



CMS Proposed Rule for 2019 Medicare Physician Fee Schedule and Quality Payment Program

Table of Contents

- I. **Executive Summary** pp.6
 - a. Purpose pp.6
 - i. Summary of Major Provisions pp.7
 - ii. Summary of Costs and Benefits pp.8
- II. **Provisions of the Proposed Rule for PFS** pp.9
 - a. Background pp.9
 - b. Determination of Practice Expense (PE) Relative Value Units (RVUs) pp.15
 - i. Table 2: Specialties Excluded from Ratesetting Calculation pp.29
 - ii. Table 7: Example of Direct PE Pricing Transition pp.54
 - c. Determination of Malpractice Relative Value Units (RVUs) pp.60
 - d. Modernizing Medicare Physician Payment by Recognizing Communication Technology-Based Services pp.63
 - e. Potentially Misvalued Services under the PSF pp.95
 - f. Payment Rates under the Medicare PFS for Nonexcepted Items and Services Furnished by Nonexcepted Off-Campus Provider-Based Departments of a Hospital pp.115
 - g. Valuation of Specific Codes pp.130
 - h. Evaluation & Management (E/M) Visits pp.323
 - i. Teaching Physician Documentation Requirements for Evaluation and Management Services pp.376
 - j. Solicitation of Public Comments on the Low Expenditure Threshold Component of the Applicable Laboratory Definition under the Medicare Clinical Laboratory Fee Schedule (CLFS) pp.378
 - k. GPCI Comment Solicitation pp.381
 - l. Therapy Services pp.382
 - m. Part B Drugs: Application of an Add-on Percentage for Certain Wholesale Acquisition Cost (WAC)-based Payments pp.396
- III. **Other Provisions of the Proposed Rule** pp.402
 - a. Clinical Laboratory Fee Schedule pp.402
 - b. Proposed Changes to Regulation Associated with the Ambulance Fee Schedule pp.425
 - c. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) pp.431
 - d. Appropriate Use Criteria for Advanced Diagnostic Imaging Services pp.438
 - e. Medicaid Promoting Interoperability Program Requirements for Eligible Professions (EPs) pp.460
 - i. Background pp.460
 - ii. eCQM Reporting Requirements for EPs under the Medicaid Promoting Interoperability Program for 2019 pp.461
 - iii. Proposed Revisions to the EHR Reporting Period and eCQM Reporting Period in 2021 for EPs Participating in the Medicaid Promoting Interoperability Program pp.466



- iv. Proposed Revisions to Stage 3 Meaningful Use Measures for Medicaid EPs pp.468
 - 1. Proposed Changes to Objective 6 (Coordination of Care Through Patient Engagement) pp.468
 - 2. Proposed Change to the Syndromic Surveillance Reporting Measure pp.470
- f. Medicare Shared Savings Program pp.471
 - i. Quality Measurement pp.472
 - 1. Background pp.472
 - 2. Proposals for Changes to the CAHPS Measure Set pp.476
 - 3. Proposed Changes to the CMS Web-Interface and Claims-Based Quality Measure Sets pp.478
 - a. Table 25: Proposed Measure Set for Use in Establishing the Shared Savings Program Quality Performance Standard, Starting with Performance Year 2019 pp.485
 - b. Table 26: Number of Measures and Total Points for Each Domain within the Shared Savings Program Quality Performance Standard, Starting with Performance Year 2019 pp.487
- g. Physician Self-Referral Law pp.488
- h. CY 2019 Updates to the Quality Payment Program pp.493**
 - i. Executive Summary pp.493
 - 1. Overview pp.493
 - a. Table 27: Meaningful Measures Framework Domains and Measure Areas pp.496
 - b. Promoting Interoperability Performance Category pp.498
 - c. Empowering Patients through the Patients over Paperwork Initiative pp.500
 - d. Promoting Price Transparency pp.501
 - 2. MIPS Program Details pp.504
 - a. MIPS ECs pp.504
 - b. MIPS Determination Period pp.507
 - c. Low-Volume Threshold pp.514
 - i. Overview pp.514
 - ii. Proposed Amendments to Comply with the Bipartisan Budget Act of 2018 pp.515
 - iii. MIPS Program Details pp.516
 - iv. Proposed Addition of Low-Volume Threshold Criterion Based on Number of Covered Professional Services pp.516
 - v. Low-Volume Threshold Opt-in pp.518
 - 1. Table 28: Low-Volume Threshold Determination Opt-in Scenarios pp.522



