

CMS WEB INTERFACE TRANSITION GUIDE

Options for transitioning to a
new reporting method



Introduction

The Quality Payment Program (QPP) has allowed large organizations to use the CMS Web Interface reporting method to complete MIPS requirements since the program launched in 2017. This gave these organizations the option to report a sampling of 248 patients (selected by Medicare Part B claims) across all of their practices.

CMS will completely sunset the CMS Web Interface reporting option by 2025, but begin phasing it out in 2023. In 2023 and 2024 only MSSP ACOs may continue to use the CMS Web Interface measures.

In 2025, all MSSP ACOs must report either eQMs or CQMs for all patients, all payers, all practices for 365 days of the year.

Figuring out data aggregation, de-duplication and comprehensive performance review by 2024 is key to your success.

In this guide we will review your CMS Web Interface options and then show you equivalent measures to help you make the digital measurement transition.

This guidebook focuses exclusively on the Quality category requirements for the Quality Payment Program. For a full list of all requirements, please download our 2022 MIPS eBook.

Reporting Frameworks

If you currently report using the CMS Web Interface measures you can still do so through 2024. That being said, you must understand the new reporting framework options.

There are two MIPS frameworks. Each framework has slightly different requirements and different category weights.

Traditional MIPS

and

APM Performance Pathway (APP)



Reporting Frameworks

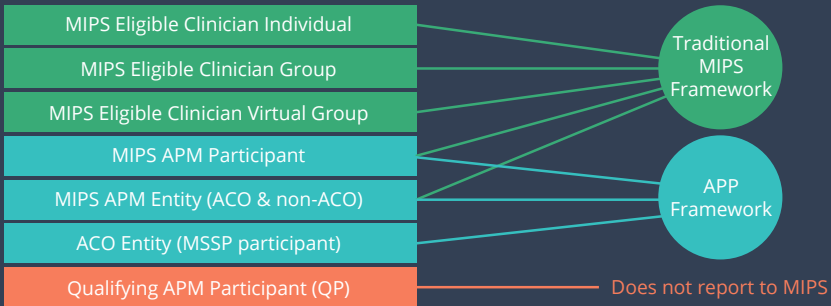
Traditional MIPS Framework

This is the usual MIPS framework made up of four categories and a composite score.

APM Performance Pathway (APP) Framework

The APP Framework is new and is available to MIPS APM entities and required for ACOs if they are part of MSSP.

Here is a matrix of which framework you can report to based on your status.



Requirements and Options for CMS Web Interface

We assume you know most of the information on the next few pages but just in case, these are the requirements and measures for submitting the Quality category data to CMS using the CMS Web Interface collection type.

Note: There is a slight change noted in the Claims measure list and this is dependent upon which reporting framework you use.



Quality Category

CMS Web Interface Collection Type

Requirements

- Must be a group, virtual group or APM entity with 25 or more eligible clinicians
- Submit all 10 measures listed on the next page
 - CMS generates and sends your organization samples of cases for each measure from Medicare part B claims
 - You must submit 248 consecutive cases per measure from that sample
- Two administrative quality claims measures are calculated automatically
- CAHPS for MIPS survey



Measure Lists

Quality Measures

Quality ID	CMS Web Interface Measure
Quality ID#: 001	DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control
Quality ID#: 134	PREV-12: Screening for Depression and Follow-Up Plan
Quality ID#: 236	HTN-2: Controlling High Blood Pressure
Quality ID#: 318	CARE-2: Screening for Future Fall Risk
Quality ID#: 110	PREV-7: Influenza Immunization
Quality ID#: 226	PREV-10: Tobacco Use: Screening and Cessation Intervention
Quality ID#: 113	PREV-6: Colorectal Cancer Screening
Quality ID#: 112	PREV-5: Breast Cancer Screening
Quality ID#: 438	PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Quality ID#: 370	PREV-12: Depression Remission at Twelve Months

Measure Lists

Claims Measures

- **For Traditional MIPS Framework**
 - Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Groups. This measure is replacing the All-Cause Hospital Readmission (ACR) measure
 - Risk-standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) for MIPS
- **For APP Framework**
 - Hospital-wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups
 - Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs
- CAHPS for MIPS survey

Making the transition by 2025

Quality category options

CMS has given participants the option of submitting both CMS Web Interface measures and eQMs or CQMs in 2022 through 2025. This allows you to compare your performance and make improvements until you are required to make the switch in 2025.



2025 Quality Category Options

When you finally make the switch, remember that regardless of which reporting framework you choose, it's all patients, all payers for all of your practices, 365 days of the year.

If you choose the **Traditional MIPS Framework**

Choose from a wide range of Quality measures and report 6.

