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Quality Measures with Substantive Changes for Traditional MIPS Year 8 (2024)

Quality #: 001
Title: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
Substantive Change:
Modified collection type: Medicare CQMs Specifications, Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications collection type.
Updated denominator exclusion: For the MIPS CQMs Specifications and the Medicare Part B Claims Measure Specifications collection types: Added: Dementia combinations: Donepezil-memantine to the list of dementia medication exclusion medications.

Quality #: 005
Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular4 Systolic Dysfunction (LVSD)
Substantive Change:
Updated guidance: For the eCQM Specifications collection type: Added: In order for the Ejection Fraction result pathway to be recognized as below 40%, the result must be reported as a number with unit of%. A text string of "below 40%" or "ejection fraction between 35 and 40%" will not be recognized through electronic data capture. Although, this criteria can also be met using the Diagnosis pathway if specified as "Moderate or Severe."

Quality #: 006
Title: Coronary Artery Disease (CAD): Antiplatelet Therapy
Substantive Change:
Updated denominator exception: Removed: Documentation of system reason(s) for not prescribing aspirin or clopidogrel (e.g., lack of drug availability, other reasons attributable to the health care system).
Updated denominator criteria: Removed: coding for subsequent myocardial infarction.

Quality #: 007
Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF</= 40%)
Substantive Charge:
Updated guidance: For the eCQM Specifications collection type: Added: In order for the Ejection Fraction result pathway to be recognized as below 40%, the result must be reported as a number with unit of%. A text string of "below 40%" or "ejection fraction between 35 and 40%" will not be recognized through electronic data capture. Although, this criteria can also be met using the Diagnosis pathway if specified as "Moderate or Severe."
Updated denominator criteria: For the MIPS CQMs Specifications collection type: Removed: For submission criteria 2: coding for subsequent myocardial infarction for all submission criteria: endoscopic procedures on the heart and pericardium.
Updated denominator exception: For all collection types: Removed: For all submission criteria: Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system).

Quality #: 008
Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Substantive Change:
Updated guidance: For the eCQM Specifications collection type: Added: In order for the Ejection Fraction result pathway to be recognized as below 40%, the result must be reported as a number with unit of %. A text string of "below 40%" or "ejection fraction between 35 and 40%" will not be recognized through electronic data capture. Although, this criteria can also be met using the Diagnosis pathway if specified as "Moderate or Severe."

Quality #: 019
Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Substantive Change:
The measure description is revised to read: For the MIPS CQMs Specifications collection type: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once during the performance period.
For the eCQM Specifications collection type: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once during the measurement period.
The measure numerator is revised to read: For the MIPS CQMs Specifications collection type: Patients with documentation, at least once within the performance period, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care.
For the eCQM Specifications collection type: Patients with documentation, at least once within the measurement period, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care.

Quality #: 024
Title: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older
Substantive Change:
Updated denominator criteria: For all collection types: Added: coding for initial encounters for age related osteoporosis with current pathological fractures and periprosthetic fractures around internal prosthetic joints.

Quality #: 048
Title: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
Substantive Change:
Updated denominator criteria: For all collection types: Added: coding for physical and occupational therapy clinician types.

Quality #: 052
Title: Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
Substantive Change:
The measure title is revised from 'Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy' to: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation and Long-Acting Inhaled Bronchodilator Therapy
The measure description is revised to read: Percentage of patients aged 18 years and older with a diagnosis of COPD with a documented FEV1/FVC < 70% measured by spirometry, who are symptomatic, and were prescribed a long-acting inhaled bronchodilator.
Update instructions: Added:
This measure will be calculated with 2 performance rates:
(1) Percentage of patients aged 18 years and older with a diagnosis of COPD who have a documented airflow obstruction (FEV1/FVC < 70%) as measured by spirometry.
(2) Percentage of patients aged 18 years and older with a diagnosis of COPD who have a documented airflow obstruction (FEY1/FVC < 70%) and are symptomatic, who were prescribed a long-acting inhaled bronchodilator.
A simple average, which is the sum of the performance rates divided by the number of performance rates will be used for performance.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:
1. Patients diagnosed with COPD with who have documented airflow obstruction (FEV1/FVC < 70%) as measured by spirometry in the medical record.
2. Patients diagnosed with COPD who have documented airflow obstruction (FEV1/FVC < 70%) and are symptomatic, who were prescribed a long-acting bronchodilator.

This measure contains two submission criteria which together ensure that the proper evaluation and treatment is provided for patients with COPD and that patients without COPD are not provided inappropriate therapy.
Submission Criteria 1 evaluates whether spirometry was performed for patients diagnosed with COPD and results confirming airflow obstruction are documented. Submission Criteria 2 evaluates whether a long-acting inhaled bronchodilator was prescribed for COPD patients who have symptoms.
NOTE: Submission of the two performance rates is required for this measure. A simple average, which is the sum of the performance rates divided by the number of the performance rates, will be used to calculate performance.

Updated denominator: Added: DENOMINATOR (SUBMISSION CRITERIA I):
All patients aged 18 and older with a diagnosis of COPD.
Revised: DENOMINATOR (SUBMISSION CRITERIA 2):
All patients aged 18 years and older with a diagnosis of COPD with spirometry results documented (FEV1/FVC < 70%), and have symptoms (e.g., dyspnea, cough/sputum, wheezing).
Updated denominator criteria: Added: For Submission Criteria 1:
Denominator Criteria (Eligible Cases):
Patients aged >/=18 years on date of encounter AND
Diagnosis for COPD AND
Patient encounter during the performance period WITHOUT
Telehealth Modifier

Revised: For Submission Criteria 2:
Denominator Criteria (Eligible Cases):
Patients aged >/= 18 years on date of encounter AND
Diagnosis for COPD AND
Spirometry results documented (FEV1/FVC < 70%) AND
Patient encounter during the performance period WITHOUT
Telehealth Modifier AND
Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)

Updated numerator: Added: For Submission Criteria 1:
Patients with documented spirometry and confirmed airflow obstruction (FEV1/FVC < 70%)
Revised: For Submission Criteria 2:
Symptomatic COPD patients who were prescribed a long-acting inhaled bronchodilator.
Updated numerator instructions: Added: For Submission Criteria 1: Documentation of spirometry results of (FEV1/FVC < 70%) can take place before the performance period. The intent of Submission Criteria 1 is to ensure accurate diagnosis of COPD in patients with respiratory symptoms such as dyspnea, chronic cough or sputum

production, and/or a history of exposure to risk factors for the disease is appropriate by having documentation of spirometry results of FEV1/FVC < 70%, which is required to make the COPD diagnosis.
Updated numerator note: Added: For Submission Criteria 1:
Denominator Exception(s) are determined on the date of the denominator eligible encounter. If there is a diagnosis of COPD, but there is no documented spirometry within five years of the date of the encounter, and the current spirometry result is >/=70%, an exception may be reported.

