



# Transitioning from CMS Web Interface Reporting

May 19, 2021

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# MSSP / MIPS Reporting

## Pre-2021

# 2021 Reporting Options

Ambulatory Regulatory Reporting for MIPS and MSSP ACOs

1

CMS Web  
Interface

2

eCQMs

3

CQMs

# Collection Types

2017-2021

## CMS Web Interface

- Manual abstraction process after year has ended
- Used by large practices (>25 providers) and ACOs
- Excel file created by CMS of at least 248 patients per measure
- Must complete in order / few “skip” reasons allowed
- Medicare patients only
- 100% Manual abstraction
- 10 defined measures for CMS Web Interface reporting
- Includes CAHPS for MIPS survey
- Time-consuming / “Low tech”
- Higher level of performance needed as difficulty is lower

# Collection Types

2017-2021

## **eCQMs – Electronic Clinical Quality Measures**

- No human interaction with data
- Data is pulled from EHR/database - Billing, Encounter & Clinical
- All patients / All payers
- 365-day reporting period
- Detailed electronic specifications/codes to qualify for measure
- Lower performance threshold for higher performance score
- Submitted electronically to CMS via QPP using QRDA III files
- May be submitted by third party vendor

# Collection Types

2017-2021

## **Clinical Quality Measures - CQMs** *(formerly “Registry” measures)*

- Less detailed specifications / ICD 9 or 10, CPT, G codes, etc
- All patients / All payers
- Sampling of patients / 365-day reporting period
- File created by practice and sent to vendor OR
- Certain EHR data may populate electronic abstractor sheets
- Manual abstraction from patient health information to complete
- Data available based on files created & sent, or abstractions completed
- Time & resource consuming / data sources less restrictive
- Higher level of performance needed, as difficulty is lower

# MIPS: Merit-based Incentive Payment System

2017-2021

## Non-ACO

- Score calculated at TIN or Individual level
- 4 Performance Categories – Quality, PI, IA, Cost
- All patients/ All payers or Medicare only
- Choose Collection method – eCQMs, CQMs, CMS Web Interface
- Specific bonus points available based on submission type
- Electronic, Abstraction or File creation, OR Excel
- Submit 6 or 10 Quality measures, PI measures & IA, Cost CMS calculated, CAHPS Survey
- Data available daily, at frequency of chart abstraction, or year end
- Use of/accessibility to data to improve performance varies greatly



# MIPS: Merit-based Incentive Payment System

2017-2021

## ACO / Medicare Shared Savings Program

- Quality Score calculated at ACO level
- 3 Performance Categories
  - Quality measures defined by CMS
  - Improvement Activities as defined by ACO
  - Promoting Interoperability submitted outside of ACO
- Medicare patients only
- One Collection Method – CMS Web Interface (includes CAHPS)
- Submit periodic files to ACO per ACO
- Excel completion – submit to ACO on attributed patients at year end
- ACO submits on your behalf / Some ECs may need to submit MIPS
- ACO score is provider score / May realize shared savings



