Quality Measures 2025

General Reporting Guidelines

Required to Report on 6 measures
(1 High Priority or Outcome)
20 Eligible Instances Needed
75% Reporting Rate

EZDERM supports the following 12 Quality measures for 2025:

- [Measure 47](): Advance Care Plan (High Priority)
- [Measure 410](): Psoriasis - Clinical Response to Oral Systemic or Biologic Medications (Outcome measure)
- [Measure 374](): Closing the referral Loop: Receipt of Specialist Report (High Priority)
- [Measure 130](): Documentation of Current Medications in the Medical Record (High Priority)
- [Measure 176](): Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
- [Measure 485](): Psoriasis – Improvement in Patient-Reported Itch Severity (High Priority)
- [Measure 486](): Dermatitis – Improvement in Patient-Reported Itch Severity (High Priority)
- [Measure 487](): Screening for Social Drivers of Health (High Priority)
- <NEW> Measure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.
- <NEW> Measure 355: Unplanned Reoperation within the 30-Day Postoperative Period (High Priority & Outcome)
- <NEW> Measure 357: Surgical Site Infection (SSI) (High Priority & Outcome)
- <NEW> Measure 358: Patient-Centered Surgical Risk Assessment and Communication (High Priority)

**CMS removed measure 137 in the 2025 reporting year*

Note on Promoting Interoperability

Due to the small practice exclusion for practices under 15 providers not needing to report for PI, we are going to focus on Quality in this session. Please reach out to customersuccess@ezderm.com if you want to learn more about PI.
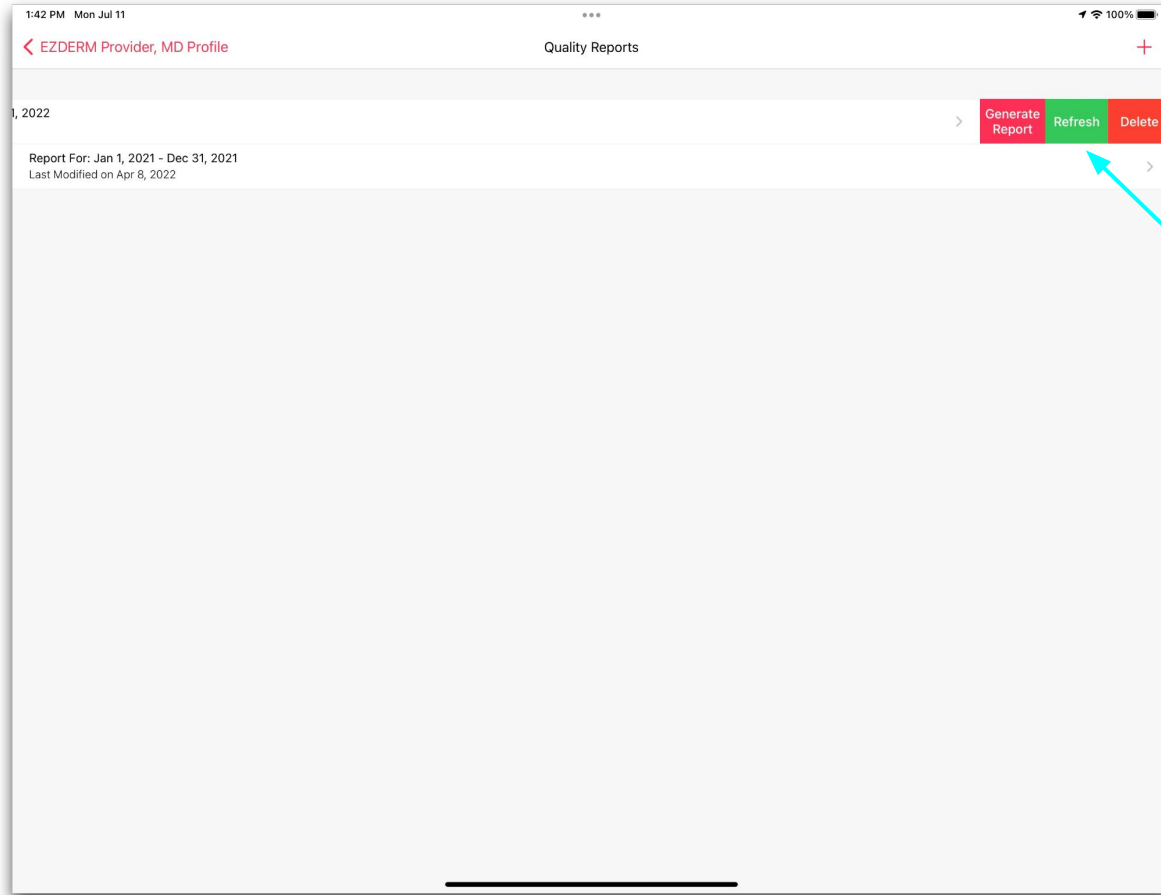
How to Pull Quality Report In EZDERM

