DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 414

[CMS–5522–F2]

RIN 0938–AT13

Medicare Program; CY 2018 Updates to the Quality Payment Program; and Quality Payment Program: Extreme and Uncontrollable Circumstance Policy for the Transition Year; Corrections

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule with comment period and interim final rule with comment period; correction and correcting amendment.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period and interim final rule with comment period published in the **Federal Register** on November 16, 2017 entitled ''Medicare Program; CY 2018 Updates to the Quality Payment Program; and Quality Payment Program: Extreme and Uncontrollable Circumstance Policy for the Transition Year'' (hereinafter referred to as the ''CY 2018 Quality Payment Program final rule'').

DATES: This correction is effective May 22, 2018.

FOR FURTHER INFORMATION CONTACT:

Molly MacHarris, (410) 786–4461, for inquiries related to MIPS.

Benjamin Chin, (410) 786–0679, for inquiries related to APMs.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2017–24067 (82 FR 53568), the final rule with comment period and interim final rule with comment period there were a number of technical errors that are identified and corrected in the Correction of Errors section of this correcting document. The provisions in this correction document are effective as if they had been included in the document published in the **Federal Register** on November 16, 2017. Accordingly, the corrections are applicable for program years beginning January 1, 2018.

II. Summary of Errors

A. Summary of Errors in Preamble

On page 53577, we inadvertently made an error in citing the incremental collection of information-related burden.

On page 53743, we inadvertently made an error in identifying the regulation text citation.

On page 53744, we inadvertently made an error in identifying the regulation text citation.

On page 53900, we inadvertently made an error in citing the reduction in burden cost relative to a baseline of continuing the policies in the CY 2017 Quality Payment Program final rule.

On page 53911, we inadvertently made an error in citing the estimated data submission burden for the Quality Payment Program.

On page 53925, we inadvertently made an error in citing the total estimated labor cost for annual recordkeeping and data submission.

On page 53925, we inadvertently made an error in citing the decrease in labor cost burden relative to the estimated baseline of continued transition year policies.

On page 53925, Table 74—Annual Recordkeeping And Submission Requirements

a. Sixth column titled ''Total annual burden cost'', second row, we inadvertently made an error in citing the total annual burden cost for QCDR and Registries self-nomination.

b. Sixth column titled ''Total annual burden cost'', nineteenth row, we inadvertently made an error in citing the total annual burden cost.

On page 53927, we inadvertently made an error in citing the reduction in burden costs in the Quality Payment Program Year 2 relative to Quality Payment Program Year 1.

On page 53950, we inadvertently made an error in citing the collection of information-related burden associated with the CY 2018 Quality Payment Program final rule with comment period.

On page 53950, we inadvertently made an error in citing the reduction in incremental collection of information-related burden associated with the CY 2018 Quality Payment Program final rule with comment period relative to the baseline burden of continuing the policies and information collections set forth in the CY 2017 Quality Program final rule.

On page 53950, Table 81—Additional Costs And Benefits, in the second column titled ''Costs/benefits'', second row, we inadvertently made an error in citing the incremental collection of information/Paperwork Reduction Act burden estimates.

B. Summary of Errors in Regulation Text

On page 53954, in the regulation text at § 414.1370(g)(1)(ii)(B), we inadvertently made errors in identifying the beginning CY performance period for which CMS calculates a quality improvement score for an APM Entity.

On page 53954, at 414.1370(h)(5)(i)(B), due to typographical errors, the percent values for the advancing care information performance category and the improvement activities performance category are incorrect.

On page 53957, we inadvertently made an error in identifying the regulation text citation.

On page 53961, at § 414.1420(d)(3)(i), we inadvertently deleted the existing regulation text regarding the expected expenditures standard.

C. Summary of Errors in Appendix

On page 53969, Table A.3. Average Change in Leg Pain following Lumbar Discectomy/Laminotomy, Quality #461, we inadvertently omitted the MAP recommendation description in the ''Rationale''.

On page 53970, Table A.4. Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy, Quality #462, we incorrectly identified the MAP recommendation description in the ''Rationale''.

On page 53971, Table A.5. Prevention of Post-Operative Vomiting (POV)—Combination Therapy (Pediatrics), Quality #463 we inadvertently omitted the MAP recommendation description in the ''Rationale''.

On page 53973, Table A.7. Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries, Quality #465, we inadvertently omitted the MAP recommendation description in the ''Rationale''.

On page 53976, Table B.1. Allergy/Immunology in the first column titled ''Indicator'', third row, we inadvertently omitted the high priority symbol.

On page 53977, Table B.1. Allergy/Immunology (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the high priority symbol.

On page 53978, Table B.1. Allergy/Immunology (continued) in the first column titled ''Indicator'', third row, we inadvertently omitted the CORE measure and the high priority symbols.

On page 53985, Table B.3. Cardiology (continued) in the first column titled ''Indicator'',

a. Third row, we inadvertently omitted the CORE measure and the high priority symbols.

b. Fourth row, we inadvertently omitted the high priority symbol.

On page 53986, Table B.3. Cardiology (continued) in the first column titled

''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 53987, Table B.3. Cardiology (continued) in the first column titled ''Indicator'', fifth row, we inadvertently omitted the high priority symbol.

On page 53992, Table B.4. Gastroenterology (continued) in the first column titled ''Indicator'', third row, we inadvertently omitted the CORE measure symbol.

On page 53997, Table B.5. Dermatology (continued),

a. First column titled ''Indicator'', third row, we inadvertently omitted the high priority symbol.

b. Fifth column titled ''Data Submission Method'', second row, we inadvertently listed an incorrect claims submission method.