# Understanding MIPS Frameworks

New in 2021

# Revised Reporting Frameworks

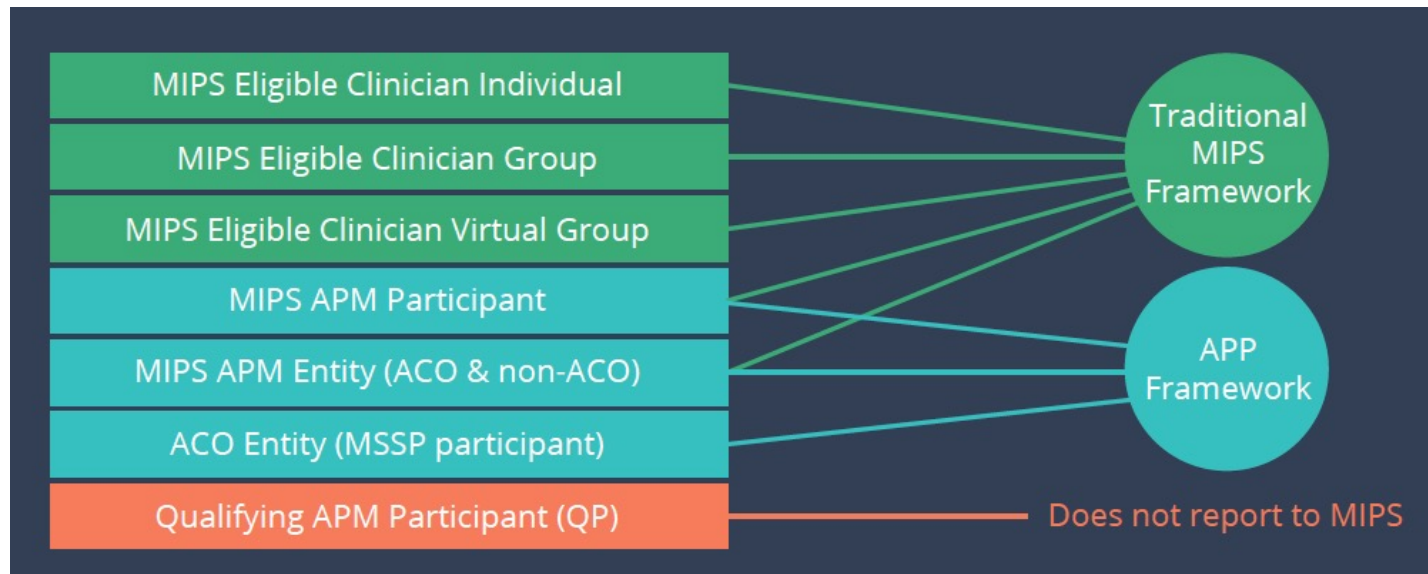
2021

## Traditional MIPS Framework

- MIPS framework made up of four performance categories and a total MIPS composite score

## APM Performance Pathway (APP) Framework

- The APP Framework is new and available to MIPS APM entities and required for MSSP ACOs



# 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 at least 1 of the 4 snapshot dates in 2021

*March 31*

*June 30*

*August 31*

*December 31*

*\*\*APP reporting is required for all Shared Savings Program ACOs*

**NEW** Options for MIPS eligible clinicians participating in MSSP ACOs

- 1) Report through the APP outside of the ACO or
- 2) Participate in MIPS outside the APP as an individual or group

# Category Weights by Framework

2021

## APP Framework Scoring:

Quality	Promoting Interoperability	Improvement Activity	Cost
50%	30%	20%	0%

## Traditional MIPS Framework Scoring:

Quality	Promoting Interoperability	Improvement Activity	Cost
40%	25%	15%	20%

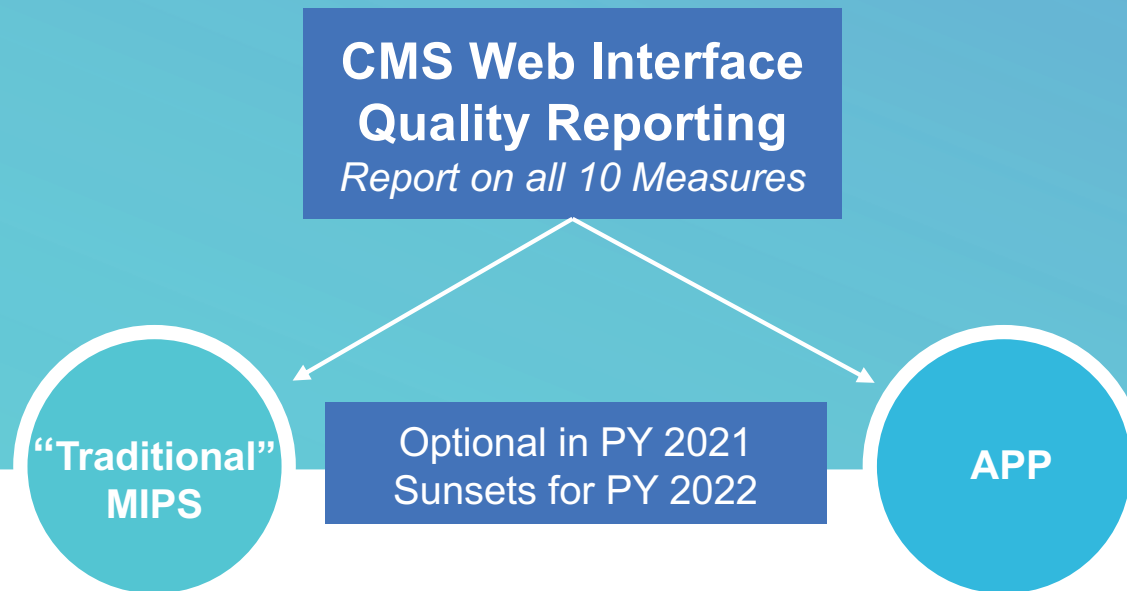
*Extreme & Uncontrollable Circumstances Exception available for 2021*



