/A	Outcome	Chronic Conditions/ Clinical Care
CMS	Timely Follow-Up after Acute Exacerbations of Chronic Conditions	N/A / N/A	N/A	Process	Seamless Care Coordination/ Care Coordination

Table E-4: Maryland Total Cost of Care Model (Maryland Primary Care Program) (n = 7)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
AHRQ	CG-CAHPS Survey 3.0 – Modified for CPC+	N/A/ N/A	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
NCQA	Controlling High Blood Pressure	0018/ 236	165v9	Intermediate outcome	Chronic Conditions/ Clinical Care
NCQA	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	0059/ 001	122v9	Intermediate outcome	Chronic Conditions/ Clinical Care
NCQA HEDIS	Emergency Department Utilization	N/A/ N/A	N/A	Risk-adjusted utilization	Affordability and Efficiency
NCQA HEDIS	Acute Hospital Utilization	N/A/ N/A	N/A	Risk-adjusted utilization	Affordability and Efficiency
CMS	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0421/ 128	69v8	Process	Wellness and Prevention/ Population Health and Prevention
CMS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	0418/ 134	2v10	Process	Behavioral Health/ Clinical Care

Table E-5: Primary Care First (n = 8)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
NCQA	Advance Care Plan as adapted for Bundled Payments for Care Improvement (BPCI)	0326/ N/A	N/A	Process	Person-Centered Care/ Patient and Caregiver Experience
NCQA	Colorectal Cancer Screening	N/A / 113	130v10	Process	Wellness and Prevention/ Population Health and Prevention
NCQA	Controlling High Blood Pressure	N/A / 236	165v10	Intermediate outcome	Chronic Conditions/ Clinical Care
NCQA	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	N/A / 001	122v10	Intermediate outcome	Chronic Conditions/ Clinical Care
AHRQ	Patient Experience of Care Measure (using CG-CAHPS Survey 3.0 – modified for PCF)	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
NCQA	Utilization Measure: Acute Hospital Utilization	N/A/ N/A	N/A	Risk-adjusted utilization	Affordability and Efficiency
CMS	Utilization Measure: Days at Home	N/A/ N/A	N/A	Outcome	Affordability and Efficiency
CMS	Utilization Measure: Total Per Capita Cost	N/A/ N/A	N/A	Risk-adjusted utilization	Affordability and Efficiency

Table E-6: Shared Savings Program BASIC Track Level E and ENHANCED Track (Option 1: n = 6; Option 2: n = 13)*

Steward	Title	CBE #/ MIPS ID	eCQM ID/ WI ID	Type	MM 2.0 Priority/ Quality Domain
AHRQ	CAHPS for MIPS	0005/ 321	N/A / N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
CMS	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	N/A/ 479	N/A / N/A	Outcome	Affordability and Efficiency
CMS	Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	N/A/ 484	N/A / N/A	Outcome	Chronic Conditions^/ Clinical Care
NCQA	Diabetes: Hemoglobin A1c (HbA1c) Poor Control**	0059/ 001	CMS122v11/ DM-2	Intermediate outcome	Chronic Conditions/ Clinical Care
CMS	Preventive Care and Screening: Screening for Depression and Follow-up Plan**	0418e/ 134	CMS2v12/ PREV-12	Process	Behavioral Health/ Clinical Care
NCQA	Controlling High Blood Pressure**	0018/ 236	CMS165v11/ HTN-2	Intermediate outcome	Chronic Conditions/ Clinical Care

Steward	Title	CBE #/ MIPS ID	eCQM ID/ WI ID	Type	MM 2.0 Priority/ Quality Domain
NCQA	Falls: Screening for Future Fall Risk***	0101/ 318	CMS139v11/ CARE-2	Process	Safety/ Safety
NCQA	Preventive Care and Screening: Influenza Immunization***	0041e/ 110	CMS147v12/ PREV-7	Process	Wellness and Prevention/ Population Health and Prevention
NCQA	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention***	0028e/ 226	CMS138v11/ PREV-10	Process	Behavioral Health/ Clinical Care
NCQA	Colorectal Cancer Screening***	0034/ 113	CMS130v11/ PREV-6	Process	Wellness and Prevention/ Population Health and Prevention
NCQA	Breast Cancer Screening***	2372/ 112	CMS125v11/ PREV-5	Process	Wellness and Prevention/ Population Health and Prevention
CMS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease***	N/A/ 438	CMS347v6/ PREV-13	Process	Chronic Conditions/ Clinical Care
Minnesota Community Measurement	Depression Remission at Twelve Months***	0710e/ 370	CMS159v11/ MH-1	Outcome	Behavioral Health/ Clinical Care

*Shared Savings Program ACOs must report quality data via the APP through at least one of two options: eCQMs/MIPS CQMs and/or CMS Web Interface (WI) measures.
^ The 2023 PFS final rule (p.69862) cited as the source for Table 5 in the report classified this measure as Affordability and Efficiency. According to the MM 2.0 framework published at https://edit.cms.gov/files/document/cascade-meaningful-measures-framework.xlsx, Chronic Conditions is the appropriate priority for admission measures.
** MIPS IDs 001, 134, and 236 can be submitted as eCQMs and/or MIPS CQMs. These measures are also included in the Web Interface measure set.
*** MIPS IDs 110, 112, 113, 226, 318, 370, and 438 can be submitted via the APP as CMS Web Interface measures.

