



## Quality Measures with Substantive Changes Finalized for MIPS Year 5 (2021)

### **eCQM ID: 122v9**

#### **Quality# 001 – Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**

##### Substantive Change:

**Updated denominator exclusion: For the eCQM Specification collection type:** Revised: Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.

**Updated denominator exclusion logic: For the eCQM Specifications collection type:** Updated encounters so they are "on or" before the end of the measurement period. Updated the LTI exclusion to be 90 consecutive days. Changed the name of the under 81 exclusion definition to "FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80".

### **eCQM ID: 135v9**

#### **Quality# 005 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)**

##### Substantive Change:

**Updated the denominator exception logic: For the eCQM Specifications collection type:** Added sacubitril in the Allergy/Intolerance logic.

**Updated denominator: For all collection types:** Submission Criteria 1: Added telehealth as eligible for all encounters.

### **eCQM ID: 144v9**

#### **Quality# 008 - Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LSVD)**

##### Substantive Change:

**Updated denominator: For all collection types:** Submission Criteria 1: Added telehealth as eligible for all encounters.

**Updated denominator exception: For eCQM Specifications collection type:** Removed coding from the 'Medical Reason' value set for concepts not indicating medical contraindication.

**eCQM ID: 154v9****Quality# 065 – Appropriate Treatment for Children with Upper Respiratory Infection (URI)**Substantive Change:

**The title is revised from 'Appropriate Treatment for Children with Upper Respiratory Infection (URI)' to:** Appropriate Treatment for Upper Respiratory Infection (URI)

**The description is revised to read:** Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

**The initial patient population is revised to read:** For the eCQM Specifications collection type: Outpatient visits, telephone visits, online assessments, observation stays or emergency department visits with a diagnosis of URI during the measurement period among patients 3 months of age and older.

**Updated stratification: For the eCQM Specifications collection type:** 3 months-17 years, 18-64 years, 65 years and older.

**The guidance is revised to read: For the eCQM Specifications collection type:** This is an episode of care measure that examines all eligible episodes for the patient during the measurement period. This eCQM is an episode-based measure. This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.

**Updated denominator exclusion:**

**For the eCQMs Specifications collection type:** Added:

1. Exclude URI episodes when the patient had a competing comorbid condition during the 12 months prior to or on the episode date.

Revised:

1. Exclude URI episodes when the patient had a new or refill prescription of antibiotics in the 30 days prior to or on the episode date.
2. Exclude URI episodes when the patient had competing diagnosis on or 3 days after the episode date.
3. Exclude URI episodes when the patient had hospice care overlapping with the measurement period.

**The numerator is revised to read:**

**For the eCQMs Specifications collection type:** URI episodes without a prescription for antibiotic medication on or 3 days after the outpatient visit, telephone visit, online assessment, observation stay or emergency department visit for an upper respiratory infection.

**Updated value set: For the eCQM Specifications collection type:**

Added 'Aggressive periodontitis' to the value set for competing diagnosis. Added telehealth services value set to eligible encounters.

**eCQM ID: 146v9****Quality# 066 – Appropriate Testing for Children with Pharyngitis**Substantive Change:

**The title is revised from 'Appropriate Testing for Children with Pharyngitis' to:** Appropriate Testing for Pharyngitis

**The description is revised to read:** The percentage of episodes for patients 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic dispensing event and a group A streptococcus (strep) test.

**The guidance is revised to read: For the eCQM Specifications collection type:** This is an episode of care measure that examines all eligible episodes for the patient during the measurement period. This eCQM is an episode-based measure. This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.

**The initial patient population is revised to read: For the eCQM Specifications collection type:** Outpatient, telephone, online assessment, observation, or emergency department (ED) visits with a diagnosis of pharyngitis and an antibiotic dispensing event among patients 3 years or older.

**Updated denominator exclusion: For the eCQMs Specifications collection type:**

Added:

1. Exclude episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date.

Revised:

1. Exclude episodes where the patient is taking antibiotics in the 30 days prior to the episode date.
2. Exclude episodes when the patient had hospice care overlapping with the measurement period.
3. Exclude episodes where the patient had a competing diagnosis within 3 days after the episode date.

**The numerator is revised to read: For all collection types:** A group A streptococcus test in the 7-day period from 3 days prior to the episode date through 3 days after the episode date.

**Updated stratification: For the eCQM Specifications collection type:** 3-17 years, 18-64 years, 65 years and older.

**Updated value set: For the eCQM Specifications collection type:** Added telehealth services value set to eligible encounters.

