

2020 RISE Quality Payment Program Measures

This list of CQMs, eCQMs, and QCDR measures are the measures reportable via the American College of Rheumatology RISE Qualified Clinical Data Registry (QCDR) for 2020 MIPS.

American College of Rheumatology RISE QCDR Measures

The ACR developed the following measures which were approved by CMS as reportable for 2020 MIPS. These measures are only reportable via the ACR RISE Registry and are specific to rheumatology. To view the measure specifications for each of the QCDR measures, visit the [ACR website](#).

ACR9: Rheumatoid Arthritis Patients with Low Disease Activity or Remission

MEASURE DESCRIPTION: The proportion of individuals with RA who have low disease activity or are in remission based on the last recorded disease activity score in the measurement year.

MEASURE TYPE: **Intermediate Outcome–High Priority**

NQS DOMAIN: Effective Clinical Care

ACR10: Hepatitis B Safety Screening

MEASURE DESCRIPTION: If a patient is newly initiating biologic or new synthetic DMARD therapy, then the medical record should indicate appropriate screening for hepatitis B in the preceding 12 month period.

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Patient Safety

ACR11: Hydroxychloroquine Dosing

MEASURE DESCRIPTION: If a patient is using hydroxychloroquine, then the average daily dose should be ≤ 6.5 mg/kg.

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Patient Safety

ACR12: Disease Activity Measurement for Patients with PsA

MEASURE DESCRIPTION: If a patient has psoriatic arthritis, then disease activity using a standardized measurement tool should be assessed at $\geq 50\%$ of encounters for PsA.

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

ACR13: Tuberculosis Test Prior to First Course Biologic Therapy

MEASURE DESCRIPTION: If a patient has been newly prescribed a biologic therapy, then the medical record should indicate TB testing in the preceding 12-month period.

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Patient Safety

IMPORTANT NOTE: *ACR13 is similar to QPP176. Practices will be unable to report on both QPP176 and ACR13 for 2020 MIPS.*

ACR14: Gout: Serum Urate Target

MEASURE DESCRIPTION: The percentage of patients aged 18 and older with a diagnosis of gout treated with urate-lowering therapy (ULT) for at least 12 months, whose most recent serum urate result is less than 6.0 mg/dL.

MEASURE TYPE: **Intermediate Outcome–High Priority**

NQS DOMAIN: Effective Clinical Care

MIPS Clinical Quality Measures (CQMs) & Electronic Clinical Quality Measures (eCQMs)

Quality ID #24: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older

MEASURE DESCRIPTION: Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication

MEASURE TYPE: **Process–High Priority**
NQS DOMAIN: Communication and Care Coordination

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #39: Screening for Osteoporosis for Women Aged 65-85 Years of Age

MEASURE DESCRIPTION: Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #47: Advance Care Plan

MEASURE DESCRIPTION: 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

MEASURE TYPE: **Process–High Priority**
NQS DOMAIN: Communication and Care Coordination

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #110: Preventive Care and Screening: Influenza Immunization

MEASURE DESCRIPTION: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

MEASURE TYPE: Process
NQS DOMAIN: Community/Population Health

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #111: Pneumococcal Vaccination Status for Older Adults

MEASURE DESCRIPTION: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine

MEASURE TYPE: Process
NQS DOMAIN: Community/Population Health

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter

MEASURE TYPE: Process
NQS DOMAIN: Community/Population Health

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #130: Documentation of Current Medications in the Medical Record

MEASURE DESCRIPTION: Percentage of visits for patients aged 18 years and older for which the MIPS eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary [nutritional] supplements AND must contain the medications' name, dosage, frequency and route of administration

MEASURE TYPE: **Process—High Priority**
NQS DOMAIN: Patient Safety

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #154: Falls: Risk Assessment

MEASURE DESCRIPTION: Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Patient Safety

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #155: Falls: Plan of Care

MEASURE DESCRIPTION: Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Communication and Care Coordination

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #176: Rheumatoid Arthritis (RA): Tuberculosis Screening

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have documentation of a tuberculosis (TB) screening performed and results interpreted within 12 months prior to receiving a first course of therapy using a biologic disease-modifying anti-rheumatic drug (DMARD)

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

IMPORTANT NOTE: QPP176 is similar to ACR13. Practices will be unable to report on both QPP176 and ACR13 for 2020 MIPS.