- vi. Part B Services Subject to MIPS Payment Adjustments pp.526
- d. Partial QPs pp.526
 - i. Partial QP Elections within Virtual Groups pp.526
- e. Group Reporting pp.531
- f. Virtual Groups pp.533
 - i. Background pp.533
 - ii. Virtual Group Election Process pp.533
 - 1. Virtual Group Eligibility Determination pp.534
- g. MIPS Performance Period pp.538
- h. MIPS Performance Category Measures and Activities pp.541
 - i. Performance Category Measures and Reporting pp.541
 - 1. Background pp.541
 - 2. Collection Types, Submission Types and Submitter Types pp.541
 - a. Table 29: Data Submission Types for MIPS ECs Reporting as Individuals pp.546
 - b. Table 30: Data Submission Types for MIPS ECs Reporting as Groups pp.547
 - 3. Submission Deadlines pp.547
 - ii. Quality Performance Category pp.549
 - 1. Background pp.549
 - a. Assessing Performance on the Quality Performance Category pp.549
 - b. Contribution to Final Score pp.549
 - c. Quality Data Submission Criteria pp.550
 - d. Table 31: Summary of Data Completeness Requirements and Performance Period by Collection Type for the 2020/2021 MIPS Payments Years pp.554
 - e. Table 32: Summary of Quality Data Submission Criteria for MIPS Payments Year 2021 for Individual Clinicians and Groups pp.555
 - f. Application of Facility-Based Measures pp.555
 - 2. Selection of MIPS QMs for Individual MIPS ECs and Groups pp.556
 - i. Topped Out Measures pp.559
 - ii. Removal of Quality Measures pp.561



- iii. Categorizing Measures by Value pp.562
- iii. Cost Performance Category pp.564
 - 1. Weight in Final Score pp.564
 - 2. Cost Criteria pp.566
- iv. Improvement Activities Performance Category pp.581
 - 1. Background pp.581
 - 2. Submission Criteria pp.583
 - 3. Subcategories pp.584
 - 4. IA Inventory pp.586
 - 5. CMS Study on Factors Associated with Reporting Quality Measures pp.596
- v. Promoting Interoperability pp.604
 - 1. Background pp.604
 - 2. Renaming the ACI Performance Category pp.604
 - 3. Certification Requirements Beginning in 2019 pp.604
 - 4. Scoring Methodology pp.608
 - 5. Table 35: 2018 Performance Period PI Performance Category Scoring Methodology PI Objectives and Measures pp.610
 - 6. Table 36: Proposed Scoring Methodology for MIPS Performance Period in 2019 pp.621
 - 7. Table 37: Proposed Scoring Methodology Beginning with MIPS Performance Period in 2020 pp.621
 - 8. PI/ACI Objectives and Measures Specifications for the 2018 Performance Period pp.624
 - 9. PI Performance Category Measure Proposals for MIPS ECs pp.631
 - 10. TABLE 39: Summary of Proposals for the Promoting Interoperability Performance Category Objectives and Measures for the MIPS Performance Period in 2019 pp.635
- vi. Proposed Modifications to Send Summary of Care Measure pp.650
- vii. Proposed Removal of Request/Accept Summary of Care Measure pp.653
- viii. Proposed Removal of Clinical Information Reconciliation Measure pp.655
- ix. Proposed New Measure: Support Electronic Referral Loops by Receiving and Incorporating Health Information pp.656