Interactive Quality Report Now Found Under Each Admin & Provider EHR Login.
This allows Admins to help monitor progress throughout the year.

‹ EZDERM Provider, MD Profile   Quality Reports   +

, 2022   › | Generate Report | Refresh | Delete |

Report For: Jan 1, 2021 - Dec 31, 2021
Last Modified on Apr 8, 2022   ›

Don't forget to refresh report to see updates!

Performance Rate =
All visits that met the criteria / (patients that have completed visits - patients that were excluded)

Goal = 100%
NOTE: 1st year we are seeing INVERSE Performance Rates for select measures

Reporting Rate =
(MET + NOT MET + Exclusions) / visits that passed the Denominator

Goal = Greater than 75%

Report For: Jan 1, 2025 - Dec 31, 2025

47 - Advance Care Plan	
Performance Met	1
Denominator	1
Performance Not Met	0
Performance Exclusion	0
Performance Rate	100.00 %
Reporting Rate	100.00 %
Eligible Patients	>

130 - Documentation of Current Medications in the Medical Record	
Performance Met	0
Denominator	2
Performance Not Met	0
Performance Exclusion	0
Performance Rate	0.00 %
Reporting Rate	0.00 %
Eligible Patient Visits	>

176 - Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy	
Performance Met	0
Denominator	0
Performance Not Met	0
Performance Exclusion	0
Performance Rate	0.00 %

Cancel · Personal Note · Done

EZDERM

Quality Report

Tap "Eligible Patients" to review patient responses contributing to the score and any incomplete measures

Eligible Patients For 317

< Back

Patient Category:

All | Met | Not Met | Excluded | Denominator | **Incomplete**

Matthew Danto
Date Of Service: Jan 9, 2025
Medical Record Number: MADA0001
Date Of Birth: Jan 29, 1987

Micheal Andres
Date Of Service: Jan 16, 2025
Medical Record Number: MIAN0000
Date Of Birth: Mar 11, 1980
Insurance Companies: Commercial Insurance - Auth and Referral Required

Olivia Cassar
Date Of Service: Jan 20, 2025
Medical Record Number: OLCA0001
Date Of Birth: Jan 1, 1990

Test Adriana
Date Of Service: Jan 2, 2025
Medical Record Number: TEAD0001
Date Of Birth: Jan 1, 1980
Insurance Companies: Empire BCBS New York

Test Lynn
Date Of Service: Jan 3, 2025
Medical Record Number: LYGO0001
Date Of Birth: May 6, 1990
Insurance Companies: Blue Cross Blue Shield of Illinois - BCBS, Aetna

Wanda James
Date Of Service: Jan 13, 2025
Medical Record Number: WAJA0000
Date Of Birth: Mar 15, 1990
Insurance Companies: Blue Cross Blue Shield of Illinois - BCBS, Blue Shield - Florida

