



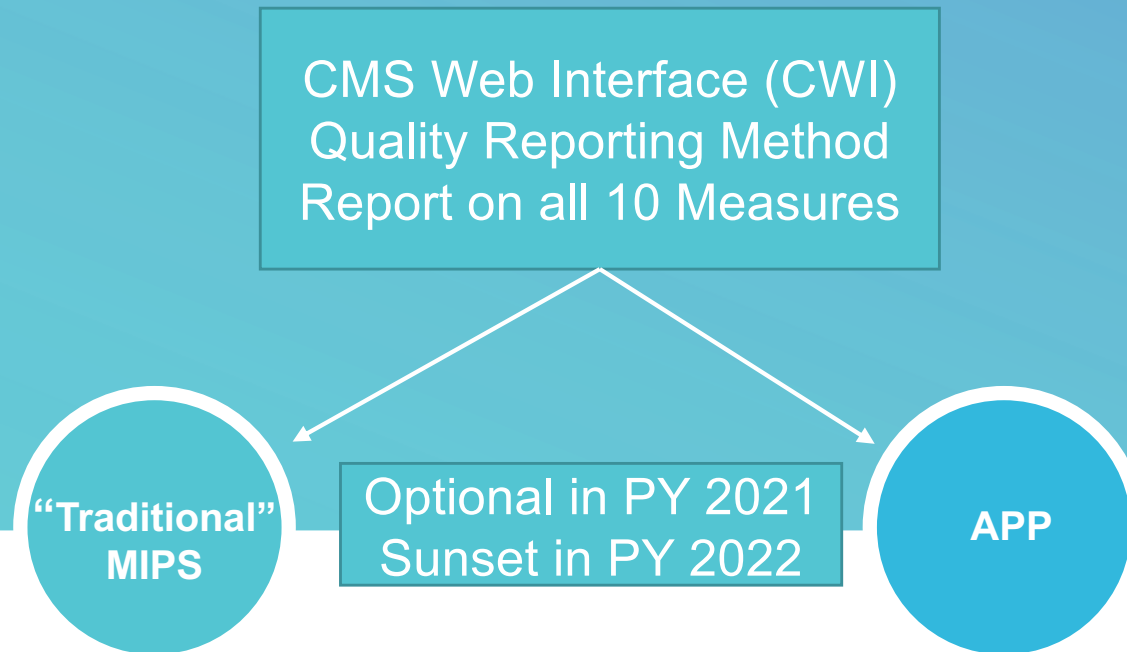
Transitioning from CMS Web Interface Reporting

March 10, 2021

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Quality Payment Program (QPP) Quality Reporting