# Transitioning from CMS Web Interface

2022 Reporting Year

# Quality Payment Program (QPP) Quality Reporting



## Other Quality Reporting Options

- Claims (Small practices only)
- Electronic Clinical Quality Reporting (eCQM)
- Clinical Quality Measures (CQM) Reporting

## Other APP Quality Reporting Options

- Electronic Clinical Quality Reporting (eCQM)
- Clinical Quality Measures (CQM) Reporting

# CMS Web Interface Quality Reporting: PY 2021

- Report on all ten (10) quality measures
  - CMS generates and sends a list of your organization's patients, identified through Medicare Part B claims, for Web Interface quality reporting
  - Submit data on a minimum of 248 consecutive patients from the list, or all listed patients, if less than 248 (Very few exceptions apply)
- Data submission via file upload or API
- Reporting is changing from a list of Medicare patients to all patients, all payers across all practices!





# CMS Web Interface Measures *(Required 2021)*

Quality ID	CWI Measures
Quality ID#: 001	DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control
Quality ID#: 134	<b><i>PREV-12: Screening for Depression and Follow-Up Plan</i></b>
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	<b><i>PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</i></b>
Quality ID#: 370	<b><i>PREV-12: Depression Remission at Twelve Months</i></b>

*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.*

# Making the transition for 2022

Requirements based on framework

Remember that regardless of which reporting framework and equivalent measures you choose, it's ***all patients, all payers for all your practices.***

If you choose the <b>Traditional MIPS Framework</b>	If you choose the <b>APP Framework</b>
<ul style="list-style-type: none"><li>• Choose from a wide range of Quality measures</li><li>• Report 6 measures</li><li>• Can be combination of eCQMs &amp; CQMs</li></ul> <p><u><i>List of quality measures available on <a href="https://www.cms.gov">QPP.CMS.gov</a></i></u></p>	<ul style="list-style-type: none"><li>• Report on 3 specific Quality measures<ul style="list-style-type: none"><li>• <b>DM-2:</b> Diabetes: Hemoglobin A1c (HbA1c) Poor Control</li><li>• <b>PREV-12:</b> Screening for Depression and Follow-Up Plan</li><li>• <b>HTN-2:</b> Controlling High Blood Pressure</li></ul></li></ul>



# Understanding Your Collection Type Options

Critical information to understand about  
reporting in 2022

# 2022 Collection Type Options

Ambulatory Regulatory Reporting for MIPS and MSSP ACOs

1

eCQMs

2

CQMs

# CQMs vs eCQMs

## Pros and Cons

Features	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
Submission Bonus points	None	None	Yes

# Finding a CMS Web Interface Measure Equivalent

Required measures  
APP framework

Quality ID	CMS Web Interface Measures	eCQM ID
Quality ID#: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	CMS122v9
Quality ID#: 134	Screening for Depression and Follow-Up Plan	CMS 2v10
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	CMS 347v4
Quality ID#: 370	Depression Remission at Twelve Months	CMS159v9

# Quality Category

Bonus Points 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 Scoring: PY 2021

