LEAVITT PARTNERS
An HMA Company

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Advancing Digital Quality Reporting Using Regulated Endpoints

Overview

Industry leaders agree it's critical in quality reporting to demonstrate improved timeliness, reduced errors, and minimized costs. In addition, the broad consensus is that the road map to achieving these goals is to increase the use of open standards based on near real-time transactions, leveraging Fast Healthcare Interoperability Resources (FHIR®) maintained by Health Level Seven (HL7®) International. There is considerably less agreement, however, on the technical path to implementation.

To address this issue, Leavitt Partners, the National Committee for Quality Assurance (NCQA), and the Digital Quality Implementers Community (DQIC) conducted a feasibility study using standardized APIs required under §170.315(g)(10) and United States Core Data for Interoperability (USCDI) v3 data elements mandated for certified Health IT based on analysis drawing on previous eCQM testing and experience in the field. The study found a high probability that 49 program-specific measures[1] reported by health systems and facilities across 13 programs can be reported today using current USCDI v3 data. These 46 measures represent 41% of high priority measures related to prevention or the Universal Foundation in these programs.[2] In addition, adding just ten targeted data elements would enable reporting of additional 26 program-specific measures, reaching nearly two-thirds of the priority measures.

We recommend that the Centers for Medicare & Medicaid Services (CMS) lead a collaborative pilot with accountable care organizations (ACOs) and certified vendors to validate these findings in live environments and generate evidence to guide future policy. Assuming this live testing supports the feasibility study, we recommend that the Assistant Secretary of Technology Policy/Office of the National Coordinator (ASTP/ONC) and CMS take the following actions:

- ASTP: Allow the use of USCDI—without requiring USCDI+ quality—for quality reporting as an approved use of certified Health IT if the benchmarks can be shown to have acceptable data quality.
- CMS: Update quality reporting submission requirements to accept USCDI-based data as an interim step to full digital quality measures (dQMs) or electronic clinical quality measures (eCQMs).

[1] Represents the unique count of CMIT program-specific measure IDs.

[2] We flagged 120 program-specific measures across the 13 programs as priority measures, including 91 Universal Foundation measures and 29 Prevention measures.

Problem Statement

Transitioning to HL7 FHIR for digital quality reporting has proven challenging. Although eCQMs are high-quality specifications that support reporting, in many cases, they also require data that extends beyond currently committed system capabilities. Continued reliance on existing batch file standards like the Quality Reporting Data Architecture (QRDA) results in manual abstraction, high operational burdens, increased costs, and opportunities for fraud.

One approach that both ACOs and technology vendors suggested was to investigate the opportunity to leverage data sourced directly from the endpoints exposed by certified Health IT vendors as part of the § 170.315(g)(10) ("Standardized API for Patient and Population Services") as well as data exposed by payers as part of the implementation of CMS-9115 ("CMS Interoperability and Patient Access Final Rule") and CMS-0057 ("CMS Interoperability and Prior Authorization Final Rule"). This approach is already being successfully deployed in the transition to digital quality measures for Healthcare Effectiveness Data and Information Set (HEDIS®) and has been used for some Medicare clinical quality measures (CQMs).

Key Findings

We found that USCDI v3 can fully support 49 program-specific measures, 41% of 120 high priority prevention/Universal Foundation measures (See Table 1, Appendix). Adding 10 data elements would expand support to 75 measures (63% of high priority measures), enabling 26 additional measures (see the Appendix – Table 2 for the data elements and Table 3 for the additional measures).

Implications

While these findings are encouraging, Leavitt Partners proposes collaborative testing in real-world clinical data by comparing results obtained by running using existing CQM or eCQM measure specification versus results using USCDI v3 and FHIR-based reporting. Early tests from the industry that followed this path (reporting quality based on Medicare CQM definitions using only data obtained from existing g(10) endpoints) showed no material difference compared to data collected using traditional methods. The results were reported and accepted by CMS for plan year 2024 and received reimbursement. These findings suggest that the data did not degrade, indicating more detailed data elements in eCQM measure specifications may be unnecessary (*e.g.*, date of screening versus date/time of screening).

Opportunity

Should these findings be validated through testing, CMS and ASTP could advance digital quality reporting through coordinated efforts to offer technical guidance on how to use FHIR/USCDI for CMS CQM reporting, as well as to adjust CQM measure specifications to align with USCDI v3.