Updated numerator options: Added: For Submission Criteria 1:
Performance Met: Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed.
Denominator Exception: Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy).
Denominator Exception: No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >/=70%.
Denominator Exception: Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter).
Performance Not Met: No spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter.
Revised: For Submission Criteria 2:
Denominator Exception: Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., patient intolerance or history of side effects).
Denominator Exception: Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., cost of treatment or lack of insurance).
Removed: For Submission Criteria 2:
Denominator Exception for patient reason(s).

Quality #: 069
Title: Appropriate Treatment for Upper Respiratory Infection (URI)
Substantive Change:
Updated denominator exclusion: For all collection types: Revised: Exclude URI episodes where the patient is taking antibiotics in the 30 days prior to the episode date.
Updated value set/coding: For the eCQM Specifications collection type: Added: coding for malignant neoplasms to the "Comorbid Conditions for Respiratory Conditions" value set, and aggressive periodontitis to the "Competing Conditions for Respiratory Conditions" value set.
Updated denominator: For the MIPS CQMs Specifications collection type: Revised: Outpatient visits, telephone visits, online assessments (i.e., e-visit or virtual check-in), observation stays or emergency department visits with a diagnosis of upper respiratory infection (URI) from January 1 to December 28 for patients 3 months of age and older.
Updated denominator instructions: For the MIPS CQMs Specifications collection type: Added: An episode is defined as each eligible encounter for patients aged 3 months of age and older with a diagnosis of upper respiratory infection during the measurement period of January 1 to December 28.
Updated denominator criteria: For the MWS CQMs Specifications collection type: Table 1 - Antibiotic medications to be utilized for the denominator exclusion:
Added:
Aminoglycosides: Amikacin, Gentamicin, Streptomycin, Tobramycin
To Beta-lactamase inhibitors: Ampicillin-sulbactam, Piperacillin-tazobactam
Fourth-generation cephalosporins: Cefepime
To Lincomycin derivatives: Lincomycin
Miscellaneous antibiotics: Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
To Natural penicillins: Penicillin G benzathine, Penicillin G benzathine procaine, Penicillin G procaine
To Penicillinase-resistant penicillins: Nafcillin, Oxacillin
To Quinolones: Gemifloxacin
Rifamycin derivatives: Rifampin
To Second generation cephalosporins: Cefotetan, Cefoxitin
To Sulfonamides: S ulfadiazine
To Third generation cephalosporins: Cefotaxime, Ceftazidime
Urinary anti-infectives: Fosfomycin, Nitrofurantoin, Nitrofuantoin macrocrystals-monohydrate, Trimethoprim
Removed:
Folate antagonist
From Macrolides: Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate

From Third generation cephalosporins: Ceftibuten Cefditoren

Quality #: 066
Title: Appropriate Testing for Pharyngitis
Substantive Change:
Updated denominator exclusion: For all collection types: Revised: Exclude URI episodes where the patient is taking antibiotics in the 30 days prior to the episode date.
Updated value set/coding: For the eCQM Specifications collection type: Added: coding for malignant neoplasms to the 'Competing Conditions for Respiratory Conditions' value set.
Updated denominator: For the MIPS CQMs Specifications collection type: Revised: Outpatient, telephone, online assessment (i.e., e-visit or virtual check-in), observation, or emergency department (ED) visits with a diagnosis of pharyngitis or tonsilitis from January 1 to December 28 and an antibiotic order on or within 3 days after the episode date among patients 3 years or older.
Updated denominator instructions: For the MIPS CQMs Specifications collection type: Revised: An episode is defined as each eligible encounter for patients aged 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic order during the measurement period of January 1 to December 28.
Updated denominator criteria: For the MIPS CQMs Specifications collection type: Table 1 - Antibiotic medications to be utilized for the denominator exclusion:
Removed:
From macrolides: Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate
Penicillinase resistant penicillins
From Third generation cephalosporins: Ceftibuten, Cefditoren

Quality #: 104
Title: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer
Substantive Change:
The denominator definition is revised to read:
Risk Strata- Very Low, Low, Intermediate, High, or Very High
Very Low Risk- PSA < 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1c; AND presence of disease in fewer than 3 biopsy cores; AND </= 50% prostate cancer involvement in each fragment/core; AND PSA density< 0.15 ng/mL/g.
Low Risk - PSA < 10 ng/mL; AND Gleason score 6 or less/Gleason grade group 1; AND clinical stage T1 to T2a.
Intermediate Risk- PSA 10 to 20 ng/mL; OR Gleason score 7/Gleason grade group 2-3; OR clinical stage T2b to T2c; AND no high-risk group or very-high-risk group features.
High Risk- Has one of the following: PSA > 20 ng/mL; OR Gleason score 8 to 10/Gleason grade group 4-5; OR clinically localized stage T3a, without any very-high-risk group features.
Very High Risk- At least one of the following: Clinical stage T3b to T4; OR primary Gleason pattern 5; OR more than 4 cores with Gleason score 8 to 10/Gleason grade group 4-5 OR 2-3 high-risk features. (NCCN, 2022)
External beam radiotherapy - "External beam radiotherapy" refers to 3D conformal radiation therapy (3D- CRT), intensity modulated radiation therapy (IMRT), stereotactic body radiotherapy (SBRT), and proton beam therapy.