Under eligible patients, review Incomplete visits if reporting rate is low

Click into each Incomplete patient to answer the MACRA question for the corresponding Encounter

EZDERM

After clicking the "**M**" from the Progress Note, answer the question to complete the measure

Met

Excluded

Not Met

130 - Documentation of Current Medications in the Medical Record

SELECT ONE:

○ G8427: Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications

○ G8430: Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation)

○ G8428: Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given

TIP: NOTE: The MIPS eligible clinician must document in the medical record they obtained, updated, or reviewed a medication list on the date of the encounter. MIPS professional or MIPS eligible clinicians submitting this measure may document medication information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources.

This list must include ALL known prescriptions, over-the-counter (OTC) products, herbals, vitamins, minerals, dietary (nutritional) supplements, cannabis/cannabidiol products AND must contain the medications' name, dosage, frequency and route of administration.

By submitting the action described in this measure, the provider attests to having documented a list of current medications utilizing all immediate resources available at the time of the encounter. G8427 should be submitted if the MIPS eligible clinician documented that the patient is not currently taking any medications.

Definitions:

Current Medications - Medications the patient is presently taking including all prescriptions, over-the-counters, herbals, vitamins, minerals, dietary (nutritional) supplements, and cannabis/cannabidiol products with each medication's name, dosage, frequency and administered route

Route - Documentation of the way the medication enters the body (some examples include but are not limited to: oral, sublingual, subcutaneous injections, and/or topical).

Not Eligible (Denominator Exception) - patient is not eligible if there is documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).

< Previous Question

Quality Measure Descriptions & Tips

[MIPS Measure #47: Advance Care Plan (Living Will)](#)

Description: 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.

Tips

- The Advance Directive question can be enabled in your EZ Check-In settings, so patients are asked this question during their check-in process.
- Add a note under **History > Advance Healthcare Directive > Active Living Will,** click on black text > **Note** to indicate whom is the surrogate decision maker, relationship, and optional phone number.
- **The name of the surrogate is NOT required**; just that one has been identified. By answering YES or NO you will receive credit, but if NO you must document that the patient did not want to name a surrogate or discuss a care plan.

[MIPS Measure #130: Documentation of Current Medications in the Medical Record](#)

Description: Percentage of visits for patients over the age of 18 for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This not only applies for prescriptions but for all medications, included vitamins, minerals and supplements

Tips

- "Merit- based Incentive Payment System (MIPS) eligible clinicians meet the intent of this measure by **making their best effort** to document a current, complete and accurate medication list during each encounter. "
- Use **Dispensed Medication and/or Medications** you can document dosage/frequency in the Note section (click on name of Rx > Note)
- Optional: Add **Medication Reconciliation Treatment Plan** (found in public database)
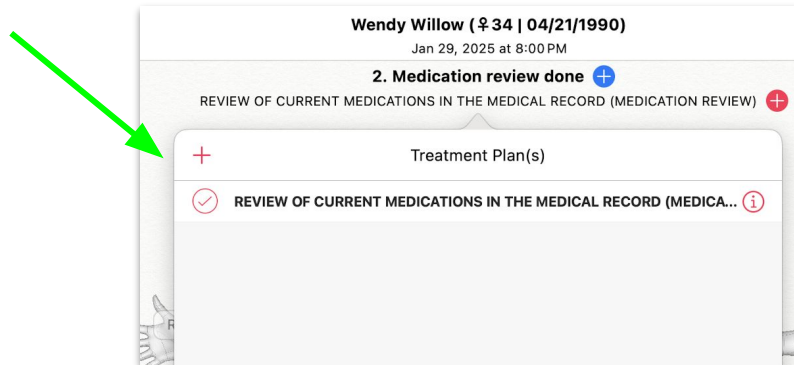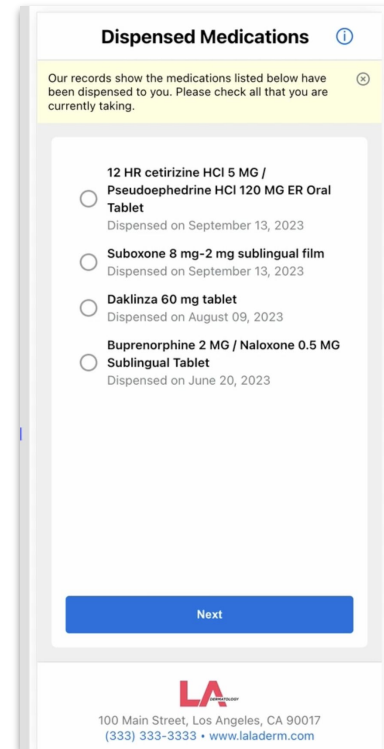