On page 54006, Table B.7. Family Medicine (continued) in the fourth column titled ''CMS E-measure ID'', fifth row, we inadvertently listed an incorrect E-measure ID.

On page 54007, Table B.7. Family Medicine (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the high priority symbol.

On page 54009, Table B.7. Family Medicine (continued) in the first column titled ''Indicator'', first and second rows, we inadvertently omitted the high priority symbol.

On page 54010, Table B.7. Family Medicine (continued),

a. Second column titled ''NQF#'', third row, due to a typographical error, we included an incorrect NQF#.

b. Ninth column titled ''Measure Steward'', third row, we inadvertently omitted the Centers for Medicare & Medicaid Services (CMS) as a co-steward.

On page 54012, Table B.7. Family Medicine (continued) in the first column titled ''Indicator'', fifth row, we inadvertently omitted the high priority symbol.

On page 54013, Table B.7. Family Medicine (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 54023, Table B.8. Internal Medicine (continued), in the first column titled ''Indicator'', First and second rows, we inadvertently omitted the high priority symbol.

On pages 54024, Table B.8. Internal Medicine (continued),

a. Second column titled ''NQF#'', third row, due to a typographical error, we included an incorrect NQF#.

b. Ninth column titled ''Measure Steward'', third row, we inadvertently omitted the Centers for Medicare & Medicaid Services (CMS) as a co-steward.

On page 54027, Table B.8. Internal Medicine (continued), in the first column titled ''Indicator'', third and fifth rows, we inadvertently omitted the high priority symbol.

On page 54036, Table B.9. Obstetrics/Gynecology (continued), in the first column titled ''Indicator'', sixth row, we inadvertently omitted the high priority symbol.

On page 54037, Table B.9. Obstetrics/Gynecology (continued), in the first column titled ''Indicator'', second and fourth rows, we inadvertently omitted the high priority symbol.

On page 54038, Table B.9. Obstetrics/Gynecology (continued), ninth column, fourth row, we inadvertently listed an incorrect measure steward.

On page 54047, Table B.11. Orthopedic Surgery (continued) in the first column titled ''Indicator'', fifth row, we inadvertently omitted the high priority symbol.

On page 54049, Table B.11. Orthopedic Surgery (continued) in the first column titled ''Indicator'', third row, we inadvertently omitted the substantive change symbol.

On page 54079, Table B.18. Neurology (continued) in the first column titled ''Indicator'',

a. Third and fourth rows, we inadvertently omitted the substantive change symbol.

b. Third row, the measure title and description are inconsistent with the finalized substantive change, which is described in Table E.12.

On page 54082, for Table B.18. Neurology (continued), we inadvertently included duplicate entries for Quality #286.

On page 54086, Table B.19. Mental/Behavioral Health (continued) in the first column titled ''Indicator'',

a. Third row, we inadvertently omitted the substantive change symbol.

b. Third row, the measure title and description are inconsistent with the finalized substantive change, which is described in Table E.12.

On page 54089, Table B.19. Mental/Behavioral Health (continued) in the fourth column titled ''CMS E-Measure ID'', fourth row, we inadvertently listed an incorrect E-measure ID.

On page 54091, Table B.19. Mental/Behavioral Health (continued), we inadvertently included duplicate entries for Quality #286.

On page 54094, Table B.20a. Diagnostic Radiology (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 54098, Table B.20b. Interventional Radiology (continued) in the first column titled ''Indicator'', fifth row, we inadvertently omitted the high priority symbol.

On page 54099, Table B.20b. Interventional Radiology (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the high priority symbol.

On page 54102, Table B.21. Nephrology (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the high priority symbol.

On page 54103, Table B.21. Nephrology (continued) in the first column titled ''Indicator'',

a. First and third rows, we inadvertently omitted the high priority symbol.

b. Second row, we inadvertently omitted the CORE measure symbol.

On page 54109, Table B.23. Vascular Surgery (continued) in the first column titled ''Indicator'', third row, we inadvertently omitted the high priority and CORE measure symbols.

On page 54112, Table B.23. Vascular Surgery (continued) in the first column titled ''Indicator'', third row, we inadvertently omitted the high priority symbol.

On page 54113, Table B.23. Vascular Surgery (continued) in the third column titled ''Quality#'', first row, due to a typographical error, the Quality# for the measure title and description was incorrect.

On page 54116, Table B.24. Thoracic Surgery (continued) in the first column titled ''Indicator'', fourth row, we inadvertently omitted the high priority and CORE measure symbols.

On page 54118, Table B.24. Thoracic Surgery (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority and CORE measure symbols.

On page 54121, Table B.25. Urology (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 54122, Table B.25. Urology (continued) in the first column titled ''Indicator'', fifth row, we inadvertently omitted the high priority symbol.

On page 54123, Table B.25. Urology (continued) in the first column titled ''Indicator'',

a. First, second, and third rows, we inadvertently omitted the high priority symbol.

On page 54124, Table B.26. Oncology in the first column titled ''Indicator'', third row, we inadvertently omitted the high priority symbol.

On page 54130, Table B.27. Hospitalists (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 54134, Table B.28. Rheumatology (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the high priority symbol.

On page 54136, Table B.29. Infectious Disease (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the high priority symbol.

On page 54137, Table B.29. Infectious Disease (continued) in the first column titled ''Indicator'', second row, we inadvertently omitted the CORE measure symbol.

