

2025 CMS Quality Measures

Quality Measure ID	Clinigence Measure ID	Reporting Method	Measure Title	Description
#001	DM-2	Medicare CQMs	Diabetes: Glycemic Status Assessment Greater than 9%	<p>Percentage of patients 18 - 75 years of age with diabetes who has a hemoglobin A1c OR glucose management indicator >9.0% during calendar year 2025.</p> <p>NOTE: Documentation in patients chart must include date and distinct result (no thresholds or ranges). Unable to take patient reported data.</p>
#236	HTN-2	Medicare CQMs	Controlling High Blood Pressure	<p>Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled ($\leq 139/89$ mmHg) on most recent visit in calendar year 2025.</p> <p>NOTE: Blood pressure readings taken by a remote monitoring device and conveyed by a patient to the clinician is acceptable.</p>
#134	Prev-12	Medicare CQMs	Screening for Depression & Follow-up Plan	<p>Percentage of patients aged 12 years and older screened for clinical depression during calendar year 2025 using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen or 2 days after the encounter. Results must be reviewed and interpreted by healthcare professional.</p> <p>Documentation of a follow-up must include one or more of the following:</p> <ul style="list-style-type: none"> * Referral to a provider for additional evaluation and assessment * Pharmacological interventions * Other interventions or follow-up for the diagnosis or treatment of depression <p>NOTE: Documentation in patient chart at a minimum, must include name of tool used, score and interpretation by provider. May be completed during a telehealth encounter. Patients with a diagnosis of depression still need to be screened.</p>
#112	Prev-5	Medicare CQMs	Breast Cancer Screening	<p>Percentage of women 40 - 74 years of age who had a mammogram to screen for breast cancer between October 1, 2023 and December 31, 2025.</p> <p>NOTE: If patient is self reporting, documentation in patient chart must include type of screening, month and year screening was completed and results. May be documented during a telehealth encounter.</p>

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#321		CAHPS for MIPS Survey	CAHPS for MIPS Survey	<p>The CAHPS for MIPS Survey is a patient survey fielded by a CMS approved 3rd party vendor. This survey has several questions covering a variety of categories including: <i>Getting Timely Care/Appointments/Information; How Well Your Providers Communicate; Patients' Rating of Provider; Access to Specialists; Health Promotion and Education; Shared Decision Making; Health/Functional Status, Stewardship of Patient Resources; Courteous and Helpful Office Staff; Care Coordination.</i></p> <p>Below are some sample questions indicating the type of items the survey will cover:</p> <ul style="list-style-type: none"> •When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? •How often did this provider explain things in a way that was easy to understand? •When you contacted this provider's office during regular office hours, did you get an answer to your medical question that same day? •How would you rate your provider on a scale of 0-10? •How often was it easy to get appointments with specialists? •Did anyone on your health care team talk about the exercise or physical activity you get? •When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you? •Did anyone on your health care team talk about how much your prescription medicines cost? •Did you and this provider talk about how much of your personal health information you wanted shared with your family/friends? •How often did the receptionists at this provider's office treat you with courtesy and respect? •When this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
#479		Administrative Claims	Hospital-Wide, 30-day, All-Cause Unplanned Readmission	Risk-adjusted percentage of ACO assigned beneficiaries, 65 years or older, who were hospitalized and readmitted into a hospital within 30 days of discharge from the index hospital admission.

Please see CMS supporting documents for full criteria.

CMS supporting documents for Quality Measures can be found at the following website:

<https://app.cms.gov/resources/education>