EZDERM

MIPS Measure #130: Documentation of Current Medications in the Medical Record

Description: Percentage of visits for patients over the age of 18 for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This not only applies for prescriptions but for all medications, included vitamins, minerals and supplements

Tips Continued…

- Under **History > Dispensed Medication,** click on the ➕ to document the patient's current medications from the pharmacy if a Medication Consent was signed.
- Activate **EZLINK Check In via SMS** and patients can select past medications from SureScripts Dispensed medications list (email customersuccess@ezderm.com to learn more!)
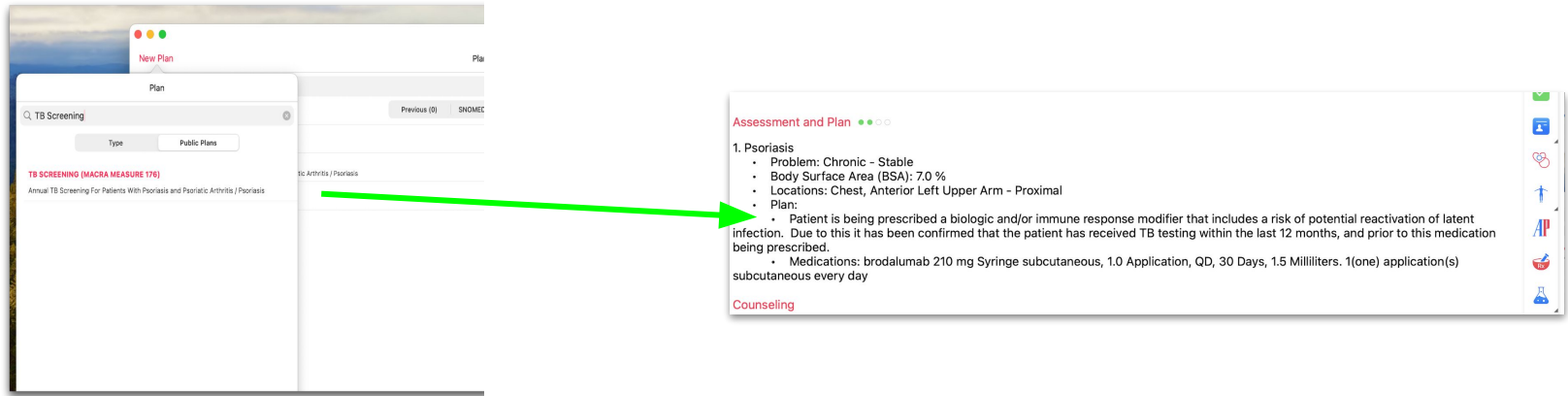
Dispensed Medications ⓘ

Our records show the medications listed below have been dispensed to you. Please check all that you are currently taking.