On page 54138, Table B.29. Infectious Disease (continued) in the first column titled ''Indicator'', fifth row, we inadvertently omitted the high priority and CORE measure symbols.

On page 54139, Table B.29. Infectious Disease (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 54141, Table B.30. Neurosurgical (continued) in the first column titled ''Indicator'', third row, we inadvertently omitted the high priority symbol.

On page 54142, Table B.30. Neurosurgical (continued) in the first column titled ''Indicator'',

a. Fourth and fifth rows, we inadvertently omitted the high priority symbol.

On page 54145, Table B.31. Podiatry (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the CORE measure symbol.

On page 54146, Table B.32. Dentistry (continued) in the first column titled ''Indicator'', first row, we inadvertently omitted the high priority symbol.

On page 54163, Table E.1. CAHPS for MIPS Clinician/Group Survey

a. First row titled ''NQF#'', due to a typographical error, we included an incorrect NQF#.

b. Seventh row titled ''Substantive Change'', we inadvertently omitted the SSMs that remain for the measure.

c. Eighth row titled ''Steward'', we inadvertently omitted the Centers for Medicare & Medicaid Services (CMS) as a co-steward.

On page 54204, in Table G: Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years,

a. Eighteenth row, titled ''Response'', we inadvertently added qualifier language that was incorrect.

b. Nineteenth row, titled ''Rationale'' we inadvertently added qualifier language that was incorrect.

On page 54216, in Table G: Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years, thirty-ninth row, titled ''Currently Eligible for Advancing Care Information Bonus'', we incorrectly stated that this activity was not eligible for the Advancing Care Information Bonus. IA_PM_13 is eligible for the Advancing Care Information Bonus.

III. Waiver of Proposed Rulemaking, 60-Day Comment Period, and Delay in Effective Date

Under 5 U.S.C. 553(b) of the Administrative Procedure Act (APA), the agency is required to publish a notice of the proposed rule in the **Federal Register** before the provisions of a rule take effect. Similarly, section 1871(b)(1) of the Act requires the Secretary to provide for notice of the proposed rule in the **Federal Register** and provide a period of not less than 60 days for public comment. In addition, section 553(d) of the APA, and section 1871(e)(1)(B)(i) of the Act mandate a 30-day delay in effective date after issuance or publication of a rule. Sections 553(b)(B) and 553(d)(3) of the APA provide for exceptions from the notice and comment and delay in effective date APA requirements; in cases in which these exceptions apply, sections 1871(b)(2)(C) and 1871(e)(1)(B)(ii) of the Act provide exceptions from the notice and 60-day comment period and delay in effective date requirements of the Act as well. Section 553(b)(B) of the APA and section 1871(b)(2)(C) of the Act authorize an agency to dispense with normal rulemaking requirements for good cause if the agency makes a finding that the notice and comment process are impracticable, unnecessary, or contrary to the public interest. In addition, both section 553(d)(3) of the APA and section 1871(e)(1)(B)(ii) of the Act allow the agency to avoid the 30-day delay in effective date where such delay is contrary to the public interest and an agency includes a statement of support.

We believe that this correcting document does not constitute a rule that would be subject to the notice and comment or delayed effective date requirements. The document corrects technical errors in the CY 2018 Quality Payment Program final rule, but does not make substantive changes to the policies or payment methodologies that were adopted in the final rule. As a result, this correcting document is intended to ensure that the information in the CY 2018 Quality Payment Program final rule accurately reflects the policies adopted in that document.

In addition, even if this were a rule to which the notice and comment procedures and delayed effective date requirements applied, we find that there is good cause to waive such requirements. Undertaking further notice and comment procedures to incorporate the corrections in this document into the final rule or delaying the effective date would be contrary to the public interest because it is in the public's interest for providers to receive appropriate payments in as timely a manner as possible, and to ensure that the CY 2018 Quality Payment Program final rule accurately reflects our methodologies and policies. Furthermore, such procedures would be unnecessary, as we are not making substantive changes to our methodologies or policies, but rather, we are simply implementing correctly the methodologies and policies that we previously proposed, requested comment on, and subsequently finalized. This correcting document is intended solely to ensure that the CY 2018 Quality Payment Program final rule accurately reflects these methodologies and policies. Therefore, we believe we have good cause to waive the notice and comment and effective date requirements.

IV. Correction of Errors

In FR Doc. 2017–24067 (82 FR 53568), make the following corrections:

A. Correction of Errors in Preamble

1. On page 53577, second column, second full paragraph, line 10, the phrase ''of approximately $13.9 million relative'' is corrected to read ''of approximately $14.2 million relative''.

2. On page 53743, second column, first full paragraph, under the heading ''(iii) Additional Requirement for Full Participation To Measure Improvement for Quality Performance Category'', line 7, the reference ''§ 414.1330'' is corrected to read ''§ 414.1335''.

3. On page 53744, third column, third full paragraph, line 6, the reference ''§ 414.1330'' is corrected to read ''§ 414.1335''.

4. On page 53900, second column, first partial paragraph, line 7, the phrase ''burden cost of approximately $13.9'' is corrected to read ''burden cost of approximately $14.2''.

5. On page 53911, third column, second full paragraph, line 3, the phrase ''approximately $695 million'' is corrected to read ''approximately $694 million''.

6. On page 53925, first column, second full paragraph, line 6, the phrase ''total labor cost of $694,183,802'' is corrected to read ''total labor cost of ''$693,949,289''.