Completing Quality Measures Beyond USCDI v3

This change will affect how quality measures are created. For the 26 program-specific measures that cannot use the current dataset, and for other clinical measures outside the Universal Foundation, we recommend that experts in digital measure development check whether the available data have elements that are functionally equivalent. If such equivalencies cannot be established, we recommend that a group of cross-functional stakeholders—including measure developers and reporters such as providers and payers—collaborate to identify strategies for providing the necessary data. This collaboration should address not only quality measurement needs, but also critical use cases like patient access, prior authorization, and care coordination. It is essential that this process be managed carefully so that any new data elements introduced are thoughtfully considered and broadly beneficial across the health care ecosystem.

APPROACH

Details on Approach

We mapped the current CQM numerator, denominator, and exclusions descriptions to logical data elements included in USCDI v3, which is currently required for ASTP certified health technology. We did not consider data quality or the improvement in data element specificity in eCQM specifications. We chose this approach for two reasons:

1. Certified Health IT vendors and payers are committed to providing FHIR APIs to support CMS-0057 and the existing Certified Health IT Program. In addition, the USCDI v3 specification is recognized as having enough maturity to support clinical decision support.
2. Current specifications for quality reporting are widely used and accepted since the quality data model (QDM) has not been updated since 2021.

We used the CMS Measure Inventory, which catalogs quality measures used across CMS quality reporting programs.

Of the 857 program-specific measures in CMS' measure inventory, 217 were identified as Universal Foundation measures or screening measures (screening measures were included in response to the current administration's emphasis on prevention at the most recent CMS Quality Conference). **We focused on 120 measures used in 13 quality programs that involve health systems and facilities**: Merit-Based Incentive Payment System Program, Medicare Shared Savings Program, Ambulatory Surgical Center Quality Reporting, End-Stage Renal Disease Quality Incentive Program, Home Health Quality Reporting, Hospital Acquired Condition Reduction Program, Hospital Inpatient Quality Reporting, Hospital Outpatient Quality Reporting, Hospital Value-Based Purchasing, Inpatient Psychiatric Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Medicaid Health Home Core Set, and Skilled Nursing Facility Quality Reporting. We excluded measures reported by health plans or states and measures used in innovation models. We mapped the descriptions of the current CQM numerator, denominator, and exclusions to logical data elements included in USCDI v3. We used this approach rather than analyzing eCQM specifications because most of the industry has yet to adopt these enhanced eCQM specifications.

Next Steps

Collaborative Testing to Verify Results

The next critical step to advancing policy is for private sector entities to demonstrate what is feasible under the current version of USCDI v3 and to identify any challenges in aggregating, deduplicating, and validating data shared through FHIR®-based APIs.

Leavitt Partners proposes a collaborative testing session focused on verifying whether these measures can be calculated in real-world clinical data by comparing results of running existing measures using typical CQM approach versus reporting using USCDI v3 and FHIR-based endpoints. The focus will be on participants in the MSSP.

Before the testing event, Leavitt Partners will work with participants to prioritize 15–20 measures for testing. Measures will be selected from the 79 measures previously included in HL7® Connectathons using QI-Core profiles containing data inherited from US Core 6.0.0. This approach will ensure successful data conformance. During the testing session, vendors/providers will collaborate, using their own test data in their own testing environments, which will allow organizations to compare the testing results against results reported to CMS through their existing process.

Leavitt Partners will identify participants using criteria in the accompanying text box. As observers, CMS and ASTP will get direct insights into the issues that need to be resolved to advance digital quality reporting in line with CMS' overall framework for interoperability.

Criteria for Participating in Testing Event

- Have a consolidated HL7® FHIR® clinical repository—not direct HL7® FHIR® APIs from electronic health records (EHR).
- Have an API Gateway to expose standard g(10) endpoints using the bulk FHIR® specification.
- Report results for the full eligible measure population where possible with no manual abstraction.
- Use Inferno for FHIR® conformance testing.
- Use the Patient Improvement Quality Information (PIQI) framework for minimum data quality assessment and to ensure that data meets minimal quality scores.
- Report at least three measures using standard HL7®FHIR® endpoints and alternate methods, reflecting a foundational commitment to the program's goals.
- Commit to mutually agreed upon deadlines and will support CMS testing for submission.

