

2025 Measure Set Review (MSR): 00178-01-C-MIPS Preliminary Assessment

I. Measure Overview¹

CMIT ID	Title
Link to CMIT measure record: 00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy
Measure Steward	CMS Program
American Heart Association	Merit-based Incentive Payment System Link: Quality Payment Program Overview - QPP

CBE Endorsement Status	CBE Endorsement History
Endorsed	<ul style="list-style-type: none"> Endorsed, Spring 2020 Initial Endorsement, 2009 Link to measure endorsement record: Coronary Artery Disease (CAD): Antiplatelet Therapy

Measure Overview	
Rationale for Use: Use of antiplatelet therapy has shown to reduce the occurrence of vascular events in patients with CAD, including myocardial infarction and death.	
CMS-Provided Rationale for Use in Program: Coronary Artery Disease (CAD): Antiplatelet Therapy is part of the Core Quality Measures Collaborative (CQMC) Cardiology measure set consistent with the CMS priority of alignment across programs. While the measure is in the second year of the topped-out lifecycle, it is included in the Advancing Care for Heart Disease Merit-based Incentive Payment System (MIPS) Value Pathway (MVP) and addresses a CMS priority for management of chronic conditions. CMS analyzes measure annually to ensure meaningful reporting within MIPS.	
Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel.	
Numerator: Patients who were prescribed aspirin or clopidogrel.	
Exclusions: None	
Denominator: All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period.	
Exclusions: None	
CMS Program History: In Merit-based Incentive Payment System (MIPS) since	Cascade of Meaningful Measures Priority: Chronic Conditions and Related Acute Events

¹ The information in this PA is sourced from the CMS Measures Inventory Tool (CMIT) and the [PQM Submission Tool and Repository \(STAR\) Measure Database](#). This document reflects the content available as of September 2025. Version 1.0 | September 2025 | *The analyses upon which this publication (or document) is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

Measure Overview	
2017. In Million Hearts since 2025.	
Measure Type: Process	Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)? Yes
Level(s) of Analysis/Measured Entity: Clinician: Individual	Care Setting(s): Ambulatory: Office-Based Care, Home/Residence Visit, Home Health; Hospital: Outpatient Department (HOD), Nursing Facility, Outpatient, Skilled Nursing Facility (SNF)/Nursing Home, Telehealth
Does the Measure Fill a Statutorily Required Category for the Program? No	Is the Measure Included in Upcoming Rulemaking? No

II. Measure Performance in Program

For this measure, the MSR evaluation and analysis team reviewed the publicly available datasets:

- The 2024 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2022 in this assessment)
- The file 2023 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2021 in this assessment)
- The file 2022 MIPS Historical Quality Benchmarks.xlsx in [2022 Quality Benchmarks.zip](#) (for data referred to as PY2020 in this assessment)

Measure score statistics were obtained for Measure ID 6 or 006 from the benchmark files.

About Table 1: Table 1 illustrates the distribution of scores for performance years 2020-2022. The number of providers and the denominators (number of visits) are not available in the benchmark files, limiting possible interpretations of these results. The analyses presented in table 1 were shaped by the availability of data and in alignment with program guidance. All values shown are drawn directly from the published historical benchmark files.

For this measure, Decile 1 represents a grouping of organizations who have the lowest measure scores and Deciles 7-10 show those with the highest measure scores. The arrow denotes improving performance on the measure.

Table 1. Importance (Decile by Measure Score, PY2020-PY2022)

<div> <div>Lowest Performers</div> <div>→</div> <div>Highest Performers</div> </div>											
Year	Mean	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
2020	86.6	--	--	77.8-83.0	83.0-86.5	86.5-89.4	89.4-92.7	92.7-96.1	96.1-99.8	99.8-100	100
2021	87.4	41.7-70.8	70.8-77.7	77.7-83.0	83.0-86.8	86.8-90.4	90.4-93.7	93.7-97.0	97.0-100	100	100
2022	92.7	48.8-79.8	79.8-87.4	87.4-91.3	91.3-94.8	94.9-97.4	97.4-100	100	100	100	100

Table 1 Interpretation: The average performance has increased from 86.6 in PY2020 to 92.7 in PY2022.