Table E-7: Vermont Medicare ACO Initiative (n = 20)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
AHRQ	CAHPS: Access to Specialists	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Getting Timely Care, Appointments, and Information	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Health Promotion and Education	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Health Status/ Functional Status	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: How Well Your Providers Communicate	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Patients' Rating of Provider	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Shared Decision Making	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Stewardship of Patient Resources	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Courteous and Helpful Office Staff	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
AHRQ	CAHPS: Care Coordination	0005/ 321	N/A	Patient engagement/ experience	Person-Centered Care/ Patient and Caregiver Experience
CMS	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	N/A/ 134	2v11	Process	Behavioral Health/ Clinical Care
CMS	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR)	N/A/ 479	N/A	Outcome	Affordability and Efficiency
CMS	Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	N/A/ 484	N/A	Outcome	Chronic Conditions/ Clinical Care
NCQA	Colorectal Cancer Screening	0034/ 113	130v10	Process	Wellness and Prevention/ Population Health and Prevention
NCQA	Diabetes Mellitus: Hemoglobin A1c Poor Control (> 9%)	0059/ 001	122v10	Intermediate outcome	Chronic Conditions/ Clinical Care

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
NCQA	Controlling High Blood Pressure	N/A/ 236	165v10	Intermediate outcome	Chronic Conditions/ Clinical Care
NCQA	Initiation and engagement of Alcohol and Other Drug Dependence (AOD) Treatment	0004/ 305	137v7	Process	Behavioral Health/ Clinical Care
NCQA	Follow-up after discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	2605/ N/A	N/A	Process	Behavioral Health/ Clinical Care
NCQA	Preventive Care and Screening: Influenza Immunization	0041/ 110	147v11	Process	Wellness and Prevention/Population Health and Prevention
NCQA	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028/ 226	138v10	Process	Behavioral Health/ Clinical Care

Table E-8: ESRD Treatment Choices Model (n = 2)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS	Standardized Hospitalization Ratio (SHR) for Dialysis Facilities	1463/ N/A	N/A	Outcome	Chronic Conditions/ Clinical Care
CMS	Standardized Mortality Ratio (SMR)	0369/ N/A	N/A	Outcome	Chronic Conditions/ Clinical Care

Table E-9: Kidney Care Choices (n = 3)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
Minnesota Community Measurement	Depression Response at Twelve Months – Progress Towards Remission	1885/ N/A	N/A	PRO-PM	Behavioral Health/ Clinical Care
Insignia Health	Gains in Patient Activation (PAM) Scores at 12 Months	2483/ N/A	N/A	PRO-PM	Person-Centered Care/ Patient and Caregiver Experience
The Permanente Federation	Optimal End Stage Renal Disease (ESRD) Starts	2594/ N/A	N/A	Process	Chronic Conditions/ Clinical Care

Table E-10: Enhancing Oncology Model (n = 6)

Steward	Title	CBE #/ MIPS ID	eCQM ID	Type	MM 2.0 Priority/ Quality Domain
CMS	EOM-1: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy (OP-35)	3490/ N/A	N/A	Outcome	Chronic Conditions/ Clinical Care
ASCO	EOM-2: Proportion of Patients who Died who Were Admitted to Hospice for 3 Days or More	Combina-tion 0215 and 0216/ N/A	N/A	Outcome	Affordability and Efficiency
ASCO	EOM-3: Percentage of Patients who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life	0210/ 453	N/A	Outcome	Affordability and Efficiency
ASCO	EOM-4: Pain Assessment and Management Set: (a) Oncology: Medical and Radiation – Pain Intensity Quantified; and (b) Oncology: Medical and Radiation – Plan of Care for Pain	EOM 4a: 0384/ 143 EOM 4b: 0383/ 144	EOM 4a: CMS158 v11 EOM 4b: N/A	Process	Person-Centered Care/ Patient and Caregiver Experience
CMS	EOM-5 Preventive Care and Screening: Screening for Depression and a Follow Up Plan	0418/ 134	N/A	Process	Behavioral Health/ Clinical Care
CMS	EOM-6: Patient-Reported Experience of Care	N/A	N/A	Process	Person-Centered Care/ Patient and Caregiver Experience