Policy Opportunities

Should these findings be validated through testing, CMS and ASTP have the opportunity to advance digital quality reporting through coordinated efforts. Statutes and regulations require CMS to use certified Health IT (where applicable) for certain reporting programs (*e.g.*, Promoting Interoperability), and policy language emphasizes that quality reporting should allow fair comparisons across care settings. ASTP has determined that FHIR-based Application Programming Interfaces (APIs) can be certified technology, thus satisfying the first requirement. The testing would help determine whether FHIR-based reporting would allow for fair comparisons across settings that use existing methods for reporting. CMS and ASTP could work with the industry to develop a FHIR implementation guide for CMS Clinician and Facility quality measures (similar to NCQA's HEDIS FHIR IG) that would explain how organizations can use FHIR for quality reporting and update measures specification as needed to reference USCDI v3 data element.

Policy Actions Needed to Advance Digital Quality Reporting

Necessary CMS Actions

1. Revise measure specifications to reference USCDI elements.
2. Align implementation timelines across CMS quality reporting and value programs (HVBP, HIQR, HACRP, MIPS, MSSP, Innovation Center models).
3. Coordinate with post-acute assessment instruments (MDS, OASIS, LCDS, IRF-PAI).
4. Update quality reporting submission requirements to accept USCDI-based data.

Necessary ASTP Actions

1. Add seven new data elements across USCDI versions.
2. Update EHR certification requirements to include new data elements.
3. Identify applicable vocabulary standards and value sets.
4. Develop detailed technical specifications and implementation guides.

About Leavitt Partners

Leavitt Partners, an HMA Company has been at the forefront of navigating change in healthcare for over a decade. We work at the intersection of government and health care, helping our clients stay one step ahead of the influences impacting the industry, including economic, market, delivery system, public policy, and political developments. Learn more at leavittpartners.com.

APPENDIX

Table 1. Existing Program-Specific Measures That Can Be Reported Using USCDI v3 and g(10) Endpoints (N=49 program-specific measures across 21 measures)

Measure Name	Measure ID	CMIT ID	Program	eCQM Measures Tested in HL7 Connectathons with FHIR input[‡]
Adult Immunization Status	26	00026-01-C-MIPS	Merit-Based Incentive Payment System Program	No
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	71	00071-02-C-ASCQR	Ambulatory Surgical Center Quality Reporting	No
		00071-02-C-HOQR	Hospital Outpatient Quality Reporting	No
		00071-02-C-MIPS	Merit-Based Incentive Payment System Program	No
Breast Cancer Screening	93	00093-05-E-MIPS	Merit-Based Incentive Payment System Program	Yes
		00093-04-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00093-04-C-MSSP	Medicare Shared Savings Program	Yes
Cervical Cancer Screening	118	00118-03-E-MIPS	Merit-Based Incentive Payment System Program	Yes
Cesarean Section	508	00508-03-E-HIQR	Hospital Inpatient Quality Reporting	No
Colorectal Cancer Screening	139	00139-05-C-MHHCS	Medicaid: Health Home Core Set	Yes
		00139-03-E-MIPS	Merit-Based Incentive Payment System Program	Yes
		00139-01-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00139-01-C-MSSP	Medicare Shared Savings Program	Yes
Controlling High Blood Pressure (CBP)	167	00167-04-E-MIPS	Merit-Based Incentive Payment System Program	Yes
		00167-04-E-MSSP	Medicare Shared Savings Program	Yes
		00167-05-C-MHHCS	Medicaid: Health Home Core Set	Yes
		00167-01-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00167-01-C-MSSP	Medicare Shared Savings Program	Yes

[‡] The Clinical Reasoning project in HL7® has been testing eCQMs with HL7® FHIR® since 2023 (but never implemented in production). Measures marked as "yes" are those that have a corresponding eCQM, which has been tested using HL7 FHIR as input, making them good candidates for acceleration.