## Payment Adjustments in CY 2023

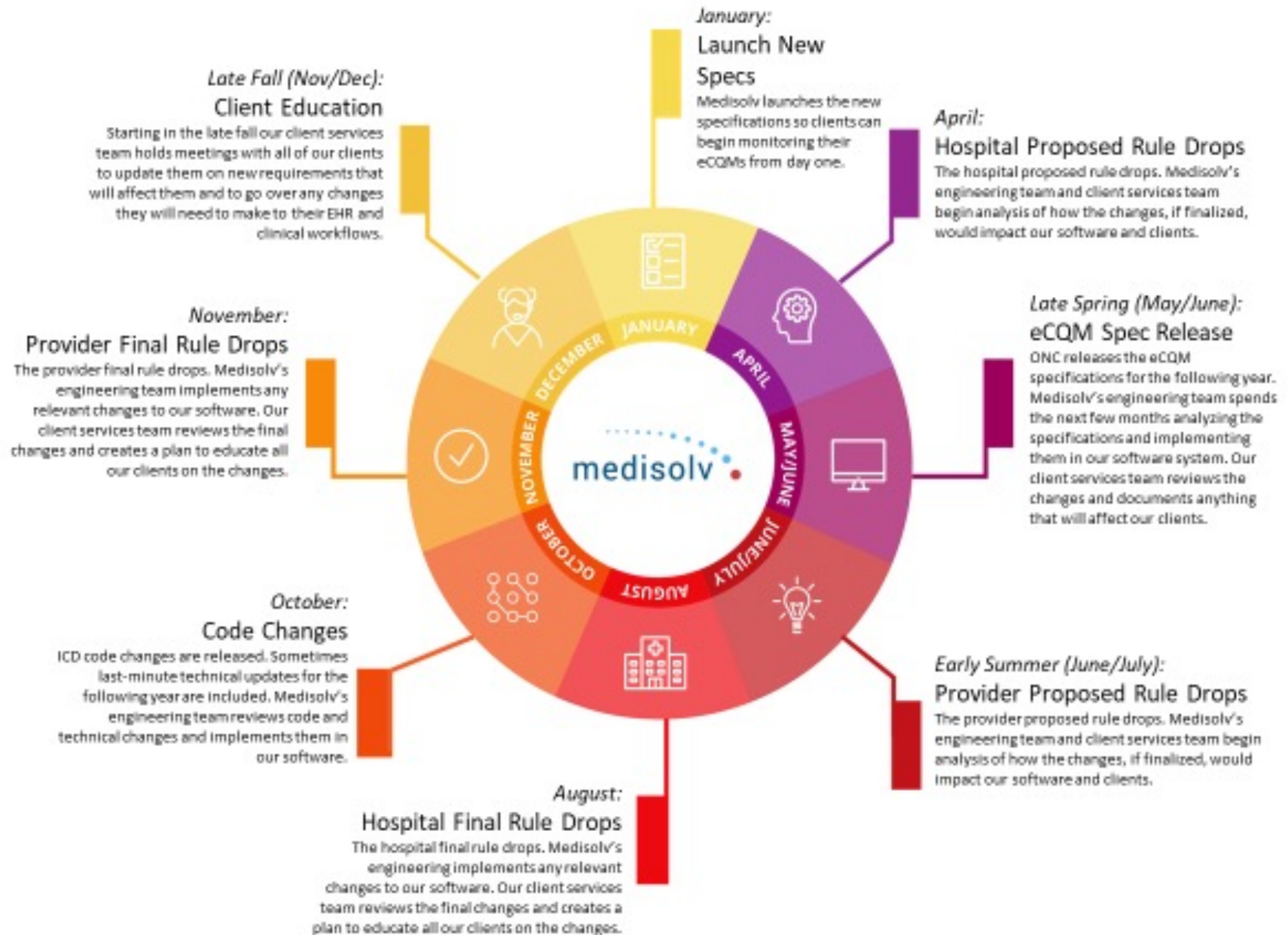
- Budget neutral program
  - Penalties fund incentives
- **60-point floor**
  - Score to avoid a negative adjustment
- *Expected to be ~72-point floor in 2022*
- **85 points**
  - Performance threshold for 2021 for Exceptional Performance Incentive

