



Centers for Medicare & Medicaid Services

CMS Implementation Guide for Quality Reporting Document Architecture Category III

Eligible Clinicians Programs

Implementation Guide for 2024

DRAFT

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QRDA III R1 CMS Implementation Guide for Eligible Clinicians Programs

1 Introduction

1.1 Overview

The Health Level Seven International (HL7) Quality Reporting Document Architecture (QRDA) defines constraints on the HL7 Clinical Document Architecture Release 2 (CDA R2). QRDA is a standard document format for the exchange of electronic clinical quality measure (eCQM) data. QRDA reports contain data extracted from electronic health records (EHRs) and other information technology systems. The reports are used for the exchange of eCQM data between systems for quality measurement and reporting programs.

This QRDA guide contains the Centers for Medicare & Medicaid Services (CMS) supplemental implementation guide to the *HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm¹ (September, 2021)* for the 2024 performance period. This is a normative release approved by American National Standards Institute (ANSI) and HL7. This HL7 base standard is referred to as the HL7 QRDA III R1.

1.2 Organization of the Guide

This implementation guide contains the following chapters:

- Chapter 1: Introduction
- Chapter 2: Conformance Conventions Used in This Guide—describes the formal representation of templates and additional information necessary to understand and correctly implement the content found in this guide
- Chapter 3: Overview
- Chapter 4: QRDA Category III Submission Rules—includes guidelines for submissions under the Primary Care First (PCF) model, traditional Merit-Based Incentive Payment System (MIPS), APM Performance Pathway (APP), and MIPS Value Pathways (MVPs)
- Chapter 5: QRDA Category III Validation—contains the formal definitions for the QRDA Category III report for the CMS Eligible Clinicians Programs:
 - Document-level template that defines the document type and header constraints specific to CMS reporting
 - Section-level templates that define measure reporting and reporting parameters
 - Entry-level templates that define entry templates
- Chapter 6: 2024 Performance Period eCQM Specifications for Eligible Clinicians UUID List
- Chapter 7: Measure Identifiers

APPENDIX

- Chapters 8 -15 provide references, resources, and several change logs including a list of all changes made to the HL7 QRDA III R1 to produce this CMS Implementation Guide

¹ [HL7 QRDA III R1. https://www.hl7.org/implement/standards/product_brief.cfm?product_id=286](https://www.hl7.org/implement/standards/product_brief.cfm?product_id=286)

2 Conformance Conventions Used in This Guide

2.1 Conformance Verbs (Keywords)

The keywords **SHALL**, **SHOULD**, **MAY**, **NEED NOT**, **SHOULD NOT**, and **SHALL NOT** in this guide are to be interpreted as follows:

- **SHALL**: an absolute requirement for the particular element. Where a **SHALL** constraint is applied to an Extensible Markup Language (XML) element, that element must be present in an instance, but may have an exceptional value (i.e., may have a `nullFlavor`), unless explicitly precluded. Where a **SHALL** constraint is applied to an XML attribute, that attribute must be present, and must contain a conformant value.
- **SHALL NOT**: an absolute prohibition against inclusion.
- **SHOULD/SHOULD NOT**: best practice or recommendation. There may be valid reasons to ignore an item, but the full implications must be understood and carefully weighed before choosing a different course.
- **MAY/NEED NOT**: truly optional; can be included or omitted as the author decides with no implications.

2.2 Cardinality

The cardinality indicator (0..1, 1..1, 1..*, etc.) specifies the allowable occurrences within a document instance. The cardinality indicators are interpreted with the following format "[m...n]" where m represents the least and n the most:

- 0..1 zero or one
- 1..1 exactly one
- 1..* at least one
- 0..* zero or more
- 1..n at least one and not more than n

When a constraint has subordinate clauses, the scope of the cardinality of the parent constraint must be clear. In Figure 1, the constraint says exactly one participant is to be present. The subordinate constraint specifies some additional characteristics of that participant.

Figure 1: Constraints Format – only one allowed

- | |
|--|
| <ol style="list-style-type: none"> 1. SHALL contain exactly one [1..1] participant (CONF:2777). <ol style="list-style-type: none"> a. This participant SHALL contain exactly one [1..1]
 @typeCode="LOC" (CodeSystem: 2.16.840.1.113883.5.90
 HL7ParticipationType) (CONF:2230). |
|--|

In Figure 2, the constraint says only one participant “like this” is to be present. Other participant elements are not precluded by this constraint.

Figure 2: Constraints Format – only one like this allowed

- | |
|--|
| <ol style="list-style-type: none"> 1. SHALL contain exactly one [1..1] participant (CONF:2777) such that it <ol style="list-style-type: none"> a. SHALL contain exactly one [1..1] @typeCode="LOC" (CodeSystem:
 2.16.840.1.113883.5.90 HL7ParticipationType) (CONF:2230). |
|--|

2.3 Null Flavor

Information technology solutions store and manage data, but sometimes data are not available; an item may be unknown, not relevant, or not computable or measureable. In HL7, a flavor of null, or `nullFlavor`, describes the reason for missing data.

Figure 3: nullFlavor Example

```
<raceCode nullFlavor="ASKU"/>
<!--coding a raceCode when the patient declined to specify his/her
race-->

<raceCode nullFlavor="UNK"/>
<!--coding a raceCode when the patient's race is unknown-->
```

Use null flavors for unknown, required, or optional attributes:

- **NI** No information. This is the most general and default null flavor.
- **NA** Not applicable. Known to have no proper value (e.g., last menstrual period for a male).
- **UNK** Unknown. A proper value is applicable, but is not known.
- **ASKU** Asked, but not known. Information was sought, but not found (e.g., the patient was asked but did not know).
- **NAV** Temporarily unavailable. The information is not available, but is expected to be available later.
- **NASK** Not asked. The patient was not asked.
- **MSK** There is information on this item available but it has not been provided by the sender due to security, privacy, or other reasons. There may be an alternate mechanism for gaining access to this information.
- **OTH** The actual value is not and will not be assigned a standard coded value. An example is the name or identifier of a clinical trial.

This list contains those null flavors that are commonly used in clinical documents. For the full list and descriptions, see the `nullFlavor` vocabulary domain in the HL7 standard, *Clinical Document Architecture, Release 2.0*.

Any **SHALL** conformance statement may use `nullFlavor`, unless the attribute is required or the `nullFlavor` is explicitly disallowed. **SHOULD** and **MAY** conformance statements may also use `nullFlavor`.

3 Overview

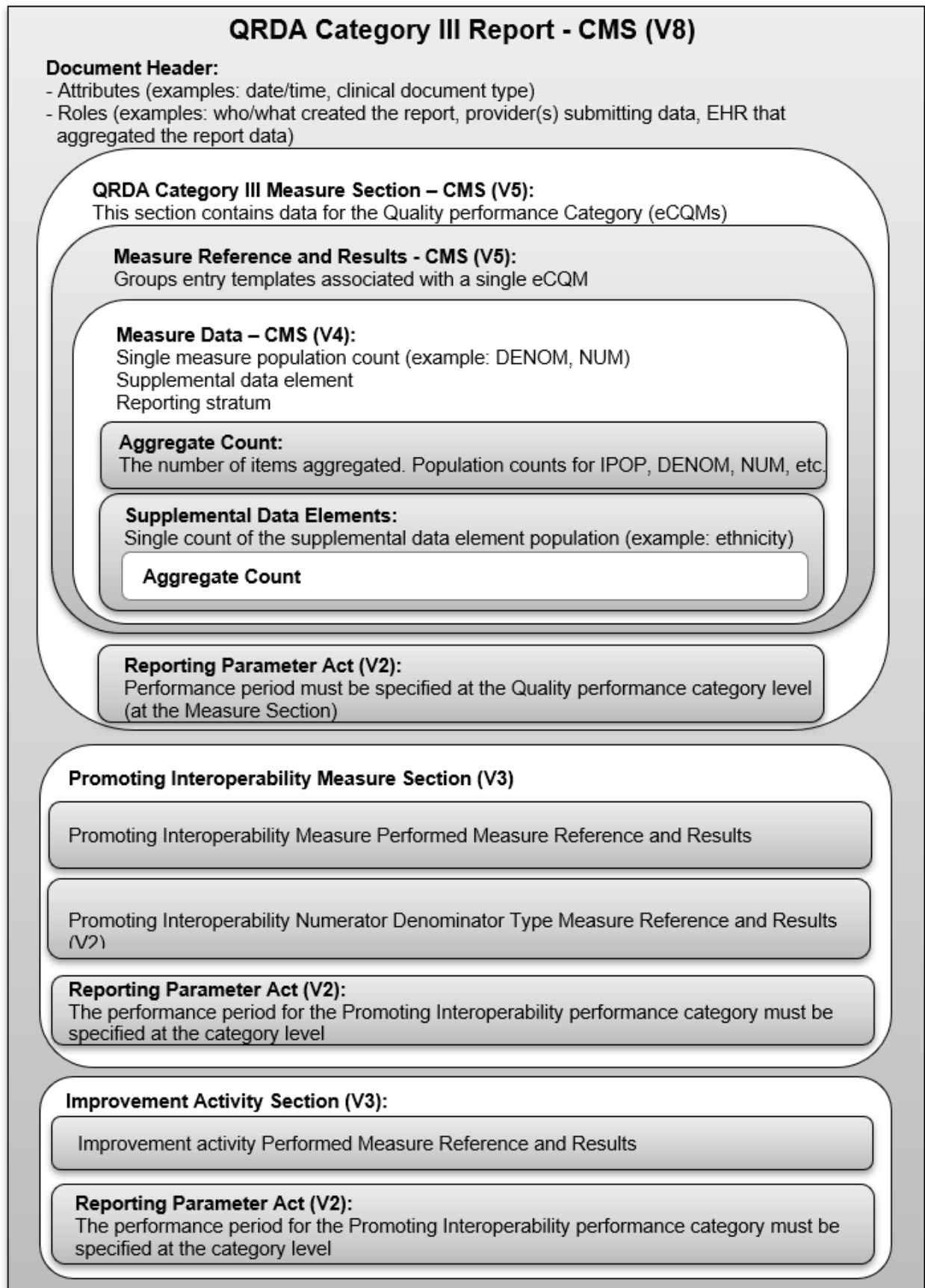
3.1 Background

This guide is a CMS Quality Reporting Document Architecture Category III (QRDA III) implementation guide to the HL7 QRDA III R1. Templates defined in this implementation guide are conformant with HL7 QRDA III R1. The CMS Eligible Clinicians Programs QRDA III templates address aggregate reporting requirements for:

- Primary Care First (PCF)
- Traditional Merit-Based Incentive Payment System (MIPS)
- APM Performance Pathway (APP)
- MIPS Value Pathway (MVP)

A QRDA III report is an aggregate quality report. Each QRDA III report contains calculated summary data for one or more measures for a specified population of patients within a particular health system over a specific period of time. Summary data in the QRDA III report are defined based on the specified measures in HL7 Health Quality Measures Format (HQMF) and Clinical Quality Language (CQL) specification, which standardizes the representation of a health quality measure as an electronic document. Other summary data provided in a QRDA III report include Promoting Interoperability measures and Improvement Activities. The structure of a QRDA III report is depicted in [Figure 4: QRDA III Report Structure Example](#).

Figure 4: QRDA III Report Structure Example



3.2 How to Read This QRDA III Guide

This guide includes the formal template definitions and submission criteria for submitting QRDA III documents to the PCF model and MIPS program. Some of the conformance statements in the HL7 QRDA III R1 have been further constrained to meet the specific requirements from these CMS Eligible Clinicians programs. The "CMS_" prefix (e.g., CMS_1) indicates the new conformance statements. The "_C01" postfix indicates that the conformance statement from the base HL7 QRDA III R1 standard is further constrained in this guide.

This guide only lists the templates specifying CMS-specific reporting requirements from the base HL7 QRDA III R1 standard. For example, Payer Supplemental Data Element – CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) conforms to Payer Supplemental Data Element (V2) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.9:2016-02-01). The Payer Supplemental Data Element – CMS (V3) template specifies the CMS-specific requirements that further constrain the parent Payer Supplemental Data Element (V2) template. The conformance statements from the parent Payer Supplemental Data Element (V2) template from HL7 QRDA III R1 are not repeated in this guide. Therefore, the base HL7 QRDA III R1 must be referenced in conjunction with this guide.

4 QRDA Category III Submission Rules

CMS will process eCQM QRDA III documents originating from CEHRT EHR systems. Submitted QRDA III documents must meet the conformance statements specified in the [QRDA Category III Validation](#) section of this implementation guide.

4.1 Primary Care First (PCF) Submissions

PCF practices must adopt health IT meeting the requirements published by the PCF model. This guide only provides information for QRDA III reporting of eCQMs for the PCF model. More information about health IT and other reporting requirements will be made available to PCF participants prior to the start of the performance year; please contact PCF [Support](#) with questions.

The PCF QRDA III file must contain the CMS EHR Certification ID. Nulls will not be allowed and only one CMS EHR Certification ID shall be submitted for PCF quality reporting. Full instructions on how to generate a CMS EHR Certification ID are in the CHPL Public User Guide, https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf.

Practices must report all measures at the PCF practice site level, which is identified by the PCF practice ID. PCF practice site-level reporting includes all patients (including all payers and the uninsured) who were seen one or more times at the practice site location during the performance year by one or more clinicians who were active on the PCF practitioner roster at any point during the performance year and who meet the criteria as specified in each measure. Clinicians who are active on the roster may include, but are not limited to, physicians (MD or DO), nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists (CNS).

Each PCF practice submitting QRDA III files for the 2024 performance period must provide the eCQMs required by the PCF model. If additional eCQMs are reported, they will be ignored.

Improvement Activity data **should not be submitted** in a PCF quality measure QRDA III submission file. Improvement Activity data are not required to be reported for PCF. If Improvement Activity data are submitted for PCF, they will be ignored. Promoting Interoperability data **shall not be submitted** in a PCF quality measure QRDA III submission file. If Promoting Interoperability data are submitted for PCF, PCF will reject the file. If you are submitting Promoting Interoperability or Improvement Activity data for MIPS, see [4.2 Traditional Merit-Based Incentive Payment System \(MIPS\) QRDA III Submissions](#), [4.3 APM Performance Pathway \(APP\)](#), [4.4 MIPS Value Pathways \(MVPs\)](#), or [4.5 Subgroup Reporting through MVP for more information](#).

QRDA III submissions for PCF will use the [2024 Performance Period eCQM Specifications for Eligible Clinicians²](#) provided in the [eCQI Resource Center](#).

The performance period for the PCF model begins on January 1, 2024 and ends on December 31, 2024.

² eCQI Resource Center, Eligible Clinician eCQMs web page. <https://ecqi.healthit.gov/ep-ec>. Select 2024 Performance Period.

4.2 Traditional Merit-Based Incentive Payment System (MIPS) QRDA III Submissions

This section describes submission requirements for traditional MIPS individual reporting, group reporting, virtual group reporting, and APM Entity reporting.

4.2.1 Traditional MIPS Individual, Group, and Virtual Group Reporting

QRDA III submissions for traditional MIPS individual, group, and virtual group reporting must contain data for at least one of the following three MIPS performance categories: Quality, Promoting Interoperability, or Improvement Activities. The QRDA III XML format can be used for submissions made via file upload on qpp.cms.gov. Please refer to the [Quality Payment Program website](#) for Quality, Promoting Interoperability, and Improvement Activity scoring rules.