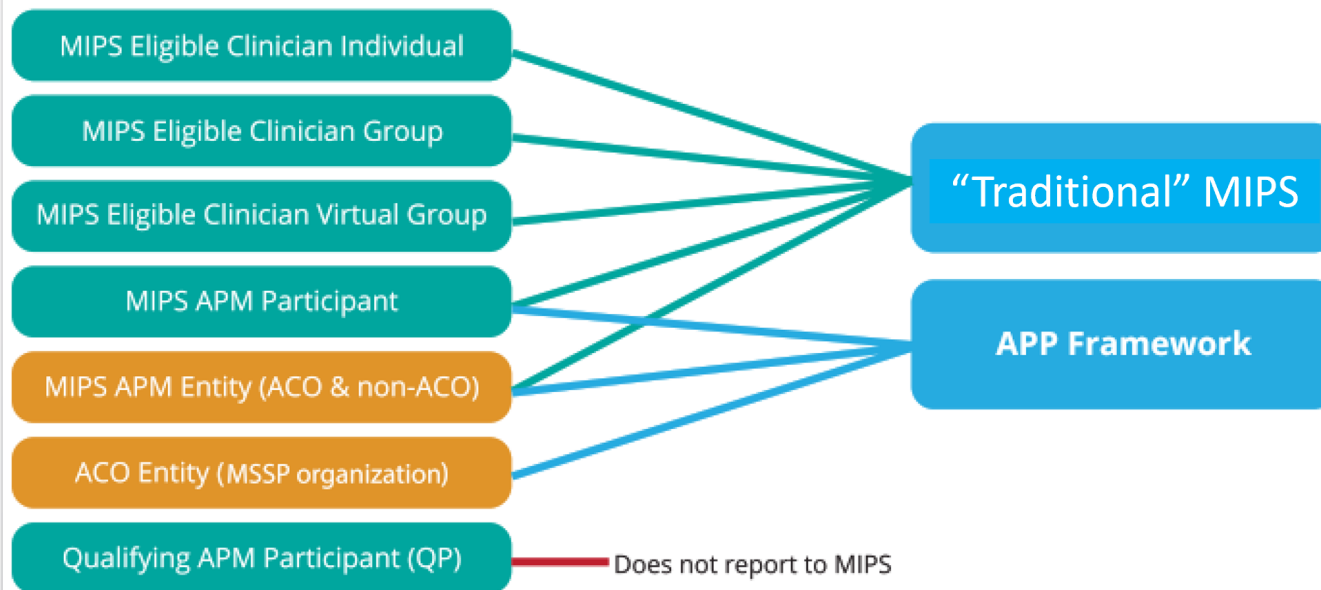
Other Quality Reporting Options

- Claims (Small practices)
- Electronic Clinical Quality Reporting (eCQM)
- Clinical Quality Measures (CQM) Reporting (aka Registry Measures previously)

Other APP Quality Reporting Options

- Electronic Clinical Quality Reporting (eCQM)
- Clinical Quality Measures (CQM) Reporting (aka Registry Measures previously)

QPP Quality Reporting for Eligible Clinicians (EC) Options & Requirements



CMS Web Interface Quality Reporting: PY 2021

- Report on all ten (10) quality measures
- CMS generates samples of cases for each Measure from Medicare part B claims for a full year of performance
- Quality data are submitted to CMS for at least 248 consecutive cases per measure from the CMS sample for each measure between early Jan through March 31 of the year following the performance year
- Generally, requires some degree of data abstraction from medical records
- Compliance of CMS rules for abstraction required including case exclusions
- Data submission via file upload or API



CMS Web Interface

■ REQUIRED MEASURES

- **DM-2:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
- **HTN-2:** Controlling High Blood Pressure
- **PREV-12:** Screening for Depression and Follow-Up Plan
- **MH-1:** Depression Remission at Twelve Months Measure
- **PREV-5:** Breast Cancer Screening
- **PREV-6:** Colorectal Cancer Screening
- **PREV-7:** Influenza Immunization
- **PREV-10:** Tobacco Use: Screening and Cessation Intervention
- **CARE-2:** Falls: Screening for Future Fall Risk
- **PREV-13:** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

*All 10 measures have matching eCQMs and all except one (Screening for Fall Risk) have matching CQMs



CWI Measures/eCQM Cross-walk

Quality ID	CWI Measures	eCQM ID
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS122v9
Quality ID#: 134	Screening for Depression and Follow-Up Plan	CMS002v10
Quality ID#:236	Controlling High Blood Pressure	CMS 165v9
Quality ID#: 318	Screening for Future Fall Risk	CMS139v9
Quality ID#: 110	Influenza Immunization	CMS147v10
Quality ID#: 226	Tobacco Use: Screening and Cessation Intervention	CMS138v9
Quality ID#: 113	Colorectal Cancer Screening	CMS130v9
Quality ID#: 112	Breast Cancer Screening	CMS125v9
Quality ID#: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v4
Quality ID#: 370	Depression Remission at Twelve Months	CMS159v9