- x. Proposed Modification to Provide Patient Access Measure pp.660
- xi. Proposed removal of Patient Generated Health Data Measure pp.661
- xii. Proposed Removal of Patient-Specific Education Measure pp.661
- xiii. Proposed Removal of Secure Messaging Measure pp.662
- xiv. Proposed Removal of VDT Measure pp.663
 - 1. Table 40: Promoting Interoperability Objectives and Measures and Certification Criteria for the 2015 Edition pp.669
- xv. IA Bonus Score Under the PI Performance Category and Future Reporting Considerations pp.672
- i. APM Scoring Standard for MIPS ECs Participating in MIPS APMS pp.679
 - i. MIPS APM Criteria pp.680
 - ii. MIPS APM Performance Feedback pp.685
 - 1. Table 41: MIPS APM Measure List-- Comprehensive ESRD Care pp.687
 - 2. TABLE 42: MIPS APM Measure List-- Comprehensive Primary Care Plus (CPC+) Model pp.691
 - 3. TABLE 44: MIPS APM Measure List--Bundled Payments for Care Improvement Advanced pp.701
 - 4. TABLE 46: MIPS APM Measure List-- Independence at Home Demonstration pp.709
- i. **MIPS Final Score Methodology** pp.710
 - i. Converting Measures and Activities into Performance Category Scores pp.710
 - ii. Scoring the Quality Performance Category for the Following Collection Types: Part B Claims Measures, eQMs, MIPS CQMs, QCDR Measures, CMS Web Interface Measures, the CAHPS for MIPS Survey Measure and Administrative Claims Measures pp.711
 - 1. QM Benchmarks pp.713
 - a. Revised Terminology for MIPS Benchmarks pp.714
 - iii. Scoring Measures That Do Not Meet Case Minimum, Data Completeness, and Benchmarks Requirements pp.718
 - 1. TABLE 47: Quality Performance Category: Scoring Measures pp.719
 - iv. Scoring Flexibility for Measures with Clinical Guideline Changes During the Performance Period pp.720
 - v. Scoring for MIPS Eligible Clinicians that Do Not Meet Quality Performance Category Criteria pp.723
 - vi. Small Practice Bonus pp.724



- vii. Incentives to Report High-Priority Measures pp.726
- viii. Incentives to Use CEHRT to Support Quality Performance Category Submissions pp.728
- ix. Calculating Total Measure Achievement and Measure Bonus Points pp.729
 - 1. TABLE 48: Example Assigning Total Measure Achievement and Bonus Points for an Individual MIPS Eligible Clinician Who Submits Measures Collected Across Multiple Collection Types pp.731
- x. Future Approaches to Scoring the Quality Performance Category pp.732
- xi. Improvement Scoring for the MIPS Quality Performance Category Percent Score pp.736
- xii. Scoring the Cost Performance Category pp.738
 - 1. Scoring Achievement in the Cost Performance Category pp.738
 - 2. Scoring Improvement in the Cost Performance Category pp.738
- xiii. Facility-Based Measures Scoring Option for the 2021 MIPS Payment Year for the Quality and Cost Performance Categories pp.740
 - 1. Background pp.740
 - 2. Facility-Based Measurement Applicability pp.740
 - 3. Facility Attribution for Facility-Based Measurement pp.747
 - 4. No Election of Facility-Based Measurement pp.749
 - 5. Facility-Based Measures pp.753
 - 6. Scoring Facility-Based Measurement pp.758
 - 7. Expansion of Facility-Based Measurement to Use in Other Settings pp.759
- xiv. Scoring the Improvement Activities Performance Category pp.764
 - 1. CEHRT Bonus pp.766
- xv. Scoring the Promoting Interoperability Performance Category pp.766
 - 1. Complex Patient Bonus for the 2021 MIPS Payment Year pp.769
- xvi. Final Score Performance Category Weights pp.772
 - 1. TABLE 50: Finalized and Proposed Weights by MIPS Performance Category and MIPS Payment Year pp.773
 - 2. Redistributing Performance Category Weights pp.784
 - 3. TABLE 51: Performance Category Redistribution Policies Proposed for the 2021 MIPS Payment Year pp.785
 - 4. TABLE 52: Alternative Performance Category Redistribution Policies Considered for the 2021 MIPS Payment Year pp.786
- xvii. Final Score Calculation pp.787
- j. MIPS Payment Adjustments pp.789**
 - i. Final Score Used in Payment Adjustment Calculation pp.789
 - ii. Establishing the Performance Threshold pp.790
 - iii. Additional Performance Threshold for Exceptional Performance pp.797
 - iv. Application of the MIPS Payment Adjustment Factors pp.799
 - 1. TABLE 54: Scoring Example 1, MIPS Eligible Clinician in a Small Practice pp.816