○ 12 HR cetirizine HCl 5 MG / Pseudoephedrine HCl 120 MG ER Oral Tablet
Dispensed on September 13, 2023

○ Suboxone 8 mg-2 mg sublingual film
Dispensed on September 13, 2023

○ Daklinza 60 mg tablet
Dispensed on August 09, 2023

○ Buprenorphine 2 MG / Naloxone 0.5 MG Sublingual Tablet
Dispensed on June 20, 2023

Next

LA

100 Main Street, Los Angeles, CA 90017
(333) 333-3333 • www.laladerm.com

Description: If a patient aged 18 years and older has been newly prescribed a biologic/immune response modifier that includes a warning for potential reactivation of a latent infection, then medical record should indicate TB testing in the preceding 12-month period

Tips

- To be eligible, the patient must not have been prescribed any biologic or immune response therapy in the **15 months preceding the encounter** at which the biologic and/or immune response modifier was newly started.
- Treatment Plan available in the public database titled **TB Screening (MACRA Measure 176)** to document TB test done within the last 12 months

[MIPS Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented](#)

Description: Percentage of patient visits for patients aged 18 years and older seen during the performance period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive

Tips

- Document BP within the Progress Note by going to **Vital Signs** > **Systolic/Diastolic**
  - **Automation:** If Normal BP, follow up plan not required and question automatically answered
- To be submitted at <u>each visit</u> during the reporting period
- If **BP is elevated or hypertensive**, recommend and document follow up, such as referring to PCP
  - The documented follow-up plan must be related to the current BP reading as indicated, example: "Patient referred to primary care provider for BP management"
- **Denominator Exception:** Patients with an active diagnosis of hypertension prior to the encounter are not eligible. Must be a new occurrence of hypertension and cannot be currently treated by another provider.
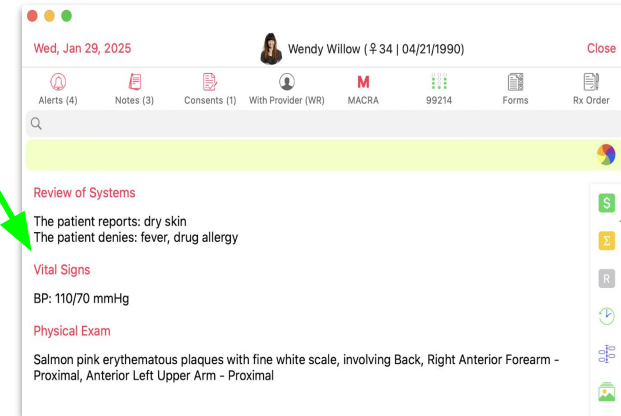
[MIPS Measure #355: Unplanned Reoperation within the 30-Day Postoperative Period](#)

Description: Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30-day postoperative period.

Tips
- **INVERSE MEASURE** – The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control.
- Measure only applies to patients who undergo procedures by November 30th of the performance period to allow for the 30 days postoperative period
- We recommend either of these methods to manage this measure:
  - Answering this question as "NO" but if the patient returns with an Unplanned Reoperation within 30 days you can go back into the Encounter and mark the measure as YES
  - OR -
  - Waiting until 31+ days after the surgery to answer question. By choosing this option the system will capture these patients within the Incomplete section of your Quality Report

To trigger this measure within EZDERM
- The encounter must include a specific surgical CPT code. A full list of applicable codes can be found [here](#)

EZDERM

[MIPS Measure #357: Surgical Site Infection (SSI)](#)

Description: Percentage of patients aged 18 years and older who had a surgical site infection (SSI) that occurs within 30 days after the operation

**GOAL=
0%
Performance**

Tips

- **INVERSE MEASURE** – The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control.
- Measure only applies to patients who undergo procedures by November 30th of the performance period to allow for the 30 days postoperative period
- We recommend either of these methods to manage this measure:
  - Answering this question as "NO" but if the patient returns with a SSI within 30 days you can go back into Encounter and mark the measure as YES
    - OR -
  - Waiting until 31+ days after the surgery to answer question. By choosing this option the system will capture these patients within the Incomplete section of your Quality Report

To trigger this measure within EZDERM

- The encounter must include a specific surgical CPT code. A full list of applicable codes can be found [here](#)