7. On page 53925, third column, first full paragraph, line 3, the phrase ''by 171,264 hours and $13.9 million in'' is

corrected to read ''by 171,264 hours and $14.2 million in''.

8. On page 53925, in Table 74—Annual Recordkeeping And Submission Requirements, sixth column, row 2, the total annual burden cost for QCDR and Registries self-nomination ''439,786'' is corrected to read ''205,273''.

9. On page 53925, in Table 74—Annual Recordkeeping And Submission Requirements, sixth column, row 19, the total annual burden cost ''694,183,802'' is corrected to read ''693,949,289''.

10. On page 53927, first column, first partial paragraph, line 4, the phrase ''costs of $13.9 million in the Quality'' is corrected to read ''costs of $14.2 million in the Quality''.

11. On page 53950, first column, first full paragraph, line 4, the phrase ''will result in approximately $695'' is corrected to read ''will result in approximately $694''.

12. On page 53950, second column, first partial paragraph, line 2, the phrase ''period is and approximately $13.9'' is corrected to read ''period is and approximately $14.2''.

13. On page 53950, Table 81, Additional Costs And Benefits second column, Costs/benefits second row, the dollar value ''$13.9 million'' is corrected to read ''$14.2 million''.

B. Correction of Errors in Appendix

1. On page 53969, in Table A.3. Average Change in Leg Pain following Lumbar Discectomy/Laminotomy, the listed entry is corrected to read as follows:

BILLING CODE 4120–01–P

A.3. Average Change in Leg Pain following Lumbar Discectomy / Laminotomy

Rationale:	We proposed to include this measure because it is outcomes focused and provides measurements related to the variations in improvement after spine surgery. This measure is useful for clinicians who can conduct comparisons across results. In addition, the MAP has made a recommendation of conditional support, with the conditions of submission to NQF for endorsement and verification that testing supports implementation at the individual clinician level. (https://www.qualityforum.org/map/). Subsequent to the MAP recommendation report, the measure steward confirmed that this measure can be reported and has been tested at the clinician level. However, the measure steward caveats that [clinician level reporting requires at least 30 patients per site/reporting entity, and although future reporting of outcomes by individual clinicians can be supported, potential volume issues and a team based approach to care need to be considered in reporting. Furthermore, while we note that NQF endorsement is preferred, it is not a requirement for measures to be considered under MIPS.

2. On page 53970, in Table A.4. Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy, the listed entry is corrected to read as follows:

A.4. Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

Rationale:	We proposed to include this measure as there are no quality measures that currently address patients with prostate cancer and a diagnosis of osteoporosis. This measure will result in better care, reduced fractures, and reduced bone density loss. The MAP has made a recommendation of refine and resubmit prior to rulemaking for this measure. (https://www.qualityforum.org/map/). Subsequent to the MAP recommendation report, the measure steward confirmed that they have met the measure specifications revisions and recommendations for testing as set forth in the MAP report. Furthermore, while we note that NQF endorsement is preferred, it is not a requirement for measures to be considered under MIPS.

3. On page 53971, in Table A.5, Prevention of Post-Operative Vomiting (POV)—Combination Therapy (Pediatrics) the listed entry is corrected to read as follows:

A.5. Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)

Rationale:	We proposed to include this measure because it recognizes the difference in therapy required for the pediatric population with regards to the prevention of post-operative vomiting; furthermore, the American Society of Anesthesiologists have verified that testing supports the implementation of the measure at the individual clinician level. In addition, the MAP has made a recommendation of conditional support, with the conditions of submission to NQF for review and endorsement (https://www.qualityforum.org/map/). In MIPS we currently have a measure that addresses this topic but its population is limited to adults (ages 18 years or older) Q#430: Prevention of Post-Operative Nausea and Vomiting (PONV) Combination Therapy. We believe that this measure helps to address a gap in care for pediatric and adolescent populations. Furthermore, while we note that NQF endorsement is preferred, it is not a requirement for measures to be considered under MIPS.

4. On page 53973, in Table A.7, Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries, the listed entry is corrected to read as follows:

A.7. Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries

Rationale:	We proposed to include this measure, as field testing has been completed by the measure steward at the clinician-level and there are currently no applicable uterine artery embolization technique measures in CMS quality programs. The MAP has made a recommendation of refine and resubmit based on a need for testing data at the clinician level, and a preference for the measure to be an outcome measure (https://www.qualityforum.org/map/). We proposed to include this measure because there are no existing performance measures related to uterine fibroid embolization in MIPS. This measure has previously been reported on as a QCDR measure through the measure steward's QCDR in MIPS for the 2017 performance period and uses structured data elements to extract data to report on the measure.

5. On pages 53976, 53977 and 53978, in Table B.1 Allergy/Immunology, the listed entries are corrected to read as follows:

B.1. Allergy/Immunology

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title And Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
* !	0022	238	156v6	Registry, EHR	Process	Patient Safety	**Use of High-Risk Medications in the Elderly:** Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance
! §	2079	340	N/A	Registry	Process	Efficiency and Cost Reduction	**HIV Medical Visit Frequency:** Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits.	Health Resources and Services Administration

6. On pages 53985, 53986, and 53987, in Table B.3 Cardiology (continued), the listed entries are corrected to read as follows:

B.3. Cardiology (continued)