Under MIPS, a group is defined as a single Taxpayer Identification Number (TIN) with 2 or more clinicians (including at least one MIPS eligible clinician), as identified by their National Provider Identifiers (NPI), who have reassigned their Medicare billing rights to the TIN. If a MIPS eligible clinician bills Medicare Part B under multiple TINs, such MIPS eligible clinician is required to submit data for each TIN association that he/she exceeds the low-volume threshold as an individual (TIN associations participating in MIPS at the individual level). For TIN associations that are participating in MIPS as a group and exceed the low-volume threshold at the group level, such MIPS eligible clinician will have his/her data included as part of the TIN's aggregated data and group submission.

Under MIPS, a virtual group is defined as a combination of two or more TINs assigned to one or more solo practitioners or to one or more groups consisting of 10 or fewer clinicians (including at least one MIPS eligible clinician), or both, that elect to form a virtual group for a performance period.

For 2024, MIPS eligible clinicians and groups are required to submit a full year of data for the Quality performance category, 90-days of data for Improvement Activities—unless otherwise specified within the activity, and 90-days of data for the Promoting Interoperability performance categories. For the MIPS eligible clinician participating as an individual, your eCQM populations include all patients (all-payer data) seen by the MIPS eligible clinician during the performance period. For group participation, eCQM populations include all patients (all-payer data). Data submission for both individual MIPS eligible clinicians and groups will occur prior to January 2, 2025, if technically feasible, through March 31, 2025 for the 2024 performance period.

For the 2024 performance period, a CMS EHR Certification ID is required for the Promoting Interoperability performance category. See [5.1.3 participant \(CMS EHR Certification ID\)](#) for details. CMS EHR Certification ID is optional for the MIPS Quality performance category.

4.2.2 Traditional MIPS APM Entity Reporting

MIPS QRDA III submissions for APM Entity reporting must contain data for at least one of the following three MIPS performance categories: Quality, Improvement Activities and Promoting Interoperability. The QRDA III XML format can be used for submissions made via file upload on qpp.cms.gov. Please refer to the [Quality Payment Program website](#) for Quality, Improvement Activity and Promoting Interoperability scoring rules.

Under MIPS, an APM Entity group is defined as a group of eligible clinicians participating in an APM Entity, as identified by a combination of the APM identifier, APM Entity identifier, TIN, and NPI for each participating eligible clinician.

For 2024, MIPS APM Entity groups are required to submit a full year of data for the Quality performance category and 90-days of data for Promoting Interoperability and Improvement Activities—unless otherwise specified within the activity. eCQM populations include all patients (all-payer data). Data submission for APM Entity groups will occur prior to January 2, 2025, if technically feasible, through March 31, 2025 for the 2024 performance period.

For the 2024 performance period, CMS EHR Certification ID is optional for the MIPS Quality performance category.

4.3 APM Performance Pathway (APP)

The APM Performance Pathway (APP) is a MIPS reporting and scoring pathway for MIPS eligible clinicians who are also participants in MIPS Alternative Payment Models (APMs). The APP is a single, pre-determined measure set that MIPS APM participants may report on at the individual, group, and/or APM Entity levels. It's designed to provide reliable and consistent MIPS reporting requirements to reduce reporting burden and encourage continued APM participation. The APP is optional for all MIPS APM participants; however, it is required for all Medicare Shared Savings Program (Shared Savings Program) ACOs.

QRDA III submissions for individuals, groups, or APM Entities reporting through the APP must contain data for the Quality performance category for the specific measures required by the APP. In addition, a submission for PI containing the APP Program name is required for APP scoring. Improvement activities can be reported, but all MIPS APM participants who report through the APP will receive a full score for the Improvement Activities performance category.

4.4 MIPS Value Pathways (MVPs)

MIPS Value Pathways (MVPs) are a new optional way to meet MIPS reporting requirements beginning with the 2024 performance period. MVPs are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2024 performance period. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties, clinical conditions, or episodes of care. MVPs incorporate a foundational layer that include Promoting Interoperability measures and population health administrative claims-based quality measures. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS) that are relevant to a specialty, clinical condition, or episode of care.

MVPs can be reported by MIPS individual, group, subgroup, or APM entity. Virtual groups are not able to report an MVP.

4.5 Subgroup Reporting through MVP

A subgroup is a subset of clinicians within a MIPS group which contains at least one MIPS eligible clinician. A unique subgroup identifier will be assigned upon successful subgroup registration. Subgroups do not apply to virtual groups.

Subgroup reporting can offer more meaningful data collection and feedback, particularly for clinicians in a large or multispecialty group. A subgroup may not include clinicians from a different TIN. Subgroup reporting is voluntary for the 2024 performance period. Reporting through a subgroup may be an option for clinicians in a practice with multiple specialties to get better insight into clinical areas and performance for clinicians within a practice. A large practice may participate as multiple subgroups and therefore report to more than one MVP based on clinical relevance.

Subgroup reporting within MIPS is limited to MVP for the 2024 performance period. Subgroup reporting of Promoting Interoperability is based on the group data; however, it is still required to be reported at the subgroup level with the correlating MVP identifier.

4.6 Identifiers

For all CMS eligible clinicians program reporting, certain identifiers are **mandatory**, meaning that they must be present in the QRDA III report and no nulls are allowed. Exceptions and considerations are noted where applicable. Mandatory identifiers for CMS eligible clinicians program reporting include:

- Alternative Payment Model (APM) Entity Identifier
 - Required for MIPS APM Entity reporting
 - Required for APP APM Entity reporting
 - For PCF, this is the PCF Practice Identifier assigned by PCF
- National Provider Identifier (NPI)
 - Required for MIPS individual reporting
 - Required for APP individual reporting
 - Not allowed for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, or APP APM Entity reporting
 - Required for PCF reporting
- Tax Identification Number (TIN)
 - Required for MIPS group reporting and MIPS individual reporting
 - Required for APP group reporting and APP individual reporting
 - Not allowed for MIPS APM Entity reporting or APP APM Entity reporting
 - Required for PCF reporting
- Virtual Group Identifier
 - Required for MIPS virtual group reporting
 - Not allowed for MIPS individual reporting, MIPS group reporting, MIPS APM Entity reporting, APP individual reporting, APP group reporting, or APP APM Entity reporting
- Subgroup Identifier
 - Required for subgroup reporting

4.7 Succession Management

This section describes the management of successive replacement documents for QRDA III reports. For example, a submitter notices an error in an earlier submission and wants to replace it with a corrected version. For the MIPS receiving system, managing replacement documents is sometimes referred to as Final Action Processing (FAP). For MIPS QRDA III reporting, replacement documents will be handled at the category level for final processing.

4.7.1 Final Action Processing Used in Succession Management

The MIPS receiving system at CMS uses Final Action Processing to reliably determine the current version per category of a QRDA III document. There are different sets of Final Action Processing rules that apply to the MIPS program and the PCF model.

Please note that the CMS receiving system will not be able to analyze specific elements outside of any given category within the file of earlier QRDA III submissions. Therefore submitters should ensure all QRDA III reports are complete data re-submissions per category being resubmitted.

4.7.2 Final Action Processing Rules for MIPS

For group reporting (except for the PCF model), the Final Action Processing rules include the combination of the CMS program name, the TIN, and the submission timestamp. For virtual group reporting, the Final Action Processing rules include the combination of the CMS program name, the Virtual Group Identifier, and the submission timestamp. For individual reporting, the Final Action Processing rules include the combination of the CMS program name, the TIN, the NPI number, and the submission timestamp. For APM Entity reporting, the Final Action Processing rules include the combination of the CMS program name, the APM Entity ID, and the submission timestamp.

When submitting a replacement QRDA III report for the MIPS program use the same TIN, or the same TIN/NPI, the same virtual group identifier, or the same APM Entity identifier. For example, suppose a QRDA III report containing Quality data for eCQMs 1, 2, and 3 was submitted on Monday and a replacement QRDA III report for the same TIN/NPI was resubmitted the next day for eCQMs 1, 2, and 4. eCQMs 1, 2, and 4 contained in the latest submission will be used for final processing. Data submitted for eCQM 3 on Monday would not be marked for final processing and not be used for MIPS analysis.

At the category level, if a QRDA III report containing data for Quality, Promoting Interoperability, and Improvement Activities was submitted on Monday and a replacement QRDA III report for the same TIN was resubmitted the next day with data for Promoting Interoperability, only the Quality and Improvement Activities data from the first submission and then Promoting Interoperability from the subsequent submission would be marked for final processing for MIPS analysis.

4.7.3 Final Action Processing Rules for PCF

The last file successfully submitted for a PCF practice is used to determine if that PCF practice satisfactorily meets reporting requirements for the program year.

For QRDA III files that are submitted to the PCF model, the Final Action Processing rules include the combination of the CMS program name, the PCF APM Entity Identifier (aka PCF Practice Identifier), and the submission timestamp.

4.7.4 Program Identifiers Used in Succession Management

The CMS program name requirement for QRDA III submission is specified in [5.1.1 informationRecipient](#). Each QRDA III report **must** contain only one CMS program name, which shall be selected from the [QRDA III CMS Program Name value set \(2.16.840.1.113883.3.249.14.101\)](#) for the 2024 performance period. The CMS program name specified in a QRDA III report ensures the report is routed to the correct CMS program once it is received by the CMS QRDA III receiving system. Therefore, when submitting a QRDA III report to CMS, it is critical to specify the correct CMS program. The CMS program name is also used

for managing successive replacement QRDA III reports. When submitting a replacement QRDA III report, the replacement QRDA III report **must** contain the same CMS program name as specified in the report that it is intended to replace. The timestamp of the latest file submitted will be used to determine which file is to be analyzed for the specified CMS program, therefore an error in the CMS program name will produce the wrong analysis. For example, if you are submitting a file initially for PCF, find an error, and resubmit the file with another CMS program name (such as MIPS_GROUP), the resubmitted file will only be analyzed for MIPS.

4.8 Time Zone

Time comparisons or elapsed time calculations are frequently involved as part of determining measure population outcomes.

Table 1: Time Zone Validation Rule

CONF.#	Rules
CMS_0122	A Coordinated Universal Time (UTC time) offset should not be used anywhere in a QRDA Category III file or, if a UTC time offset is needed anywhere, then it *must* be specified *everywhere* a time field is provided.

This time zone validation rule is performed on the following elements:

- effectiveTime/@value
- effectiveTime/low/@value
- effectiveTime/high/@value
- time/@value
- time/low/@value
- time/high/@value

There is one exception to this validation rule. The `effectiveTime` element of the Reporting Parameters Act template (CONF: 23-3274 and CONF: 23-3275) will not be validated using this time zone validation rule:

- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/low
- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/high

4.9 Performance Period and Performance Rate

The performance period for the PCF model begins on January 1, 2024 and ends on December 31, 2024. If the CMS program name code is "PCF", the Reporting Parameters Act `effectiveTime/low` and `effectiveTime/high` value must be set as the following:

- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/low/@value="20240101"
- act[@templateId="2.16.840.1.113883.10.20.17.3.8"]/effectiveTime/high/@value="20241231"

For the MIPS performance period requirement, please see [4.2 Traditional Merit-Based Incentive Payment System \(MIPS\) QRDA III Submissions](#) and [5.1.6 component](#).

For the PCF model, performance rate(s) must be reported for eCQMs that are proportion measure-based. This is specified in the following conformance statement:

If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_97).

For MIPS reporting, performance rates for either eCQMs or Promoting Interoperability measures are not required for submissions. If performance rates are provided, they will be ignored by the receiving system.

4.10 Templates Versioning and Validations

Both the base HL7 QRDA III R1 and the CMS QRDA III Implementation Guide have versioned the templates if changes were made to the previous version of the template. Details about CDA templates versioning in general are described in 1.8.2 Template Versioning of the HL7 QRDA III R1 (Volume 1). For example, in the HL7 QRDA III R1, the previous Measure Reference and Results (V3) template is now Measure Reference and Results (V4), its template identifier is "2.16.840.1.113883.10.20.27.3.1:2020-12-01". Both the `@root` and `@extension` are required as specified in the IG.

- SHALL** contain exactly one [1..1] `templateId` (CONF:4484-17908) such that it
- a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.1"` (CONF:4484-17909).
 - b. **SHALL** contain exactly one [1..1] `@extension="2020-12-01"` (CONF:4484-21170).

Correct template versions that are specified by both the base HL7 QRDA III R1 and the 2024 CMS IG must be used for 2024 CMS QRDA III submissions.

5 QRDA Category III Validation

5.1 Document-Level Template: QRDA Category III Report - CMS (V8)

```
[ClinicalDocument: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.1.2:2022-12-01 (open)]
```

Table 2: QRDA Category III Report - CMS (V8) Contexts

Contained By	Contains
N/A	QRDA Category III Measure Section - CMS (V5) (optional)

This template describes constraints that apply to the QRDA Document Category III Report for CMS Eligible Clinicians Programs including PCF model and MIPS.

Document-level templates describe the rules for constructing a conforming CDA document. They include constraints on the CDA header and identify contained section-level templates. The document-level template contains the following information:

- Description and explanatory narrative
- Template metadata (e.g., templateId, etc.)
- Header constraints
- Required section-level templates

1. Conforms to QRDA Category III Report (V5) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.1.1:2020-12-01).
2. **SHALL** contain exactly one [1..1] **templateId** (CONF:CMS_1) such that it
 - a. **SHALL** contain exactly one [1..1]
 - @root="2.16.840.1.113883.10.20.27.1.2" (CONF:CMS_2).
 - b. **SHALL** contain exactly one [1..1] @extension="2022-12-01" (CONF:CMS_3).
3. **SHALL** contain exactly one [1..1] **confidentialityCode** (CONF:4526-17238_C01).
 - a. This confidentialityCode **SHALL** contain exactly one [1..1] @code="N" Normal (CodeSystem: HL7Confidentiality urn:oid:2.16.840.1.113883.5.25) (CONF:CMS_4).
4. **SHALL** contain exactly one [1..1] **languageCode** (CONF:4526-17239).
 - a. This languageCode **SHALL** contain exactly one [1..1] @code="en" English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:4526-19669_C01).

5.1.1 informationRecipient

The informationRecipient represents the CMS eligible clinicians program the report is being submitted to.

5. **SHALL** contain exactly one [1..1] **informationRecipient** (CONF:CMS_7).
 - a. This informationRecipient **SHALL** contain exactly one [1..1] **intendedRecipient** (CONF:CMS_8).

- i. This intendedRecipient **SHALL** contain exactly one [1..1] id (CONF:CMS_9).
 1. This id **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.7" CMS Program (CONF:CMS_10).
 2. This id **SHALL** contain exactly one [1..1] @extension, which **SHALL** be selected from ValueSet QRDA III CMS Program Name urn:oid:2.16.840.1.113883.3.249.14.101 **STATIC** 2022-12-01 (CONF:CMS_11).

Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.

 - a. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then ClinicalDocument/participant/@typeCode="LOC" **SHALL** be present (CONF:CMS_99).

Note: For PCF reporting, PCF APM Entity Identifier must be submitted.
 - b. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V5) **SHALL** be present (CONF:CMS_100).

Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.
 - c. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V4) **SHALL** be present (CONF:CMS_97).

Note: For PCF reporting, performance rate for a proportion eCQM must be specified.
 - d. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID **SHALL** be present (CONF:CMS_98).
 - e. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Promoting Interoperability Measure Section (V3) **SHALL NOT** be present (CONF:CMS_113).