Quality #: 116
Title: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
Substantive Change:
Updated denominator criteria: Added: coding for federally qualified health center (FQHC) services.
Updated denominator criteria: For the MIPS CQMs Specifications collection type: Table 1 - Antibiotic medications to be utilized for the denominator exclusion and numerator components:
Removed:
Ketolides
From Third generation cephalosporins: Ceftibuten, Cefditoren

Quality #: 117
Title: Diabetes: Eye Exam
Substantive Change:
Updated denominator exclusion: For the MIPS CQMs Specifications collection type: Added: Dementia combinations: Donepezil-memantine to list of dementia exclusion medications.
Updated numerator note: For the MIPS CQMs Specifications collection type: Added: reporting of CPT 92229 meets the intent of the quality action for performance met.

Quality #: 118
Title: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF </= 40%)
Substantive Change:
Updated denominator criteria: Removed: For all submission criteria: coding for subsequent myocardial infarction.
Updated denominator exception: Removed: For all submission criteria: other reasons attributable to the health care system.

Quality #: 134
Title: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Substantive Change:
Modified collection type: Medicare CQMs Specifications, Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications collection type.
Updated guidance: For the eCQM Specifications collection type: Revised: The intent of the measure is to screen for new cases of depression in patients who have never had a diagnosis of bipolar disorder. Patients who have ever been diagnosed with bipolar disorder prior to the qualifying encounter used to evaluate the **numerator** will be excluded from the measure regardless of whether the diagnosis is active or not.
Updated denominator exclusion: For all collection types: Removed: Diagnosis of depression from the denominator exclusion.
Updated denominator note: For the MIPS CQMs Specifications and Medicare Part B Claims Specifications collection types: Removed: Diagnosis of depression from the denominator note.
Updated denominator definition: For the MIPS CQMs Specifications and Medicare Part B Claims Specifications collection types: Removed: Diagnosis of depression from the denominator exclusion definition.
Updated denominator criteria: For all collection types: Added: coding for qualifying encounters for nutritionists/dieticians and home-based health care.

Quality #: 141
Title: Primary Open-Angle Glaucoma (POGA): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care
Substantive Change:
The measure title is revised from 'Primary Open-Angle Glaucoma (POAG): Reduction ofIntraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care ' to: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care.
The measure description is revised to read: For all collection types: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 20% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 20% from the pre-intervention level, a plan of care was documented within the 12 month performance period.
The measure numerator is revised to read: For all collection types: Patients whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 20% from the pre- intervention level) OR if the most recent IOP was not reduced by at least 20% from the pre-intervention level, a plan of care was documented within the 12 month performance period.
Updated definitions: For all collection types: Revised: Glaucoma Treatment Not Failed - The most recent IOP was reduced by at least 20% in the affected eye or if both eyes were affected, the reduction of at least 20% occurred in both eyes from pre-intervention levels.
Updated numerator instructions: For all collection types: Revised: to reflect an IOP reduction goal of 20% or more from pre-intervention levels.
Updated numerator options: For all collection types: Revised: to reflect an IOP reduction goal of 20% or more from pre-intervention levels.

Quality #: 182
Title: Functional Outcome Assessment
Substantive Change:
Updated numerator definition: Revised: Functional Outcome Deficiencies - Impairment, loss of function, or difficulty with participation in daily activities related to physical (e.g., musculoskeletal, cardiovascular, pulmonary, integumentary), sensory, cognitive, behavioral, or visual/perceptual impairments.
Updated denominator criteria: Added: coding for cognitive assessment.

Quality #: 187
Title: Stroke and Stroke Rehabilitation: Thrombolytic Therapy
Substantive Change:
Updated denominator exception: Removed: Tenecteplase (TNK) as an example of a denominator exception.

Quality #: 191
Title: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Substantive Change:
Updated logic and logic definitions: For the eCQM Specifications collection type: Revised: logic to ensure surgeries on September 30th are included in the denominator.

Quality #: 205
Title: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis
Substantive Change:
Modified collection type: eCQM Specifications, MIPS CQMs Specifications collection type.
The measure description is revised to read: Percentage of patients 13 years of age and older with a diagnosis of HIV who had tests for syphilis, gonorrhea, and chlamydia performed within the performance period.
Updated instructions: Removed: Only patients who had at least two visits during the performance period, with at least 90 days between each visit will be counted in the denominator for this measure.
The denominator is revised to read: All patients 13 years of age and older at the start of the performance period with a diagnosis of HIV before the end of the performance period with an eligible encounter during the performance period.
Updated denominator criteria: Revised: age determined at start of the performance period.
Removed: At Least Two Denominator Eligible Encounters During the Measurement Year, With at Least 90 days Between Each.
Added: coding for nonphysician, physician, and qualified health care professional (QHP) telephone assessments, residence services, and preventive medicine.
Updated denominator exclusion: Removed: exclusion for patients receiving hospice services.
The numerator is revised to read: Patients who were tested for each of the following at least once during the performance period: syphilis, gonorrhea, and chlamydia.
Updated denominator exception: Removed: Chlamydia, gonorrhea, and syphilis screening results not documented (Patient refusal is the only allowed exception).

Quality #: 226
Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Substantive Change:
Updated measure description: For all collection types: Revised: Patient age to 12 years and older.
Updated instructions: For the MIPS CQMs Specifications and the Medicare Part B Claims Measure Specifications collection types: Revised: Patient age to 12 years and older.
Updated initial patient population: For the eCQM Specifications Collection type: Revised: All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period.
Updated denominator: For the MIPS CQMs Specifications and the Medicare Part B Claims Measure Specifications collection types: Revised: For all submission criteria: Patient age to 12 years and older.
Updated denominator criteria: For the MIPS CQMs Specifications and the Medicare Part B Claims Measure Specifications collection types: Revised: For all submission criteria: Patient age to 12 years and older.
Updated measure analytic: For all collection types: Revised: data completeness will be determined utilizing performance rate one.