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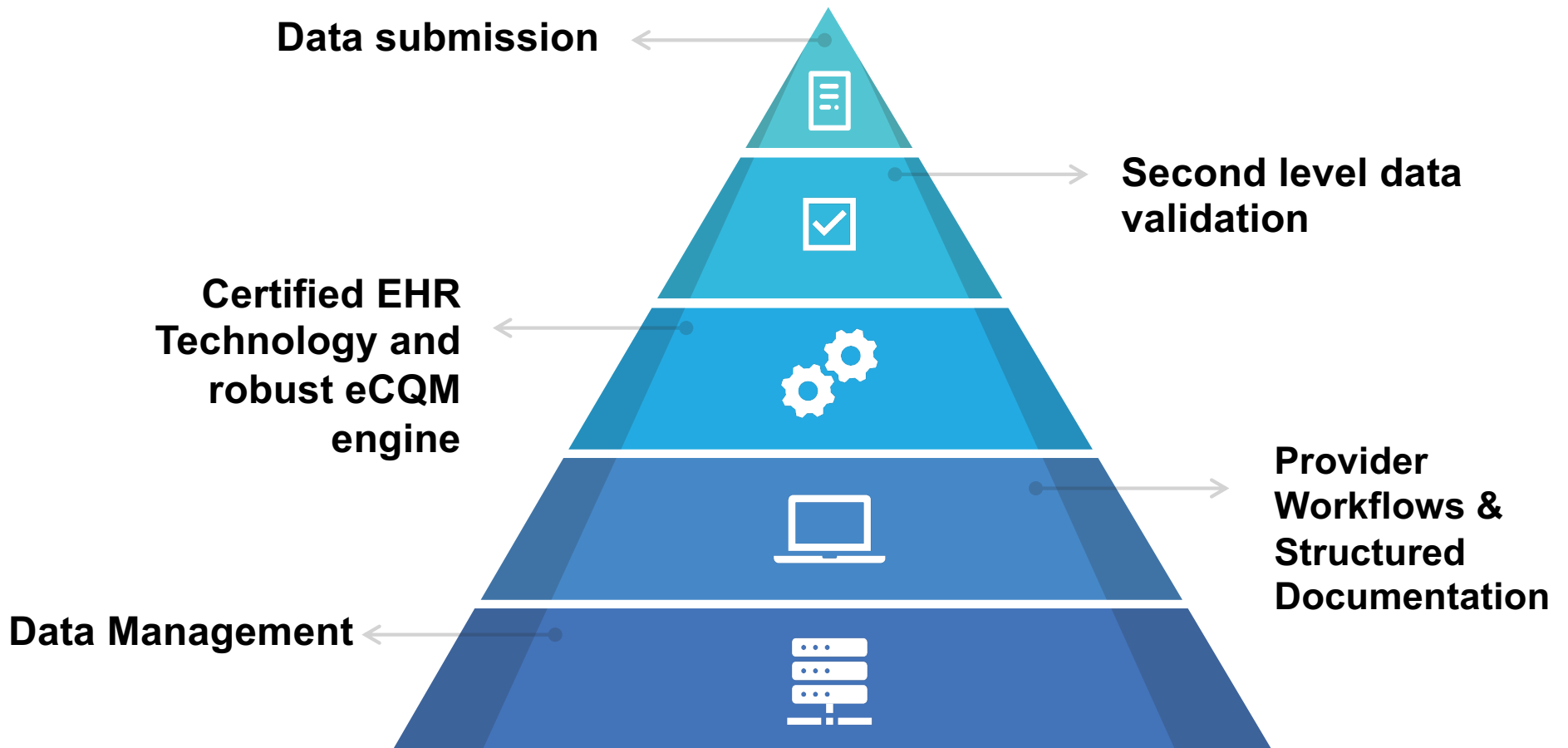
QPP Quality Reporting Options: Pros and Cons

	CWI	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

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438); Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care & Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks for the CMS Web Interface and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

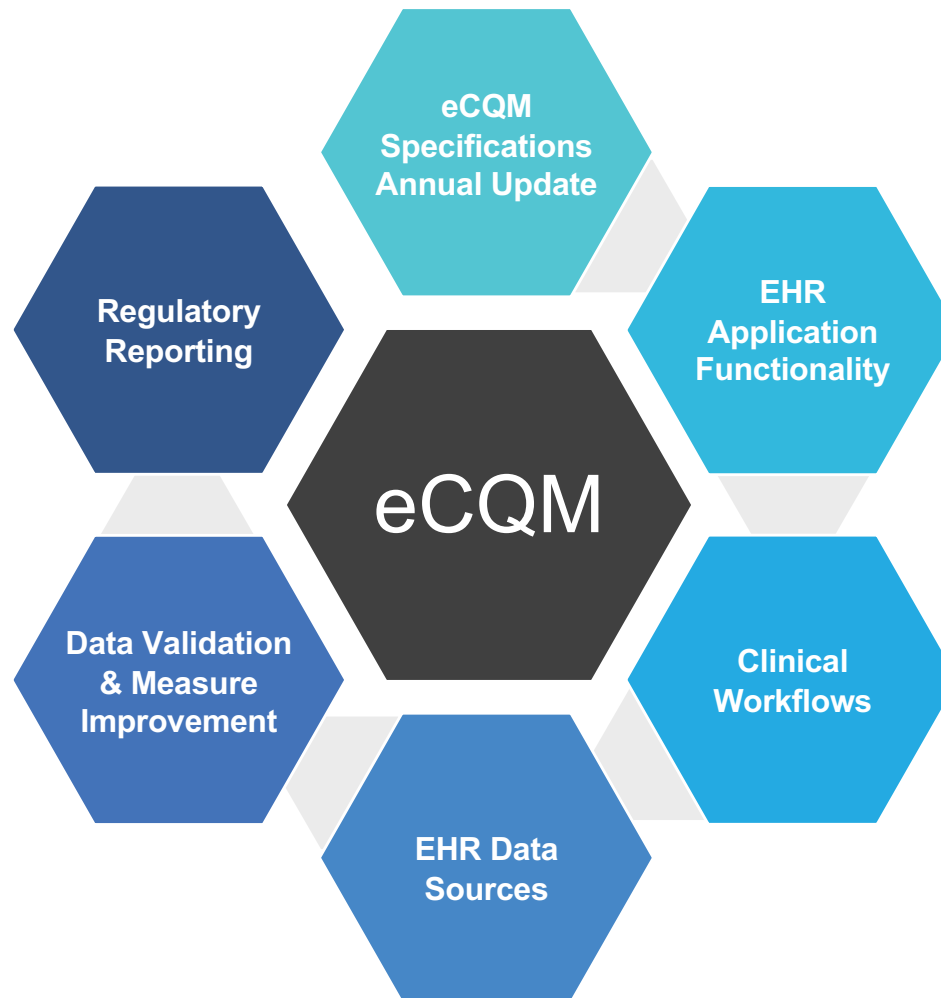
eCQM Success Factors

Goal: high quality reporting



eCQM Life Cycle Cadence

Implementation and Annual Support Cycle



“Traditional” MIPS Reporting Options: PY 2021

Collection Types

Submitter Type	Individual MIPS EC	Group	3 rd Party Intermediary
Quality	<ul style="list-style-type: none"> Part B Claims (Only if part of small practice) MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) 	<ul style="list-style-type: none"> Part B Claims (Small practices only) Web Interface ≥ 25 Sunsets after 2021 MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) CAHPS Survey for MIPS 	<ul style="list-style-type: none"> Web Interface ≥ 25 Sunsets after 2021 MIPS Clinical Quality Measures (MIPS CQMs) Qualified Clinical Data Registry (QCDR) Electronic Clinical Quality Measures (eCQMs) CAHPS Survey for MIPS

“Traditional” MIPS Quality Category

Report Quality Measures Data

- Six (6) Measures (Claims, eCQM, CQM, QCDR)
 - One Outcome or High Priority
- Specialty Measure Set as alternative option

Quality Data Completeness

- When reporting quality measures, must meet data completeness criteria:
 - Claims – 70% of all Medicare patients eligible for a measure
 - eCQMs, MIPS CQMs, QCDR – at least 70% of all patients eligible for the measure across **All payers**

“Traditional” MIPS Scoring: 2021

Performance Threshold = **60 points**

“Penalty Avoidance”

- Quality Measures: performance to meet threshold
- Quality + PI measures + IA (or cost)
- Full participation in all categories
- EUC Exception

“Traditional” MIPS Reimbursements: PY 2021

Payment Adjustments in CY 2023

Budget neutral program

- Penalties fund incentives
- **60-point floor**
- Score to avoid a negative adjustment
- **85 points**
- Performance threshold for 2021 for exceptional performance incentive

****Exceptional Performance ends with 2024 Payment year

Positive adjustments are based on performance data submitted.