Table 3: QRDA III CMS Program Name

Value Set: QRDA III CMS Program Name 2.16.840.1.113883.3.249.14.101 Specifies the CMS Program for QRDA III report submissions.			
Code	Code System	Code System OID	Print Name
PCF	CMS Program	2.16.840.1.113883.3.249.7	PCF
MIPS_INDIV	CMS Program	2.16.840.1.113883.3.249.7	MIPS Individual
MIPS_GROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Group
MIPS_VIRTUALGROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Virtual Group
MIPS_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	MIPS APM Entity
MIPS_APP1_INDIV	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP Individual Reporting
MIPS_APP1_GROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP Group Reporting
MIPS_APP1_APMENTITY	CMS Program	2.16.840.1.113883.3.249.7	MIPS APP APM Entity Reporting
MIPS_SUBGROUP	CMS Program	2.16.840.1.113883.3.249.7	MIPS Subgroup Reporting

Figure 5: informationRecipient Example

```
<informationRecipient>
  <intendedRecipient>
    <id root="2.16.840.1.113883.3.249.7" extension="PCF"/>
  </intendedRecipient>
</informationRecipient>
```

5.1.2 participant is Location (PCF Practice Site)

For PCF reporting, the generic participant with a participationType of 'LOC' (location) and an associatedEntity classCode of 'SDLOC' (service delivery location) representing the PCF Practice Site is required.

If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension= "PCF", then this location participant must be present.

6. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_15) such that it
 - a. **SHALL** contain exactly one [1..1] **@typeCode="LOC"** Location (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_16).
 - b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_17).
 - i. This associatedEntity **SHALL** contain exactly one [1..1] **@classCode="SDLOC"** Service Delivery Location (CONF:CMS_18).
 - ii. This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_101) such that it

1. **SHALL** contain exactly one [1..1]
`@root="2.16.840.1.113883.3.249.5.3"` PCF Practice Site (CONF:CMS_102).
 Note: This OID contained in the `@root` (2.16.840.1.113883.3.249.5.3) designates that the `@extension` must hold a PCF APM Entity Identifier.
2. **SHALL** contain exactly one [1..1] `@extension` (CONF:CMS_103).
 Note: This is the PCF APM Entity Identifier assigned to the PCF practice.
- iii. This `associatedEntity` **SHALL** contain exactly one [1..1] `code` (CONF:CMS_22).
 1. This `code` **SHALL** contain exactly one [1..1]
`@code="394730007"` Healthcare Related Organization (CONF:CMS_23).
 2. This `code` **SHALL** contain exactly one [1..1] `@codeSystem` (CodeSystem: SNOMED CT
`urn:oid:2.16.840.1.113883.6.96`) (CONF:CMS_24).
- iv. This `associatedEntity` **SHALL** contain exactly one [1..1] `addr` (CONF:CMS_25).
- v. If `ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF"`, then this `participant/associatedEntity` **SHALL** contain the `id` for PCF Practice Site (CONF:CMS_105).

Figure 6: Location Participant Example – PCF Practice Site

```
<participant typeCode="LOC">
  <associatedEntity classCode="SDLOC">
    <id root="2.16.840.1.113883.3.249.5.3" extension="OR1234"
      assigningAuthorityName="CMS-CMMI"/>
    <code code="394730007"
      displayName="healthcare related organization"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="SNOMED-CT"/>
    <addr>
      <streetAddressLine>123 Healthcare St</streetAddressLine>
      <city>Norman</city>
      <state>OK</state>
      <postalCode>73019</postalCode>
    </addr>
  </associatedEntity>
</participant>
```

5.1.3 participant (CMS EHR Certification ID)

For the 2024 performance period, participants will submit a single set of Promoting Interoperability Objectives and Measures to align with 2015 Edition certified EHR technology (CEHRT). As part of their submission, participants shall include a CMS EHR Certification ID that represents the CEHRT used by the individual or group during the performance period. Groups should ensure that their CMS EHR Certification ID reflects all products used by clinicians within the group before generating the ID. Only one CMS EHR Certification ID should be submitted for group reporting. To obtain a CMS EHR Certification ID, participants should enter their product information in the ONC Certified Health IT Product List (CHPL) website search tool and select all certified products or certified health IT modules used during the performance period. Full

instructions on how to create a CMS EHR Certification ID are in the CHPL Public User Guide, https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf.

For MIPS submissions, a CMS EHR Certification ID is only required if the Promoting Interoperability performance category (Promoting Interoperability Measure Section (V3) identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2020-12-01) is present in a QRDA III document. If a CMS EHR Certification ID is not supplied, the score for the PI performance category will be 0.

For MIPS submission, CMS EHR Certification ID is optional for the Quality performance category.

For PCF, all QRDA III files must include a CMS EHR Certification ID. Nulls will not be allowed. Please refer to section [4.1 Primary Care First \(PCF\) Submissions](#) for additional information.

7. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_85) such that it
 - a. **SHALL** contain exactly one [1..1] **@typeCode="DEV"** device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_86).
 - b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_87).
 - i. This associatedEntity **SHALL** contain exactly one [1..1] **@classCode="RGPR"** regulated product (CONF:CMS_88).
 - ii. This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_89).
 1. This id **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.3.2074.1"** CMS EHR Certification ID (CONF:CMS_90).
 2. This id **SHALL** contain exactly one [1..1] **@extension** (CONF:CMS_91).
Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.

5.1.4 participant is MVP

Each MIPS individual, group, subgroup, or APM Entity can select one MVP to report. The available MVPs for the 2024 performance period and their identifiers are listed in Table 4.

8. **MAY** contain zero or one [0..1] **participant** (CONF:CMS_118) such that it
 - a. **SHALL** contain exactly one [1..1] **@typeCode="TRC"** tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_119).
 - b. **SHALL** contain exactly one [1..1] **associatedEntity** (CONF:CMS_120).
 - i. This associatedEntity **SHALL** contain exactly one [1..1] **@classCode="PROG"** program eligible (CodeSystem: HL7RoleClass urn:oid:2.16.840.1.113883.5.110) (CONF:CMS_121).
 - ii. This associatedEntity **SHALL** contain exactly one [1..1] **id** (CONF:CMS_122).
 1. This id **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.3.249.5.6"** MIPS Value Pathway (CONF:CMS_123).

2. This id **SHALL** contain exactly one [1..1] @**extension** (CONF:CMS_124).
 Note: The value of @extension is the MVP identifier.

Table 4: MVP Identifiers for the 2024 Performance Period

Identifier	MIPS Value Pathway (MVP)
M0001	Advancing Cancer Care
M0002	Optimal Care for Kidney Health
M0003	Optimal Care for Patients with Episodic Neurological Conditions
M0004	Supportive Care for Neurodegenerative Conditions
M0005	Promoting Wellness
G0053	Advancing Rheumatology Patient Care
G0054	Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
G0055	Advancing Care for Heart Disease
G0056	Optimizing Chronic Disease Management
G0057	Advancing Best Practices and Promoting Patient Safety with Emergency Medicine
G0058	Improving Care for Lower Extremity Joint Repair
G0059	Patient Safety and Support for Positive Experiences with Anesthesia

5.1.5 documentationOf

The aggregated data contained in a QRDA Category III report was provided by one or more providers. The documentationOf service event can contain identifiers for all of the (one or more) providers involved, using the serviceEvent/performer elements.

9. **SHALL** contain exactly one [1..1] **documentationOf** (CONF:4526-18170_C01).

For MIPS group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.

For MIPS subgroup reporting: it must contain exactly one performer, which contains one Subgroup Identifier. No NPI is allowed.

For MIPS virtual group reporting: it must contain exactly one performer, which contains one Virtual Group Identifier. No NPI is allowed.

For MIPS APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. NPI and TIN are not allowed..

For MIPS individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.

For APP group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.

For APP APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. No NPI is allowed.

For APP individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.

For PCF: it must contain at least one performer, each performer contains one TIN and one NPI. Only PCF Practice Site providers are listed as performers.

- a. This documentation **SHALL** contain exactly one [1..1] **serviceEvent** (CONF:4526-18171_C01).
 - i. This serviceEvent **SHALL** contain at least one [1..*] **performer** (CONF:4526-18173).

The assignedEntity id/@root='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI). NPI is required for MIPS individual reporting, APP individual reporting and PCF reporting.

NPI is not allowed for group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, and APP APM Entity reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted.

1. Such performers **SHALL** contain exactly one [1..1] **assignedEntity** (CONF:4526-18176).
 - a. This assignedEntity **SHALL** contain exactly one [1..1] **id** (CONF:4526-18177_C01) such that it
 - i. **MAY** contain zero or one [0..1] **@nullFlavor** (CONF:CMS_29).
Note: @nullFlavor is only present for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, and APP APM Entity reporting.
 - ii. **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.4.6"** National Provider ID (CONF:4526-18178_C01).
Note: This OID contained in the @root (2.16.840.1.113883.4.6) designates that the @extension must hold a National Provider ID.
 - iii. **MAY** contain zero or one [0..1] **@extension** (CONF:4526-18247).
Note: This is the provider's NPI. It is only present when this is a MIPS individual reporting, APP individual reporting, or PCF reporting. For PCF, only those NPIs that are participating in the PCF model should be provided.
 - b. This assignedEntity **SHALL** contain exactly one [1..1] **representedOrganization** (CONF:4526-18180).
 - i. This representedOrganization **MAY** contain zero or one [0..1] **id** (CONF:4526-18181_C01) such that it
 1. **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.4.2"** Tax ID Number (CONF:4526-18182).

- Note: This OID contained in the @root (2.16.840.1.113883.4.2) designates that the @extension must hold a Tax Identification Number (TIN).
2. **SHALL** contain exactly one [1..1] @extension (CONF:4526-18190).
Note: This is the organization's TIN.
- ii. This representedOrganization **MAY** contain zero or one [0..1] id (CONF:CMS_79) such that it
 1. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.2" MIPS Virtual Group (CONF:CMS_80).
Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.2) designates that the @extension must hold a Virtual Group Identifier.
 2. **SHALL** contain exactly one [1..1] @extension (CONF:CMS_81).
Note: This is the Virtual Group Identifier.
 - iii. This representedOrganization **MAY** contain zero or one [0..1] id (CONF:CMS_106) such that it
 1. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.4" APM Entity Identifier (CONF:CMS_107).
Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.4) designates that the @extension must hold an APM Entity identifier.
 2. **SHALL** contain exactly one [1..1] @extension (CONF:CMS_108).
Note: This is the APM Entity identifier.
 - iv. This representedOrganization **MAY** contain zero or one [0..1] id (CONF:CMS_115) such that it
 1. **SHALL** contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.5" Subgroup (CONF:CMS_116).
Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.5) designates that the @extension must hold a Subgroup Identifier.
 2. **SHALL** contain exactly one [1..1] @extension (CONF:CMS_117).
Note: This is the Subgroup identifier.
 - v. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP" or "MIPS_APP1_GROUP", then this representedOrganization **SHALL** contain one

- [1..1] id such that it, **SHALL** be the group's TIN (CONF:CMS_82).
- vi. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP", then this representedOrganization **SHALL** contain one [1..1] id such that it, **SHALL** be the virtual group's Virtual Group Identifier (CONF:CMS_83).
- vii. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_APMENTITY" or "MIPS_APP1_APMENTITY", then this representedOrganization **SHALL** contain one [1..1] id such that it, **SHALL** be the APM Entity's APM Entity identifier (CONF:CMS_109).
- viii. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV" or "MIPS_APP1_INDIV" or "PCF", then this representedOrganization **SHALL** contain one [1..1] id such that it, **SHALL** be the practitioner's TIN (CONF:CMS_112).
- ix. If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_SUBGROUP", then this representedOrganization **SHALL** contain one [1..1] id such that it, **SHALL** be the subgroup's Subgroup Identifier (CONF:CMS_114).

Figure 7: documentationOf Example – TIN and NPI

```

<documentationOf>
  <serviceEvent classCode="PCPR">
    <!-- Multiple performers can be included for PCF,
         each with an NPI and TIN -->
    <performer typeCode="PRF">
      <time>
        <low value="20240101"/>
        <high value="20241231"/>
      </time>
      <assignedEntity>
        <!-- Provider NPI -->
        <id root="2.16.840.1.113883.4.6" extension="2589654740"/>
        <representedOrganization>
          <!-- Organization TIN -->
          <id root="2.16.840.1.113883.4.2" extension="990000999"/>
          <name>Good Health Clinic</name>
        </representedOrganization>
      </assignedEntity>
    </performer>
  </serviceEvent>
</documentationOf>

```

5.1.6 component

A CMS QRDA Category III document for the 2024 performance period must contain at least a QRDA Category III Measure Section, an Improvement Activity Section, or a Promoting Interoperability Measure Section.

For the 2024 performance period, performance period reporting for Improvement Activities, Promoting Interoperability, and Quality performance categories all must be specified at the performance category level using the Reporting Parameters Act template in each of the sections.

10. **SHALL** contain exactly one [1..1] **component** (CONF:4526-17217).
 - a. This component **SHALL** contain exactly one [1..1] **structuredBody** (CONF:4526-17235).
 - i. This **structuredBody** **MAY** contain zero or one [0..1] **component** (CONF:4526-17283) such that it
 1. **SHALL** contain exactly one [1..1] QRDA Category III Measure Section - CMS (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01) (CONF:4526-17301_C01).
 - ii. This **structuredBody** **MAY** contain zero or one [0..1] **component** (CONF:4526-21173) such that it
 1. **SHALL** contain exactly one [1..1] Improvement Activity Section (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.4:2020-12-01) (CONF:4526-21174).
 - iii. This **structuredBody** **MAY** contain zero or one [0..1] **component** (CONF:4526-21317) such that it
 1. **SHALL** contain exactly one [1..1] Promoting Interoperability Measure Section (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.5:2022-12-01) (CONF:4526-21318).
 - ii. This **structuredBody** **SHALL** contain at least a QRDA Category III Measure Section - CMS (V5), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:4526-21394_C01).

Figure 8: structuredBody Example

```
<component>
  <structuredBody>
    <component>
      <!-- QRDA Category III Measure Section - CMS (V5)-->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Improvement Activity Section -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
    <component>
      <!-- Promoting Interoperability Measure Section (V3) -->
      <section>
        ...
        <title>Measure Section</title>
        ...
      </section>
    </component>
  </structuredBody>
</component>
```

5.2 Section-Level Templates

5.2.1 QRDA Category III Measure Section - CMS (V5)

```
[section: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01 (open)]
```

Table 5: QRDA Category III Measure Section – CMS (V5) Contexts

Contained By	Contains
QRDA Category III Report - CMS (V8) (optional)	Measure Reference and Results - CMS (V5) (required)

This section references the eCQM(s) being reported. For each reported eCQM, this section includes entries for reporting various aggregate counts (e.g. number of patients in the measure's denominator). For continuous variable measures, this section includes entries for reporting the continuous variables. This section can also include entries not only for aggregate counts, but also for stratified aggregate counts (e.g. not just total number of patients in the denominator, but also the number of males in the denominator). Note that the QRDA III standard allows for more than one measure within this section, but does not allow multiple occurrences of the same measure in a single QRDA III instance.

For PCF reporting, this section must contain a Measure Reference and Results template for each eCQM that is being reported on by the PCF practice.

1. Conforms to QRDA Category III Measure Section (V5) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2020-12-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_64) such that it
 - a. **SHALL** contain exactly one [1..1]


```
@root="2.16.840.1.113883.10.20.27.2.3" (CONF:CMS_65).
```
 - b. **SHALL** contain exactly one [1..1] `@extension="2022-05-01"` (CONF:CMS_66).
3. **SHALL** contain at least one [1..*] `entry` (CONF:4526-17906_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Reference and Results - CMS \(V5\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2022-05-01) (CONF:4526-17907_C01).