Quality #: 236
Title: Controlling High Blood Pressure
Substantive Change:
Modified collection type: Medicare CQMs Specifications, Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications collection type.
The measure guidance is revised to read: For the eCQM Specifications collection type: In reference to the numerator element, only blood pressure readings performed by a clinician or an automated blood pressure monitor or device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by an automated blood pressure monitor or device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to confirm the automated blood pressure monitor or device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.
The measure instructions note and numerator note are revised to read: For the MIPS CQMs Specifications and the Medicare Part B Claims Measure Specifications collection types: In reference to the numerator element, only blood pressure readings performed by a clinician or an automated blood pressure monitor or device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by an automated blood pressure monitor or device and conveyed by the patient to the clinician are also acceptable. It is the clinician's responsibility and discretion to confirm automated blood pressure monitor or device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient's medical record.
Updated denominator exclusion: For the MIPS CQMs Specifications and the Medicare Part B Claims Measure Specifications collection types: Added: Dementia combinations: Donepezil-memantine to list of dementia exclusion medications.
The measure initial patient population is revised to read: For the eCQM Specifications collection type: Patients 18-85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Quality #: 238
Title: Use of High-Risk Medications in Older Adults
Substantive Change:
Updated numerator definition: For the MIPS CQMs Specifications collection type: Revised:
For Numerator (Submission Criteria 1):
Definitions:
Table 1 - High-Risk Medications at any dose or duration:
Revised:
Antithrombotics - Dipyridamole (oral, excluding extended release)
Cardiovascular, other- Nifedipine (excluding extended release)
Table 2 - High-Risk Medications With Days Supply Criteria
Removed:
From Anti-Infectives, other - Nitrofurantoin macrocrystals
Table 3 - High-Risk Medications With Average Daily Dose Criteria
Added:
Description: Alpha agonists, central
Description: Cardiovascular, other
Description: Tertiary tricyclic antidepressants (TCAs) (as single agent or as part of combination products)
Removed:
Doxepin hydrochloride

For Numerator (Submission Criteria 2):
Definitions:
Table 4 - High-Risk Medications
Added:
To Antipsychotics, first (conventional) and second (atypical) generation -Aripiprazole lauroxil

The measure numerator is revised to read: For the eCQM Specifications collection type: Submission Criteria/Rate 2:

Patients with at least two orders of high-risk medications from the same drug class (i.e., antipsychotics and benzodiazepines) on different days except for appropriate diagnoses.
a. Patients with two or more antipsychotic prescriptions ordered on different days, and who did not have a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics.
b. Patients with two or more benzodiazepine prescriptions ordered on different days, and who did not have a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines.
Updated numerator exclusion: For the eCQM Specifications collection type: Removed: Rate 2: For patients with two or more antipsychotic prescriptions ordered on different days, and who did not have a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics.
For patients with two or more benzodiazepine prescriptions ordered on different days, and who did not have a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines.
Updated numerator logic: For the eCQM Specifications collection type: Revised: for medications ordered on the same day intended to start on different dates.

Quality #: 240
Title: Childhood Immunization Status
Substantive Change:
Updated numerator: Revised:
IPV, MMR, VZV, PCV, Hep A, and Flu: to allow for anaphylaxis due to the vaccine to count towards numerator compliance.

Quality #: 243
Title: Cardiac Rehabilitation Patient Referral from an Outpatient Setting
Substantive Change:
Updated denominator criteria: Removed: From 'Coronary Artery Bypass Graft Surgery' coding for endoscopic procedures on the heart and pericardium.

Quality #: 254
Title: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
Substantive Change:
Updated denominator criteria:
Revised: Diagnosis of Other Current Condition in the Mother Classifiable Elsewhere but Complicating Pregnancy, Childbirth, or the Puerperium to Current Diagnosis of Pregnancy.
Added: coding for other and unspecified abnormal uterine and vaginal bleeding and current diagnosis of pregnancy.
Updated denominator exception: Removed: patient has visited the ED multiple times within 72 hours.
Updated measure instructions and numerator instructions: Revised: submission frequency from each time to each visit.

Quality #: 275
Title: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy
Substantive Change:
The measure denominator is revised to read: All patients, regardless of age, with a diagnosis of inflammatory bowel disease who initiated an anti-TNF agent during the performance period.
Updated denominator definition: Revised: initiated an anti-TNF agent.
Updated denominator criteria: Revised: initiated an anti-TNF agent.

Quality #: 279
Title: Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
Substantive Change:
The measure title is revised from 'Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy' to: Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy.
The measure description is revised to read: Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea (OSA) that were prescribed an evidence-based therapy that had documentation that adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available).
The measure denominator is revised to read: All patients aged 18 years and older with obstructive sleep apnea who were prescribed an evidence-based therapy.
Updated denominator definition: Added: Evidence-based Therapy - includes positive airway pressure, oral appliances, positional therapies, hypoglossal nerve stimulation, or other devices with monitoring capabilities.
Updated denominator criteria: Revised: coding to reflect a diagnosis of obstructive sleep apnea.
Revised: Evidence-based therapy was prescribed.
Updated numerator: Revised: Patients with documentation that adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available).
Updated numerator definition: Added:
Documentation of adherence to therapy - includes a note documented in the patient's medical record that patient is adherent to the prescribed therapy for obstructive sleep apnea.

Objective Informatics - a telemonitoring system that shows data demonstrating patient adherence to the prescribed therapy for obstructive sleep apnea (i.e., CPAP machines with SD cards that store data).

Self-Reporting - patient and/or parent/caregiver attests to compliance with prescribed therapy for obstructive sleep apnea, which is documented in the medical record.

Objective Reporting - data that are reported from an objective informatics or other data source and is not reported by the patient or parent/caregiver.
Removed:
Objectively Measured definition.

Updated numerator options: Revised:
Performance Met: Adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available, documented)
Denominator Exception: Documentation of reason(s) for not objectively reporting adherence to evidence-based therapy (e.g., patients who have been diagnosed with a terminal or advanced disease with an expected life span of less than 6 months, patients who decline therapy, patients who do not return for follow-up at least annually, patients unable to access/afford therapy, patient's insurance will not cover therapy)
Performance Not Met: Adherence to therapy was not assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available), reason not given.

Quality #: 291
Title: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease
Substantive Change:
Updated denominator criteria: Added: coding for speech language pathology and occupational therapy clinician types.

Quality #: 310
Title: Chlamydia Screening for Women
Substantive Change:
Updated denominator exclusion: Revised: Women who are only eligible for the initial population due to a pregnancy test during the measurement period, and who had an order for an x-ray or for a specified medication on the date of the pregnancy test or the six days after the pregnancy test.

