

# Quality Payment PROGRAM

## 2019 Cross-cutting Quality Measures

The table below identifies the cross-cutting measures CMS has identified for the Quality Payment Program 2019 performance period. This table is intended to provide clinicians with a list of measures that are broadly applicable to all clinicians regardless of the clinician's specialty for the Quality Payment Program. It is provided as a reference for clinicians who are looking for additional measures to report outside their specialty even though it is not required for Merit-based Incentive Payment System (MIPS) eligible clinicians to report on cross-cutting measures.

NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
0326	047	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Communication and Care Coordination	<b>Advance Care Plan:</b> Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	National Committee for Quality Assurance
0421	128	CMS69v7	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Community/Population Health	<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters:	Centers for Medicare & Medicaid Services

NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
						Age 18 years and older BMI => 18.5 and < 25 kg/m2	
0419	130	CMS6 8v8	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Patient Safety	<b>Documentation of Current Medications in the Medical Record:</b> Percentage of visits for patients aged 18 years and older for which the eligible professional or MIPS eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration	Centers for Medicare & Medicaid Services
0028	226	CMS13 8v7	Medicare Part B Claims Measure Specifications, eCQM Specifications, CMS Web Interface Measure Specifications, MIPS CQMs Specifications	Process	Community/Population Health	<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	Physician Consortium for Performance Improvement Foundation (PCPI®)

NQF #	Quality #	CMS E-Measure ID	Collection Type	Measure Type	National Quality Strategy Domain	Measure Title and Description	Measure Steward
0018	236	CMS165v7	Medicare Part B Claims Measure Specifications, eCQM Specifications, CMS Web Interface Measure Specifications, MIPS CQMs Specifications	Intermediate Outcome	Effective Clinical Care	<b>Controlling High Blood Pressure:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period	National Committee for Quality Assurance
N/A	317	CMS22v7	Medicare Part B Claims Measure Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Community /Population Health	<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	Centers for Medicare & Medicaid Services

## Where Do I Go for Help?

If you have questions about cross-cutting quality measures, please contact the Quality Payment Program. You can reach the Quality Payment Program by:

- Email: [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov)
- Phone: 1-866-288-8292
- TTY: 1-877-715-6222