III. Evaluation Criteria

Meaningfulness

Importance
<p>Guiding Questions: Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care organizations? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?</p>
<p>In 2022, the mean performance for the CAD measure reached 92.7%, with top deciles reporting near-perfect adherence. With consistent improvement over prior years and limited variation among entities, the measure offers minimal room for further gains. While clinically important, its continued use may yield diminishing value for MIPS participants.</p> <p>MIPS allows clinicians to voluntarily select and report measures, which introduces the potential for self-selection bias. High-performing providers are more likely to report on measures for which they will perform well, meaning reported data may reflect a motivated subset rather than the broader provider population.</p> <p>Committee Member Considerations: Based on reviewing measure performance and professional and personal experiences, consider the balance of implementation costs or burdens with the benefit of measure use within the program. Committee members will have a chance to share these thoughts with the broader committee via Pre-Meeting Initial Evaluation (PIE) Forms and group discussion.</p>
<p>Staff Rating: Met</p>

Conformance
<p>Guiding Question: Do measure components and specifications align with the measure intent and target population?</p>
<p>The intent of this measure is to ensure patients with a diagnosis of coronary artery disease use antiplatelet therapy. The specifications align with this intent. The numerator includes all patients in the denominator prescribed aspirin or clopidogrel. The denominator includes all patients aged 18 years and older with a diagnosis of coronary artery disease seen in a 12-month period. There are no exclusions. This measure supports the MIPS objective to improve care for Medicare beneficiaries.</p> <p>Committee Member Considerations: Committee members should review the list of active measures within this CMS program in the appendix and consider this measure's alignment with the group. The appendix lists all active measures reported in relevant MIPS specialty sets.</p>
<p>Staff Rating: Met</p>

Feasibility
<p>Guiding Question: Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?</p>
<p>All required data elements are routinely captured in electronic health records, and reporting is integrated into existing digital workflows. No additional resources are needed for implementation.</p> <p>Committee Member Considerations: Committee members with experience implementing this or similar measures in acute care hospital settings should reflect on potential challenges to feasibility of data collection and reporting.</p>

Feasibility

Staff Rating: Met

Validity

Guiding Question: Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?

Most entities are already performing at a high level, with some variation across entities. Given the option to select measures to report within MIPS, non-reporters may have additional opportunities for improvement.

Committee Member Considerations: Committee members with experience implementing this or similar measures in relevant care settings should reflect on potential methods to improve use of antiplatelet therapy for CAD.

Staff Rating: Met

Reliability

Data are insufficient to estimate the reliability of this measure. Reliability cannot be calculated without denominators, and QPP data do not include denominators.

Reliability

Guiding Question: Does the evidence show that changes in measure performance are due to improvements in quality of care? In other words, do the data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care?

Data are insufficient to estimate the reliability of this measure.

Staff Rating: Insufficient Information Available

Usability

Guiding Questions: Are there any known barriers or facilitators that determine whether the person or entity could improve the measure focus? Are these barriers addressable?

Based on the limited information available, the measure appears to be integrated into existing reporting processes and generally understood by participating entities. This measure demonstrates strong usability for clinicians participating in MIPS. Clinicians who elect to report this measure are unlikely to face significant barriers to implementation or data submission, as its design aligns well with routine clinical workflows and offers greater flexibility compared to mandatory reporting requirements. No significant barriers to use or improvement have been identified, though unreported challenges may exist.

Committee Member Considerations: Based on professional/personal experiences, committee members should consider any barriers to using this measure for certain measured entities as well as any potential facilitators that might promote usability within MIPS.

Staff Rating: Met

Data Stream Parsimony

Data Stream Parsimony
Guiding Question: Does the data flow required for the measure promote non-burdensome data collection and reporting?
The measure uses data elements that are already routinely collected in the electronic health record (EHR), requiring no additional manual data entry or special data collection processes. Electronic reporting further streamlines the process and minimizes staff burden.
Committee Member Considerations: Based on professional/personal experiences, committee members should reflect on any additional barriers to the clinical data flow that collection may add as well as potential mitigation strategies.

Patient Journey

Patient Health Journey
Guiding Question: Does the measure address the appropriate aspects of care to align with the patient health care journey?
By focusing on the prescription or continuation of therapy at discharge, the measure targets a key transition in the patient's care journey. This helps ensure patients receive necessary treatment as they move from hospital to home, supporting safer and more effective long-term outcomes.
Committee Member Considerations: Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to assess continued use of antiplatelet therapy for CAD. Reflect on if this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.