**\*\*Exceptional Performance Bonus ends with 2024 Payment year**

*Positive adjustments are based on performance data submitted.*

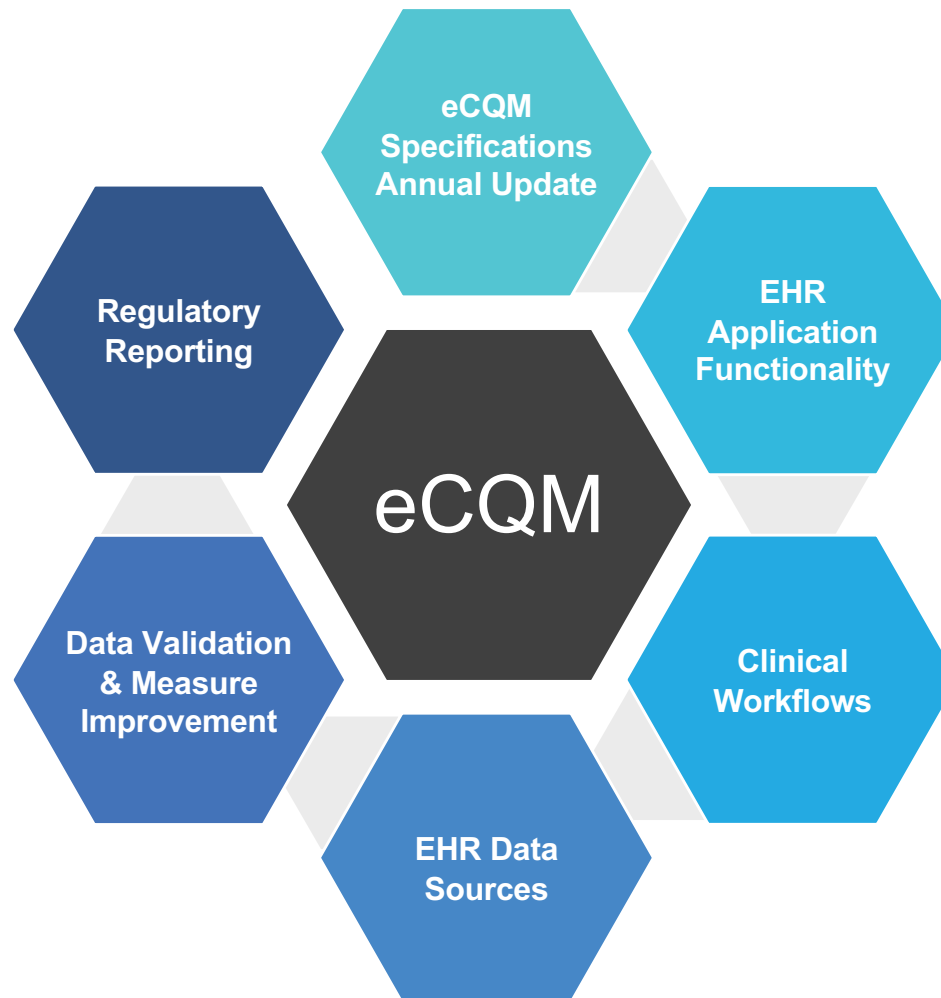


# CMS Annual Quality Program and Measure Change Cycle



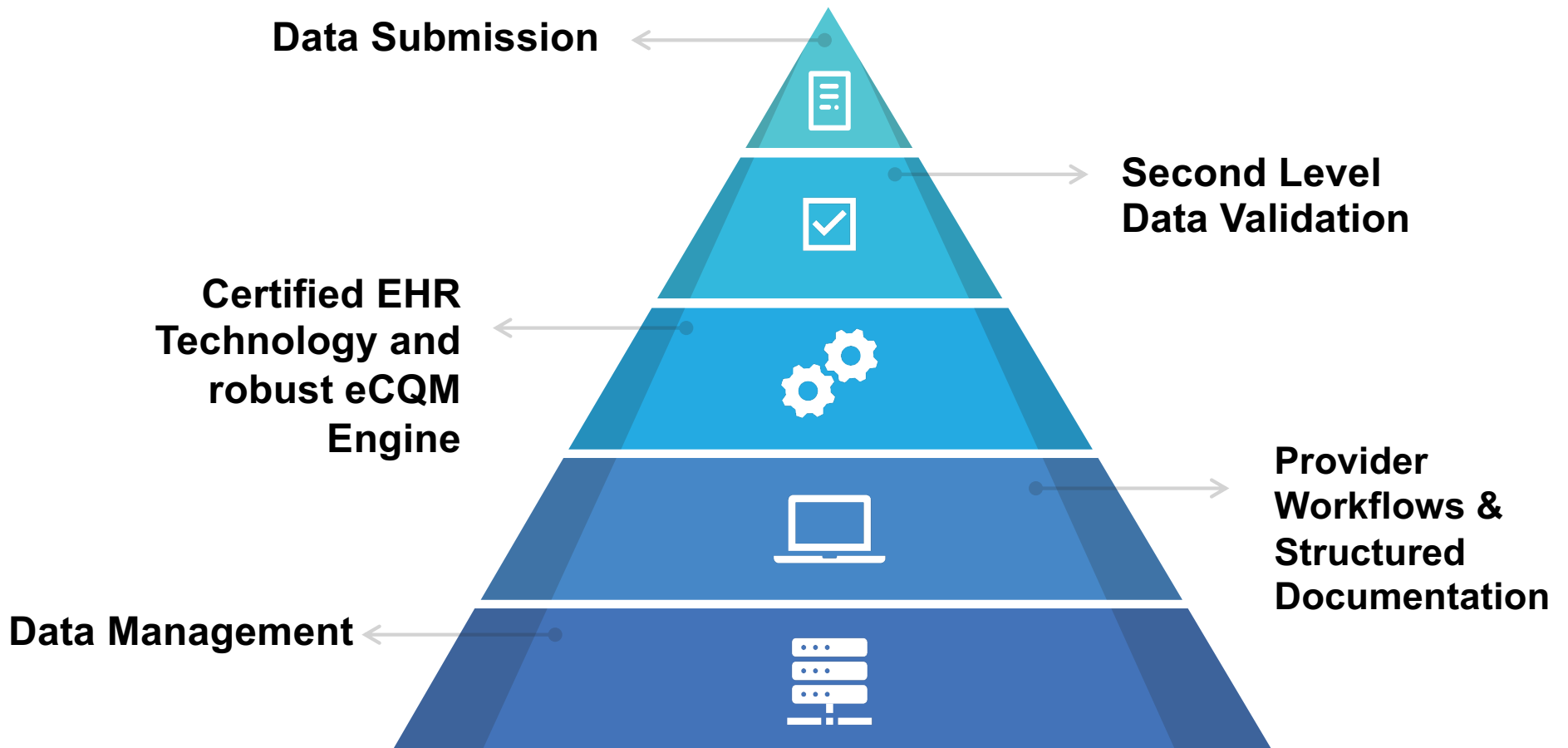
# eCQM Life Cycle Cadence

Implementation and Annual Support Cycle



# eCQM Success Factors

Goal: High quality submission



# Scoring Hierarchy

## Traditional MIPS 2021

- If you participate in a Virtual Group for MIPS, **the Virtual Group score will be your MIPS Score for 2021**
- For all other 2021 Traditional MIPS or APP submissions:
  - Individual
  - Group
  - APM Entity
- **Highest score will be assigned to the NPI when multiple scores are available**

# Coming Soon:

## 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)
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MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track



Endocrinologist chooses from same set of measures as all other clinicians, regardless of specialty or practice area



Endocrinologist reports same "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



Endocrinologist reports on same foundation of measures with patient-reported outcomes also included



Four performance categories feel like four different programs