Quality ID #177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity using an ACR-preferred RA disease activity assessment tool at $\geq 50\%$ of encounters for RA for each patient during the measurement year

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #178: Rheumatoid Arthritis (RA): Functional Status Assessment

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone >5 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

MEASURE TYPE: Process
NQS DOMAIN: Community/Population Health

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #236: Controlling High Blood Pressure

MEASURE DESCRIPTION: Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period

MEASURE TYPE: **Intermediate Outcome–High Priority**
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #238: Use of High-Risk Medications in the Elderly

MEASURE DESCRIPTION: Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted.
1) Percentage of patients who were ordered at least one high-risk medication. 2) Percentage of patients who were ordered at least two of the same high-risk medications

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Patient Safety

AVAILABLE AS BOTH CQM AND eCQM.

[See measure specifications](#)

Quality ID #374: Closing the Referral Loop: Receipt of Specialist Report

MEASURE DESCRIPTION: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Communication and Care Coordination

AVAILABLE AS CQM ONLY.

[See measure specifications](#)

Quality ID #1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

MEASURE DESCRIPTION: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

MEASURE TYPE: **Intermediate Outcome–High Priority**

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #5: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #7: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #8: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #9: Anti-depressant Medication Management

MEASURE DESCRIPTION: Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.

- Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
- Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months

MEASURE TYPE: Process
NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

MEASURE DESCRIPTION: 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 within 12 months

Process—High Priority

NQS DOMAIN: Communication and Care Coordination

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

MEASURE DESCRIPTION: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer

MEASURE TYPE: **Process—High Priority**

NQS DOMAIN: Efficiency and Cost Reduction

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #107: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #112: Breast Cancer Screening

MEASURE DESCRIPTION: Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #113: Colorectal Cancer Screening

MEASURE DESCRIPTION: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #117: Diabetes: Eye Exam

MEASURE DESCRIPTION: Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #119: Diabetes: Medical Attention for Nephropathy

MEASURE DESCRIPTION: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period

MEASURE TYPE: Process

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

MEASURE DESCRIPTION: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

MEASURE TYPE: Process

NQS DOMAIN: Community/Population Health

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #143: Oncology: Medical and Radiation–Pain Intensity Quantified

MEASURE DESCRIPTION: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Person and Caregiver-Centered Experience and Outcomes

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

MEASURE DESCRIPTION: Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better [distance or near] achieved in the operative eye within 90 days following the cataract surgery

MEASURE TYPE: **Outcome–High Priority**

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #305: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

MEASURE DESCRIPTION: Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported.

- Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis
- Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #309: Cervical Cancer Screening

MEASURE DESCRIPTION: 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 every 3 years

* Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

MEASURE TYPE:

Process

NQS DOMAIN:

Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated

MEASURE TYPE:

Process

NQS DOMAIN:

Community/Population Health

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #318: Falls: Screening for Future Fall Risk

MEASURE DESCRIPTION: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period

MEASURE TYPE:

Process—High Priority

NQS DOMAIN:

Patient Safety

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #370: Depression Remission at Twelve Months

MEASURE DESCRIPTION: The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months [+/- 60 days] after an index event

MEASURE TYPE:

Outcome—High Priority

NQS DOMAIN:

Effective Clinical Care

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID# 375: Functional Status Assessment for Total Knee Replacement

MEASURE DESCRIPTION: Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Person and Caregiver-Centered Experience and Outcomes

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #376: Functional Status Assessment for Total Hip Replacement

MEASURE DESCRIPTION: Percentage of patients 18 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 270-365 days after the surgery

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Person and Caregiver-Centered Experience and Outcomes

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)

Quality ID #377: Functional Status Assessments for Congestive Heart Failure

MEASURE DESCRIPTION: Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments

MEASURE TYPE: **Process–High Priority**

NQS DOMAIN: Person and Caregiver-Centered Experience and Outcomes

AVAILABLE AS eCQM ONLY.

[See measure specifications](#)