#### **eCQM ID: 147v10**

##### **Quality# 110 – Preventive Care and Screening: Influenza Immunization**

###### Substantive Change:

**Updated guidance: For the eCQM Specifications collection type:** Revised:

Due to the changing stance of the CDC/ACIP recommendations regarding the live attenuated influenza vaccine (LAIV) for a particular flu season, this measure will not include the administration of this specific formulation of the flu vaccination. Given the variance of the timeframes for the annual update cycles, program implementation, and publication of revised recommendations from the CDC/ACIP, it has been determined that the coding for this measure will specifically exclude this formulation, so as not to inappropriately include this form of the vaccine for flu seasons when CDC/ACIP explicitly advise against it. However, it is recommended that all eligible professionals or eligible clinicians to review the guidelines for each flu season to determine appropriateness of the LAIV and other formulations of the flu vaccine. Should the LAIV be recommended for administration for a particular flu season, eligible professional or clinician may consider one of the following options: 1) satisfy the numerator by reporting either previous receipt or using the CVX 88 for unspecified formulation, 2) report a denominator exception, either as a patient reason (e.g., for patient preference) or a system reason (e.g., the institution only carries LAIV). This is a patient-based measure.

**Updated denominator exception: For the eCQM Specifications collection type:** Removed coding from the 'Medical Reason' value set for concepts not indicating medical contraindication.

**Updated denominator: For all collection types:** Added telehealth as eligible encounter.

#### **eCQM ID: 125v9**

##### **Quality# 112 – Breast Cancer Screening**

###### Substantive Changes:

**Updated denominator exclusion: For the eCQM Specifications collection type:** Removed logic and value set related to unilateral mastectomy.

**Updated denominator exclusion: For the eCQM Specifications collection type:** Revised: Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.

**Updated denominator exclusion logic: For the eCQM Specifications collection type:** Updated encounters so they are "on or" before the end of the measurement period. Updated the LTI exclusion to be 90 consecutive days. Changed the name of the under 81 exclusion definition to "FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80".

#### **eCQM ID: 130v9**

##### **Quality# 113 – Colorectal Cancer Screening**

###### Substantive Change:

**Updated denominator exclusion: For the eCQM Specifications collection type:** Revised:

1. Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.
2. Exclude patients with a diagnosis or past history of total colectomy or colorectal cancer.

**Updated denominator exclusion logic: For the eCQM Specifications collection type:** Updated encounters so they are "on or" before the end of the measurement period. Updated the LTI exclusion to be 90 consecutive days. Changed the name of the under 81 exclusion definition to "FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80".

**eCQM ID: 131v9****Quality# 117 – Diabetes: Eye Exam**Substantive Change:**Updated denominator exclusion: For the eCQM Specifications collection type:** Revised:

Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.

**Updated denominator exclusion logic: For the eCQM Specifications collection type:** Updated encounters so they are "on or" before the end of the measurement period. Updated the LTI exclusion to be 90 consecutive days. Changed the name of the under 81 exclusion definition to "FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80".

**eCQM ID: 134v9****Quality# 119 – Diabetes: Medical Attention for Nephropathy**Substantive Change:**Updated denominator: For the eCQM Specifications collection type:** Revised:

Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.

**Updated denominator exclusion logic: For the eCQM Specifications collection type:** Updated encounters so they are "on or" before the end of the measurement period. Updated the LTI exclusion to be 90 consecutive days. Changed the name of the under 81 exclusion definition to "FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80".

**eCQM ID: 69v9****Quality# 128 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan**Substantive Change:

**The description is revised to read:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous 12 months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters.

**Updated guidance: For the eCQM Specifications collection type:** Removed:

Review the following to apply the Medical Reason exception criteria:

The Medical Reason exception could include, but is not limited to, the following patients as deemed appropriate by the health care provider:

\* Elderly patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as the following examples:

- \* Illness or physical disability
- \* Mental illness, dementia, confusion
- \* Nutritional deficiency such as Vitamin/mineral deficiency

\* Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

Revised:

See denominator exception section for examples.

**Updated definition: For all collection types:** Added:

Normal BMI Parameters – Age 18 years and older BMI  $\geq 18.5$  and  $< 25$  kg/m<sup>2</sup>

**Updated denominator exclusion: For the eCQM Specifications collection type:**

Removed: Patients who refuse measurement of height and/or weight.

Added: Hospice care value sets

**Updated denominator exception: For the eCQM Specifications collection type:**

Added: Patients who refuse measurement of height and/or weight.

Revised: Patients with a documented medical reason for not documenting BMI or for not documenting a follow-up plan for a BMI outside normal parameters (e.g., elderly patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as illness or physical disability, mental illness, dementia, confusion, or nutritional deficiency such as vitamin/mineral deficiency; patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).