! §	0018	236	165v6	Claims, Registry, EHR, Web Interface	Inter-mediate Outcome	Effective Clinical Care	**Controlling High Blood Pressure:** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.	National Committee for Quality Assurance
* !	0022	238	156v6	Registry, EHR	Process	Patient Safety	**Use of High-Risk Medications in the Elderly:** Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance
!	0643	243	N/A	Registry	Process	Communication and Care Coordination	**Cardiac Rehabilitation Patient Referral from an Outpatient Setting:** Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.	American College of Cardiology Foundation
!	N/A	373	665v7	EHR	Intermediate Outcome	Effective Clinical Care	**Hypertension: Improvement in Blood Pressure:** Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Centers for Medicare & Medicaid Services

7. On page 53992, in Table B.4 Gastroenterology (continued), the listed entry is corrected to read as follows:

B.4. Gastroenterology (continued)

§	N/A	275	N/A	Registry	Process	Effective Clinical Care	**Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.	American Gastro-enterological Association

8. On page 53997, in Table B.5 Dermatology (continued), the listed entries are corrected to read as follows:

B.5. Dermatology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	410	N/A	Claims, Registry	Outcome	Person and Caregiver Centered Experience and Outcomes	**Psoriasis: Clinical Response to Oral Systemic or Biologic Medications :** Percentage of psoriasis patients receiving oral systemic or biologic therapy who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment.	American Academy of Dermatology
!	N/A	440	N/A	Registry	Process	Communication and Care Coordination	**Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma: Biopsy Reporting Time – Pathologist to Clinician:** Percentage of biopsies with a diagnosis of cutaneous Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) (including in situ disease) in which the pathologist communicates results to the clinician within 7 days of biopsy date.	American Academy of Dermatology

9. On page 54006, 54007, 54009, 54010, 54012, and 54013, in Table B.7 Family Medicine (continued) the listed entries are corrected to read as follows:

B.7. Family Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
§	0062	119	134v6	Registry, EHR	Process	Effective Clinical Care	**Diabetes: Medical Attention for Nephropathy:** The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	National Committee for Quality Assurance
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
* !	0022	238	156v6	Registry, EHR	Process	Patient Safety	**Use of High-Risk Medications in the Elderly:** Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance
!	0643	243	N/A	Registry	Process	Communication and Care Coordination	**Cardiac Rehabilitation Patient Referral from an Outpatient Setting:** Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention	American College of Cardiology Foundation

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
							(CR) program for the qualifying event/diagnosis who were referred to a CR program.	
* § !	0005	321	N/A	CMS-approved Survey Vendor	Patient Engagement/Experience	Person and Caregiver-Centered Experience and Outcomes	**CAHPS for MIPS Clinician/Group Survey:** Summary Survey Measures may include: • Getting Timely Care, Appointments, and Information; • How well Providers Communicate; • Patient's Rating of Provider; • Access to Specialists; • Health Promotion and Education; • Shared Decision-Making; • Health Status and Functional Status; • Courteous and Helpful Office Staff; • Care Coordination; • Stewardship of Patient Resources.	Agency for Healthcare Research & Quality (AHRQ), Centers for Medicare & Medicaid Services
!	N/A	373	65v7	EHR	Intermediate Outcome	Effective Clinical Care	**Hypertension: Improvement in Blood Pressure:** Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Centers for Medicare & Medicaid Services
!	N/A	377	90v7	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	**Functional Status Assessments for Congestive Heart Failure:** Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.	Centers for Medicare & Medicaid Services

10. On pages 54023, 54024, and 54027, in Table B.8 Internal Medicine (continued), the listed entries are corrected to read as follows:

B.8. Internal Medicine (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* !	0022	238	156v6	EHR, Registry	Process	Patient Safety	**Use of High-Risk Medications in the Elderly:** Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance
!	0643	243	N/A	Registry	Process	Communication and Care Coordination	**Cardiac Rehabilitation Patient Referral from an Outpatient Setting:** Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.	American College of Cardiology Foundation
* § !	0005	321	N/A	CMS-approved Survey Vendor	Patient Engagement/ Experience	Person and Caregiver-Centered Experience and Outcomes	**CAHPS for MIPS Clinician/Group Survey:** Summary Survey Measures may include: • Getting Timely Care, Appointments, and Information; • How well Providers Communicate; • Patient's Rating of Provider; • Access to Specialists; • Health Promotion and Education; • Shared Decision-Making; • Health Status and Functional Status; • Courteous and Helpful Office Staff; • Care Coordination; • Stewardship of Patient Resources.	Agency for Healthcare Research & Quality (AHRQ), Centers for Medicare & Medicaid Services

!	N/A	373	65v7	EHR	Intermediate Outcome	Effective Clinical Care	**Hypertension: Improvement in Blood Pressure:** Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Centers for Medicare & Medicaid Services
!	N/A	377	90v7	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	**Functional Status Assessments for Congestive Heart Failure:** Percentage of patients 65 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.	Centers for Medicare & Medicaid Services

11. On pages 54036, 54037, and 54038, in Table B.9 Obstetrics/Gynecology (continued), the listed entries are corrected to read as follows:

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	2063	422	N/A	Claims, Registry	Process	Patient Safety	**Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury:** Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse.	American Urogynecologi cal Society
!	N/A	429	N/A	Claims, Registry	Process	Patient Safety	**Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy:** Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse.	American Urogynecologic Society
!	N/A	432	N/A	Registry	Outcome	Patient Safety	**Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair:** Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery.	American Urogynecologic Society
§ !	0567	448	N/A	Registry	Process	Patient Safety	**Appropriate Work Up Prior to Endometrial Ablation:** Percentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial ablation.	Centers for Medicare & Medicaid Services

12. On pages 54047 and 54049, in Table B.11 Orthopedic Surgery (continued), the listed entries are corrected to read as follows:

B.11. Orthopedic Surgery (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0101	318	139v6	EHR, Web Interface	Process	Patient Safety	**Falls: Screening for Future Fall Risk:** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	National Committee for Quality Assurance
* !	N/A	376	56v6	EHR	Process	Person and Caregiver-Centered Experience and Outcomes	**Functional Status Assessment for Total Hip Replacement:** Percentage of patients 18 years of age and older with who received an elective primary total hip arthroplasty (THA) who completed baseline and follow-up patient-reported and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.	Centers for Medicare & Medicaid Services

13. On page 54079, in Table B.18 Neurology (continued), the listed entries are corrected to read as follows:

B.18. Neurology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	N/A	283	N/A	Registry	Process	Effective Clinical Care	**Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management:** Percentage of patients with dementia for whom there was a documented symptoms screening for behavioral and psychiatric symptoms, including depression, AND for whom, if symptoms screening was positive, there was also documentation of recommendations for symptoms management in the last 12 months.	American Psychiatric Association and American Academy of Neurology
* !	N/A	286	N/A	Registry	Process	Patient Safety	**Safety Concern Screening and Follow-Up for Patients with Dementia:** Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources. **Note:** The measure title description have been updated due to inconsistencies between the measure tables as provided in the proposed rule.	American Psychiatric Association and American Academy of Neurology

14. On page 54082, in Table B.18 Neurology (continued), the third row (including the Quality #286) is removed.

15. On page 54086, 54089, and 54091, in Table B.19 Mental/Behavioral Health (continued), the listed entries are corrected to read as follows:

B.19. Mental/Behavioral Health (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
*	N/A	283	N/A	Registry	Process	Effective Clinical Care	**Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management:** Percentage of patients with dementia for whom there was a documented symptoms screening for behavioral and psychiatric symptoms, including depression, AND for whom, if symptoms screening was positive, there was also documentation of recommendations for symptoms management in the last 12 months.	American Psychiatric Association and American Academy of Neurology
* !	N/A	286	N/A	Registry	Process	Patient Safety	**Safety Concern Screening and Follow-Up for Patients with Dementia:** Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening * in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources. **Note:** This measure title description have been updated since the NPRM due to inconsistencies between the measure tables.	American Psychiatric Association and American Academy of Neurology
!	1365	382	177v6	EHR	Process	Patient Safety	**Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment:** Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	Physician Consortium for Performance Improvement Foundation (PCPI®)

16. On page 54091, in Table B.19 Mental/Behavioral Health (continued), the third row (including the Quality #286) is removed.

17. On page 54094, in Table B.20a Diagnostic Radiology (continued), the listed entry is corrected to read as follows:

B.20a. Diagnostic Radiology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0509	225	N/A	Registry, Claims	Structure	Communication and Care Coordination	**Radiology: Reminder System for Screening Mammograms:** Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	American College of Radiology

18. On page 54098 and 54099, in Table B.20b Interventional Radiology, the listed entries are corrected to read as follows:

B.20b. Interventional Radiology

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	409	N/A	Registry	Outcome	Effective Clinical Care	**Clinical Outcome Post Endovascular Stroke Treatment:** Percentage of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention	Society of Interventional Radiology
!	N/A	413	N/A	Registry	Intermediate Outcome	Effective Clinical Care	**Door to Puncture Time for Endovascular Stroke Treatment:** Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours	Society of Interventional Radiology
!	N/A	437	N/A	Claims, Registry	Outcome	Patient Safety	**Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure:** Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index procedure.	Society of Interventional Radiology

19. On pages 54102 and 54103, in Table B.21 Nephrology (continued), the listed entries are corrected to read as follows:

B.21. Nephrology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0101	318	139v6	EHR, Web Interface	Process	Patient Safety	**Falls: Screening for Future Fall Risk:** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	National Committee for Quality Assurance
!	N/A	330	N/A	Registry	Outcome	Patient Safety	**Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days:** Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter	Renal Physicians Association
§	N/A	400	N/A	Registry	Process	Effective Clinical Care	**One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk:** Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection	Physician Consortium for Performance Improvement
!	N/A	403	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	**Adult Kidney Disease: Referral to Hospice:** Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care	Renal Physicians Association

20. On pages 54109, 54112, and 54113, in Table B.23 Vascular Surgery (continued), the listed entries are corrected to read as follows:

B.23. Vascular Surgery (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
! §	0018	236	165v6	Claims, Registry, EHR, Web Interface	Interme-diate Outcome	Effective Clinical Care	**Controlling High Blood Pressure:** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
!	1523	417	N/A	Registry	Outcome	Patient Safety	**Rate of Open Repair of Small or Moderate Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive:** Percentage of patients undergoing open repair of small or moderate abdominal aortic aneurysms (AAA) who are discharged alive	Society for Vascular Surgeons
!	N/A	441	N/A	Registry	Intermedi ate Outcome	Effective Clinical Care	**Ischemic Vascular Disease All or None Outcome Measure (Optimal Control):** The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) □ Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg □ And Most recent tobacco status is Tobacco Free □ And Daily Aspirin or Other Antiplatelet Unless Contraindicated □ And Statin Use.	Wisconsin Collaborative for Healthcare Quality (WCHQ)

21. On pages 54116 and 54118, in Table B.24 Thoracic Surgery (continued), the listed entries are corrected to read as follows:

B.24.Thoracic Surgery (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!, §	0018	236	165v6	Claims, Registry, EHR, Web Interface	Intermediate Outcome	Effective Clinical Care	**Controlling High Blood Pressure:** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	National Committee for Quality Assurance
!, §	0119	445	N/A	Registry	Outcome	Effective Clinical Care	**Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG):** Percent of patients aged 18 years and older undergoing isolated CABG who die, including both all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure	Society of Thoracic Surgeons

22. On page 54121, 54122, and 54123, in Table B.25 Urology (continued), the listed entries are corrected to read as follows:

B.25. Urology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	N/A	429	N/A	Claims, Registry	Process	Patient Safety	**Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy:** Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse.	American Urogynecologic Society
!	N/A	432	N/A	Registry	Outcome	Patient Safety	**Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair:** Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 1 month after surgery	American Urogynecologic Society
!	N/A	433	N/A	Registry	Outcome	Patient Safety	**Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair:** Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a bowel injury at the time of index surgery that is recognized intraoperatively or within 1 month after surgery	American Urogynecologic Society
!	N/A	434	N/A	Registry	Outcome	Patient Safety	**Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair:** Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 1 month after surgery	American Urogynecologic Society

23. On page 54124, in Table B.26 Oncology, the listed entry is corrected to read as follows:

B.26. Oncology

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

24. On page 54130, in Table B.27 Hospitalists (continued), the listed entry is corrected to read as follows:

B.27. Hospitalists (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services

25. On page 54134, Table B.28 Rheumatology (continued), the listed entry is corrected to read as follows:

B.28. Rheumatology (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* !	0022	238	156v6	Registry, EHR	Process	Patient Safety	**Use of High-Risk Medications in the Elderly:** Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two of the same high-risk medications.	National Committee for Quality Assurance

26. On pages 54136, 54137, 54138, and 54139, in Table B.29. Infectious Disease (continued), the listed entries are corrected to read as follows:

B.29. Infectious Disease (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
§	N/A	275	N/A	Registry	Process	Effective Clinical Care	**Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy:** Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.	American Gastro-enterological Association
! §	2079	340	N/A	Registry	Process	Efficiency and Cost Reduction	**HIV Medical Visit Frequency:** Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Health Resources and Services Administration
!	N/A	390	N/A	Registry	Process	Person and Caregiver-Centered Experience and Outcomes	**Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options:** Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment	American Gastroenterological Association

27. On pages 54141 and 54142, in Table B.30 Neurosurgical, the listed entries are corrected to read as follows:

B.30. Neurosurgical

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	0419	130	68v7	Claims, Registry, EHR	Process	Patient Safety	**Documentation of Current Medications in the Medical Record:** Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Centers for Medicare & Medicaid Services
!	N/A	409	N/A	Registry	Outcome	Effective Clinical Care	**Clinical Outcome Post Endovascular Stroke Treatment:** Percentage of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention	Society of Interventional Radiology
!	N/A	413	N/A	Registry	Intermediate Outcome	Effective Clinical Care	**Door to Puncture Time for Endovascular Stroke Treatment:** Percentage of patients undergoing endovascular stroke treatment who have a door to puncture time of less than two hours	Society of Interventional Radiology

28. On page 54145, in Table B.31 Podiatry (continued), the listed entry is corrected to read as follows:

B.31. Podiatry (continued)

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
* §	0028	226	138v6	Claims, Registry, EHR, Web Interface	Process	Community/ Population Health	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:** a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Physician Consortium for Performance Improvement Foundation (PCPI®)

29. On page 54146, in Table B.32 Dentistry, the listed entry is corrected to read as follows:

B.32. Dentistry

Indicator	NQF #	Quality #	CMS E-Measure ID	Data Submission Method	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
!	N/A	378	75v6	EHR	Outcome	Community/ Population Health	**Children Who Have Dental Decay or Cavities:** Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	Centers for Medicare & Medicaid Services

30. On page 54163, in Table E.1, CAHPS for MIPS Clinician/Group Survey, the listed entries are corrected to read as follows:

E.1. CAHPS for MIPS Clinician/Group Survey

NQF #:	0005
Substantive Change:	The survey change would eliminate 2 SSMs (Helping You to Take Medication as Directed and Between Visit Communication). The remaining SSMs include: • Getting Timely Care, Appointments, and Information; • How well Providers Communicate; • Patient's Rating of Provider; • Access to Specialists; • Health Promotion and Education; • Shared Decision-Making; • Health Status and Functional Status; • Courteous and Helpful Office Staff; • Care Coordination; • Stewardship of Patient Resources.
Steward:	Agency for Healthcare Research & Quality (AHRQ) and Centers for Medicare & Medicaid Services

31. On page 54204, in Table G Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years, the following entries are corrected to read as follows:

TABLE G: Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years

Response:	We appreciate the comments of support for this improvement activity. We intended that this activity be high-weighted for the transition year of MIPS only (81 FR 77008), and proposed to change the weight of this improvement activity from high to medium for MIPS Year 2 and future years due to the Transforming Clinical Practice Initiative (TCPI) having a designation as an APM. As an APM, TCPI participants will earn a minimum of one-half of the highest potential improvement activity performance category score. After consideration of public comments, we are finalizing updates to this improvement activity as proposed.
Rationale:	In accordance with section 1848(q)(5)(C)(ii) of the Act, MIPS eligible clinicians that are participating in APMs will earn a minimum of one-half of the highest potential improvement activity performance category score. This assignment is based on the extent to which the requirements of the specific model meet the list of activities in the Inventory. In addition, we anticipate that most MIPS eligible clinicians that are fully active TCPI participants will participate in additional practice improvement activities and will be able to select additional improvement activities to achieve the improvement activities highest score.