MIPS Measure #358: Patient-Centered Surgical Risk Assessment and Communication

Description: Percentage of patients patients age 18 and over who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-based, patient-specific risk calculator and who received personal discussion of those risks with the surgeon

Tips

- Must document the surgical risk by using a **risk calculator**:
  - *"Risk calculators based on multi-institutional, validated clinical data are acceptable for this measure. ACS NSQIP offers a risk calculator, which can be used for operations in many surgical subspecialties (ACS NSQIP Surgical Risk Calculator)."*
- CMS is flexible on allowing providers to use the tools they believe is best for their patient population as long as they are **validated tools**.
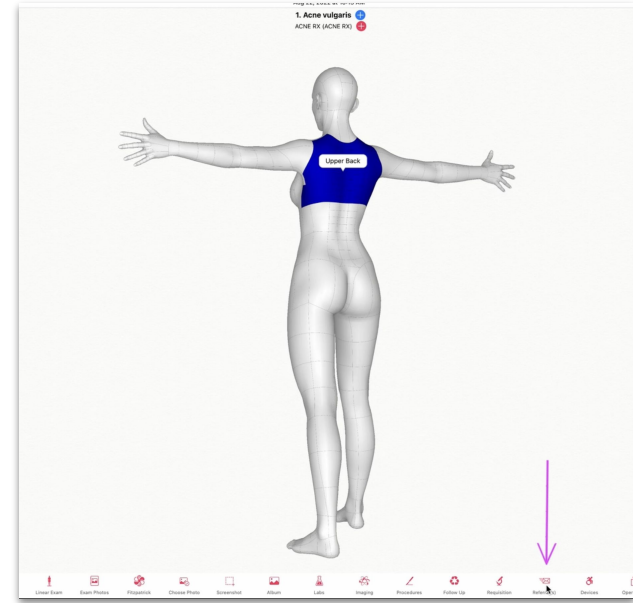
To trigger this measure within EZDERM

- The encounter must include a specific surgical CPT code. A full list of applicable codes can be found here

[MIPS Measure #374: Closing the Referral Loop: Receipt of Specialist Report](#)

Description: Percentage of patients regardless of age with referrals for which the referring clinician receives a report from the clinician to whom the patient was referred

Tips

- **Automation** of this measure available by sending via Referrals Icon > creates order in inbox to track > Upload results from PM > Export/Import Results > create order in Pending Review for the Provider
- You are **not required to send a referral out through EZDERM**, but you will need to upload the report to the chart from the provider to whom the patient was referred if not following above steps
- Only first referrals made between January 1 – October 31 (the measurement period) will count towards the denominator to allow adequate time for the referring clinician to collect the consult report by the end of the performance period
- Referral can be made between providers from the same practice

To trigger this measure within EZDERM

- E&M Code Present (Apply Treatment Plan(s))

[MIPS Measure #410: Psoriasis: Clinical Response to Systemic Medications](#)

Description: Percentage of all psoriasis vulgaris patients regardless of age receiving systemic medication 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.

Tips
- Diagnosis in treatment plan or impression field must be **Psoriasis Vulgaris** (not just Psoriasis)
- BSA (which calculates automatically based on locations selected), PASI or PGA scores can be viewed from the body map. Click on BSA to click through to PASI & PGA, long hold on each to indicate the severity. Or access PASI from wheel icon.
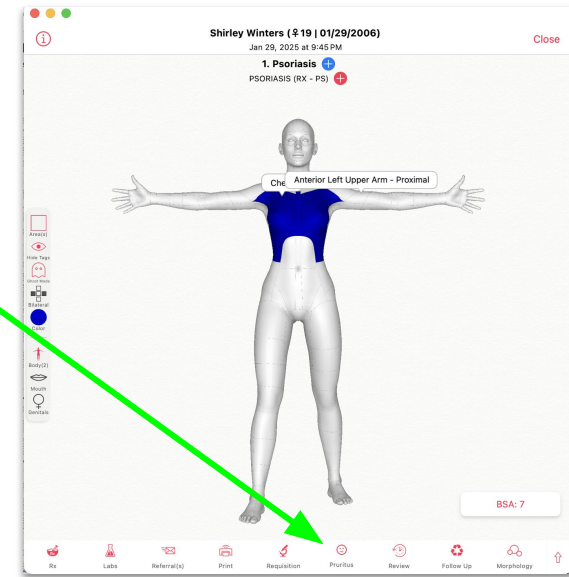