2. TABLE 55: Scoring Example 2, MIPS Eligible Clinician in a Medium Practice pp.817
 3. TABLE 56: Scoring Example 3, Non-Patient Facing MIPS Eligible Clinician pp.818
 - k. Third Party Intermediaries pp.819
 - i. QCDR Measure Requirements pp.827
 1. Advanced APMs pp.850
 2. Use of CEHRT pp.850
 3. MIPS Comparable Quality Measures pp.852
 4. Bearing Financial Risk for Monetary Losses pp.857
 5. Summary of Proposals pp.859
 - a. Use of CEHRT pp.859
 - b. MIPS-Comparable Quality Measures pp.859
 - c. Bearing Financial Risk for Monetary Losses pp.860
 - l. All-Payer Combination Option pp.867
 - a. TABLE 57: QP Payment Amount Thresholds – All-Payer Combination Option pp.868
 - b. TABLE 58: QP Patient Count Thresholds – All-Payer Combination Option pp.868
- IV. **Requests for Information** pp.908
 - a. Request for Information on Promoting Interoperability and Electronic Healthcare Information Exchange through Possible Revisions to the CMS Patient Health and Safety Requirements for Hospitals and Other Medicare- and Medicaid-Participating Providers and Suppliers pp.909
 - b. Request for Information on Price Transparency: Improving Beneficiary Access to Provider and Supplier Charge Information pp.918
- V. **Collection of Information Requirements** pp.923
 - a. Wages pp.923
 - i. ICRs Regarding the Clinical Laboratory Fee Schedule (CLFS) (Section III.A. of this proposed rule) pp.925
 - ii. ICRs Regarding Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging Services (§414.94 and Section III.D. of this proposed rule) pp.927
 - iii. ICRs Regarding the Medicare Shared Savings Program (Part 425 and Section III.F. of this proposed rule) pp.931
 - iv. ICRs Regarding the Physician Self-Referral Law (42 CFR Part 411 and Section III.G. of this proposed rule) pp.931
 1. TABLE 62: Clinicians or Organizations Submitting MIPS Data on Behalf of Clinicians, by Type of Data and Category of Clinician* pp.939
 - v. Quality Payment Program ICRs Regarding the Virtual Group Election (§414.1315 pp.942
 - vi. Quality Payment Program ICRs Regarding Third-Party Reporting (§414.1400) pp.942
 1. TABLE 65: Estimated Number of Clinicians Submitting Quality Performance Category Data by Collection Type pp.957



2. TABLE 66: Estimated Number of Clinicians Submitting Quality Performance Category Data as Individuals by Collection Type pp.958
3. TABLE 67: Estimated Number of Groups and Virtual Groups Submitting Quality Performance Category Data by Collection Type on Behalf of Clinicians pp.960
4. TABLE 69: Estimated Burden for Quality Performance Category: Clinicians Using the Claims Collection Type pp.964
5. TABLE 70: Estimated Burden for Quality Performance Category: Clinicians (Participating Individually or as Part of a Group) Using the MIPS CQM/QCDR Collection Type pp.968
6. TABLE 71: Estimated Burden for Quality Performance Category: Clinicians (Submitting Individually or as Part of a Group) Using the eCQM Collection Type pp.970
7. TABLE 72: Estimated Burden for Quality Data Submission via the CMS Web Interface pp.973
- vii. Quality Payment Program ICRs Regarding the Nomination of Quality Measures pp.979
- viii. Quality Payment Program ICRs Regarding Promoting Interoperability Data (§414.1375) pp.982
 1. TABLE 77: Estimated Burden for Promoting Interoperability Reweighting Applications pp.984
 2. TABLE 78: Estimated Number of Respondents to Submit Promoting Interoperability Performance Data on Behalf of Clinicians pp.987
 3. TABLE 79: Estimated Burden for Promoting Interoperability Performance Category Data Submission pp.988
- ix. Quality Payment Program ICRs Regarding the Nomination of Promoting Interoperability (PI) Measures pp.988
- x. Quality Payment Program ICRs Regarding Improvement Activities Submission (§§414.1305, 414.1355, 414.1360, and 414.1365) pp.989
- xi. Quality Payment Program ICRs Regarding the Nomination of Improvement Activities (§414.1360) pp.994
- xii. Quality Payment Program ICRs Regarding CMS Study on Factors Associated with Reporting Quality Measures pp.997
- xiii. Quality Payment Program ICRs Regarding the Cost Performance Category (§414.1350) pp.997
- xiv. Quality Payment Program ICRs Regarding Partial QP Elections (§414.1430) pp.998
- xv. Quality Payment Program ICRs Regarding Other Payer Advanced APM Determinations: Payer-Initiated Process (§414.1440) and Eligible Clinician Initiated Process (§414.1445) pp.999
- xvi. Summary of Annual Quality Payment Program Burden Estimates pp.1007
- VI. **Response to Comments** pp.1015
- VII. **Regulatory Impact Analysis** pp.1016
 - a. Statement of Need pp.1016