Endocrinologist reports on fewer measures overall in a pathway that is meaningful to their practice



Performance category measures in endocrinologist's Diabetes Pathway are more meaningful to their practice



Reporting burden higher and population health not addressed

Clinician/Group CMS



CMS provides more data; reporting burden on endocrinologist reduced

Clinician/Group CMS



CMS provides even more data (e.g. comparative analytics) using claims data and endocrinologist's reporting burden even further reduced

Clinician/Group CMS

### MIPS Value Pathways for Diabetes Prevention and Treatment

#### QUALITY MEASURES

- Hemoglobin A1c (HbA1c) Poor Care Control (>9%) (Quality ID: 001)
- Diabetes: Medical Attention for Nephropathy (Quality ID: 119)
- Evaluation Controlling High Blood Pressure (Quality ID: 236)

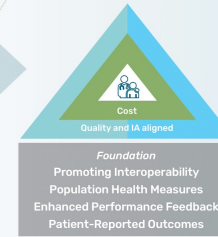
#### IMPROVEMENT ACTIVITIES

- Glycemic Management Services (IA\_PM\_4)
  - Chronic Care and Preventative Care Management for Empowered Patients (IA\_PM\_13)
- OR
- Electronic Submission of Patient Centered Medical Home Accreditation (IA\_PCMH)

#### COST MEASURES

- Total Per Capita Cost (TPCC\_1)
- Medicare Spending Per Beneficiary (MSPB\_1)

\*Measures and activities selected for illustrative purposes and are subject to change.



# Medisolv's End-to-End Solutions

More than just software

## Software Applications:

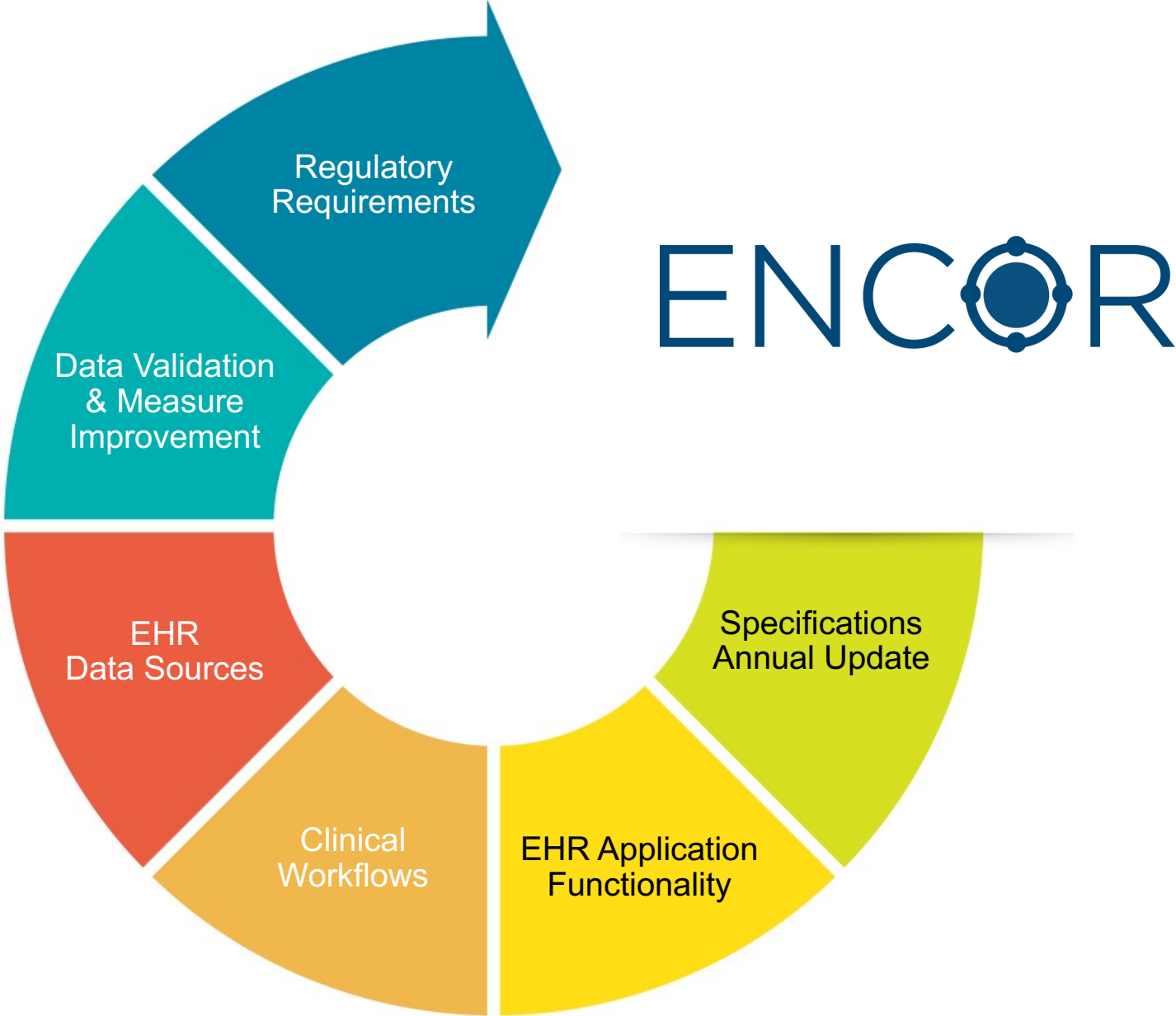
### ENCOR Quality Management Suite

- Electronic Measures Module (Hospital)
- Eligible Clinician Module (MIPS)
- Abstracted Measures Module
- Value Maximizer

## Services:

- Implementation
- Data Validation
- Technical Support
- Education & Regulatory Guidance
- Data Submission

# Implementation and Annual Support





# Tips & Resources

## **CMS QPP website – [qpp.cms.gov](http://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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