EZDERM
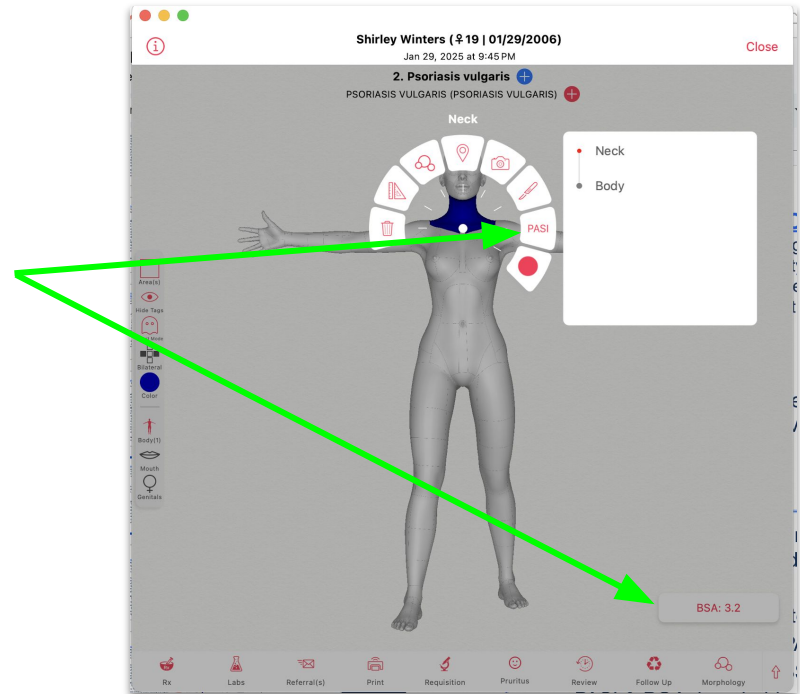
MIPS Measure #485: Psoriasis Improvement in Patient-Reported Itch Severity

Description: The percentage of patients aged 8 years and older, with a diagnosis of psoriasis where at an initial visit have a patient-reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow-up visit.

Tips

- In the first encounter the measure will not automatically trigger, you need to add a Pruritus Itch Score from the icon at the bottom of the Physical Exam screen.
- For the subsequent appointments, the system will automatically answer the measure if you document the itch severity changes.
- If the patient is seen by multiple providers within the practice, make sure to use Review/Follow Up Module to pull the same diagnosis forward to trigger the measure.
- This measure triggers at each follow-up visit during the performance period, so a 3+ point reduction can occur over multiple visits.
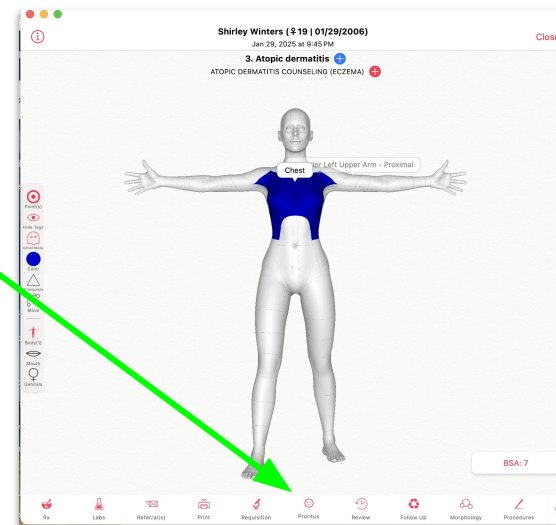

If the icon isn't in your top row, long-press on the icon and drag it up for quicker access.