- b. Overall Impact pp.1017
 - c. Changes in Relative Value Unit (RVU) Impacts pp.1021
 - d. Effect of Changes Related to Telehealth pp.1028
 - e. Effect of Changes to Payment to Provider-Based Departments (PBDs) of Hospitals Paid under the PFS pp.1029
 - f. Other Provisions of the Proposed Regulation pp.1030
 - i. TABLE 96: Description of MIPS Eligibility Status for CY 2021 MIPS Payment Year Using the Proposed Assumptions*** pp.1076
 - ii. TABLE 97: Incremental Change Table for 2021 MIPS Payment Year pp.1078
 - g. Alternatives Considered pp.1100
 - h. Impact on Beneficiaries pp.1101
 - i. Impact on Beneficiaries in the Quality Payment Program pp.1109
 - j. Estimating Regulatory Familiarization Costs pp.1110
 - k. Accounting Statement pp.1111
 - l. Conclusion pp.1111
- VIII. **Appendix I** pp.1197
- a. Proposed MIPS QMs pp.1197
 - i. Ischemic Vascular Disease Use of Aspirin or Anti-Platelet Medication pp.1204
 - ii. Falls: Screening, Risk Assessment, and Plan of Care to Prevent Future Falls pp.1207
 - b. Proposed New and Modified MIPS Specialty Measure Sets for the 2021 MIPS Payment Year and Future Years pp.1208
 - i. Anesthesiology Inclusion pp.1209
 - ii. Anesthesiology Removal pp.1211
 - iii. Cardiology Inclusion pp.1212
 - iv. Cardiology Removal pp.1219
 - v. Gastroenterology Inclusion pp.1220
 - vi. Gastroenterology Removal pp.1225
 - vii. Dermatology Inclusion pp.1226
 - viii. Dermatology Removal pp.1229
 - ix. Family Medicine Inclusion pp.1230
 - x. Family Medicine Removal pp.1248
 - xi. Internal Medicine Inclusion pp.1250
 - xii. Internal Medicine Removal pp.1267
 - xiii. Emergency Medicine Inclusion pp.1270
 - xiv. Obstetrics/Gynecology Inclusion pp.1273
 - xv. Obstetrics/Gynecology Removal pp.1279
 - xvi. Ophthalmology Inclusion pp.1280
 - xvii. Ophthalmology Removal pp.1284
 - xviii. Orthopedic Surgery Inclusion pp.1285
 - xix. Orthopedic Surgery Removal pp.1293
 - xx. Otolaryngology Inclusion pp.1294
 - xxi. Otolaryngology Removal pp.1299
 - xxii. Pathology Inclusion pp.1301