Quality #: 317
Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Substantive Change:
Updated denominator: For all collection types: Added: coding for audiology.

Quality #: 326
Title: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
Substantive Change:
Updated denominator exception: Revised: Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to AF /atrial flutter treatment)
Removed: documentation of system reasons exception.

Quality #: 331
Title: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
Substantive Change:
Updated instructions: Added: Each unique occurrence is defined as a 90-day period from onset of acute viral sinusitis symptoms. If multiple occurrences are documented within a 90-day period, Merit-based Incentive Payment System (MIPS) eligible clinicians should submit the most recent instance.

Quality #: 338
Title: HIV Viral Load Suppression
Substantive Change:
Modified collection type: eCQM Specifications, MIPS CQMs Specifications collection type.
Updated instructions: Revised: timing for patient encounter to the first 240 days of the performance period.
The measure description is revised to read: Percentage of patients, regardless of age, diagnosed with HIV prior to or during the first 90 days of the performance period, with an eligible encounter in the first 240 days of the performance period, whose last HIV viral load test result was less than 200 copies/mL during the performance period.
The measure denominator is revised to read: All patients, regardless of age, diagnosed with HIV prior to or during the first 90 days of the performance period with at least one eligible encounter in the first 240 days of the performance period.
Updated denominator criteria: Added: coding for nonphysician, physician, and qualified health care professional (QHP) telephone assessments, residence services, and preventive medicine.
Revised: timing for HIV diagnosis to be prior to or during the first 90 days of the performance period.
Revised: timing for the denominator eligible encounter to occur during the first 240 days of the performance period.

Quality #: 366
Title: Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Substantive Change:
Updated definition: Added:
Treatment days (covered days): The actual number of calendar days covered with prescriptions during the 301-day period.
Use the following steps to identify and calculate covered days.
Step 1: For same medications that are prescribed on the same day or on different days with overlapping days' supply, the days' supply is summed. The start and end dates are then identified. The start date is the date of service of the earliest prescription event and the first covered day. The end date is the calendar day when the days' supply runs out. The start date through the end date are considered covered days. This rule assumes that the patient will take one prescription at a time (and start taking the next prescription after exhausting the previous prescription). For example:
- If there are three 7-days' supply prescription events for the same medication on January 1, the start date is January 1 and the end date is January 21. Covered days include January 1-21.
- If there are two 7-days' supply prescription events for the same medication on January 1 and January 5, the start date is January 1 and the end date is January 14. Covered days include January 1-14.
- If there are three 7-days' supply prescription events for the same medication on January I, a 7-days' supply prescription event on January 20 and a 7-days' supply prescription event on January 28, the start date is January 1 and the end date is February 4. Covered days include January I-February 4.
Step 2: For all other events (multiple prescriptions for the same medication on different days without overlap, multiple prescriptions for different medications on the same or different days, with or without overlap), the covered days are identified by the start and end dates for each prescription event individually. The start date through the end date are considered covered days. This rule assumes the member will take the different medications concurrently.
Step 3: Each calendar day covered by one or more medications is considered one covered day.

Continued - Quality #: 366
Title: Follow-Up Care for Children Prescribed ADHD Medication (ADD)
Substantive Change:
The initial patient population is revised to read:
Initial Population 1: Children 6-12 years of age as of the Intake Period who had an IPSD and who had a visit within 6 months prior to the IPSD including the IPSD. Children are removed if they had an acute inpatient stay with a principal diagnosis of mental, behavioral or neurodevelopmental disorder during the Initiation Phase.
Initial Population 2: Children 6-12 years ofage as of the Intake Period who had an IPSD and remained on the medication for at least 210 treatment days during the 301-day period, beginning on the IPSD through 300 days after the IPSD, and who had a visit within 6 months prior to the IPSD including the IPSD. Children are removed if they had an acute inpatient stay with a principal diagnosis of mental, behavioral or neurodevelopmental disorder during the Continuation and Maintenance Phase.
The measure numerator is revised to read: Numerator 2: Patients who had at least one visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits on different dates of service during the 31-300 days after the IPSD.

Quality #: 370
Title: Depression Remission at Twelve Months
Substantive Change:
Updated denominator exclusion: For all collection types: Removed:
Exclusion for patients who were permanent nursing home residents during the denominator identification period or the measure assessment period.

Quality #: 376
Title: Functional Status Assessment for Total Hip Replacement
Substantive Change:
The measure description is revised to read: Percentage of patients 19 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 300 - 425 days after the surgery.
The measure denominator exclusions are revised to read:
1. Exclude patients who are in hospice care for any part of the measurement period.
2. Exclude patients with severe cognitive impairment that starts before or in any part of the measurement period.
3. Exclude patients with one or more specific lower body fractures indicating trauma in the 24 hours before or at the start of the total hip arthroplasty.
4. Exclude patients with a partial hip arthroplasty procedure on the day of the total hip arthroplasty.
5. Exclude patients with a revision hip arthroplasty procedure, an implanted device/prosthesis removal procedure or a resurfacing/supplement procedure on the day of the total hip arthroplasty.
6. Exclude patients with a malignant neoplasm of the pelvis, sacrum, coccyx, lower limbs, or bone/bone marrow or a disseminated malignant neoplasm on the day of the total hip arthroplasty.
7. Exclude patients with a mechanical complication on the day of the total hip arthroplasty.
8. Exclude patients with a second total hip arthroplasty procedure 1 year before or after the original total hip arthroplasty procedure.
9. Exclude patients who die on the day of the total hip arthroplasty procedure or in the 300 days after.

Continued - Quality #: 376
Title: Functional Status Assessment for Total Hip Replacement
Substantive Change:
The initial patient population is revised to read: Patients 19 years of age and older who had a primary THA between November two years prior to the measurement period and October of the year prior to measurement period; and who had an outpatient encounter between November of the year prior to the measurement period and the end of the measurement period.
Undated numerator: Revised: timeframe for follow-up assessment to 300 - 425 days after the THA procedure.

