

## 2024 Cross-Cutting Quality Measures

NQF # / eCQM NQF #	Quality #	CMS eCQM ID	Collection Type	Measure Type	Measure Title and Description	Measure Steward
0326 / N/A	047	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	<b>Advance Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	National Committee for Quality Assurance
N/A / N/A	130	CMS68v13	eCQM Specifications, MIPS CQMs Specifications	Process	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	Centers for Medicare & Medicaid Services
N/A / N/A	226	CMS138v12	Medicare Part B Claims Measure Specifications, eCQM Specifications, CMS Web Interface Measure Specifications, MIPS CQMs Specifications	Process	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user	National Committee for Quality Assurance
N/A / N/A	236	CMS165v12	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Intermediate Outcome	<b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	National Committee for Quality Assurance
N/A / N/A	317	CMS22v12	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.	Centers for Medicare & Medicaid Services
N/A / N/A	487	N/A	MIPS CQMs Specifications	Process	<b>Screening for Social Drivers of Health:</b> Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.	Centers for Medicare & Medicaid Services



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N/A / N/A	503	N/A	MIPS CQMs Specifications	Patient-Reported Outcome-based Performance Measure	<b>Gains in Patient Activation Measure (PAM®) Scores at 12 Months:</b> The Patient Activation Measure® (PAM®) is a 10 - or 13 – item questionnaire that assesses an individual’s knowledge, skills and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale that converts to one of four levels of activation, from low (1) to high (4). The PAM® performance measure (PAM®-PM) is the change in score on the PAM® from baseline to follow-up measurement.	Insignia Health, LLC, a wholly Owned subsidiary of Phreesia

## 2024 Cross-Cutting Quality Measures: MVP Only

NQF # / eCQM NQF #	Quality #	CMS eCQM ID	Collection Type	Measure Type	Measure Title and Description	Measure Steward
N/A / N/A	128	CMS69v120	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the performance period AND who had a follow-up plan documented if most recent BMI was outside of normal parameters.	Centers for Medicare & Medicaid Services

**NOTE:** Measure Q128 was finalized for removal from traditional MIPS. However, this measure was retained for reporting only within the MVP pathway.