- xxiii. Pathology Removal pp.1303
- xxiv. Pediatrics Inclusion pp.1304
- xxv. Pediatrics Removal pp.1309
- xxvi. Physical Medicine Inclusion pp.1310
- xxvii. Physical Medicine Removal pp.1314
- xxviii. Preventive Medicine Inclusion pp.1315
- xxix. Preventive Medicine Removal pp.1321
- xxx. Neurology Inclusion pp.1322
- xxxi. Neurology Removal pp.1328
- xxxii. Mental/Behavioral Health Inclusion pp.1329
- xxxiii. Mental/Behavioral Health Removal pp.1336
- xxxiv. Diagnostic Radiology Inclusion pp.1337
- xxxv. Diagnostic Radiology Removal pp.1341
- xxxvi. Nephrology Inclusion pp.1342
- xxxvii. Nephrology Removal pp.1346
- xxxviii. General Surgery Inclusion pp.1347
- xxxix. General Surgery Removal pp.1351
 - xl. Vascular Surgery Inclusion pp.1352
 - xli. Vascular Surgery Removal pp.1358
 - xl.ii. Thoracic Surgery Inclusion pp.1359
 - xl.iii. Thoracic Surgery Removal pp.1363
 - xl.iii. Urology Inclusion pp.1364
 - xl.iii. Urology Removal pp.1369
 - xl.iii. Oncology Inclusion pp.1370
 - xl.iii. Radiation Oncology Inclusion pp.1375
 - xl.iii. Radiation Oncology Removal pp.1376
 - xl.iii. Infectious Disease Inclusion pp.1377
 - l. Infectious Disease Removal pp.1379
 - li. Neurosurgical Inclusion pp.1392
 - lii. Podiatry Inclusion pp.1396
 - liii. Podiatry Removal pp.1398
 - liii. Dentistry Inclusion pp.1399
 - liii. Rheumatology Inclusion pp.1400
 - liii. Physical Therapy/Occupational Therapy Inclusion pp.1404
 - liii. Geriatrics Inclusion pp.1408
 - liii. Urgent Care Inclusion pp.1413
 - liii. Skilled Nursing Facility Inclusion pp.1417
- c. QMs Proposed for Removal in 2021 MIPS Payment Years and Future Years pp.1420
- d. Measures with Substantive Changes Proposed for the 2021 MIPS Payment Year and Future Years pp.1441
 - i. Medication Reconciliation Post-Discharge pp.1441
 - ii. Pneumococcal Vaccination Status for Older Adults pp.1442
 - iii. Diabetes: Eye Exam pp.1443
 - iv. Preventive Care and Screening: BMI Screening and Follow-Up Plan pp.1444



- v. Oncology: Medical and Radiation – Plan of Care for Pain pp.1445
 - vi. Rheumatoid Arthritis (RA): Tuberculosis Screening pp.1446
 - vii. Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity pp.1447
 - viii. Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines pp.1448
 - ix. Depression Remission at Twelve Months pp.1449
 - x. Depression Utilization of the PHQ-9 Tool pp.1450
 - xi. Melanoma Reporting pp.1451
 - xii. Psoriasis: Clinical Response to Oral Systemic or Biologic Medications pp.1452
 - xiii. Depression Remission at Six Months pp.1453
 - xiv. Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older pp.1454
 - xv. Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 through 17 Years pp.1455
 - xvi. Functional Status Change for Patients with Knee Impairments pp.1456
 - xvii. Functional Status Change for Patients with Hip Impairments pp.1457
 - xviii. Functional Status Change for Patients with Foot or Ankle Impairments pp.1458
 - xix. Functional Status Change for Patients with Lumbar Impairments pp.1459
 - xx. Functional Status Change for Patients with Shoulder Impairments pp.1460
 - xxi. Functional Status Change for Patients with Elbow, Wrist or Hand Impairments pp.1461
 - xxii. Functional Status Change for Patients with General Orthopedic Impairments pp.1462
 - xxiii. Overuse Of Imaging For Patients With Primary Headache pp.1463
- IX. **Appendix II Improvement Activities** pp.1464
- a. Proposed New Improvement Activities for the MIPS CY 2019 Performance Period and Future Years pp.1464
 - i. Comprehensive Eye Exam pp.1464
 - ii. Financial Navigation Program pp.1465
 - iii. Completion of Collaborative Care Management Training Program pp.1465
 - iv. Relationship-Centered Communication pp.1466
 - v. Patient Medication Risk Education pp.1466
 - vi. Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support pp.1467
 - b. Proposed Changes to Previously Adopted Improvement Activities for the MIPS CY 2019 Performance Period and Future Years pp.1469
 - i. Care Transition Documentation Practice Improvements pp.1469
 - ii. Participation in Population Health Research pp.1469
 - iii. Chronic Care and Preventative Care Management for Empaneled Patients pp.1469
 - iv. Participation in MOC Part IV pp.1470
 - v. Use of Patient Safety Tools pp.1472



- vi. Implementation of Analytic Capabilities to Manage Total Cost of Care for Practice Population pp.1472