Quality #: 378
Title: Children Who Have Dental Decay or Cavities
Substantive Change:
The measure description is revised to read: Percentage of children, 1 - 20 years of age at the start of the measurement period, who have had tooth decay or cavities during the measurement period as determined by a dentist.
The measure initial patient population is revised to read: Children, I - 20 years of age at the start of the measurement period, with a clinical oral evaluation by a dentist during the measurement period.

Quality #: 379
Title: Primary Caries Prevention Intervention as Offered by Dentists
Substantive Change:
The measure description is revised to read: Percentage of children, I - 20 years of age, who received two fluoride varnish applications during the measurement period as determined by a dentist.
Updated stratification: Revised: Population I to reflect patient I - 5 years of age.
The measure initial patient population is revised to read: Children, I - 20 years of age at the start of the measurement period, with a clinical oral evaluation by a dentist during the measurement period.
Updated numerator: Revised: to require two fluoride varnishes on different days during the measurement period.

Quality #: 382
Title: Child and Adolescent major Depressive Disorder (MDD): Suicide Risk Assessment
Substantive Change:
The measure description is revised to read: Percentage of patient visits for those patients aged 6 through 16 years at the start of the measurement period with a diagnosis of major depressive disorder (MDD) with an assessment for suicide risk.
The initial patient population is revised to read: All patient visits for those patients aged 6 through 16 at the start of the measurement period with a diagnosis of major depressive disorder.

Quality #: 383
Title: Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Substantive Change:
Updated denominator criteria: Added: additional outpatient place of service coding.
Updated denominator exclusion: Revised: to exclude patients who have ever had a diagnosis of dementia.

Quality #: 386
Title: Amyotrophic Lateral Sclerosis (ALS) patient Care Preferences
Substantive Change:
The description is revised to read: Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g., advance directives, invasive ventilation, lawful physician-hastened death, or hospice) or whose existing end of life plan was reviewed or updated at least once annually or more frequently as clinically indicated (i.e., rapid progression).
The numerator is revised to read: Patients who were offered assistance in planning for end of life issues or whose existing end of life plan was reviewed or updated at least once annually or more frequently as clinically indicated (i.e., rapid progression).
Updated numerator options: Revised: to include the concept of reviewing and updating an existing end of life plan.

Quality #: 398
Title: Optimal Asthma Control
Substantive Change:
Updated denominator exclusion: Removed: Patients who were permanent nursing home residents any time during the performance period.

Quality #: 400
Title: One-Time Screening for Hepatitis C Virus (HCV) for all Patients
Substantive Change:
The measure title is revised from 'One-Time Screening for Hepatitis C Virus (HCV) for all patients' to:
One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation
The measure description is revised to read: Percentage of patients age>= 18 years have never been tested for Hepatitis C Virus (HCV) infection who receive an HCV infection test AND who have treatment initiated within three months or who are referred to a clinician who treats HCV infection within one month if tested positive for HCV
The measure instructions are revised to read: This measure is to be submitted a minimum of once per performance period for all patients > = 18 years AND who are seen twice for any visits or who have at least one preventive visit through September 30 of the performance period AND who have never received an HCV antibody test. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.
This measure will be calculated with 2 performance rates:
I. Percentage of patients age >= 18 years who have never been tested for HCV antibodies and who receive an HCV antibody test.
2. Percentage of patients age >= 18 years who have a reactive HCV antibody test, who have a follow up HCV viral test, and if HCV viremia is detected, have treatment initiated within three months or are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test.

The denominator of submission criteria 2 is a subset of the resulting numerator for submission criteria 1, as submission criteria 2 is limited to assessing if patients who have a reactive HCV antibody test, have a follow up HCV viral test, and if HCV viremia is detected, treatment is initiated within three months or they are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test. For all patients age >=18 years who have never been tested for HCV antibodies, submission criteria I is applicable, but submission criteria 2 will only be applicable for those patients who have a reactive HCV antibody test.
Continued - Quality #: 400
Title: One-Time Screening for Hepatitis C Virus (HCV) for all Patients
Substantive Change:
A simple average, which is the sum of the performance rates divided by the number of the performance rates will be used to calculate performance.
NOTE: Include only eligible encounters and HCV antibody test results documented through September 30 of the performance period. This will allow the evaluation of at least 90 days for treatment initiation or documentation of referral made within the performance period.
Updated denominator: Updated:
THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:
I. All patients age >= 18 years age who have never been tested for HCV antibodies and who receive an HCV antibody test.
AND
2. All patients age >= 18 years who have a reactive (positive) HCV antibody test and have a follow up HCV viral test, and if HCV viremia is detected, have treatment initiated within three months or are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test.
This measure contains two submission criteria that aim to identify patients who are tested for HCV antibodies (submission criteria 1) and patients who have a reactive HCV antibody test and who have a follow up HCV viral test, and if HCV viremia is detected, have treatment initiated within three months or are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test (submission criteria 2). By separating this measure into various submission criteria, the MIPS eligible clinician will be able to better ascertain where gaps in performance exist and identify opportunities for improvement. For accountability reporting in the CMS MIPS program, the rate for submission criteria 2 is used for performance, however, both performance rates must be submitted.
Updated denominator/denominator criteria: Revised:
SUBMISSION CRITERIA 1: Patients who have never been tested for HCV antibodies and who receive an HCV antibody test.
DENOMINATOR (Submission Criteria 1):
All patients >= 18 years of age who are seen twice for any visits or who have at least one preventive visit January 1 and September 30 of the performance period.
Denominator Criteria (Eligible Cases):
Patients aged >/=18 years of age **AND**
At least one preventive encounter **OR**
At least two patient encounters **AND NOT**