[Here is a list of quality measures on the CMS website.](#)

If you choose the **APP Framework**

APP is required for MSSP ACOs.

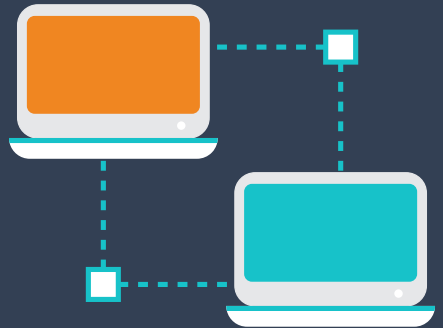
Report on these 3 specific Quality measures.

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control

PREV-12: Screening for Depression and Follow-Up Plan

HTN-2: Controlling High Blood Pressure

Understanding your Collection Type options



Collection Type Options

Up until now, you have been using the CMS Web Interface measures (collection type). Since that option goes away in 2025 you must now pick a new collection type.

eQMs
(Electronic Clinical Quality Measures)

MIPS CQMs
(previously called Registry measures)

QCDR measures
(Qualified Clinical Data Registry)

For your organization it will likely come down to two options for you. Should you submit eQMs or CQMs? In general, eQMs are less burdensome but require excellent data aggregation from all of your various practice EHRs. Compare that to CQMs which may be simpler to implement but could require a massive amount of manual abstraction.

CQM vs. eCQMs: Pros & Cons

	CMS Web Interface	CQM	eCQM
Measure results calculated	Year end	Variable	Daily, Weekly or Monthly
Manual Data Abstraction	Yes	Yes	No
Patient Sampling	Yes	Yes	No
EHR Data Integration	No	Partial	Yes
Near-real time monitoring & gaps in care management	No	No	Yes
Burden: Implementation, maintenance & data submission	Lower initial Higher total	Medium initial Higher total	Higher initial Lower Total
Bonus points	None	None	Yes

Our opinion

In our opinion the eCQM collection type is the way to go. Yes, it's going to be a pain to bring together all of those sources of EHR data in the beginning. But once you get it set up, there's no ongoing manual data abstraction.

Implementing eCQMs is the long-term play. Quite frankly, it's the direction CMS is going, as made evident in the IPPS Final Rule where they committed to going completely digital by 2025

They want measurement to be mostly electronic and not burdensome abstraction. So, while we recognize that every organization's situation is different and eCQMs might not be the best fit, we encourage you to explore the eCQM option and see if it might work for you.



Finding a CMS Web Interface Measure Equivalent

If we've convinced you that eQMs are the way to go, we wanted to provide you with a chart that shows the equivalent eQM for each of the CMS Web Interface measures you've been submitting so far.



Making the Transition Easier

Our team has listed the equivalent eCQM ID on this chart below. We've also given you a colored guide. This is again just our opinion here, but as we've worked with clients to implement these measures over the years, we've found some to be easier than others. Green is easy, yellow is a bit difficult, and red is very difficult.

Also note, the three measures listed at the top in gray are your required measures if you choose or are required to report using the APP framework.

Quality ID	CMS Web Interface Measure	eCQM ID
Quality ID#: 001	DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS122v9
Quality ID#: 134	PREV-12: Screening for Depression and Follow-Up Plan	CMS002v10
Quality ID#: 236	HTN-2: Controlling High Blood Pressure	CMS165v9
Quality ID#: 318	CARE-2: Screening for Future Fall Risk	CMS139v9
Quality ID#: 110	PREV-7: Influenza Immunization	CMS147v10
Quality ID#: 226	PREV-10: Tobacco Use: Screening and Cessation Intervention	CMS138v9
Quality ID#: 113	PREV-6: Colorectal Cancer Screening	CMS130v9
Quality ID#: 112	PREV-5: Breast Cancer Screening	CMS125v9
Quality ID#: 438	PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v4
Quality ID#: 370	PREV-12: Depression Remission at Twelve Months	CMS159v9

Required Measures
APP Framework

Medisolv Can Help

Medisolv MIPS Package

Along with award-winning software, each client receives a dedicated Clinical Quality Advisor that helps you with your technical and clinical needs.

We consistently hear from our clients that the biggest differentiator between Medisolv and other vendors is the level of one-of-one support. Especially if you use an EHR vendor right now, you'll notice a huge difference.

- We help troubleshoot technical and clinical issues to improve your measures.
- We keep you on track for your submission deadlines and ensure you don't miss critical dates.
- We help you select and set up measures that make sense based on your organization's situation.
- You receive one advisor that you can call anytime with questions or concerns - no limit on hours.