32. On page 54216, in Table G Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years, the following entries are corrected to read as follows:

TABLE G: Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years

Activity ID:	IA_PM_13
Eligible for Advancing Care Information Bonus:	Yes

BILLING CODE 4120–01–C

List of Subjects in 42 CFR Part 414

Administrative practice and procedure, Biologics, Drugs, Health facilities, Health professions, Diseases, Medicare, Reporting and recordkeeping requirements.

Accordingly, 42 CFR chapter IV is corrected by making the following correcting amendments:

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

■ 1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(l) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(l)).

■ 2. Section 414.1370 is amended by revising paragraphs (g)(1)(ii)(B) and (h)(5)(i)(B) to read as follows:

§ 414.1370 APM scoring standard under MIPS.

* * * * *

(g) * * *

(1) * * *

(ii) * * *

(B) *Quality Improvement Score.* Beginning in 2018, for an APM Entity for which CMS calculated a total quality performance category score for the previous MIPS performance period, CMS calculates a quality improvement score for the APM Entity group, as specified in § 414.1380(b)(1)(xvi).

* * * * *

(h) * * *

(5) * * *

(i) * * *

(B) Beginning in 2018, the advancing care information performance category is reweighted to 75 percent and the improvement activities performance category is reweighted to 25 percent.

* * * * *

§ 414.1380 [Amended]

■ 3. Section 414.1380 is amended in paragraph (b)(1)(xvi)(F) by removing the reference ''§§ 414.1330'' and adding in its place the reference ''§§ 414.1335''.

■ 4. Section 414.1420 is amended by revising paragraph (d)(3)(i) to read as follows:

§ 414.1420 Other payer advanced APM criteria.

* * * * *

(d) * * *

(3) * * *

(i) For the 2019 and 2020 QP Performance Periods, 8 percent of the total combined revenues from the payer to providers and other entities under the payment arrangement if financial risk is expressly defined in terms of revenue; or, 3 percent of the expected expenditures for which an APM Entity is responsible under the payment arrangement; or

* * * * *

Dated: May 16. 2018.

Ann C. Agnew,

Executive Secretary to the Department, Department of Health and Human Services.

[FR Doc. 2018–10923 Filed 5–21–18; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 64

[Docket ID FEMA–2018–0002; Internal Agency Docket No. FEMA–8531]

Suspension of Community Eligibility

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Final rule.

SUMMARY: This rule identifies communities where the sale of flood insurance has been authorized under the National Flood Insurance Program (NFIP) that are scheduled for suspension on the effective dates listed within this rule because of noncompliance with the floodplain management requirements of the program. If the Federal Emergency Management Agency (FEMA) receives documentation that the community has adopted the required floodplain management measures prior to the effective suspension date given in this rule, the suspension will not occur and a notice of this will be provided by publication in the *Federal Register* on a subsequent date. Also, information identifying the current participation status of a community can be obtained from FEMA's Community Status Book (CSB). The CSB is available at *https://www.fema.gov/national-flood-insurance-program-community-status-book.*

DATES: The effective date of each community's scheduled suspension is the third date (''Susp.'') listed in the third column of the following tables.

FOR FURTHER INFORMATION CONTACT: If you want to determine whether a particular community was suspended on the suspension date or for further information, contact Adrienne L. Sheldon, PE, CFM, Federal Insurance and Mitigation Administration, Federal Emergency Management Agency, 400 C Street SW, Washington, DC 20472, (202) 212–3966.

SUPPLEMENTARY INFORMATION: The NFIP enables property owners to purchase Federal flood insurance that is not otherwise generally available from private insurers. In return, communities agree to adopt and administer local floodplain management measures aimed at protecting lives and new construction from future flooding. Section 1315 of the National Flood Insurance Act of 1968, as amended, 42 U.S.C. 4022, prohibits the sale of NFIP flood insurance unless an appropriate public body adopts adequate floodplain management measures with effective enforcement measures. The communities listed in this document no longer meet that statutory requirement for compliance with program regulations, 44 CFR part 59. Accordingly, the communities will be suspended on the effective date in the third column. As of that date, flood insurance will no longer be available in the community. We recognize that some of these communities may adopt and submit the required documentation of legally enforceable floodplain management measures after this rule is published but prior to the actual suspension date. These communities will not be suspended and will continue to be eligible for the sale of NFIP flood insurance. A notice withdrawing the suspension of such communities will be published in the **Federal Register**.

In addition, FEMA publishes a Flood Insurance Rate Map (FIRM) that identifies the Special Flood Hazard Areas (SFHAs) in these communities. The date of the FIRM, if one has been published, is indicated in the fourth column of the table. No direct Federal financial assistance (except assistance pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act not in connection with a flood) may be provided for construction or acquisition of buildings in identified SFHAs for communities not participating in the NFIP and identified for more than a year on FEMA's initial FIRM for the community as having flood-prone areas (section 202(a) of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4106(a), as amended). This prohibition against certain types of Federal assistance becomes effective for the communities listed on the date shown in the last column. The Administrator finds that notice and public comment procedures under 5 U.S.C. 553(b), are impracticable and unnecessary because communities listed in this final rule have been adequately notified.

Each community receives 6-month, 90-day, and 30-day notification letters addressed to the Chief Executive Officer stating that the community will be suspended unless the required floodplain management measures are met prior to the effective suspension date. Since these notifications were made, this final rule may take effect within less than 30 days.

National Environmental Policy Act. FEMA has determined that the community suspension(s) included in this rule is a non-discretionary action and therefore the National