Figure 9: QRDA III Measure Section – CMS (V5) Example

```

<section>
  <!-- Measure Section template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.2.2" />
  <!-- QRDA Category III Measure Section (V5) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.1"
extension="2020-12-01"/>
  <!-- QRDA Category III Measure Section - CMS (V5) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.2.3"
extension="2022-05-01"/>
  <code code="55186-1" codeSystem="2.16.840.1.113883.6.1"/>
  <title>Measure Section</title>
  <text>
    <table border="1" width="100%">
      <thead>
        <tr>
          <th>eCQM Title</th>
          <th>Version specific identifier</th>
        </tr>
      </thead>
      <tbody>
        <tr>
          <td>Controlling High Blood Pressure</td>
          <td>2c928085-806c-39a2-0180-7092fa9b0145</td>
        </tr>
      </tbody>
      <list>
        ...
      </list>
    </table>
  </text>
  <entry>
    <!-- Measure Reference and Results - CMS (V5) -->
    <organizer classCode="CLUSTER" moodCode="EVN">
      ...
    </organizer>
  </entry>
</section>

```


5.3 Entry-Level Templates

5.3.1 Measure Data - CMS (V4)

```
[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01 (open)]
```

Table 6: Measure Data – CMS (V4) Contexts

Contained By	Contains
Measure Reference and Results - CMS (V5) (required)	Aggregate Count (required) Continuous Variable Measure Value (optional) Reporting Stratum (optional) Sex Supplemental Data Element (V3) (required) Ethnicity Supplemental Data Element (V2) (required) Race Supplemental Data Element (V2) (required) Payer Supplemental Data Element - CMS (V3) (required)

This observation asserts a population into which a subject falls and provides the number of patients in the population. It may also contain reporting stratum, supplemental data element counts, and continuous variables that are relevant to the population. The measure data entry must reference a unique measure population ID as listed in Section 6, below.

Populations that are used in eCQMs can be complicated. The simple case has one each of initial population (IPOP), numerator, and denominator, along with denominator exclusions and denominator exceptions. It is also possible to have eCQMs with multiple population groups (a population group is a set of IPOP, numerator, denominator, etc.), and eCQMs with multiple denominators and numerators (e.g., an eCQM with 3 denominators and 2 numerators will require a QRDA Category III report with 6 sets of data). QRDA Category III reports were designed to allow the representation of data sets that map to all of these types of multiple populations.

A measure may not be submitted more than once in the same file. The same population may not be submitted more than once in the same measure. Uniqueness of a measure is determined based on the UUID provided for it in the associated `reference/externalDocument/id`. This `id` **SHALL** equal the version specific identifier that comes from the applicable HQMF file. Uniqueness of a population is determined based on the UUID provided for it in the associated `reference/externalObservation/id`. This `id` **SHALL** equal the respective population identifier that comes from the applicable HQMF file.

Table 7: Measure Data - CMS (V4) Constraints Overview

```
observation[templated/@root = '2.16.840.1.113883.10.20.27.3.16']
[templated/@extension="2019-05-01"]
```

XPath	Card	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS 41	
@root	1..1	SHALL		CMS 42	2.16.840.1.113883.10.20.27.3.16
@extension	1..1	SHALL		CMS 43	2019-05-01

XPath	Card	Verb	Data Type	CONF#	Value
entryRelationship	1..*	SHALL		4427-18141_C01	
@typeCode	1..1	SHALL		3259-18146	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
Observation	1..1	SHALL		4427-18151_C01	Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01)
entryRelationship	1..*	SHALL		4427-18136_C01	
@typeCode	1..1	SHALL		3259-18137	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
Observation	1..1	SHALL		3259-18138	Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01)
entryRelationship	1..*	SHALL		4427-18140_C01	
@typeCode	1..1	SHALL		3259-18145	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
Observation	1..1	SHALL		3259-18150	Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01)
entryRelationship	1..*	SHALL		4427-18139_C01	
@typeCode	1..1	SHALL		3259-18144	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = COMP
Observation	1..1	SHALL		3259-18149	Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01)

1. Conforms to Measure Data (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-09-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_41) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.16"` (CONF:CMS_42).
 - b. **SHALL** contain exactly one [1..1] `@extension="2019-05-01"` (CONF:CMS_43).
3. **SHALL** contain at least one [1..*] `entryRelationship` (CONF:4427-18141_C01) such that it

- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002 **STATIC**) (CONF:3259-18146).
 - b. **SHALL** contain exactly one [1..1] Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) (CONF:4427-18151_C01).
4. **SHALL** contain at least one [1..*] entryRelationship (CONF:4427-18136_C01) such that it
- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18137).
 - b. **SHALL** contain exactly one [1..1] Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).
5. **SHALL** contain at least one [1..*] entryRelationship (CONF:4427-18140_C01) such that it
- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18145).
 - b. **SHALL** contain exactly one [1..1] Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01) (CONF:3259-18150).
6. **SHALL** contain at least one [1..*] entryRelationship (CONF:4427-18139_C01) such that it
- a. **SHALL** contain exactly one [1..1] @typeCode="COMP" (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:3259-18144).
 - b. **SHALL** contain exactly one [1..1] Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01) (CONF:3259-18149).

Figure 10: Measure Data - CMS (V4) Example

```

<observation classCode="OBS" moodCode="EVN">
  <!-- Measure Data (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.5" extension="2016-
09-01"/>
  <!-- Measure Data - CMS (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.16"
extension="2019-05-01"/>
  <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4"
displayName="Assertion" codeSystemName="ActCode"/>
  <statusCode code="completed"/>
  <value xsi:type="CD" code="IPOP"
codeSystem="2.16.840.1.113883.5.4"
displayName="initial population"
codeSystemName="ActCode"/>
  <!-- Aggregate Count -->
  <entryRelationship typeCode="SUBJ" inversionInd="true">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Sex Supplemental Data Element (V3)-->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Ethnicity Supplemental Data Element (V2) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Race Supplemental Data Element (V2) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- Payer Supplemental Data Element - CMS (V3) -->
  <entryRelationship typeCode="COMP">
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
  <!-- reference to the relevant population in the eCQM -->
  <reference typeCode="REFR">
    <externalObservation classCode="OBS" moodCode="EVN">
      <id root="F348D767-1BDE-41AB-884D-5F0E19093980">
        <!-- This is the population ID in the eCQM.
In this case, the IPOP -->
      </externalObservation>
    </reference>
  </observation>

```

5.3.2 Measure Reference and Results - CMS (V5)

```
[organizer: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.17:2022-05-01 (open)]
```

Table 8: Measure Reference and Results - CMS (V4) Contexts

Contained By	Contains
QRDA Category III Measure Section - CMS (V5) (required)	Performance Rate for Proportion Measure - CMS (V4) (optional) Measure Data - CMS (V4) (required)

This template defines the way that a measure should be referenced. Measures are referenced through `externalAct` reference to an `externalDocument`. The `externalDocument/ids` and version numbers are used to reference the measure. Component entries can be used to report various rates, aggregate counts (e.g., number of patients in the measure's denominator); stratified aggregate counts (e.g., number of male patients in the measure's denominator); or continuous variables from continuous variable measures.

Table 9: Measure Reference and Results - CMS (V5) Constraints Overview

```
organizer[templateId/@root = '2.16.840.1.113883.10.20.27.3.17']
[templateId/@extension="2022-05-01"]
```

XPath	Card	Verb	Data Type	CONF#	Value
templateId	1..1	SHALL		CMS_54	
@root	1..1	SHALL		CMS_55	2.16.840.1.113883.10.20.27.3.17
@extension	1..1	SHALL		CMS_56	2022-05-01
component	0..*	MAY		4526-17903_C01	
observation	1..1	SHALL		4526-17904_C01	Performance Rate for Proportion Measure - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2018-05-01)
component	1..*	SHALL		4526-18425_C01	
observation	1..1	SHALL		4526-18426_C01	Measure Data - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01)

1. Conforms to Measure Reference and Results (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2020-12-01).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_54) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.17"` (CONF:CMS_55).
 - b. **SHALL** contain exactly one [1..1] `@extension="2022-05-01"` (CONF:CMS_56).
3. **MAY** contain zero or more [0..*] `component` (CONF:4526-17903_C01) such that it

- a. **SHALL** contain exactly one [1..1] [Performance Rate for Proportion Measure - CMS \(V4\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01) (CONF:4526-17904_C01).
- 4. **SHALL** contain at least one [1..*] **component** (CONF:4526-18425_C01) such that it
 - a. **SHALL** contain exactly one [1..1] [Measure Data - CMS \(V4\)](#) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01) (CONF:4526-18426_C01).

Figure 11: Measure Reference and Results - CMS (V5) Example

```

<organizer classCode="CLUSTER" moodCode="EVN">
  <!-- Measure Reference template ID -->
  <templateId root="2.16.840.1.113883.10.20.24.3.98" />
  <!-- Measure Reference and Results (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.1"
  extension="2020-12-01"/>
  <!-- Measure Reference and Results - CMS (V5) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.17"
  extension="2022-05-01"/>
  <statusCode code="completed" />
  <reference typeCode="REFR">
    <externalDocument classCode="DOC" moodCode="EVN">
      <!-- This is the version-specific identifier for eCQM -->
      <id root="2.16.840.1.113883.4.738"
      extension="2c928084-8211-3ece-0182-c771f89f2ff3"/>
      <code code="57024-2"
      displayName="Health Quality Measure Document"
      codeSystemName="LOINC"
      codeSystem="2.16.840.1.113883.6.1" />
      <!-- This is the title of the eCQM -->
      <text>Breast Cancer Screening</text>
    </externalDocument>
  </reference>
</component>
  <!-- Measure Data - CMS (V4) -->
  <observation classCode="OBS" moodCode="EVN">
    ...
  </observation>
</component>
</organizer>
    
```

5.3.3 Payer Supplemental Data Element - CMS (V3)

[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01 (open)]

Table 10: Payer Supplemental Data Element – CMS (V3) Contexts

Contained By	Contains
Measure Data – CMS (V4) (required)	Aggregate Count (required)

This observation represents the policy or program providing the coverage for the patients being reported on and provides the number of patients in the population that are covered by that policy or program. When a patient has multiple payers, only count the primary payer (usually this is the first payer listed). For CMS eligible clinicians programs, all codes present in the value

set must be reported, even if the count is zero. If an eCQM is episode-based, the count will reflect the patient count rather than the episode count.

Individual payer codes from the Public Health Data Standards Consortium Source of Payment Typology (2.16.840.1.113883.3.221.5) have been grouped for QRDA III aggregate reports.

Table 11: Payer Supplemental Data Element - CMS (V3) Constraints Overview

observation[templateId/@root='2.16.840.1.113883.10.20.27.3.18']
[templateId/@extension="2018-05-01"]

XPath	Card	Verb	Data Type	CONF#	Value
templateId	1..1	SHALL		CMS_47	
@root	1..1	SHALL		CMS_48	2.16.840.1.113883.10.20.27.3.18
@extension	1..1	SHALL		CMS_49	2018-05-01
value	1..1	SHALL	CD	CMS_50	
@nullFlavor	1..1	SHALL		CMS_51	OTH
translation	1..1	SHALL		CMS_52	
@code	1..1	SHALL		CMS_53	urn:oid:2.16.840.1.113883.3.249.14.102 (CMS Payer Groupings)

1. Conforms to Payer Supplemental Data Element (V2) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.9:2016-02-01).
2. **SHALL** contain exactly one [1..1] **templateId** (CONF:CMS_47) such that it
 - a. **SHALL** contain exactly one [1..1] **@root="2.16.840.1.113883.10.20.27.3.18"** (CONF:CMS_48).
 - b. **SHALL** contain exactly one [1..1] **@extension="2018-05-01"** (CONF:CMS_49).
3. **SHALL** contain exactly one [1..1] **value** with **@xsi:type="CD"** (CONF:CMS_50).
 - a. This value **SHALL** contain exactly one [1..1] **@nullFlavor="OTH"** (CONF:CMS_51).
 - b. This value **SHALL** contain exactly one [1..1] **translation** (CONF:CMS_52).
 - i. This translation **SHALL** contain exactly one [1..1] **@code**, which **SHALL** be selected from ValueSet CMS Payer Groupings urn:oid:2.16.840.1.113883.3.249.14.102 (CONF:CMS_53).

Table 12: CMS Payer Groupings

Value Set: CMS Payer Groupings 2.16.840.1.113883.3.249.14.102

Values specifying the primary payer for CMS QRDA III report submissions that groups codes from the Public Health Data Standards Consortium Source of Payment Typology (2.16.840.1.113883.3.221.5). Codes are grouped as follows:

Payer Grouping A: Medicare (1)

Payer Grouping B: Medicaid (2)

Payer Grouping C: Private Health Insurance (5), Blue Cross/Blue Shield (6)

Payer Grouping D: Other Government (3), Department of Corrections (4), Managed Care Unspecified (7), No Payment Listed (8), Miscellaneous/Other (9)

Code	Code System	Code System OID	Print Name
A	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Medicare
B	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Medicaid
C	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Private Health Insurance
D	CMS Clinical Codes	2.16.840.1.113883.3.249.12	Other

Figure 12: Payer Supplemental Data Element - CMS (V3) Example

```

<observation classCode="OBS" moodCode="EVN">
  <!-- Payer Supplemental Data Element (V2) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.9"
  extension="2016-02-01"/>
  <!-- Payer Supplemental Data Element - CMS (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.18"
  extension="2018-05-01"/>
  <code code="48768-6" displayName="Payment source"
  codeSystem="2.16.840.1.113883.6.1"
  codeSystemName="LOINC"/>
  <statusCode code="completed"/>
  <!-- Parent template requires "SHALL be drawn from
  Value Set: PHDSC Source of Payment Typology
  2.16.840.1.114222.4.11.3591 DYNAMIC"-->
  <!-- CMS Prefers to group the insurances more broadly than the
  Source of Payment Typology allows. Therefore,
  nullFlavor of OTH will be used and CMS local codes used to
  identify groupings-->
  <value xsi:type="CD" nullFlavor="OTH">
    <translation code="A" displayName="Medicare"
    codeSystem="2.16.840.1.113883.3.249.12"
    codeSystemName="CMS Clinical Codes"/>
  </value>
  <entryRelationship typeCode="SUBJ" inversionInd="true">
    <!-- Aggregate Count -->
    <observation classCode="OBS" moodCode="EVN">
      ...
    </observation>
  </entryRelationship>
</observation>

```


5.3.4 Performance Rate for Proportion Measure – CMS (V4)

[observation: identifier
urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01 (open)]

Table 13: Performance Rate for Proportion Measure – CMS (V4) Contexts

Contained By	Contains
Measure Reference and Results – CMS (V5) (optional)	

This template is only used with proportion measures. The performance rate is a ratio of patients that meet the numerator criteria divided by patients in the denominator (after accounting for exclusions and exceptions). Performance Rate is calculated using this formula: Performance Rate = (NUMER – NUMER EXCL) / (DENOM – DENOM EXCL – DENOM EXCEP).

Based on the Performance Rate calculation, a Performance Rate must not exceed 1 (e.g., 100, 1.5), since a value of 1 indicates 100%. The Performance Rate value that is provided in a QRDA Category III file should not be the Performance Rate times 100, but instead should be the value obtained from the calculation of (NUMER – NUMER EXCL)/(DENOM – DENOM EXCL – DENOM EXCEP), rounded to the nearest millionth; refer to the rounding rules listed in this section. In addition, if the expression (DENOM – DENOM EXCL – DENOM EXCEP) results in a null or a value of 0, then a nullFlavor of "NA" should be provided for the Performance Rate. Finally, if the expression (DENOM – DENOM EXCL – DENOM EXCEP) results in a value greater than or equal to 1 and a Numerator count equal to 0 is provided, then a Performance Rate of "0" should be submitted.

The following rounding rules must be used when submitting performance rates:

- For a calculated performance rate that has >= 7 digits after the decimal point, round the decimal number to the millionth.
- For a calculated performance rate that has <= 6 digits after the decimal point, rounding is not permitted for the performance rate.