DENOMINATOR EXCLUSION:
Diagnosis for Chronic Hepatitis C OR
Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period.
Added:
SUBMISSION CRITERIA 2: Patients with a reactive (positive) HCV antibody test with a follow up HCV viral test, and if HCV viremia is detected, treatment is initiated within three months or receives a referral to a clinician who treats HCV infection within one month of the reactive HCV antibody test.
DENOMINATOR (Submission Criteria 2):
Patients >= 18 years of age who are seen twice for any visits OR who have at least one preventive visit AND have documentation of a reactive HCV antibody test between January 1 and September 30 of the performance period.
Denominator Criteria (Eligible Cases):
Patients aged >/= 18 years of age **AND**
Continued - Quality #: 400
Title: One-Time Screening for Hepatitis C Virus (HCV) for all Patients
Substantive Change:
All eligible instances when GXXXX is submitted for Performance Met (patient receives HCV antibody test and the test is reactive) in the numerator of Submission Criteria 1
AND
At least one preventive encounter **OR**
At least two patient encounters.
Updated denominator note: Added:
For submission criteria I: Either documentation of the prior HCV antibody test or HCV RNA test in the medical record or patient self-report of prior HCV antibody test or HCV RNA test is acceptable for this exclusion.
Updated numerator: Revised:
For submission criteria 1: Patients who receive an HCV antibody test between January 1 and September 30 of the performance period.
Added:
For submission criteria 2: Patients who have an HCV viral test conducted that (a) does not detect HCV viremia, or (b) detects HCV viremia and treatment is initiated within three months or they are referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test.
Updated definitions:
Removed: For submission criteria I: definition for screening for HCV Infection includes current or prior receipt of
Added: For submission criteria 2: Definition:
Examples of clinicians who treat HCV infection include but are not limited to:
• Gastroenterologist
• Hepatologist
• Infectious disease clinicians
Initiation of treatment definition for clinicians who do not refer patients to specialists for care:
• Initiation of antiviral treatment, as appropriate, based on clinical guideline recommendations and patient characteristics.
HCV viral test is defined as a test measuring an established marker of active HCV infection, including:
• HCV RNA test
• HCV core antigen test

Updated numerator options:
Revised: For submission criteria 1:
Performance Met: Patient receives an HCV antibody test with nonreactive result.
Performance Met: Patient receives an HCV antibody test with reactive result.
Denominator Exception: Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy
Performance Not Met: Patient does not receive HCV antibody test OR patient does receive HCV antibody test but results not documented, reason not given.

Added: For submission criteria 2:
Performance Met: Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection.

Continued - Quality #: 400
Title: One-Time Screening for Hepatitis C Virus (HCV) for all Patients
Substantive Change:

Performance Met: Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test.
Performance Met: Patient has a reactive HCV antibody test and has a follow up HCV viral test that does not detect HCV viremia.
Performance Not Met: Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, OR Patient has a reactive HCV antibody test and has a follow up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given.

Quality #: 409
Title: Clinical Outcome Post Endovascular Stroke Treatment
Substantive Change:
Updated denominator exclusion: Added: For Submission Criteria 1: Exclude patients with a baseline mRS > 2

Quality #: 418
Title: Osteoporosis Management in Women Who Had a Fracture
Substantive Change:
Updated denominator criteria: Added: For all submission criteria: coding for nonphysician, physician, and qualified health care professional (QHP) telephone assessments, and federally qualified health center (FQHC) visit.

Quality #: 431
Title: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
Substantive Change:
Updated measure analytic: Revised: data completeness will be determined utilizing submission criteria one.

Quality #: 438
Title: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Substantive Change:
The measure description is revised to read: For all collection types:
Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:
• All patients who were previously diagnosed with or currently have a diagnosis clinical atherosclerotic cardiovascular disease (ASCVD) including an ASCVD procedure; OR
• Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level 2: 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR
• Patients aged 40-75 years with a diagnosis of diabetes; OR
• Patients aged 40 to 75 with a 10-year ASCVD risk score of >/=20 percent.

Continued - Quality #: 438
Title: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Substantive Change:
Updated rate aggregation: For the eCQM Specifications collection type:
Revised: Population 2: Patients aged 20 to 75 years at the beginning of the measurement period
Added: Population 4: Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >/= 20 percent during the measurement period.
Revised: Performance Rate to aggregate all 4 populations into a single performance rate.
Updated guidance: For the eCQM Specifications collection type: Revised: the process to prevent counting patients more than once.
Updated denominator: For all collection types: Revised:
DENOMINATOR (SUBMISSION CRITERIA 2):
Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level 2>/=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.
Added:
DENOMINATOR (SUBMISSION CRITERIA 4): Patients aged 40 to 75 years at the beginning of the measurement period with a 10-year ASCVD risk score of >/=20 percent during the measurement period.

Updated instructions: For the MIPS CQMs Specification collection type: Revised: THERE ARE FOUR SUBMISSION CRITERIA FOR THIS MEASURE**:
I. All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure. **OR**
2. Patients aged 20 to 75 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >/= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. **OR**
3. Patients aged 40 to 75 years at the beginning of the measurement period with Type I or Type 2 diabetes. **OR**
4. Patients aged 40 to 75 years at the beginning of the measurement period with a 10-year ASCVD risk score of >/=20 percent.
Revised: There is only one performance rate calculated for this measure. Patients can only be counted once and cannot be in more than one submission criteria. When submitting this measure, determine if the patient meets denominator eligibility in order of each risk category defined in the denominator submission criteria. For example, first evaluate if the patient meets denominator Submission Criteria I. If no, then evaluate if the patient meets denominator Submission Criteria 2. If yes, then the patient will be in Submission Criteria 2 and is not eligible for denominator Submission Criteria 3 and 4.
Updated initial patient population: For the eCQM Specifications collection type:
Population I:
All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD or ever had, including an ASCVD procedure.
Population 2:
Patients aged >/= 20 to 75 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >/= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.
Population 3:
Patients aged 40 to 75 years at the beginning of the measurement period with Type I or Type 2 diabetes.