Quality Category

Bonus Points Still Available

Category	Measures	Bonus Points	Maximum
Quality	Additional Outcome or Patient Experience Measure	2 points each	6-point max
Quality	Additional High Priority Measure	1 point each	
Quality	CEHRT Submission	1 point each	6-point max
Quality	Improvement		Up to 10 percentage points

Traditional MIPS 2021 Scoring Hierarchy

Highest score will be assigned to the NPI if multiple scores are available:

Except if you participate in a Virtual Group for MIPS, in which case the Virtual Group score will be your MIPS Score for 2021

All other options – Individual, Group, APM Entity
- Traditional MIPS or APP the highest score will be assigned to the NPI

MIPS Performance Benchmarks

Vary by Collection Type

- eCQMs
- CQMs
- CMS Web Interface
- Part B Claims
- QCDR

Updated for each reporting year

Average of all submissions

Determine decile performance for MIPS Score

APM Performance Pathway (APP): PY 2021

All payer data from Jan 1 – Dec 31, 2021

Option 1: Quality Measures Set

<p>Quality ID: 001 Diabetes: Hemoglobin A1c (HbA1c) Poor Control</p>	<p>Quality ID: 134 Preventive Care and Screening: Screening for Depression and Follow up Plan</p>	<p>Quality ID: 236 Controlling High Blood Pressure</p>	<p>Quality ID: 321 CAHPS for MIPS</p>	<p>Measure #: 479 Hospital-Wide, 30- day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups</p>	<p>Measure #: TBD Risk Standardized All Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs</p>
<p>Collection Type:</p> <ul style="list-style-type: none">• eCQM/MIPS CQM	<p>Collection Type:</p> <ul style="list-style-type: none">• eCQM/MIPS CQM	<p>Collection Type:</p> <ul style="list-style-type: none">• eCQM/MIPS CQM	<p>Collection Type:</p> <ul style="list-style-type: none">• CAHPS for MIPS Survey	<p>Collection Type:</p> <ul style="list-style-type: none">• Administrative Claims	<p>Collection Type:</p> <ul style="list-style-type: none">• Administrative Claims
<p>Submitter Type:</p> <ul style="list-style-type: none">• MIPS EC• Representative of a Practice• APM Entity• Third Party Intermediary	<p>Submitter Type:</p> <ul style="list-style-type: none">• MIPS EC• Representative of a Practice• APM Entity• Third Party Intermediary	<p>Submitter Type:</p> <ul style="list-style-type: none">• MIPS EC• Representative of a Practice• APM Entity• Third Party Intermediary	<p>Submitter Type:</p> <ul style="list-style-type: none">• Third Party Intermediary	<p>Submitter Type:</p> <ul style="list-style-type: none">• N/A	<p>Submitter Type:</p> <ul style="list-style-type: none">• N/A

APM Performance Pathway (APP): PY 2021

CMS Sample of Medicare patients

Option 2: Quality Measures Set (SSP ACOs only)

Quality ID:

001

Diabetes:
Hemoglobin
A1c (HbA1c) Poor
Control

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:

134

Preventive Care
and Screening:
Screening for
Depression and
Follow up Plan

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:

236

Controlling High
Blood Pressure

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:

318

Falls: Screening for
Future Fall Risk

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:

110

Preventive Care
and Screening:
Influenza
Immunization

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:

226

Preventive Care and
Screening: Tobacco
Use: Screening and
Cessation
Intervention

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

APM Performance Pathway (APP): PY 2021

Option 2: Quality Measures Set (SSP ACOs only) [continued]

Quality ID:
113
Colorectal Cancer
Screening

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:
112
Breast Cancer
Screening

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:
438
Statin Therapy for
the Prevention and
Treatment of
Cardiovascular
Disease

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:
370
Depression
Remission at Twelve
Months

Collection Type:

- CMS Web Interface

Submitter Type:

- APM Entity (ACO)

Quality ID:
321
CAHPS for MIPS

Collection Type:

- CAHPS for MIPS Survey

Submitter Type:

- Third Party
Intermediary

Measure #:
479
Hospital Wide,
30 day, All Cause
Unplanned
Readmission (HWR)
Rate for MIPS Eligible
Clinician Groups

Collection Type:

- Administrative Claims

Submitter Type:

- N/A

Measure #:
TBD
Risk Standardized,
All-Cause Unplanned
Admissions for
Multiple Chronic
Conditions for ACOs

Collection Type:

- Administrative Claims

Submitter Type:

- N/A

APM Performance Pathway (APP)

Who is eligible to report through the APP?