Appendix: Active Measures in the Merit-based Incentive Payment System

Use in MIPS
<p>This measure is in the following traditional MIPS specialty sets:</p> <ul style="list-style-type: none"> • Cardiology • Family Medicine • Internal Medicine • Skilled Nursing Facility <p>This measure is in the following MIPS Value Pathways:</p> <ul style="list-style-type: none"> • Advancing Care for Heart Disease. View this pathway at Explore MIPS Value Pathways (MVPs) - G0055 - QPP

Measures in the MIPS Cardiology Specialty Set	
CMIT ID	Measure Title
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients Experience of Feeling Heard and Understood
00082-01-C-MIPS	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
00100-01-C-MIPS	Cardiac Rehabilitation Patient Referral from an Outpatient Setting
00101-01-C-MIPS	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
01803-01-C-MIPS	Connection to Community Service Provider
00167-01-C-MIPS	Controlling High Blood Pressure
00167-04-E-MIPS	Controlling High Blood Pressure
00177-01-C-MIPS	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction
00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy
00179-04-E-MIPS	Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00305-02-C-MIPS	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor

Measures in the MIPS Cardiology Specialty Set	
CMIT ID	Measure Title
	(ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00306-01-C-MIPS	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00405-01-C-MIPS	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
00595-01-C-MIPS	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
00629-01-C-MIPS	Rate of Carotid Endarterectomy (CEA) or Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
01664-01-C-MIPS	Screening for Social Drivers of Health
00701-05-C-MIPS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
00704-01-C-MIPS	Stroke and Stroke Rehabilitation: Thrombolytic Therapy
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
00018-01-C-MIPS	Adherence to Antipsychotic Medications For Individuals with Schizophrenia
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status
00033-01-C-MIPS	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
00034-01-C-MIPS	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
00058-01-C-MIPS	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
00063-03-E-MIPS	Antidepressant Medication Management
00072-02-E-MIPS	Appropriate Testing for Pharyngitis
00074-01-C-MIPS	Appropriate Treatment for Upper Respiratory Infection (URI)

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
00082-01-C-MIPS	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
00084-01-C-MIPS	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00100-01-C-MIPS	Cardiac Rehabilitation Patient Referral from an Outpatient Setting
00118-03-E-MIPS	Cervical Cancer Screening
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
00141-01-C-MIPS	Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older
01803-01-C-MIPS	Connection to Community Service Provider
00164-01-C-MIPS	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
00167-01-C-MIPS	Controlling High Blood Pressure
00167-04-E-MIPS	Controlling High Blood Pressure
00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy
00179-01-C-MIPS	Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction
00190-05-E-MIPS	Depression Remission at Twelve Months
00199-01-C-MIPS	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation
00203-03-E-MIPS	Diabetes: Eye Exam
00204-01-C-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00204-03-E-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
00228-01-C-MIPS	Elder Maltreatment Screen and Follow-Up Plan
00255-02-C-MIPS	Falls: Plan of Care
00257-01-C-MIPS	Falls: Screening for Future Fall Risk
00274-01-C-MIPS	Functional Outcome Assessment
00282-05-E-MIPS	Functional Status Assessments for Heart Failure
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00305-02-C-MIPS	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00306-01-C-MIPS	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00319-01-C-MIPS	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
00324-02-E-MIPS	HIV Screening
00325-01-C-MIPS	HIV Viral Suppression
00363-01-C-MIPS	Immunizations for Adolescents
00377-01-C-MIPS	Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
00394-03-E-MIPS	Initiation and Engagement of Substance Use Disorder Treatment
01713-01-C-MIPS	Initiation, Review, And/OR Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk
00405-01-C-MIPS	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
00989-01-E-MIPS	Kidney Health Evaluation
00464-01-C-MIPS	Non-Recommended Cervical Cancer Screening in Adolescent Females
00476-05-E-MIPS	One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation
00478-01-C-MIPS	Optimal Asthma Control
00484-01-C-MIPS	Osteoporosis Management in Women Who Had a Fracture
00486-01-C-MIPS	Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use
01004-01-C-MIPS	Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00672-07-E-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
01146-02-C-MIPS	Preventive Care and Wellness (composite)
01692-01-C-MIPS	Reduction in Suicidal Ideation or Behavior Symptoms
00674-01-C-MIPS	Screening for Osteoporosis for Women Aged 65-85 Years of Age
01664-01-C-MIPS	Screening for Social Drivers of Health
00701-05-C-MIPS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
00732-01-C-MIPS	Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
00739-01-C-MIPS	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
00740-01-C-MIPS	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
00741-01-E-MIPS	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure ID
00018-01-C-MIPS	Adherence to Antipsychotic Medications For Individuals with Schizophrenia
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status
00033-01-C-MIPS	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
00034-01-C-MIPS	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients Experience of Feeling Heard and Understood
00058-01-C-MIPS	Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
00063-03-E-MIPS	Antidepressant Medication Management
00082-01-C-MIPS	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
00084-01-C-MIPS	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00100-01-C-MIPS	Cardiac Rehabilitation Patient Referral from an Outpatient Setting
00118-03-E-MIPS	Cervical Cancer Screening
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
00141-01-C-MIPS	Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older
01803-01-C-MIPS	Connection to Community Service Provider
00164-01-C-MIPS	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
00167-01-C-MIPS	Controlling High Blood Pressure
00167-04-E-MIPS	Controlling High Blood Pressure
00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy

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Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure ID
00179-01-C-MIPS	Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction
00190-05-E-MIPS	Depression Remission at Twelve Months
00199-01-C-MIPS	Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation
00203-03-E-MIPS	Diabetes: Eye Exam
00204-01-C-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00204-03-E-MIPS	Diabetes: Glycemic Status Assessment Greater Than 9%
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
00228-01-C-MIPS	Elder Maltreatment Screen and Follow-Up Plan
00255-02-C-MIPS	Falls: Plan of Care
00257-01-C-MIPS	Falls: Screening for Future Fall Risk
00282-05-E-MIPS	Functional Status Assessments for Heart Failure
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00305-02-C-MIPS	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00306-01-C-MIPS	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00319-01-C-MIPS	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis
00324-02-E-MIPS	HIV Screening
00325-01-C-MIPS	HIV Viral Suppression
00377-01-C-MIPS	Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
00394-03-E-MIPS	Initiation and Engagement of Substance Use Disorder Treatment
01713-01-C-MIPS	Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk
00405-01-C-MIPS	Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
00989-01-E-MIPS	Kidney Health Evaluation
00464-01-C-MIPS	Non-Recommended Cervical Cancer Screening in Adolescent Females

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure ID
00476-05-E-MIPS	One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation
00478-01-C-MIPS	Optimal Asthma Control
00484-01-C-MIPS	Osteoporosis Management in Women Who Had a Fracture
01004-01-C-MIPS	Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00672-07-E-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
01146-02-C-MIPS	Preventive Care and Wellness (composite)
00674-01-C-MIPS	Screening for Osteoporosis for Women Aged 65-85 Years of Age
01664-01-C-MIPS	Screening for Social Drivers of Health
00683-02-C-MIPS	Sleep Apnea: Assessment of Adherence to Obstructive Sleep Apnea (OSA) Therapy.
00684-01-C-MIPS	Sleep Apnea: Severity Assessment at Initial Diagnosis
00701-05-C-MIPS	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
00732-01-C-MIPS	Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
00740-01-C-MIPS	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
00739-01-C-MIPS	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
00741-01-E-MIPS	Urinary Symptom Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Skilled Nursing Facility Specialty Set	
CMIT ID	Measure Title
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status

Measures in the MIPS Skilled Nursing Facility Specialty Set	
CMIT ID	Measure Title
00037-01-C-MIPS	Advance Care Plan
00082-01-C-MIPS	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
01803-01-C-MIPS	Connection to Community Service Provider
00177-01-C-MIPS	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction
00178-01-C-MIPS	Coronary Artery Disease (CAD): Antiplatelet Therapy
00179-01-C-MIPS	Coronary Artery Disease (CAD): Beta-Blocker Therapy Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction
00228-01-C-MIPS	Elder Maltreatment Screen and Follow-Up Plan
00255-02-C-MIPS	Falls: Plan of Care
00306-01-C-MIPS	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
00595-01-C-MIPS	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
01664-01-C-MIPS	Screening for Social Drivers of Health
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults