



Quality Measures Overview



Quality Measures

All EQIP episodes are subject to three quality measures, regardless of clinical episode category or clinical specialty area. The EQIP quality measures are:

Up to date in MIPS and applicable at the individual physician level.	Measurable using claims (i.e., no submission requirements for EQIP Entities).	High-priority and outcomes-based (endorsed by MIPS or the National Quality Forum).	Agnostic to clinical episode category or specialty area.	Aligned with the Maryland Statewide Integrated Health Improvement Strategy.
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What are the Quality Measures?

Advance Care Plan

NQF #326

- Percentage of patients (65 or older) who have an advance care plan (ACP) or surrogate decision maker documented in the medical record **OR** documentation in the medical record that an ACP was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an ACP

Documentation of Current Medications in the Medical Record

NQF #419

- Percentage of visits for patients 18 years and older for which a clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter

Body Mass Index (BMI) Screening and Follow Up Plan

MIPS #128

- Percentage of patients, 18 years and older, with a documented BMI during the encounter or during the previous 12 months **and** when the BMI is outside of normal parameters, a follow-up plan was documented during the encounter or during the 12 months preceding the encounter



Submission Codes for QMs

Advance Care Plan

- 1123F: An advance care plan or a surrogate decision maker is documented in the medical record.
- 1124F: An advance care plan was discussed but patient did not wish or was not able to provide an advanced care plan or a surrogate decision maker.

Documentation of Current Medications in the Medical Record

- G8427: Medication list documented, updated, or reviewed (Performance Met).
- G8430: Patient not eligible (e.g., emergent situation) (Denominator Exception).
- G8428: Medication list not documented, reason not given (Performance Not Met).

Body Mass Index and Follow Up Plan

- G8420: BMI within normal range, no follow-up needed (Performance Met).
- G8417: BMI above normal, follow-up documented (Performance Met).
- G8418: BMI below normal, follow-up documented (Performance Met).
- G2181: BMI not documented due to patient refusal or medical reasons (Exceptions/Non-Compliance)
- G8419: BMI outside normal range, no follow-up documented, no reason given (Exceptions/Non-Compliance).

Quality Scoring

Measurement of Quality

- It will be assessed if the three measures were performed by any physician within 364 days before the end of an episode
- Physicians only need to bill these quality measures once to get credit

Composite Quality Score Calculation

- Each quality metric is worth 10 points, totaling 30 points for all quality measures
- The score will then be converted to a percentile
 - 28/30 → 93% Quality Score



Want to Learn More?

Visit the full [EQIP Curriculum](#) to explore comprehensive learning modules and deepen your understanding of Maryland's Episode Quality Improvement Program (EQIP).