Any MIPS eligible clinician participating in a MIPS APM

On a participation list, or affiliated practitioner of any APM Entity on the list in **1** of the **4** snapshot dates in **2021**

March 31

June 30

August 31

December 31

While the APP is required for all Shared Savings Program ACOs, MIPS eligible clinicians participating in those ACOs have the option to report through the APP outside the ACO or participate in MIPS outside the APP at the individual or group level.

APM Performance Pathway (APP)

MIPS APM participants who choose to participate in traditional MIPS are subject to traditional MIPS reporting and scoring requirements. However, the traditional MIPS performance category weights for APM Entities are the same as the APP as shown below:

<i>Quality:</i> 50%	<i>Cost:</i> 0%	<i>Promoting Interoperability:</i> 30%	<i>Imp. Activity:</i> 20%
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Groups and individuals in traditional MIPS by comparison have the following performance category weights:

<i>Quality:</i> 40%	<i>Cost:</i> 20%	<i>Promoting Interoperability:</i> 25%	<i>Imp. Activity:</i> 15%
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APP Scoring

Example Calculation of Final Scores for MIPS APM participants reporting via APP

Performance Category	Performance Category Requirement	Performance Category Score	Performance Category Weight	Potential Contribution to MIPS Final Score
Quality	Report on the measures in the APP measure set	100%	50%	50 points
Cost	No requirements	N/A	0%	N/A
Improvement Activities	Automatic full credit	100%	20%	20 points
Promoting Interoperability	Same reporting as traditional MIPS	100%	30%	30 points
MIPS Final Score				100 points <i>(out of 100 total possible points)</i>

MIPS Value Pathways

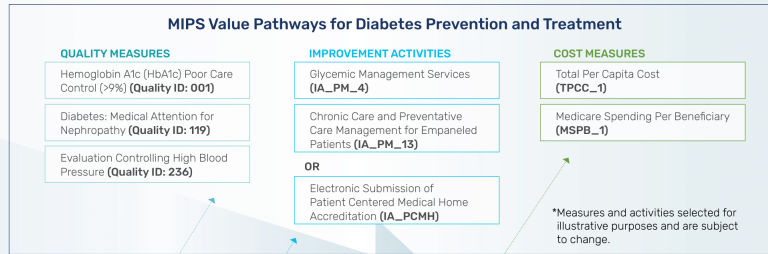
MIPS Value Pathways (MVPs) PY 2022

- Expect to introduce some MVPs in NPRM
- Traditional MIPS reporting option will continue
- MVPs – Will be optional at this point
- CMS is Accepting MVP proposals - Must include:
 - Quality Measures,
 - Improvement Activities
 - Cost Measures

Sample Diabetes MVP

MIPS Value Pathways: Diabetes Example

Current Structure of MIPS (In 2020)	New MIPS Value Pathways Framework (In Next 1-2 Years)	Future State of MIPS (In Next 3-5 Years)
<p>MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track</p>		
<p>Measures</p> <p>Endocrinologist chooses from same set of measures as all other clinicians, regardless of specialty or practice area</p>	<p>Measures</p> <p>Endocrinologist reports some "foundation" of PI and population health measures as all other clinicians but now has a MIPS Value Pathway with measures and activities that focus on diabetes prevention and treatment</p>	<p>Measures</p> <p>Endocrinologist reports on same foundation of measures with patient-reported outcomes also included</p>
<p>Programs</p> <p>Four performance categories feel like four different programs</p>	<p>Programs</p> <p>Endocrinologist reports on fewer measures overall in a pathway that is meaningful to their practice</p>	<p>Programs</p> <p>Performance category measures in endocrinologist's Diabetes Pathway are more meaningful to their practice</p>
<p>Reporting Burden</p> <p>Reporting burden higher and population health not addressed</p>	<p>Reporting Burden</p> <p>CMS provides more data; reporting burden on endocrinologist reduced</p>	<p>Reporting Burden</p> <p>CMS provides even more data (e.g. comparative analytics) using claims data and endocrinologist's reporting burden even further reduced</p>
<p>Clinician/Group CMS</p>	<p>Clinician/Group CMS</p>	<p>Clinician/Group CMS</p>



Tips & Resources

CMS QPP website – (qpp.cms.gov)

- Measure Selection Tools
- Program Information
- Participation Status Look –up
- Resource Library

Medisolv.com

- Blogs
- Educational Webinars
- Regulatory Updates
- Customer Stories and more...



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