

2025 Measure Set Review (MSR): 00282-05-E-MIPS Preliminary Assessment

I. Measure Overview¹

CMIT ID	Title
Link to CMIT measure record: 00282-05-E-MIPS	Functional Status Assessments for Heart Failure
Measure Steward	CMS Program
Centers for Medicare & Medicaid Services (CMS)	Merit-based Incentive Payment System Link: Quality Payment Program Overview - QPP

CBE Endorsement Status	CBE Endorsement History
Not Endorsed	Never submitted

Measure Overview
<p>Rationale for Use: Patients living with heart failure often have poor functional status and health-related quality of life, which declines as the condition progresses. In addition, their care is often complicated by multiple comorbidities. To assist in managing these complex patients, the American College of Cardiology Foundation and American Heart Association recommend collecting initial and repeat assessments of a patient's function and ability to complete desired activities of daily living. The American Heart Association also released scientific statements emphasizing the collection of patient-reported health status (for example, functional limitations, symptom burden, quality of life) from heart failure patients as an important means of establishing a dynamic conversation between patient and provider regarding care goals and the patient's priorities. The most recent update to clinical guidelines by the American Heart Association, the American College of Cardiology, and the Heart Failure Society of America further emphasizes that better understanding of symptom burden and prognosis may improve the quality of treatment decisions. The guideline also indicates that routine assessment can facilitate population health management by identifying high-risk patients needing closer monitoring or referral to specialized centers and that patient-reported health status assessment increases the patient's role in care, which can motivate initiation and uptake of medical therapy.</p>
<p>CMS-Provided Rationale for Use in Program: Functional Status Assessments for Heart Failure is a high-priority patient-centered process measure within Merit-based Incentive Payment System (MIPS) and is included in the Core Quality Measures Collaborative (CQMC) measure set. While the measure has low adoption, it has been included in the Advancing Care for Heart Disease MIPS Value Pathway (MVP), which we believe will increase adoption and allow for meaningful reporting of the measure.</p>
<p>Description: Percentage of patients 18 years of age and older with heart failure who completed initial and follow-up patient-reported functional status assessments.</p>

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	
Numerator: Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12]; VR-36; Kansas City Cardiomyopathy Questionnaire [KCCQ]; KCCQ-12; Minnesota Living with Heart Failure Questionnaire [MLHFQ]; Patient-Reported Outcomes Measurement Information System [PROMIS]-10 Global Health; PROMIS-29) present in the EHR within two weeks before or during the initial FSA encounter and results for the follow-up FSA at least 30 days but no more than 180 days after the initial FSA. Exclusions: None	
Denominator: Patients 18 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure. Exclusions: Exclude patients with severe cognitive impairment that overlaps the measurement period. Exclude patients whose hospice care overlaps the measurement period.	
CMS Program History: Active in MIPS since 2017.	Cascade of Meaningful Measures Priority: Person-Centered Care
Measure Type: Process	Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)? Yes
Level(s) of Analysis/Measured Entity: Clinician: Group/Practice	Care Setting(s): Hospital: Outpatient Department (HOD) Ambulatory: Surgery Center
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 file 2022_puf.csv in [Quality Payment Program Experience.zip](#) and the file 2022 MIPS Historical Quality Benchmarks.xlsx in [2022 Quality Benchmarks.zip](#) (referred to as PY2022 in this assessment)
- [QPP Experience 2021.zip](#) and the file 2021 MIPS Historical Quality Benchmarks.xlsx in [2021 MIPS Quality Benchmarks.zip](#) (referred to as PY2021 in this assessment)
- [QPP Experience 2020.zip](#) and the file 2020 MIPS Historical Quality Benchmarks.xlsx in [2020 MIPS Quality Benchmarks.zip](#) (referred to as PY2020 in this assessment)

Achievement scores were scaled to allow comparisons from year to year and range from 0 to 10 based on the current benchmark. The benchmark files were used to scale the achievement scores to performance rates that can be compared from year to year.

- For PY2022, only 39 entities reporting had a quality measure ID of 377: all 39 had an achievement score of 3, but there was no benchmark for this measure in 2022 MIPS Historical Quality Benchmarks.xlsx.
- For PY2021, 185 entities reporting had a quality measure ID of 377: all had an achievement score of 3, which corresponds to a performance rate of 0.9%.
- For PY2020, six entities reported on this measure, with a mean performance rate of 0.1%

Because of the limited amount of data, lack of variation between entities, and lack of benchmark information for the PY2022 data, further data analysis would not be informative.

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>Evidence supports that routine assessment of patient-reported health status in individuals with heart failure—such as functional limitations, symptom burden, and quality of life—can enhance patient-provider communication, guide treatment decisions, and identify high-risk patients for targeted care. Clinical guidelines from major cardiology organizations emphasize these assessments as essential tools for improving both individual outcomes and population health management.</p> <p>While evidence supports the intent of this measure, there is insufficient performance data for this measure to establish benefits and burdens of use within MIPS.</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: Insufficient Information Available</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 living with heart failure over the age of 18 receive assessments of function and their ability to complete desired activities of daily living. The specifications align with this intent: the numerator includes patients with patient-reported functional status assessment results. The denominator includes patients 18 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure. This measure aligns with two MIPS objectives: To improve beneficiary population health and advance the use of healthcare information between allied providers and patients.</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.</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. If the</p>

Feasibility

organization is unable to integrate the measure into their EHR, clinicians have the option not to report on the measure.

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.

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?

Available data were insufficient to estimate validity for this measure within MIPS.

Committee Member Considerations: Committee members with experience implementing this or similar measures in hospital outpatient settings should reflect on potential methods to conduct functional status assessments for the target population.

Staff Rating: Insufficient Information Available

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?

Available data were insufficient to estimate reliability for this measure within MIPS.

Staff Rating: Insufficient Information Available

Usability

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

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.

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 the program.

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?
<p>The measure uses data elements that are already routinely collected in the EHR, requiring no additional manual data entry or special data collection processes. Electronic reporting further streamlines the process and minimizes staff burden.</p> <p>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.</p>

Patient Journey

Patient Health Journey
Guiding Question: Does the measure address the appropriate aspects of care to align with the patient health care journey?
<p>The measure emphasizes monitoring functional status and health-related quality of life, which are essential for managing chronic conditions over time. This approach aligns with the patient's need for continuous, coordinated care throughout their health journey.</p> <p>Committee Member Considerations: Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to assess functional status assessments. Reflect on if this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.</p>

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

Use in MIPS Program
<p>This measure is in the following traditional MIPS specialty sets:</p> <ul style="list-style-type: none"> Family Medicine Internal Medicine <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 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)
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

Measures in the MIPS Family Medicine Specialty Set	
CMIT ID	Measure Title
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	<i>Functional Status Assessments for Heart Failure</i>
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
00363-01-C-MIPS	Immunizations for Adolescents
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

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

Measures in the MIPS Internal 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

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CMIT ID	Measure Title
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
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00167-01-C-MIPS	Controlling High Blood Pressure
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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

Measures in the MIPS Internal Medicine Specialty Set	
CMIT ID	Measure Title
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)
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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
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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

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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