Measure Name	Measure ID	CMIT ID	Program	eCQM Measures Tested in HL7 Connectathons with FHIR input‡
Diabetes: Eye Exam	203	00203-01-C-MIPS	Merit-Based Incentive Payment System Program	No
		00203-03-E-MIPS	Merit-Based Incentive Payment System Program	No
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	204	00204-01-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00204-03-E-MIPS	Merit-Based Incentive Payment System Program	Yes
		00204-01-C-MSSP	Medicare Shared Savings Program	Yes
		00204-03-E-MSSP	Medicare Shared Savings Program	Yes
Documentation of Current Medications in the Medical Record	219	00219-01-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00219-03-E-MIPS	Merit-Based Incentive Payment System Program	Yes
Driver of Health Screen Positive Rate	1662	01662-01-C-HIQR	Hospital Inpatient Quality Reporting	No
		01662-01-C-ESRDQIP	End-Stage Renal Disease Quality Incentive Program	No
Driver of Health Screening Rate	1664	01664-01-C-HIQR	Hospital Inpatient Quality Reporting	No
		01664-01-C-MIPS	Merit-Based Incentive Payment System Program	No
		01664-01-C-ESRDQIP	End-Stage Renal Disease Quality Incentive Program	No
HIV Screening	324	00324-02-E-MIPS	Merit-Based Incentive Payment System Program	Yes
Influenza Immunization	386	00386-03-C-IPFQR	Inpatient Psychiatric Facility Quality Reporting	No
		00386-02-C-MSSP	Medicare Shared Savings Program	No
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	594	00594-01-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00594-02-E-MIPS	Merit-Based Incentive Payment System Program	Yes
		00594-01-C-MSSP	Medicare Shared Savings Program	Yes
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	595	00595-01-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00595-02-E-MIPS	Merit-Based Incentive Payment System Program	Yes
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	596	00596-10-C-MIPS	Merit-Based Incentive Payment System Program	Yes
		00596-10-C-MSSP	Medicare Shared Savings Program	Yes
		00596-11-E-MIPS	Merit-Based Incentive Payment System Program	Yes

Measure Name	Measure ID	CMIT ID	Program	eCQM Measures Tested in HL7 Connectathons with FHIR input‡
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	597	00597-02-C-MIPS	Merit-Based Incentive Payment System Program	No
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	701	00701-05-C-MIPS	Merit-Based Incentive Payment System Program	No
		00701-04-E-MIPS	Merit-Based Incentive Payment System Program	No
		00701-04-E-MSSP	Medicare Shared Savings Program	No
Use of High Risk Medications in the Elderly (DAE)	744	00744-03-E-MIPS	Merit-Based Incentive Payment System Program	No
		00744-01-C-MIPS	Merit-Based Incentive Payment System Program	No
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	760	00760-02-E-MIPS	Merit-Based Incentive Payment System Program	No

Table 2. Data Elements that Could be Added to USCDI v3 to Enable Additional Measures (n=10)

USCDI Data Element	USCDI Class	Notes
Care Plan – Follow-Up Action	Assessment and Plan of Treatment	**New element:** Currently this is entirely text. If metadata is captured as structured data, it enables multiple uses.
Communication – Discharge Summary Sent to Patient or Caregiver *(NOTE: this is an indicator)*	Communications	**Available in USCDI+**. There is a discharge note in USCDI but no current element that indicates discharge summary has been delivered.
Clinical Assessment – Instrument Score	Clinical Tests	**Available in USCDI 4** but does not explicitly define the type of assessment (via Clinical Test Result/Report).
Functional Status – Standardized Score (Section GG)	Health Status Assessments	**Available in USCDI V3**, but this score is not called out anywhere.
Depression Screening – PHQ-9 Total Score	Health Status Assessments	**Available in USCDI V3**, but this tool is not called out anywhere.
Laboratory – Blood Culture Collected Indicator	Laboratory	**New element:** Not collected—lab standard.
Medication Reconciliation – Verified Medication List	Medications	**New element:** A list of medications is available but not a "reconciliation" attestation, which leads to complex logic.
Medication Administration	Medications	**Available in USCDI+ Quality:** Requested by multiple organizations.
Specialist Report Received Indicator	Referrals	**New element:** Indication of a closed loop referral—The HL7® Clinical Order Workflow specification may close this loop.
Device Days	Medical Devices	**New element:** A lot of waste, fraud, and abuse occurs on device days. Additionally, most also require prior auth, so days approved and days used could be valuable.

Table 3. Measures Enabled by Adding Ten Data Elements to USCDI v3 (n=26 program-specific measure across 8 measures)

CMIT ID	Program-Specific Measure Name	Program	Calculation Required	USCDI Data Elements Used
00001-01-C-MIPS	Perioperative Care: Surgical Site Infection (SSI)	Merit-Based Incentive Payment System Program	Infection depth classification; timing logic; mapping; risk adjustment; SIR calculation	Procedures: Procedures (surgical procedure); Problems: Problems (infection diagnosis); Laboratory: Tests, Values/Results (culture if obtained); Encounter Information: Encounter Time (surgery date)
00001-02-C-HACRP	ACS-CDC Harmonized Procedure Specific SSI Outcome Measure	Hospital Acquired Condition Reduction Program	Infection depth classification; timing logic; mapping; risk adjustment; SIR calculation	Procedures: Procedures (surgical procedure); Problems: Problems (infection diagnosis); Laboratory: Tests, Values/Results (culture if obtained)†; Encounter Information: Encounter Time (surgery date)
00001-02-C-HVBP	ACS-CDC Harmonized Procedure Specific SSI Outcome Measure	Hospital Value-Based Purchasing	Infection depth classification; timing logic; mapping; risk adjustment; SIR calculation	Procedures: Procedures (surgical procedure); Problems: Problems (infection diagnosis); Laboratory: Tests, Values/Results (culture if obtained)†; Encounter Information: Encounter Time (surgery date)
00459-01-C-HACRP	NHSN Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure	Hospital Acquired Condition Reduction Program	Hospital-onset determination; catheter presence; lab criteria; device-infection temporal linkage; standardized infection ratio (SIR) calculation	Laboratory: Tests, Values/Results (urine culture)†; Problems: Problems Urinary Tract Infection (UTI) diagnosis; Device Days† (urinary catheter); Encounter Information: Encounter Time (admission date)
00459-01-C-HVBP	NHSN Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure	Hospital Value-Based Purchasing	Hospital-onset determination; catheter presence; lab criteria; device-infection temporal linkage; SIR calculation	Laboratory: Tests, Values/Results (urine culture)†; Problems: Problems (UTI diagnosis); Device Days† (urinary catheter); Encounter Information: Encounter Time (admission date)
00459-01-C-LTCHQR	NHSN Catheter-Associated Urinary Tract Infection (CAUTI)	Long-Term Care Hospital Quality Reporting	Hospital-onset determination; catheter presence; lab criteria; device-infection temporal linkage; SIR calculation	Laboratory: Tests, Values/Results (urine culture)†; Problems: Problems (UTI diagnosis); Device Days† (urinary catheter); Encounter Information: Encounter Time (admission date)
00460-01-C-HACRP	NHSN Central Line Associated Blood Stream Infection (CLABSI) Outcome Measure	Hospital Acquired Condition Reduction Program	Hospital-onset determination; central line presence; lab criteria; device-infection temporal linkage; SIR calculation	Laboratory: Tests, Values/Results (blood culture)†; Problems: Problems (bloodstream infection); Device Days† (central line); Encounter Information: Encounter Time (admission date)

CMIT ID	Program-Specific Measure Name	Program	Calculation Required	USCDI Data Elements Used
00460-01-C-HVBP	NHSN CLABSI Outcome Measure	Hospital Value-Based Purchasing	Hospital-onset determination; central line presence; lab criteria; device-infection temporal linkage; SIR calculation	Laboratory: Tests, Values/Results (blood culture)†; Problems: Problems (bloodstream infection); Device Days† (central line); Encounter Information: Encounter Time (admission date)
00462-01-C-HACRP	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Hospital Acquired Condition Reduction Program	Hospital-onset determination; exclusion logic; patient days denominator; SIR calculation	Laboratory: Tests, Values/Results (C. diff toxin test)†; Problems: Problems (C. diff diagnosis); Encounter Information: Encounter Time (admission date)
00462-01-C-HVBP	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure	Hospital Value-Based Purchasing	Hospital-onset determination; exclusion logic; patient days denominator; SIR calculation	Laboratory: Tests, Values/Results (C. diff toxin test)†; Problems: Problems (C. diff diagnosis); Encounter Information: Encounter Time (admission date)
00462-01-C-LTCHQR	NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure	Long-Term Care Hospital Quality Reporting	Hospital-onset determination; exclusion logic; patient days denominator; SIR calculation	Laboratory: Tests, Values/Results (C. diff toxin test)†; Problems: Problems (C. diff diagnosis); Encounter Information: Encounter Time (admission date)
00463-01-C-HACRP	NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure	Hospital Acquired Condition Reduction Program	Hospital-onset determination; lab confirmation; patient days denominator; SIR calculation	Laboratory: Tests, Values/Results (blood culture with MRSA)†; Problems: Problems (MRSA bacteremia); Encounter Information: Encounter Time (admission date)
00463-01-C-HVBP	NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure	Hospital Value-Based Purchasing	Hospital-onset determination; lab confirmation; patient days denominator; SIR calculation	Laboratory: Tests, Values/Results (blood culture with MRSA)†; Problems: Problems (MRSA bacteremia); Encounter Information: Encounter Time (admission date)
00672-02-C-MIPS	Screening for Clinical Depression and Follow-Up Plan	Merit-Based Incentive Payment System Program	Determine if follow-up plan created within 2 days of positive screening (score ≥10)	Health Status Assessments: Depression Screening – PHQ-9 Total Score†; Patient Summary and Plan: Care Plan – Follow-Up Action†; Provenance: Author Time Stamp; Patient Demographics: Date of Birth

CMIT ID	Program-Specific Measure Name	Program	Calculation Required	USCDI Data Elements Used
00672-02-C-MSSP	Screening for Clinical Depression and Follow-Up Plan	Medicare Shared Savings Program	Determine if follow-up plan created within 2 days of positive screening (score ≥10)	Health Status Assessments: Depression Screening – PHQ-9 Total Score†; Patient Summary and Plan: Care Plan – Follow-Up Action†; Provenance: Author Time Stamp; Patient Demographics: Date of Birth
00672-03-C-ESRDQIP	Screening for Clinical Depression and Follow-Up Plan	End Stage Renal Disease Quality Incentive Program	Determine if follow-up plan created within 2 days of positive screening (score ≥10)	Health Status Assessments: Depression Screening – PHQ-9 Total Score†; Patient Summary and Plan: Care Plan – Follow-Up Action†; Provenance: Author Time Stamp; Patient Demographics: Date of Birth
00672-07-E-MHHCS	Clinical Depression Screening and Follow-Up	Medicaid: Health Home Core Set	Determine if follow-up plan created within 2 days of positive screening (score ≥10)	Health Status Assessments: Depression Screening – PHQ-9 Total Score†; Patient Summary and Plan: Care Plan – Follow-Up Action†; Provenance: Author Time Stamp; Patient Demographics: Date of Birth
00672-07-E-MIPS	Screening for Clinical Depression and Follow-Up Plan	Merit-Based Incentive Payment System Program	Determine if follow-up plan created within 2 days of positive screening (score ≥10)	Health Status Assessments: Depression Screening – PHQ-9 Total Score†; Patient Summary and Plan: Care Plan – Follow-Up Action†; Provenance: Author Time Stamp; Patient Demographics: Date of Birth
00672-07-E-MSSP	Screening for Clinical Depression and Follow-Up Plan	Medicare Shared Savings Program	Determine if follow-up plan created within 2 days of positive screening (score ≥10)	Health Status Assessments: Depression Screening – PHQ-9 Total Score†; Patient Summary and Plan: Care Plan – Follow-Up Action†; Provenance: Author Time Stamp; Patient Demographics: Date of Birth
00727-02-C-IPFQR	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Inpatient Psychiatric Facility Quality Reporting	None	Clinical Notes: Discharge Summary Note; Communication – Discharge Summary Sent to Patient or Caregiver[*]; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition
00727-03-C-HHQR	Transfer of Health Information to Patient - Post-Acute Care	Home Health Quality Reporting	None	Clinical Notes: Discharge Summary Note; Communication – Discharge Summary Sent to Patient or Caregiver†; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition

CMIT ID	Program-Specific Measure Name	Program	Calculation Required	USCDI Data Elements Used
00727-05-C-LTCHQR	Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	Long-Term Care Hospital Quality Reporting	None	Clinical Notes: Discharge Summary Note; Communication – Discharge Summary Sent to Patient or Caregiver†; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition
00727-06-C-SNFQRP	Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	Skilled Nursing Facility Quality Reporting	None	Clinical Notes: Discharge Summary Note; Communication – Discharge Summary Sent to Patient or Caregiver†; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition
00728-04-C-SNFQRP	Transfer of Health Information to Provider - Post-Acute Care	Skilled Nursing Facility Quality Reporting	Link discharge date to information transfer date; verify transfer completion	Clinical Notes: Discharge Summary Note; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition; Care Team: Care Team Member Identifier
00728-05-C-HHQR	Transfer of Health Information to Provider - Post-Acute Care	Home Health Quality Reporting	Link discharge date to information transfer date; verify transfer completion	Clinical Notes: Discharge Summary Note; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition; Care Team: Care Team Member Identifier
00728-08-C-LTCHQR	Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)	Long-Term Care Hospital Quality Reporting	Link discharge date to information transfer date; verify transfer completion	Clinical Notes: Discharge Summary Note; Medications: Medication Reconciliation – Verified Medication List†; Provenance: Author Time Stamp; Encounter Information: Encounter Disposition; Care Team: Care Team Member Identifier