Table 14: Performance Rate for Proportion Measure - CMS (V4) Constraints Overview

observation[templated/@root = '2.16.840.1.113883.10.20.27.3.25']
[templated/@extension="2022-05-01"]

XPath	Card	Verb	Data Type	CONF#	Value
templated	1..1	SHALL		CMS_59	
@root	1..1	SHALL		CMS_60	2.16.840.1.113883.10.20.27.3.25
@extension	1..1	SHALL		CMS_61	2022-05-01
Value	1..1	SHALL	REAL	4526-21307_C01 CMS_62 CMS_63	
Reference	1..1	SHALL		4526-19651_C01	

XPath	Card	Verb	Data Type	CONF#	Value
@typeCode	1..1	SHALL		4526-19652_C01	urn:oid:2.16.840.1.113883.5.1002 (HL7ActRelationshipType) = REFR
externalObservation	1..1	SHALL		4526-19653_C01	
@classCode	1..1	SHALL		4526-19654	urn:oid:2.16.840.1.113883.5.6 (HL7ActClass)
Id	1..1	SHALL		4526-19655	
@root	1..1	SHALL		4526-19656	
Code	1..1	SHALL		4526-19657	
@code	1..1	SHALL		4526-19658	NUMER
@codeSystem	1..1	SHALL		4526-21180	urn:oid:2.16.840.1.113883.5.4 (HL7ActCode) = 2.16.840.1.113883.5.4

1. Conforms to Performance Rate for Proportion Measure (V3) template (`identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.14:2020-12-01`).
2. **SHALL** contain exactly one [1..1] `templateId` (CONF:CMS_59) such that it
 - a. **SHALL** contain exactly one [1..1] `@root="2.16.840.1.113883.10.20.27.3.25"` (CONF:CMS_60).
 - b. **SHALL** contain exactly one [1..1] `@extension="2022-05-01"` (CONF:CMS_61).
3. **SHALL** contain exactly one [1..1] `value` with `@xsi:type="REAL"` (CONF:4526-21307_C01).
 - a. The value, if present, **SHALL** be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62).
 - b. The value, if present, **SHALL** contain no more than 6 digits to the right of the decimal (CONF:CMS_63).

This is a reference to the specific Numerator included in the calculation.

4. **SHALL** contain exactly one [1..1] `reference` (CONF:4526-19651_C01).
 - a. This reference **SHALL** contain exactly one [1..1] `@typeCode="REFR"` refers to (CodeSystem: HL7ActRelationshipType `urn:oid:2.16.840.1.113883.5.1002`) (CONF:4526-19652_C01).
 - b. This reference **SHALL** contain exactly one [1..1] `externalObservation` (CONF:4526-19653_C01).
 - i. This externalObservation **SHALL** contain exactly one [1..1] `@classCode` (CodeSystem: HL7ActClass `urn:oid:2.16.840.1.113883.5.6`) (CONF:4526-19654).
 - ii. This externalObservation **SHALL** contain exactly one [1..1] `id` (CONF:4526-19655).
 1. This id **SHALL** contain exactly one [1..1] `@root` (CONF:4526-19656).
Note: This is the ID of the numerator in the referenced eCQM.
 - iii. This externalObservation **SHALL** contain exactly one [1..1] `code` (CONF:4526-19657).

1. This code **SHALL** contain exactly one [1..1] @code="NUMER" Numerator (CONF:4526-19658).
2. This code **SHALL** contain exactly one [1..1] @codeSystem="2.16.840.1.113883.5.4" (CodeSystem: HL7ActCode urn:oid:2.16.840.1.113883.5.4) (CONF:4526-21180).

Figure 13: Performance Rate for Proportion Measure - CMS (V4) Example

```

<observation classCode="OBS" moodCode="EVN">
  <!-- Performance Rate -->
  <templateId root="2.16.840.1.113883.10.20.27.3.30" extension="2016-09-01"/>
  <!-- Performance Rate for Proportion Measure (V3) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.14" extension="2020-12-01"/>
  <!-- Performance Rate for Proportion Measure - CMS (V4) template ID -->
  <templateId root="2.16.840.1.113883.10.20.27.3.25" extension="2022-05-01"/>
  <code code="72510-1" codeSystem="2.16.840.1.113883.6.1"
    displayName="Performance Rate"
    codeSystemName="2.16.840.1.113883.6.1"/>
  <statusCode code="completed"/>
  <value xsi:type="REAL" value="0.833000"/>
  <!-- This is the reference to the Numerator in the eCQM -->
  <reference typeCode="REFR">
    <externalObservation classCode="OBS" moodCode="EVN">
      <!-- The externalObservationID contains the ID of the numerator in the referenced eCQM. -->
      <id root="45BBBED1-06A2-4381-837F-95755D2C0D72"/>
      <code code="NUMER" displayName="Numerator"
        codeSystem="2.16.840.1.113883.5.4"
        codeSystemName="ActCode"/>
    </externalObservation>
  </reference>
</observation>

```

6 2024 Performance Period eCQM Specifications for Eligible Clinicians UUID List

The following tables list the Version Specific Measure Identifier for each eCQM included in the [2024 Performance Period eCQM Specifications for Eligible Clinicians](#), and the population identifiers for all population criteria within each eCQM. If an eCQM specifies Reporting Stratification, identifiers of reporting strata are also listed for that eCQM. **All UUIDs are case insensitive.**

Populations in Table 15 are labeled using the population codes listed below:

- Initial Population: IPOP
- Denominator: DENOM
- Denominator Exclusion: DENEX
- Numerator: NUMER
- Denominator Exception: DENEXCEP
- Stratum: STRAT

(Note: all eCQM specifications contained in the 2024 Performance Period eCQM Specifications for Eligible Clinicians are proportion measures.)

Table 15: UUID List for MIPS CY 2024 Performance Period eCQM Specifications Eligible Clinicians

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 134	CMS2v13	2c928083-8651-08a3-0186-c82995a91d28	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	AD83208C-1313-401E-BB62-ABCCE0982B49 696066C7-C558-4849-A325-A3CDD858CF8F E52F7FAE-96D9-417A-8538-6E3DB84A31D7A E2557B71-1B97-413F-BE26-2B037E4D590B FBA7B9D9-8588-4CB2-AB72-642CBD980334
N/A/ 317	CMS22v12	2c928082-86db-6718-0187-09773acf09d0	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	F071FE72-E624-401F-BEA1-93B16E883386 8A30830D-9606-4AF2-836C-40EC4CF3A4D4 DEBE98FB-5956-4BFD-8EA4-D14B15E53BE1 B9122899-0E15-4BB1-A049-B5038D708AD2 5AC75B0E-E6A1-419E-8F46-1F49755BCC09
N/A/ 374	CMS50v12	2c928084-82ea-d7c5-0183-41af6b41186d	IPOP: DENOM: NUMER:	76338B6C-C26C-4190-BAF1-0AAC5873C7B9 E846226B-FB7D-4B3C-8C3E-EC0FC4509C5F 256DDBEE-BDFA-4BEC-A777-448CFC17938E
N/A/ 376	CMS56v12	2c928084-82ea-d7c5-0183-6bd4e33420bd	IPOP: DENOM: DENEX: NUMER:	AF4C1C0E-79D7-4693-ACB8-6FACDCEEF0D4 60759161-5DB6-4E1B-8D07-32A5561AE0C4 A640731E-3B26-4662-A243-C1BED87544AF AA9FBD3C-49EC-4A9E-BDD5-65F454BC7416
N/A/ 130	CMS68v13	2c928082-86db-6718-0187-0b4977140ad5	IPOP: DENOM: NUMER: DENEXCEP:	018818BA-BAEE-4F63-B345-0ECF647B7580 F0F5F489-3AE0-4128-A3D3-7427B5F333A4 A65C0BE1-19D2-40E5-910D-9B95960C4B6C 294E02A5-FBA5-4863-B215-D25B396C3E79
N/A/ 128	CMS69v12	2c928082-82cb-a3f5-0182-cc6968e30090	IPOP: DENOM: DENEX: NUMER: DENEXCEP:	AA4FB3BF-5710-420F-9A5C-DE12B49C6976 06FBEA08-FCFF-4A81-AD0F-944E3905A8D2 D28BB99A-13F9-4789-9890-0EE2A303E46A 5C891031-333A-4BF2-9EE6-98657DB3D7B0 9D67E64C-4F4E-4A49-B7F9-E4CC25465AE4

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 379	CMS74v13	2c928084-82ea-d7c5-0183-6ba7b54220a8	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	6AEE2ABF-4E94-4EDC-ABF8-E93B14CEFC0B C82B7932-A51A-4282-AD2F-60124341C172 0A8E4FD6-44FF-4442-A51A-9AF66C1EF353 E50E2341-598D-412C-912B-3C837E59D64E A2618003-B48E-4A29-9969-0D928852DF50 15D408C1-92D9-4CB0-AF67-08D1F7B0CDA6 95814C15-5559-4CC6-B358-2F81245AF571
N/A/ 378	CMS75v12	2c928084-82ea-d7c5-0183-6d3507282122	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	4BA69C4A-51FB-4A29-A0D6-D450DFECD3B6 035785B3-DB35-4CEB-81F3-888AEE341510 9E3A0D44-7413-468D-8AA8-F95836EB45A0 7132A615-8EB6-48E5-9747-2C617C29E2D1
N/A/ 377	CMS90v13	2c928084-8389-524e-0183-c80f9e480dff	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	FA9EF028-5532-437D-9125-4187BF72E952 3BDFDBDD-CEBF-4C34-8AA7-8D65A324F4B1 CC8028CF-86F0-4930-AB9F-475DA2370A5B 91550F78-0296-4B2A-996C-0B9F51B9FAF3
N/A/ 240	CMS117v12	2c928084-82ea-d7c5-0183-138ff3280ad1	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	1BF7CD8D-B257-401E-ABF7-252DABA0D209 74892E72-0D00-4391-8577-5C387410C89D 403C825E-43CA-410D-A105-62A9E7058BD0 511390B8-515A-4CA0-B52D-68DBD9ABE83C
N/A/ 001	CMS122v12	2c928084-83d3-1b44-0183-eb75dc8a03db	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	F09F8D18-F787-46EA-8791-3D3EF50A4C72 66505C6C-AAB0-4232-B0CA-15FB438090F4 6AD9B271-BBB4-4BB6-95B1-D1A7E50D812F 95BCB9D4-86A8-43C1-BE29-7440A2ECE294
N/A/ 309	CMS124v12	2c928084-82ea-d7c5-0183-6bf198d120d0	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	3AF3235F-EDCA-4EB9-827E-71987F79CDD4 E4C30FAC-4E01-4B7A-9765-427708423275 1C74FAE8-2761-49B9-803B-226477179DB1 98980303-5719-4B0A-89C8-A284E41FD6E7
N/A/ 112	CMS125v12	2c928084-8211-3ece-0182-c771f89f2ff3	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	43AA0269-D0DC-41E1-AF57-DEC8865CEFB2 AE17C979-C086-4FD0-AD65-6F91B1BA6DB7 7E0603B0-134D-45E7-97AE-C3E1E35EBA05 45BBBED1-06A2-4381-837F-95755D2C0D72
N/A/ 111	CMS127v12	2c928082-82cb-a3f5-0182-ea153af903ac	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	F3FACAF6-B749-4535-AC55-CB7FEF377594 85B36878-8772-493B-982B-EF59BAC78F16 18438D28-E29D-4A85-878B-FD44EDE6FDE8 09977748-4795-4255-8405-97A2B81DCCF0
N/A/ 009	CMS128v12	2c928084-83d3-1b44-0183-ec9f5639051f	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	5C0C2E55-560F-42C1-85E0-2CE36D7F48B4 23702C38-4048-438D-BCFC-5B507AB0E058 3810F33A-CC55-4949-9DE6-0CD5CCF31723 D1230E54-3ED7-4E37-9BD9-14BD987A89CD 7FE1D093-EFE8-4A37-BB62-F54FE320ABD1 2C0FDE5F-C7A5-43A4-9AB2-EF1ED5AF9017 C25C172D-A823-4ADD-AABD-4BF11ABA3928 2707A6AA-72DE-4D68-B619-775D8715A7BE
0389e/ 102	CMS129v13	2c928082-82cb-a3f5-0182-cc6b3d5600b0	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	8EB5DA27-ADE5-4E8E-8C4F-934F0F8B8C63 36E7BB9E-4573-441A-B684-F680D2AF5022 F57519D7-4AAE-4020-8239-A8C9DE7E59EA C8885C12-E38D-4B28-A2B5-86867AB94660
N/A/ 113	CMS130v12	2c928084-82ea-d7c5-0183-6bf2944520dc	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	CE7E7820-62A0-430C-93D4-36F096BC66F1 01CFAAD2-55BE-4F1F-AF0D-58C11583FEFC 6B6E3E45-86AA-4AEC-917D-6A7D5D452513 D01C8F72-6AA1-4DF9-8458-29DE8F10D4FE 0C8CCBC3-BC5D-45AE-9ADD-4AA70859516C 4874EA9D-3E03-4E4D-8605-264136B3A0B7

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 117	CMS131v12	2c928084-83d3-1b44-0183- eb5b615a038d	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	122474BF-173C-4993-A45D-E8ACA5FC3D46 3B8410A4-573B-43A5-A739-505204CBF25B 09957F27-2BD4-47FA-AAF4-201FD6F76E90 0BE93516-A3B7-44E5-AAB3-0B2EA25EAE08
0565e/ 191	CMS133v12	2c928083-8651-08a3-0186- be2f15911815	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	160359D2-7F76-4E14-A48F-6A3C26362ADC 33277593-C9A1-4604-AC41-9E924C3ACB88 6A29982C-BF52-4BC1-9DCF-C120B35ED292 8692F7ED-0E83-4A5E-A9A4-F60FF5DA2176
0081e/ 005	CMS135v12	2c928082-86db-6718-0186- ec6666280586	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	3BBD33AA-ACDC-4D08-A22D-2B640B3BAC55 D5EC2146-2734-4AEA-941E-73954FBC0CAC F269B9AD-04EE-4129-9B20-81DD1B1A0FAA 91C32273-EEF9-4557-992A-3C5DA994B1A5 EED321A6-8960-4A3E-84C8-0E9F06919DC2
N/A/ 366	CMS136v13	2c928084-8211-3ece-0182- 1de98c500310	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u>	9B70E808-0E6B-44FB-AC46-0548A1E409DE 886B4ABD-BEB6-43DC-90AE-C529F5E07B47 00B7D640-5DD7-41D1-BF47-B95A2C19B6D7 FD0D1365-F405-4A66-9B7A-2ABE64033E8A 72606B57-2F1C-40B4-9655-F691A594A611 F6EA0497-C79C-4722-838F-528A8635F1BE CD78A07D-8D5B-4E22-B05E-9A569B2FC375 0DFDC593-66E3-4532-9F27-6C5C6C947EE5
N/A/ 305	CMS137v12	2c928084-82ea-d7c5-0182- ec98d1c20129	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>STRAT 1-3:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>STRAT 2-3:</u>	703CE63C-957D-4214-AAEF-6DE14AE91E80 CBB623A8-C906-4712-983B-A532F984C2E9 A6BAB6F7-FEB7-465E-8669-B48C2A05A003 D2C1C13B-097B-4210-922F-7AAE70F50F46 404DA201-FD78-41DF-89F8-57E135602098 C8C9D5C1-4D6D-4F11-BA18-09645919EE7E BB3F8E59-845E-4D0A-BEE2-30D270EAC5CD 6492A3E6-D8C8-40A1-B280-909DB3436D1E 1F384AE6-DC33-4464-A743-D883C75BDCE9 353DB0FA-5117-40DD-A989-8FA220D184BC 3C89FB2F-3335-4384-8F25-FB58A1B00AE3 E96FDC2B-1E60-41FE-A93D-ED20407BFDB5 54B42C7D-4F4D-4F6B-BCB8-920B974DFC9C 6834216F-BB45-4BFE-B326-5D710D33E041
0028e/ 226	CMS138v12	2c928084-82ea-d7c5-0183- 14b6afcb0cc9	<u>IPOP1:</u> <u>DENOM1:</u> <u>DENEX1:</u> <u>NUMER1:</u> <u>IPOP2:</u> <u>DENOM2:</u> <u>DENEX2:</u> <u>NUMER2:</u> <u>IPOP3:</u> <u>DENOM3:</u> <u>DENEX3:</u> <u>NUMER3:</u>	8B63E323-F12A-4174-9EB2-FB64A7285C99 1AF6FBFC-F6BA-4042-BA31-66127FE4CA0A 07496BE4-AE52-47FA-8076-337EB1FB8307 718DDAB1-A99D-40B2-9F33-DB0AA5D464A7 F65684D1-43BD-440C-AF43-93F592672854 26CCD818-574C-4325-9BA8-3992BAB67070 076BA627-E3B6-40C8-ABA8-9FDE6FF11070 EB24BBAB-E314-4A42-8329-E559D0AADAA6 9434749C-2953-46FF-9C2F-393DDAA96365 7461BAC8-F77B-44BF-ADE6-ED9F599CF3FB 5BC836CA-2ECO-417B-8D55-182CEF941994 FAAEB19D-EE61-4F58-970C-933F47B38E34
N/A/ 318	CMS139v12	2c928084-83d3-1b44-0183- eca0b20c052a	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	37671229-ED87-4DA8-A6AC-6F582490677B 34FE0E39-10FD-4FDE-8153-AA2BA305B932 88313CAE-FC20-4EA6-9375-0F5CB0106E63 BA0D192C-510B-4426-AA90-0835DF0F5F91