Continued - Quality #: 438
Title: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Substantive Change:
Population 4:
Patients aged 40 to 75 at the beginning of the measurement period with I 0-year ASCVD risk score (i.e., 2013 ACC/AHA ASCVD Risk Estimator or the ACC Risk Estimator Plus) of >/= 20 percent during the measurement period.
Updated denominator criteria: For the MIPS CQM Specifications collection type:
Revised: For submission criteria 2: Patient aged 20 to 75 years at the beginning of the measurement period.
Added: For submission criteria 4:
Patients aged 40 through 75 years at the beginning of the measurement period **AND**
Calculated IO-year ASCVD risk score of >/= 20 percent during the measurement period **AND**
Patient encounter during the performance period **AND NOT**
DENOMINATOR EXCLUSIONS:
Patients who are breastfeeding at any time during the measurement period **OR**
Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period
Updated numerator: For the MIPS CQM Specifications collection type: Added:
(SUBMISSION CRITERIA 4):
Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period.
Updated denominator exception: For the MIPS CQMs Specifications collection type: Added: For submission criteria 4: Denominator Exceptions
I. Active Liver or Hepatic Disease or Insufficiency
2. End Stage Renal Disease
3. Slatin-Associated Muscle Symptoms (SAMS)
Updated numerator definition: For the MIPS CQM Specification collection type: Added: For submission criteria 4:
Stalin therapy - Administration of one or more of a group of medications that are used to lower plasma lipoprotein levels in the treatment of hyperlipoproteinemia.
Updated numerator note: For the MIPS CQM Specification collection type: Added: For submission criteria 4: In order to meet the measure, current statin therapy use must be documented in the patient's current medication list or ordered during the measurement period. Only statin therapy meets the measure Numerator criteria (NOT other cholesterol lowering medications). Prescription or order does NOT need to be linked to an encounter or visit; it may be called to the pharmacy. Statin medication "samples" provided to patients can be documented as "current statin therapy" if documented in the medication list in health/medical record.

Patients who meet the denominator criteria for inclusion but are not prescribed or using statin therapy will NOT meet performance for this measure. Adherence to statin therapy is not calculated in this measure. It may not be appropriate to prescribe statin therapy for some patients (see exceptions and exclusions for the complete list).
Intensity of statin therapy in primary and secondary prevention:
The expert panel of the 2018 ACC/AHA/MS Guidelines [1] defines recommended intensity of statin therapy on the basis of the average expected LDL-C response to specific statin and dose. Although intensity of statin therapy is important in managing cholesterol, this measure assesses prescription of ANY statin therapy, irrespective of intensity. Assessment of appropriate intensity and dosage documentation added too much complexity to allow inclusion of statin therapy intensity in the measure at this time.

Continued - Quality #: 438
Title: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Substantive Change:
Denominator Exceptions should be active during the measurement period.
Updated numerator options: For the MIPS CQM Specification collection type: Added:
For submission criteria 4:
Performance Met: Patients who are currently statin therapy users or received an order (prescription) for statin therapy.
Denominator Exception: Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patient with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease [ESRD] or other medical reasons).
Performance Not Met: Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy

Quality #: 443
Title: Non-Recommended Cervical Cancer Screening in Adolescent Females
Substantive Change:
Undated denominator exclusion: Added: coding for Cytokine Release Syndrome.

Quality #: 448
Title: Appropriate Workup Prior to Endometrial Ablation
Substantive Change:
Undated denominator criteria: Removed: coding for extraction of endometrium.

Quality #: 470
Title: Functional Status After Primary Total Knee Replacement
Substantive Change:
Updated numerator definition: Revised: Postoperative Assessment Oxford Knee Score (OKS) or KOOS, JR - postoperative Oxford Knee Score (OKS) or KOOS, JR functional assessment score can be obtained from the patient one year (9 to 15 months) after the date of procedure. Assessment scores obtained prior to 9 months and after 15 months postoperatively will not be used for measure calculation.

Quality #: 475
Title: HIV Screening
Substantive Change:
Updated denominator exception: Added: Patients who die on or before the end of the measurement period.

Quality #: 485
Title: Psoriasis – Improvement in Patient-Reported Itch Severity
Substantive Change:
The description is revised to read: The percentage of patients, aged 8 years and older, with a diagnosis of psoriasis where at an initial (index) visit have a patient reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow up visit.

Continued - Quality #: 485
Title: Psoriasis – Improvement in Patient-Reported Itch Severity
Substantive Change:
The measure denominator is revised to read: All patients aged 8 years and older, with a diagnosis of psoriasis with an initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (YRS), or ItchyQuant assessment score of greater than or equal to 4 who are returning for a follow-up visit.
Updated denominator definition:
Revised: patient age to 8 years and older on date of service
Added: Visual Rating Scale (YRS) for Pruritis - **Note:** (This scale is intended for patients 18 years and older)
Updated numerator: Revised: required assessment score change from 2 or more points to 3 or more points.
Updated numerator options: Revised: required assessment score change from 2 or more points to 3 or more points.

Quality #: 486
Title: Dermatitis – Improvement in Patient-Reported Itch Severity
Substantive Change:
The description is revised to read: The percentage of patients, aged 8 years and older, with a diagnosis of dermatitis where at an initial (index) visit have a patient reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow up visit.
The measure denominator is revised to read: All patients aged 8 years and older, with a diagnosis of dermatitis with an initial (index visit) Numeric Rating Scale (NRS), Visual Rating Scale (VRS), or ItchyQuant assessment score of greater than or equal to 4 who are returning for a follow-up visit.
Updated denominator definition: Removed: Visual Rating Scale (VRS) for Pruritis.
Updated denominator criteria:
Revised: patient age to 8 years and older on date of service
Added: Visual Rating Scale (VRS) for Pruritis - Note: (This scale is intended for patients 18 years and older)
Updated numerator: Revised: required assessment score change from 2 or more points to 3 or more points.
Updated numerator options: Revised: required assessment score change from 2 or more points to 3 or more points.

Quality #: 487
Title: Screening for Social Drivers of Health
Substantive Change:
Updated denominator criteria: Added: coding for occupational therapy.
Updated denominator exception:
Added:
Denominator Exception: Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)

Quality #: 493
Title: Adult Immunization Status
Substantive Change:
Updated denominator:
Removed: For all submission criteria: Active chemotherapy during the measurement period OR Bone marrow transplant during the measurement period OR
History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & Hemoglobin (HB)-S disease or cerebrospinal fluid leaks any time during the patient's history prior to or during the measurement period:
• Anatomic or Functional Asplenia
• Cerebrospinal Fluid Leak
• Cochlear Implant
• Cochlear Implant Device
• Cochlear Implant Diagnosis
• Immunocompromising Conditions
• Sickle Cell Anemia and HB-S Disease
Updated denominator exception:
Added: For submission criteria 3: Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e., first dose received after October 31)