[MIPS Measure #486: Dermatitis - Improvement in Patient-Reported Itch Severity](#)

Description: The percentage of patients aged 8 years and older, with a diagnosis of dermatitis where at an initial (index) visit have a patient-reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow-up visit.

Tips

- In the first encounter the measure will not automatically trigger, you need to add a Pruritus Itch Score from the icon at the bottom of the Physical Exam screen.
- For the subsequent appointments, the system will automatically answer the measure if you document the itch severity changes.
- If the patient is seen by multiple providers within the practice, make sure to use Review/Follow Up Module to pull the same diagnosis forward to trigger the measure.
- This measure triggers at each follow-up visit during the performance period, so a 3+ point reduction can occur over multiple visits.


If the icon isn't in your top row, long-press on the icon and drag it up for quicker access.

[MIPS Measure #487: Screening for Social Drivers of Health](#)

Description: Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

Tips

- Submitted minimum once per performance period (don't need to ask every visit)
- **Treatment plan** available under **Public Plans** that contains questions you or your clinical staff can verbally review and document the patient's responses.
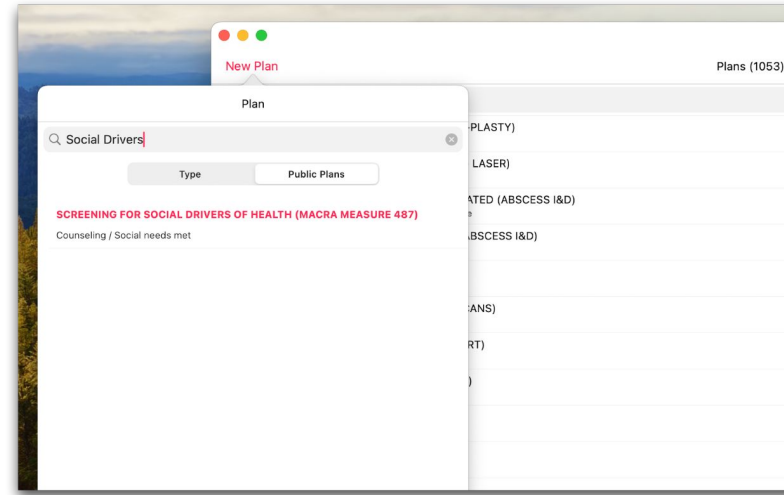
Additional Resources:

- Find detailed videos here on all measures
- Find a surgical risk calculator here
- For more information on bridging with Healthmonix, a CMS-certified data registry, see this article.
- For steps on how to pull a Quality report through EZDERM, see this video.
- CMS Quality Requirements: https://qpp.cms.gov/mips/quality-requirements?py=2025
- Check QPP Participation Requirements per provider: https://qpp.cms.gov/participation-lookup

Healthmonix Detailed Measure Descriptions:

[MIPS Measure #47: Advance Care Plan (Living Will)](#)

[MIPS Measure #130: Documentation of Current Medications in the Medical Record](#)

[MIPS Measure #176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy](#)

[MIPS Measure #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented](#)

[MIPS Measure #355: Unplanned Reoperation within the 30-Day Postoperative Period](#)

[MIPS Measure #357: Surgical Site Infection (SSI)](#)

[MIPS Measure #358: Patient-Centered Surgical Risk Assessment and Communication](#)

[MIPS Measure #374: Closing the Referral Loop: Receipt of Specialist Report](#)

[MIPS Measure #410: Psoriasis: Clinical Response to Systemic Medications](#)

[MIPS Measure #485: Improvement in Patient-Reported Itch Severity](#)

[MIPS Measure #486: Dermatitis – Improvement in Patient-Reported Itch Severity](#)

[MIPS Measure #487: Screening for Social Drivers of Health](#)