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 019	CMS142v12	2c928082-853a-caf8-0185- f403c54b1a15	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	638B2963-BA05-46A1-8B77-3048996550D5 4F2B95F6-6C7C-4F94-B179-F287728137B5 C4A0619A-6D14-4730-9962-709A3A1C5115 8EF9060A-EA84-4161-A32F-24A93D72D49C
0086e/ 012	CMS143v12	2c928082-853a-caf8-0185- f403c54b1a15	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	42ED6272-F01E-4EED-A790-390F3EEE3062 8BACF708-E10D-4614-8614-C2A5E97884D6 50A864CE-3A7A-41CE-93D5-DA29517AF2F5 804B8FB4-9462-4A13-91B5-9B9FFED6EF99
0083e/ 008	CMS144v12	2c928084-82ea-d7c5-0183- 65e9c0061ec1	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	BC5D30AA-8AA4-4BA6-9FBE-B52D47CAF292 F2435FA0-0AF1-4A64-BB27-4E7ED13F387B C7CFF7D2-0A86-4FB1-BBA7-2A91E65262C8 D997534A-AF2A-4AEE-9EFC-358EB0273EDB A3ED0DA1-60C2-4D42-BF86-EDEF350CD369
0070e/ 007	CMS145v12	2c928084-82ea-d7c5-0183- 622192411e05	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u>	2E452C4A-C782-4373-AB54-646521DCDDEE 901D3C9A-DB42-4A92-9E78-2693F6EEDA99 DBA0383C-B6EE-4ACC-A44F-9A11E0C4C33F 223FC84C-A50A-4460-92B5-3808D89FF2C9 F0F58CC7-7DC0-4BC2-AD55-4B92696A4501 COA53EC4-5324-4C8B-B7E1-BA52F9D3D10C A3DAC3E6-BAAF-4A42-89E6-8AC8FAA71E68 4315CAB0-73F3-4756-A9F2-DDADD376D77E
N/A/ 066	CMS146v12	2c928084-8389-524e-0183- cd90c213122b	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	3CB297BD-CF52-44ED-85C1-F2D22C338BF3 B9860D63-1954-4AAD-A6BC-7A3996B1914B AA5B2690-F5A3-440F-84B6-F7306C9C7467 3A230D4E-2D2A-44C4-8693-140BD8752334 1CAE8E7A-0C61-4722-B5B5-687DF40EFC03 2994AE5B-A5A1-406A-ACF6-D5311EB83C78 4AF11413-C7B5-4206-A521-32CB21DB3350
0041e/ 110	CMS147v13	2c928084-8211-3ece-0182- c706cbc12fab	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	0BE98650-B85E-4C1A-B144-73E80213D6AD 4F172D29-1097-4CB3-8510-0893328E9931 2CDFFC6C-C83A-4636-9902-1B94BDB936DE 9476B606-79C8-43CA-9BF8-673F6AD3E70E
2872e/ 281	CMS149v12	2c928082-86db-6718-0186- ec153eff0520	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	673EA403-B47A-4D1B-AC0E-21433ECB2F6F 0560F410-479D-4AAC-8637-C60A33BD9EBA A0400F83-1D8C-4EAE-8477-970F25C28916 ECB48742-57C1-44DA-9EAF-14FC0BC55F9B
N/A/ 310	CMS153v12	2c928084-82ea-d7c5-0183- 6bf2f90320e6	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	34EA6AAA-3940-444F-AF54-40F61808E3A7 C74AE380-0593-4D95-BFD6-D71D3AF4AC8D C5EEC624-E6B5-4197-BF65-A932BC9D7CEA 8113EBC1-FE78-4EEF-BD38-5A7EF93EF90F E85ECBA1-7955-4EB8-B520-70A2F3B78986 47C21B1E-D2B7-4348-847E-9B055959943E
N/A/ 065	CMS154v12	2c928084-8389-524e-0183- c8d7a6700f02	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u> <u>STRAT 3:</u>	83DB196F-463B-4E77-ABC4-7B38F0C60D36 766AC88F-A02D-42E1-B34C-7BFB2874A824 8DABD0C9-3DE6-4221-9F84-0E2EB872075F EE960FF9-ED6B-49E8-A1CC-DOC93513355B 79520F15-07EF-4D9C-BA96-080F356FF328 B5624EA1-BB69-4366-B65F-2192D2BB7BA7 C4096D01-6428-4021-8E72-AE255C8874BE

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/ 239	CMS155v12	2c928084-83d3-1b44-0184-62ae126a1f0f	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>STRAT 1-1:</u> <u>STRAT 1-2:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>STRAT 2-1:</u> <u>STRAT 2-2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>STRAT 3-1:</u> <u>STRAT 3-2:</u>	9167639A-D698-40C4-9C15-2EB0EFD3A78C 6B3A0F3B-7918-4C92-9554-4CE8BD22D85A A212CB41-A5DE-4B48-BF10-9D8A5998C777 4044128B-08AC-4F62-9B34-DC2D8C5BCF75 B4B0199B-F81B-4229-B889-A8C00C5CF228 E3789DE5-4844-4EC0-BD57-312F5BA20396 989F58BC-AA7D-4B84-A65D-733B2BC91988 D75CAE28-A482-4365-8710-D18E03F20009 17E77543-B68D-48E2-98DE-CA35F6984CB4 5405AB82-FB25-4751-A79B-6B9118D38721 10030198-C714-417E-9177-534F9D1AD8C6 DF3D6375-C0BC-47A6-8E15-D8074AD8542C 18A31343-FDAD-46BF-8E7B-F3EC2A3A5A24 2D2DD45E-43A8-494D-AFBA-EB888DC127D1 5D515304-DA28-4F12-8F36-DF1ED7C640FA 4A2A1F08-2CB8-494B-BC02-1773CB89D820 A8B7DA4C-2284-4964-B263-7B2442DE8821 CD8CA782-C9E1-475E-B3BB-CA2E1604684C
N/A/ 238	CMS156v12	2c928084-82ea-d7c5-0183-6293dcff1e19	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u>	1D3F49A0-F7A0-4E55-B953-DB944A082814 4960C71F-4317-4A3A-85FF-A0144EEFCBE5 DA1FD97B-4CD9-4BFD-9DEA-60146DCACF2D 6CC7B742-D134-49C1-95B9-35CA2E96D754 07BFBC59-A849-4BA4-8998-9C7876573D4E D17677FA-08EB-4729-B22D-33874A21216F 8EF5897B-E8CD-46AB-B5E3-5E543E3A47FC 3ED7845E-19B0-476B-9650-D439EB4E5900 3233FCCF-FA30-41B3-8A3D-13B0E3F2FC97 4323442F-0C78-4BE2-B2D8-982A5BD89A4F BAB26534-B8DA-415B-8AC6-7C87CC4BCDA9 6300B4BC-C38E-41D4-A904-1D9D76964F98
0384e/ 143	CMS157v12	2c928084-8389-524e-0183-d1b67f3a1388	<u>IPOP1:</u> <u>DENOM1:</u> <u>NUMER1:</u> <u>IPOP2:</u> <u>DENOM2:</u> <u>NUMER2:</u>	0271EF2B-26A3-4672-A697-F227D294C5E8 E0C4BF62-6A49-4CFF-A215-49C1E1D966F1 DF2CFD3B-1B2E-45C0-A2C3-F048317ECCE6 05739862-79A6-4DEC-BD34-0ADE00ED65A8 5E21A436-94F8-47BD-BD09-C1F94F1C347D 81010375-6D7E-42D3-89F7-9FD33A231FD8
0710e/ 370	CMS159v12	2c928082-86db-6718-0187-0ad80afa0a7e	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>STRAT 1:</u> <u>STRAT 2:</u>	E4E92400-0CE1-403C-818D-EF5C25A952AA 4B7B1714-FE42-40EB-A652-7C077636A8BF 4539BAD0-93C8-4606-B167-91086446F8D8 8A5DE292-E5E6-45CE-99C6-22E6F8E688E4 16B03548-4E23-4D9B-B1C6-F7D3DC6F1727 B44C46D8-64D6-405B-8283-981CDC1D6E5E
0104e/ 107	CMS161v12	2c928084-82ea-d7c5-0182-fed24f5e08cf	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	C4056F5E-8B71-4AB2-9BCC-BBA15CD37DAB 87C73BB7-29B2-49E4-9195-3BCFD8326E83 5D6BAAA2-21F5-43D3-81A0-EE2E9824D3A7
N/A/ 236	CMS165v12	2c928085-806c-39a2-0180-7092fa9b0145	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	F348D767-1BDE-41AB-884D-5F0E19093980 3E0D40B3-64FC-4998-B371-34978D033116 95E1480E-8B61-4777-865D-B2A1D6525E1A 24803F44-C643-45C7-A2A5-4C58BD540579

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
1365e/ 382	CMS177v12	2c928084-82ea-d7c5-0183-138ff3280ad1	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	1BF7CD8D-B257-401E-ABF7-252DABA0D209 74892E72-0D00-4391-8577-5C387410C89D 403C825E-43CA-410D-A105-62A9E7058BD0 511390B8-515A-4CA0-B52D-68DBD9ABE83C
3475e/ 472	CMS249v6	2c928084-82ea-d7c5-0183-204c9a0c1112	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>NUMEX:</u>	CBBBA0E8-63BC-4E0F-BFA4-A28A95C1527D EEAFBC3-AAFB-417C-81BD-9034CFE7F5E1 F5F72298-D99A-4669-A1C1-F6851CCE3303 769B6087-B19F-4FE1-88C8-C4519D1A6674 06BE45AA-51B5-4E8E-BDBF-4C0E68E7B5CC
N/A/	CMS314v1	2c928082-86db-6718-0187-03d1acee0811	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	F8EEABA6-5F4A-435A-B0A5-25BB3D24205D 1633252F-B022-4E7D-8DDB-3D439A18AEE2 3723189C-3247-428F-AF1E-D2E510D0A9DB
N/A/ 438	CMS347v7	2c928082-82cb-a3f5-0182-cc688be40080	<u>IPOP 1:</u> <u>DENOM 1:</u> <u>DENEX 1:</u> <u>NUMER 1:</u> <u>DENEXCEP 1:</u> <u>IPOP 2:</u> <u>DENOM 2:</u> <u>DENEX 2:</u> <u>NUMER 2:</u> <u>DENEXCEP 2:</u> <u>IPOP 3:</u> <u>DENOM 3:</u> <u>DENEX 3:</u> <u>NUMER 3:</u> <u>DENEXCEP 3:</u> <u>IPOP4:</u> <u>DENOM4:</u> <u>DENEX4:</u> <u>NUMER4:</u> <u>DENEXCEP4:</u>	0B4F91D7-B2F9-48AF-A3ED-9115908DCAFE 34D89E97-4B99-43BB-97C7-C071F0DF971A 26B642A2-FA54-4CDD-9777-340A16FCB119 D7F7EDC4-8930-4656-96C5-818874EDA005 01D44136-D906-4907-95C4-08D6CE12621E 45432B7C-8E52-42C9-9901-EBC06AA312EA 6498FD8C-CC34-4A75-97BB-479ED9C7E7B2 0C5DCCA9-17F2-41FC-9898-2E69F6BD4D52 3768636A-6914-4E99-A1FF-86985EA906CE 295A9E4F-F784-4DE5-B228-8094E589B6EB A1AB27A9-7C38-44A6-9FD5-4CCAD4015D2F B84D1E69-BE12-429B-94BB-C52A6C7C05D1 DC9CE27C-94EF-4D4D-B2B9-20BB47ECB959 AA438B03-6489-404B-B9E1-519A3CBBA075 A07A4226-5C2F-46CE-AE94-4DC932D1FC2E 8B574B6B-8D8A-4E82-B1D5-193593C79E03 DCD01DD8-1B0B-4BDA-A69C-F928346A6B51 B0A97297-2AF3-414F-80A8-8DBA5D14A604 327F02A6-9AB0-4B06-8CD9-EB8805A6E344 BD48F0E9-0218-4381-94E1-6A12DF7BDF68
N/A/ 475	CMS349v6	2c928082-86db-6718-0187-0a05d6d40a25	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	67CF99E8-D390-44E4-A844-A1156D58DAF7 BB5D4991-83D5-4071-8F96-EE7FE11968F1 FA1DD323-C493-46B2-9A7B-C4109109FC7A 1E6C29F5-22B3-45CC-B11E-7DF0B25E86C1 4133AB59-F9DC-4C0F-A697-C2AB4C160769
N/A/ 462	CMS645v7	2c928084-82ea-d7c5-0183-851958a525c2	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	4653DD0-4E47-46F8-91EC-754DB709FD5B 7AF6325B-6BE7-4E06-A8EB-3CE504E877A8 43D18B6F-9887-41EB-B4EC-0A391BAEE41 115003E3-848E-405F-A3FB-AA1B79CE174A
N/A 481	CMS646v3	2c928084-82ea-d7c5-0183-80636c102400	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u> <u>DENEXCEP:</u>	CA862BB0-8855-448D-9BE7-01C5B7CF208D F785197D-F7C7-4146-883B-204B75CC0738 5C4856EC-9420-448F-BD0C-1BBF0D0D00B4 03D37613-A20E-44BD-B417-724A97F1A95F BB1A3D97-EF9F-4F2E-8574-2A43A12B045F
N/A/ 476	CMS771v5	2c928084-82ea-d7c5-0183-8070b188242a	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	B22A5E42-6D6D-4245-A055-93C43CBE6931 01C7E97C-2622-4313-B83F-A87E29E17D10 D8618A69-3B77-4E4A-975B-F08FD2DA0306 B8575953-F61E-4514-B517-1DC9481F6361

NQF/ Quality #	eCQM CMS #	Version Specific Measure ID	Population ID	
N/A/488	CMS951v2	2c928082-84ce-8286-0185-30f50cd0190f	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	8949FAFC-6ADB-4499-AAC0-FD415D8167FC 14CF30C1-086C-4128-81AD-85D19BBEA671 D4E27C5C-032A-448F-877C-71A1C44D478F 36C34866-1126-4C38-827B-AA3FA4D34976
3633e, 3662e/	CMS1056v1	2c928082-86db-6718-0186-e05c1eb0010e	<u>IPOP:</u> <u>DENOM:</u> <u>DENEX:</u> <u>NUMER:</u>	AC6341BA-34CC-4BE3-ABFD-9C42FCDC4430 FF302022-AEE9-4B58-B22D-7200EE7D95F1 F961A370-CA46-4676-83BD-A3FF4E202C78 1302C0F6-1ECB-4A88-95E7-8FCAAF4E42F9
N/A/	CMS1188v1	2c928082-86db-6718-0186-e6f01b5c037f	<u>IPOP:</u> <u>DENOM:</u> <u>NUMER:</u>	324CDEA8-BCC3-4FCF-9C50-F761C0472647 F5D38923-28DF-4D69-8AEF-D815FEDD5D42 0A3BBBBD-6151-4113-96F5-4E8F194D19AF

7 Measure Identifiers

For all CMS eligible clinicians programs reporting, certain identifiers are **mandatory**, meaning that they must be present in the QRDA III report and no nulls are allowed. Exceptions and considerations are noted where applicable. Each improvement activity included in the QRDA III report must reference its Activity ID. Each Promoting Interoperability Objective and Measure included in the QRDA III report must reference its Measure Identifier.

Table 16: Improvement Activities Identifiers for the MIPS CY 2024 Performance Period

Table 17: Promoting Interoperability Objectives and Measures Identifiers for the MIPS CY 2024 Performance Period

Table 18: Promoting Interoperability Attestation Statements Identifiers

Tables 16, 17 & 18 to be updated after PFS Final Rule

APPENDIX

8 Troubleshooting and Support

8.1 Resources

The following provide additional information:

eCQI Resource Center is the one-stop shop for the most current resources to support electronic clinical quality improvement: <https://ecqi.healthit.gov/>

eCQM Library contains resources for eCQMs including Measure Logic Guidance:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Electronic Clinical Quality Measure specification feedback system is a tool offered by CMS and the Office of the National Coordinator (ONC) for Health Information Technology for implementers to submit issues and request guidance on eCQM logic, specifications, and certification: <https://oncprojecttracking.healthit.gov/>

National Library of Medicine (NLM) Value Set Authority Center (VSAC) contains the official versions of the value sets used for eCQMs: <https://vsac.nlm.nih.gov/>

Primary Care First (PCF): <https://innovation.cms.gov/innovation-models/primary-care-first-model-options>

Quality Payment Program: <https://qpp.cms.gov>

8.2 Support

Table 19: Support Contact Information

Contact	Organization	Phone	Email
QPP Service Center	CMS	1-866-288-8292 TTY: 1-877-715-6222	QPP@cms.hhs.gov
PCF Support	CMS	1-888-517-7753	PCF@telligen.com

8.3 Errata or Enhancement Requests

Table 20: Errata or Enhancement Request Location

Contact	Organization	URL	Purpose
HL7 Jira Tracker	HL7	https://jira.hl7.org	Document errors or enhancement request to the HL7 standard. Create a Jira tracker by selecting project "CDA Specification Feedback" and specification "Quality Reporting Document Architecture Category III)".

9 Null Flavor Validation Rules for Data Types

CDA Release 2 uses the HL7 V3 Data Types, Release 1 abstract and XML-specific specification. Every data element either has a proper value or it is considered NULL. If and only if it is NULL, a "null flavor" provides more detail on why or in what way no proper value is supplied. The table below provides clarifications to proper nullFlavor use for a list of common data types used by this guide.

Table 21: Null Flavor Validation Rules for Data Types

Data Type	CONF.#	Rules
Boolean (BL)	CMS_0105	Data types of BL SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor (CONF:CMS_0105).
Coded Simple (CS)	CMS_0106	Data types of CS SHALL have either @code or @nullFlavor but SHALL NOT have both @code and @nullFlavor (CONF:CMS_0106).
Coded Descriptor (CD)	CMS_0107	Data types of CD or CE SHALL have either @code or @nullFlavor but SHALL NOT have both @code and @nullFlavor (CONF:CMS_0107).
Coded With Equivalent (CE)		
Instance Identifier (II)	CMS_0108	Data types of II SHALL have either @root or @nullFlavor or (@root and @nullFlavor) or (@root and @extension) but SHALL NOT have all three of (@root and @extension and @nullFlavor) (CONF:CMS_0108).
Integer Number (INT)	CMS_0109	Data types of INT SHALL NOT have both @value and @nullFlavor (CONF:CMS_0109).
Physical Quantity (PQ)	CMS_0110	Data types of PQ SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor. If @value is present then @unit SHALL be present but @unit SHALL NOT be present if @value is not present (CONF:CMS_0110).
Real Number (REAL)	CMS_0111	Data types of REAL SHALL NOT have both @value and @nullFlavor (CONF:CMS_0111).
String (ST)	CMS_0112	Data types of ST SHALL either not be empty or have @nullFlavor (CONF:CMS_0112).
Point in Time (TS)	CMS_0113	Data types of TS SHALL have either @value or @nullFlavor but SHALL NOT have @value and @nullFlavor (CONF:CMS_0113).
Universal Resource Locator (URL)	CMS_0114	Data types of URL SHALL have either @value or @nullFlavor but SHALL NOT have both @value and @nullFlavor (CONF:CMS_0114).

10 NPI and TIN Validation Rules

Table 22: NPI Validation Rules and Table 23: TIN Validation Rules list the validation rules performed on the NPI and TIN.

Table 22: NPI Validation Rules

CONF.#	Rules
CMS_0115	The NPI should have 10 digits.
CMS_0116	The NPI should be composed of all digits.
CMS_0117	The NPI should have a correct checksum using the Luhn algorithm.
CMS_0118	The NPI should have @extension or @nullFlavor, but not both.

Table 23: TIN Validation Rules

CONF.#	Rules
CMS_0119	When a Tax Identification Number is used, the provided TIN must be in valid format (9 decimal digits).
CMS_0120	The TIN SHALL have either @extension or @nullFlavor, but not both.

11 Change Log – 2024 CMS QRDA III Implementation Guide Changes to QRDA III Release 1 Base Standard

This table lists all changes made to this 2024 guide from the "Base Standard", the *HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture(QRDA III), Release 1 – US Realm*.

Table 24: Changes Made to the QRDA III Base Standard

CONF. #	Section	Base Standard	Changed To
CMS_1 CMS_2 CMS_3	5.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_1) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.1.2" (CONF:CMS_2). SHALL contain exactly one [1..1] @extension="2022-12-01" (CONF:CMS_3).
4526-17238_C01 CMS_4	5.1	SHALL contain exactly one [1..1] confidentialityCode, which SHOULD be selected from ValueSet HL7 BasicConfidentialityKind urn:oid:2.16.840.1.113883.1.11.16926 STATIC (CONF:4484-17238).	SHALL contain exactly one [1..1] confidentialityCode (CONF:4526-17238_C01). This confidentialityCode SHALL contain exactly one [1..1] @code="N" Normal (CodeSystem: ConfidentialityCode urn:oid:2.16.840.1.113883.5.25) (CONF:CMS_4).
4526-19669_C01	5.1	This languageCode SHALL contain exactly one [1..1] @code, which SHALL be selected from ValueSet Language urn:oid:2.16.840.1.113883.1.11.11526 DYNAMIC (CONF:4484-19669).	This languageCode SHALL contain exactly one [1..1] @code="en" English (CodeSystem: Language urn:oid:2.16.840.1.113883.6.121) (CONF:4526-19669_C01).
CMS_7	5.1.1	n/a	SHALL contain exactly one [1..1] informationRecipient (CONF:CMS_7).
CMS_8	5.1.1	n/a	This informationRecipient SHALL contain exactly one [1..1] intendedRecipient (CONF:CMS_8).
CMS_9	5.1.1	n/a	This intendedRecipient SHALL contain exactly one [1..1] id (CONF:CMS_9).

CONF. #	Section	Base Standard	Changed To
CMS_10	5.1.1	n/a	This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.7" CMS Program (CONF:CMS_10).
CMS_11	5.1.1	n/a	This id SHALL contain exactly one [1..1] @extension, which SHALL be selected from ValueSet CMS Program Name 2.16.840.1.113883.3.249.14.101 STATIC 2022-12-01 (CONF:CMS_11). Note: The extension value is the CMS program name code, which indicates the CMS program the report is being submitted to.
CMS_99	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then ClinicalDocument/participant/@typeCode="LOC" SHALL be present (CONF:CMS_99). Note: For PCF reporting, PCF APM Entity Identifier must be submitted.
CMS_100	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then QRDA Category III Measure Section – CMS (V5) SHALL be present (CONF:CMS_100). Note: For PCF reporting, the QRDA III document must contain a quality (eCQMs) section.
CMS_97	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Performance Rate for Proportion Measure – CMS (V4) SHALL be present (CONF:CMS_97). Note: For PCF reporting, performance rate for a proportion eCQM must be specified.
CMS_98	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then CMS EHR Certification ID SHALL be present (CONF:CMS_98).

CONF. #	Section	Base Standard	Changed To
CMS_113	5.1.1	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then Promoting Interoperability Measure Section (V3) SHALL NOT be present (CONF:CMS_113).
CMS_15	5.1.2	n/a	MAY contain zero or one [0..1] participant (CONF:CMS_15) such that it
CMS_16	5.1.2	n/a	SHALL contain exactly one [1..1] @typeCode="LOC" Location (CodeSystem: HL7ParticipationType 2.16.840.1.113883.5.90) (CONF:CMS_16).
CMS_17	5.1.2	n/a	SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_17).
CMS_18	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] @classCode="SDLOC" Service Delivery Location (CodeSystem: RoleClass 2.16.840.1.113883.5.110) (CONF:CMS_18).
CMS_101 CMS_102 CMS_103	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_101) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.3" PCF Practice Site (CONF:CMS_102). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.3) designates that the @extension must hold a PCF APM Entity Identifier. SHALL contain exactly one [1..1] @extension (CONF:CMS_103). Note: This is the PCF APM Entity Identifier assigned to the PCF practice.
CMS_22	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] code (CONF:CMS_22).
CMS_23	5.1.2	n/a	This code SHALL contain exactly one [1..1] @code="394730007" Healthcare Related Organization (CodeSystem: SNOMED CT 2.16.840.1.113883.6.96) (CONF:CMS_23).
CMS_24	5.1.2	n/a	This code SHALL contain exactly one [1..1] @codeSystem (CodeSystem: SNOMED CT urn:oid:2.16.840.1.113883.6.96) (CONF:CMS_24).

CONF. #	Section	Base Standard	Changed To
CMS_25	5.1.2	n/a	This associatedEntity SHALL contain exactly one [1..1] addr (CONF:CMS_25).
CMS_105	5.1.2	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="PCF", then this participant/associatedEntity SHALL contain the id for PCF Practice Site (CONF:CMS_105).
CMS_85 CMS_86 CMS_87	5.1.3	n/a	MAY contain zero or one [0..1] participant (CONF:CMS_85) such that it SHALL contain exactly one [1..1] @typeCode="DEV" device (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_86). SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_87).
CMS_88 CMS_89 CMS_90 CMS_91	5.1.3	n/a	This associatedEntity SHALL contain exactly one [1..1] @classCode="RGPR" regulated product (CodeSystem: HL7ActClass urn:oid:2.16.840.1.113883.5.6) (CONF:CMS_88). This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_89). This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.2074.1" CMS EHR Certification ID (CONF:CMS_90). This id SHALL contain exactly one [1..1] @extension (CONF:CMS_91). Note: The value of @extension is the CMS EHR Certification ID, which must be 15 alpha numeric characters in length.

CONF. #	Section	Base Standard	Changed To
<p>CMS_118 CMS_119 CMS_120 CMS_121 CMS_122 CMS_123 CMS_124</p>	<p>5.1.4</p>	<p>n/a</p>	<p>Each MIPS individual, group, subgroup, or APM Entity can select one MVP to report. The available MVPs for the 2024 performance period and their identifiers are listed in Table 4.</p> <p>MAY contain zero or one [0..1] participant (CONF:CMS_118) such that it</p> <p>SHALL contain exactly one [1..1] @typeCode="TRC" tracker (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90) (CONF:CMS_119).</p> <p>SHALL contain exactly one [1..1] associatedEntity (CONF:CMS_120).</p> <p>This associatedEntity SHALL contain exactly one [1..1] @classCode="PROG" program eligible (CodeSystem: HL7RoleClass urn:oid:2.16.840.1.113883.5.110) (CONF:CMS_121).</p> <p>This associatedEntity SHALL contain exactly one [1..1] id (CONF:CMS_122).</p> <p>This id SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.6" MIPS Value Pathway (CONF:CMS_123).</p> <p>This id SHALL contain exactly one [1..1] @extension (CONF:CMS_124).</p> <p>Note: The value of @extension is the MVP identifier.</p>
<p>4526-18170_C01</p>	<p>5.1.5</p>	<p>MAY contain zero or one [0..1] documentationOf (CONF: 4484-18170).</p>	<p>SHALL contain exactly one [1..1] documentationOf (CONF:4526-18170_C01).</p>

CONF. #	Section	Base Standard	Changed To
4526-18171_C01	5.1.5	<p>The documentationOf, if present, SHALL contain exactly one [1..1] serviceEvent (CONF:4484-18171).</p>	<p>For MIPS group reporting: it must contain exactly one performer, which contains one TIN. No NPI is allowed.</p> <p>For MIPS subgroup reporting: it must contain exactly one performer, which contains one Subgroup Identifier. No NPI is allowed.</p> <p>For MIPS virtual group reporting: it must contain exactly one performer, which contains on Virtual Group Identifier. No NPI is allowed.</p> <p>For MIPS APM Entity reporting: it must contain one performer, which contains one APM Entity Identifier. NPI and TIN are not allowed.</p> <p>For MIPS individual reporting: it must contain exactly one performer, which contains one TIN and one NPI.</p> <p>For PCF: it must contain at least one performer, each performer contains one TIN and one NPI. Only PCF Practice Site providers are listed as performers.</p> <p>This documentationOf SHALL contain exactly one [1..1] serviceEvent (CONF:4526-18171_C01).</p> <p>This serviceEvent SHALL contain at least one [1..*] performer (CONF:4526-18173).</p>
4526-18177_C01	5.1.5	<p>This assignedEntity id/@root coupled with the id/@extension can be used to represent the individual provider's National Provider Identification number (NPI). Other assignedEntity ids may be present.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:4484-18177) such that it</p>	<p>The assignedEntity id/@root ='2.16.840.1.113883.4.6' coupled with the id/@extension represents the individual provider's National Provider Identification number (NPI).</p> <p>NPI is required for MIPS individual reporting, APP individual reporting, and PCF reporting. NPI is not allowed for for group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, and APP APM Entity reporting. This is represented by id/@root='2.16.840.1.113883.4.6' coupled with @nullFlavor="NA", and @extension shall be omitted.</p> <p>This assignedEntity SHALL contain exactly one [1..1] id (CONF:4526-18177_C01) such that it</p>

CONF. #	Section	Base Standard	Changed To
CMS_29	5.1.5	n/a	MAY contain zero or one [0..1] @nullFlavor="NA" (CONF:CMS_29). Note: @nullFlavor is only present for MIPS group reporting, MIPS virtual group reporting, MIPS APM Entity reporting, APP group reporting, and APP APM Entity reporting.
4526-18178_C01	5.1.5	MAY contain zero or one [0..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:4484-18178).	SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.6" National Provider ID (CONF:4526-18178_C01). Note: This OID contained in the @root (2.16.840.1.113883.4.6) designates that the @extension must hold a National Provider ID. MAY contain zero or one [0..1] @extension (CONF:4526-18247). Note: This is the provider's NPI. It is only present when this is a MIPS individual reporting, APP individual reporting, or PCF reporting. For PCF, only those NPIs that are participating in the PCF model should be provided.
4526-18181_C01	5.1.5	This representedOrganization MAY contain zero or one [0..1] id (CONF:4484-18181) such that it	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:4526-18181_C01) such that it
CMS_79 CMS_80 CMS_81	5.1.5	n/a	This representedOrganization SHOULD contain zero or one [0..1] id (CONF:CMS_79) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.2" MIPS Virtual Group (CONF:CMS_80). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.2) designates that the @extension must hold a Virtual Group Identifier. SHALL contain exactly one [1..1] @extension (CONF:CMS_81). Note: This is the Virtual Group Identifier.
CMS_82	5.1.5	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_GROUP" or "MIPS_APP1_GROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the group's TIN (CONF:CMS_82).

CONF. #	Section	Base Standard	Changed To
CMS_83	5.1.5	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_VIRTUALGROUP", then this representedOrganization SHALL contain exactly one [1..1] id, which is the virtual group's Virtual Group Identifier (CONF:CMS_83).</p>
<p>CMS_106 CMS_107 CMS_108</p>	5.1.5	n/a	<p>This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_106) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.4" APM Entity Identifier (CONF:CMS_107). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.4) designates that the @extension must hold an APM Entity identifier.</p> <p>SHALL contain exactly one [1..1] @extension (CONF:CMS_108). Note: This is the APM Entity identifier.</p>
<p>CMS_115 CMS_116 CMS_117</p>	5.1.5	n/a	<p>This representedOrganization MAY contain zero or one [0..1] id (CONF:CMS_115) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.3.249.5.5" Subgroup (CONF:CMS_116). Note: This OID contained in the @root (2.16.840.1.113883.3.249.5.5) designates that the @extension must hold a Subgroup Identifier.</p> <p>SHALL contain exactly one [1..1] @extension (CONF:CMS_117). Note: This is the Subgroup identifier.</p>
CMS_109	5.1.5	n/a	<p>If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_APMENTITY" or "MIPS_APP1_APMENTITY", then this representedOrganization SHALL contain one [1..1] id such that it, SHALL be the APM Entity's APM Entity identifier (CONF:CMS_109).</p>

CONF. #	Section	Base Standard	Changed To
CMS_112	5.1.5	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_INDIV" or "MIPS_APP1_INDIV" or "PCF", then this representedOrganization SHALL contain one [1..1] id such that it, SHALL be the practitioner's TIN (CONF:CMS_112).
CMS_114	5.1.5	n/a	If ClinicalDocument/informationRecipient/intendedRecipient/id/@extension="MIPS_SUBGROUP", then this representedOrganization SHALL contain one [1..1] id such that it, SHALL be the subgroup's Subgroup Identifier (CONF:CMS_114).
4526-17301_C01	5.1.6	SHALL contain exactly one [1..1] QRDA Category III Measure Section (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.1:2020-12-01) (CONF:4484-17301).	SHALL contain exactly one [1..1] QRDA Category III Measure Section - CMS (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.2.3:2022-05-01) (CONF:4526-17301_C01).
4526-21394_C01	5.1.6	This structuredBody SHALL contain at least a QRDA Category III Measure Section (V5), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:4484-21394).	This structuredBody SHALL contain at least a QRDA Category III Measure Section - CMS (V5), or an Improvement Activity Section (V3), or a Promoting Interoperability Measure Section (V3) (CONF:4526-21394_C01).
CMS_64 CMS_65 CMS_66	5.2.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_64) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.2.3" (CONF:CMS_65). SHALL contain exactly one [1..1] @extension="2022-05-01" (CONF:CMS_66).
4526-17906_C01 4526-17907_C01	5.2.1	SHALL contain at least one [1..*] entry (CONF:4484-17906) such that it SHALL contain exactly one [1..1] Measure Reference and Results (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2020-12-01) (CONF:4484-17907).	SHALL contain at least one [1..*] entry (CONF:4526-17906_C01) such that it SHALL contain exactly one [1..1] Measure Reference and Results - CMS (V5) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.1:2022-05-01) (CONF:4526-17907_C01).

CONF. #	Section	Base Standard	Changed To
CMS_41 CMS_42 CMS_43	5.3.1	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_41) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.16" (CONF:CMS_42). SHALL contain exactly one [1..1] @extension="2019-05-01" (CONF:CMS_43).
4427-18136_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18136) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18136_C01) such that it SHALL contain exactly one [1..1] Sex Supplemental Data Element (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.6:2016-09-01) (CONF:3259-18138).
4427-18139_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259_18139) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18139_C01) such that it SHALL contain exactly one [1..1] Ethnicity Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.7:2016-09-01) (CONF:3259-18149).
4427-18140_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18140) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18140_C01) such that it SHALL contain exactly one [1..1] Race Supplemental Data Element (V2) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.8:2016-09-01) (CONF:3259-18150).
4427-18141_C01 4427-18151_C01	5.3.1	MAY contain zero or more [0..*] entryRelationship (CONF:3259-18141) such that it	SHALL contain at least one [1..*] entryRelationship (CONF:4427-18141_C01) such that it SHALL contain exactly one [1..1] Payer Supplemental Data Element - CMS (V3) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.18:2018-05-01) (CONF:4427-18151_C01).

CONF. #	Section	Base Standard	Changed To
CMS_54 CMS_55 CMS_56	5.3.2	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_54) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.17" (CONF:CMS_55). SHALL contain exactly one [1..1] @extension="2022-05-01" (CONF:CMS_56).
4526-17903_C01 4526-17904_C01	5.3.2	MAY contain zero or more [0..*] component (CONF:4484-17903) such that it SHALL contain exactly one [1..1] Performance Rate for Proportion Measure (identifier: urn:oid:2.16.840.1.113883.10.20.27.3.14) (CONF:4484-17904).	MAY contain zero or more [0..*] component (CONF:4526-17903_C01) such that it SHALL contain exactly one [1..1] Performance Rate for Proportion Measure - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.25:2022-05-01) (CONF:4526-17904_C01).
4526-18425_C01 4526-18426_C01	5.3.2	SHALL contain at least one [1..*] component (CONF:4484-18425) such that it SHALL contain exactly one [1..1] Measure Data (V3) (identifier:urn:hl7ii:2.16.840.1.113883.10.20.27.3.5:2016-09-01) (CONF:3259-18426).	SHALL contain at least one [1..*] component (CONF:4526-18425_C01) such that it SHALL contain exactly one [1..1] Measure Data - CMS (V4) (identifier: urn:hl7ii:2.16.840.1.113883.10.20.27.3.16:2019-05-01) (CONF:4526-18426_C01).
CMS_47 CMS_48 CMS_49	5.3.3	n/a	SHALL contain exactly one [1..1] templateId (CONF:CMS_47) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.18" (CONF:CMS_48). SHALL contain exactly one [1..1] @extension="2018-05-01" (CONF:CMS_49).

CONF. #	Section	Base Standard	Changed To
<p>CMS_50 CMS_51 CMS_52 CMS_53</p>	<p>5.3.3</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHOULD be selected from ValueSet Payer urn:oid:2.16.840.1.114222.4.11.3591 DYNAMIC (CONF:2226-18250).</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="CD" (CONF:CMS_50).</p> <p>This value SHALL contain exactly one [1..1] @nullFlavor="OTH" (CONF:CMS_51).</p> <p>This value SHALL contain exactly one [1..1] translation (CONF:CMS_52).</p> <p>This translation SHALL contain exactly one [1..1] @code, which SHALL be selected from ValueSet CMS Payer Groupings urn:oid:2.16.840.1.113883.3.249.14.102 (CONF:CMS_53).</p>
<p>CMS_59 CMS_60 CMS_61</p>	<p>5.3.4</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] templateId (CONF:CMS_59) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.27.3.25" (CONF:CMS_60).</p> <p>SHALL contain exactly one [1..1] @extension="2022-05-01" (CONF:CMS_61).</p>
<p>4526-21307_C01 CMS_62 CMS_63</p>	<p>5.3.4</p>	<p>n/a</p>	<p>SHALL contain exactly one [1..1] value with @xsi:type="REAL" (CONF:4526-21307_C01).</p> <p>The value, if present, SHALL be greater than or equal to 0 and less than or equal to 1 (CONF:CMS_62).</p> <p>The value, if present, SHALL contain no more than 6 digits to the right of the decimal (CONF:CMS_63).</p>
<p>4526-19651_C01 4526-19652_C01 4526-19653_C01</p>	<p>5.3.4</p>	<p>MAY contain zero or one [0..1] reference (CONF:4484-19651).</p> <p>The reference, if present, SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4484-19652).</p> <p>The reference, if present, SHALL contain exactly one [1..1] externalObservation (CONF:4484-19653).</p>	<p>SHALL contain exactly one [1..1] reference (CONF: 4526-19651_C01).</p> <p>This reference SHALL contain exactly one [1..1] @typeCode="REFR" refers to (CodeSystem: HL7ActRelationshipType urn:oid:2.16.840.1.113883.5.1002) (CONF:4526-19652_C01).</p> <p>This reference SHALL contain exactly one [1..1] externalObservation (CONF:4526-19653_C01).</p>

12 Change Log – Changes from the 2023 CMS QRDA Implementation Guide

The Table 25 lists the changes made in each section of this 2024 CMS QRDA Eligible Clinicians Implementation Guide, as compared with the 2023 CMS QRDA III Implementation Guide.

Table 25: Changes Made to the 2024 CMS Eligible Clinicians QRDA IG from 2023 CMS QRDA IG

Section Heading	2024 CMS QRDA III Eligible Clinicians IG (Version 1.1)	2023 CMS QRDA III Eligible Clinicians
Base Standard	HL7 Clinical Document Architecture (CDA) R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm	HL7 Clinical Document Architecture (CDA) R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III), Release 1 – US Realm
n/a	Updated to 2024 performance period throughout	2023 performance period.
4.1 Primary Care First (PCF) Submissions	Language is updated for the 2024 performance period.	Language for the 2023 performance period.
4.9 Performance Period and Performance Rate	4.9 Performance Period and Performance Rate The performance period for the PCF model begins on January 1, 2024 and ends on December 31, 2024	4.6 Performance Period and Performance Rate The performance period for the PCF model begins on January 1, 2023 and ends on December 31, 2023
5.1.6 component	Updated to “the 2024 performance period” where “the 2023 performance” was mentioned. Removed the sentence, “The QRDA Category III Reporting Parameters Section shall not be used for specifying performance period.”, because this template was deprecated from the base standard.	The QRDA Category III Reporting Parameters Section shall not be used for specifying performance period.
5.1.6 Payer Supplemental Data Element – CMS (V3)	Corrected a typo: In Table 10, updated Contained By to Measure Data – CMS (V4)	Table 10. Payer Supplemental Data Element – CMS (V3) Contexts
5.3.4 Performance Rate for Proportion Measure – CMS (V4)	Corrected a typo: In Table 13, updated Contained By to Measure Data – CMS (V5)	Table 13. Performance Rate for Proportion Measure – CMS (V4) Contexts
6. 2024 eCQM Specifications for Eligible Clinicians UUID List	Updated the UUID list based on the eCQM specifications for Eligible Clinicians for the 2024 performance period.	UUID list based on the eCQM specifications for Eligible Clinicians and Eligible Professionals for the 2023 performance period.
13. Acronyms	Added NP, PA, and CNS	n/a

Section Heading	2024 CMS QRDA III Eligible Clinicians IG (Version 1.1)	2023 CMS QRDA III Eligible Clinicians
16. Glossary	<p>Updated the definition for eCQM: An electronic clinical quality measure (eCQM) is a measure specified in a standard electronic format that uses data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems to measure the quality of health care provided.</p>	eCQM

13 Acronyms

The table below contains acronyms used in this guide.

Table 26: Acronyms

Acronym	Literal Translation
APM	Alternate Payment Model
APP	APM Performance Pathway
ANSI	American National Standards Institute
ASKU	Asked, but not known
CDA	Clinical Document Architecture
CEHRT	Certified EHR Technology
CMS	Centers for Medicare & Medicaid Services
CNS	clinical nurse specialist
CONF	conformance
CQL	Clinical Quality Language
eCQI	electronic clinical quality improvement
eCQM	electronic Clinical Quality Measure
EHR	electronic health record
HL7	Health Level Seven
HL7 V3	Health Level 7 Version 3
HQMF	Health Quality Measures Format
ID	identifier
IHTSDO	International Health Terminology Standard Development Organization
IP	initial population
LOINC	Logical Observation Identifiers Names and Codes
MIPS	Merit-Based Incentive Payment System
MVP	MIPS Value Pathway
n/a	not applicable
NA	Not applicable

Acronym	Literal Translation
NLM	National Library of Medicine
NP	nurse practitioner
NPI	National Provider Identification Number
OID	Object Identifier
ONC	Office of the National Coordinator for Health Information Technology
PA	physician assistant
PCF	Primary Care First
PHDSC	Public Health Data Standards Consortium
QDM	Quality Data Model
QPP	Quality Payment Program
QRDA	Quality Reporting Data Architecture
QRDA III	Quality Reporting Data Architecture Category III
SNOMED CT	Systematized Nomenclature of Medicine, Clinical Terms
STU	Standard for Trial Use
TIN	Taxpayer Identification Number
UNK	Unknown
UTC	Coordinated Universal Time
UUID	Universally Unique Identifier
VSAC	Value Set Authority Center
XML	Extensible Markup Language

14 Glossary

Term	Definition
Electronic health record (EHR)	Electronic Health Record (EHR) is also known as the electronic patient record, electronic medical record, or computerized patient record. As defined by Healthcare Information Management and Systems Society, “the electronic health record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and imaging reports.”
Electronic Clinical Quality Measure (eCQM)	An electronic clinical quality measure (eCQM) is a measure specified in a standard electronic format that uses data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems to measure the quality of health care provided.
Merit-Based Incentive Payment System (MIPS)	A quality reporting system that includes an incentive payment for eligible clinicians who satisfactorily report data on quality measures for covered clinician services provided during the specified program year.
XML Path Language (XPath)	This notation provides a mechanism that will be familiar to developers for identifying parts of an XML document. XPath syntax selects nodes from an XML document using a path containing the context of the node(s). The path is constructed from node names and attribute names (prefixed by an '@') and concatenated with a '/' symbol.

15 References

Certified Health IT Product List. <https://chpl.healthit.gov/>

eCQI Resource Center. <https://ecqi.healthit.gov/>

HL7 Clinical Document Architecture (CDA) R2 Implementation Guide: Quality Reporting Document Architecture (QRDA III) Release 1 – US Realm
http://www.hl7.org/implement/standards/product_brief.cfm?product_id=286

MIPS Value Pathways: <https://qpp.cms.gov/mips/mips-value-pathways>

ONC, Electronic Clinical Quality Measure issue reporting system.
<https://oncprojecttracking.healthit.gov/>

Primary Care First (PCF) Model. <https://innovation.cms.gov/innovation-models/primary-care-first-model-options>

Quality Payment Program: <https://qpp.cms.gov>

U.S. National Library of Medicine, Value Set Authority Center. <https://vsac.nlm.nih.gov>