**Per the 'Telehealth Guidance for Electronic Clinical Quality Measures (eQMs) for Eligible Professional/Eligible Clinician 2021 Quality Reporting':** Medicare telehealth eligible codes found in any encounter value set must only be used for in-person encounters for the following eQMs.

**eQCM ID: 68v10**

**Quality# 130 – Documentation of Current Medications in the Medical Record**

Substantive Change:

**The description is revised to read: For all collection types:** Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

**The guidance is revised to read: For the eQCM Specifications collection type:** This eQCM is an episode-based measure. This measure is to be reported for every encounter during the measurement period. Eligible professionals or eligible clinicians reporting this measure may document medication information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources. This list must include all known prescriptions, over-the-counter (OTC) products, herbals, vitamins, minerals, dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration. This measure should also be reported if the eligible professional or eligible clinician documented the patient is not currently taking any medications.

By reporting the action described in this measure, the provider attests to having documented a list of current medications utilizing all immediate resources available at the time of the encounter.

This version of the eQCM uses QDM version 5.5. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.

**The denominator exception is revised to read: For the eQCM Specifications collection type:** Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).

**The numerator is revised to read: For all collection types:** Eligible professional or eligible clinician attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter.

**eQCM ID: 138v9**

**Quality# 226 – Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention**

Substantive Change:

**The description is revised to read: For the eQCM Specifications collection type:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user.

Three rates are reported:

- a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months
- b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention
- c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user

**Updated guidance: For the eQCM Specifications collection type:**

Revised: To satisfy the intent of this measure, a patient must have at least one tobacco use screening during the 12-month period. If a patient has multiple tobacco use screenings during the 12-month period, only the most recent screening, which has a documented status of tobacco user or tobacco non-user, will be used to satisfy the measure requirements.

Added: To promote a team-based approach to patient care, the tobacco cessation intervention can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.

**Updated denominator: For all collection types:** Added Physical Therapy MIPS eligible clinician and telehealth as eligible encounters for all submission criteria.

**Updated denominator exception: For eCQM Specifications collection type:** Removed coding from the 'Medical Reason' value set for concepts not indicating medical contraindication.

**Updated logic: For the eCQM Specifications collection type:** Revised to reflect a 12-month timeframe for the look back period and assessment of clinical quality action.

**Updated numerator: For the eCQM Specifications collection type:** Revised to reflect a 12-month timeframe for the look back period and assessment of clinical quality action. Additionally, revised the logic to unlink the intervention from having to occur after the tobacco user status.

#### **eCQM ID: 165v9**

##### **Quality#: 236 – Controlling High Blood Pressure**

###### Substantive Change:

**Updated denominator exclusion: For the eCQM Specification collection type:** Revised: Exclude patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period.

**Updated denominator exclusion logic: For the eCQM Specifications collection type:** Updated encounters so they are "on or" before the end of the measurement period. Updated the LTI exclusion to be 90 consecutive days. Changed the name of the under 81 exclusion definition to "FrailtyLTI.Advanced Illness and Frailty Exclusion Not Including Over Age 80".

**Updated logic: For the eCQM Specifications collection type:** Change to the Essential Hypertension Diagnosis definition logic used to define the initial patient population requires hypertension overlap the measurement period indicating hypertension must be present prior to and during the measurement period.

**The following finalized modification pertains to the Initial Patient Population for the eCQM Specifications collection type.** Current: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period. Revised to read: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period.

#### **eCQM ID: 156v9**

##### **Quality# 238 – Use of High-Risk Medications in the Elderly**

###### Substantive Change:

**The title is revised from 'Use of High-Risk Medications in the Elderly' to:** Use of High-Risk Medications in Older Adults.

**The description is revised to read:** Percentage of patients 65 years of age and older who were ordered at least two of the same high-risk medications.

**Updated measure analytics: For all collection types:** One performance rate.

**The guidance is revised to read: For the eCQM Specifications collection type:** The intent of the measure is to assess if the patient has been prescribed at least two of the same high-risk medications on different days. The intent of the measure is to assess if the reporting provider ordered the high-risk medication(s). If the patient had a high-risk medication previously prescribed by another provider, they would not be counted towards the numerator unless the reporting provider also ordered a high-risk medication for them.

This eCQM is a patient-based measure.

This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.

**Updated denominator: For all collection types:** Removed submission criteria one.

**The numerator is revised to read: For all collection type:** Patients with at least two orders for the same high-risk medication on different days during the measurement period.

**For the eCQM Specifications collection type:** Added medication value sets:

Scopolamine, Secobarbital, Propantheline, Doxylamine, Ergoloid Mesylates, Butalbital, Amobarbital, Pentobarbital

**eCQM ID: 149v9****Quality# 281 – Dementia: Cognitive Assessment**Substantive Change:**The guidance is revised to read:**

Use of a standardized tool or instrument to assess cognition other than those listed will meet numerator performance. Standardized tools can be mapped to the concept "Intervention, Performed": "Cognitive Assessment" included in the numerator logic below.

The requirement of two or more visits is to establish that the eligible professional or eligible clinician has an existing relationship with the patient.

In recognition of the growing use of integrated and team-based care, the diagnosis of dementia and the assessment of cognitive function need not be performed by the same provider or clinician.

The DSM-5 has replaced the term dementia with major neurocognitive disorder and mild neurocognitive disorder.

For the purposes of this measure, the terms are equivalent.

This eCQM is a patient-based measure.

This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM.

**eCQM ID: 124v9****Quality # 309 – Cervical Cancer Screening**Substantive Change:

**The description is revised to read:** Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- \* Women age 21-64 who had cervical cytology performed within the last 3 years

- \* Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years

**The guidance is revised to read:** To ensure the measure is only looking for a cervical cytology test only after a woman turns 21 years of age, the youngest age in the initial population is 23.

Patient self-report for procedures, as well as diagnostic studies should be recorded in 'Procedure, Performed' template or 'Diagnostic Study, Performed' template in QRDA-1.

This version of the eCQM uses QDM version 5.5. Please refer to the eCQI resource center (<https://ecqi.healthit.gov/qdm>) for more information on the QDM. This eCQM is a patient-based measure.

**The numerator is revised to read:** Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:

- \* Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test

- \* Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test.

**Updated logic:** Updated logic definition to use HPV only every 5 years and remove Pap test.

**eCQM ID: 139v9****Quality# 318 – Falls: Screening for Future Fall Risk**Substantive Change:

**Updated denominator exclusion: For the eCQM Specifications collection type:** Removed: Exclude patients who were non-ambulatory at some point in the measurement period.

**eCQM ID: 50v9****Quality# 374 – Closing the Referral Loop: Receipt of Specialist Report**Substantive Change:

**Updated logic: For the eCQM Specifications collection type:** Updated logic for 'First Referral During Measurement Period' to allow an additional, optional way to capture the first referral.

**Updated denominator: For all collection types:** Added telehealth as eligible encounter.

**Updated numerator: For the eCQM Specifications collection type:** Removed pathology consult note from 'Consultant Report' value set.

**eCQM ID: 90v9**

**Quality# 377 – Functional Status Assessments for Congestive Heart Failure**

Substantive Change:

**Updated logic:**

**Initial Patient Population:** Revised timing of congestive heart failure (CHF) diagnosis in the initial population logic so it overlaps before the measurement period.

**Qualifying Encounter:** Revised timing of the encounter from the start of the measurement period to the end of the measure period.

**Numerator:**

- Revised to ensure assessments completed during the encounter count toward the numerator.
- Revised KCCQ logic to address the 6 domain subcategories used to account for the KCCQ assessment total score.
- Added the KCCQ Total Assessment Score logic to include the summary score as an option to meet the KCCQ assessment requirement.
- Revised timing and logic of the follow-up functional status assessment (FSA) to relate to the initial FSA performed and not the encounter.
- Revised measurement period for the Veterans RAND 12 Item Health Survey (VR-12) to allow for the initial FSA to occur prior to the measurement period if the encounter occurs within the first few days of the measurement period.

**eCQM ID: 75v9**

**Quality# 378 – Children Who Have Dental Decay or Cavities**

Substantive Change:

**The description is revised to read:** Percentage of children, 6 months - 20 years of age, who have had tooth decay or cavities during the measurement period.

**The stratification is revised to read:** None

**The initial patient population is revised to read:** Children, 6 months - 20 years of age, with a visit during the measurement period.

**Updated denominator:** Removed:

"Office Visit" (2.16.840.1.113883.3.464.1003.101.12.1001)

"Preventive Care - Established Office Visit, 0 to 17" (2.16.840.1.113883.3.464.1003.101.12.1024) "Preventive Care Services - Established Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1025)

"Preventive Care Services-Initial Office Visit, 18 and Up" (2.16.840.1.113883.3.464.1003.101.12.1023)

"Preventive Care- Initial Office Visit, 0 to 17" (2.16.840.1.113883.3.464.1003.101.12.1022)