July 19 CMS Quality Vendor Workgroup

July 19, 2018
12:00 – 1:30 p.m. ET

Agenda

Topic	Speaker
Quality Payment Program Updates	**Kati Moore** *Quality Measurement and Value Based Incentives Group, CMS*
Quality Data Model (QDM) v5.4 Standard	**Shanna Hartman** *CMS Division of Electronic and Clinician Quality* *CMS/CCSQ/QMVIG* **Floyd Eisenberg** *ESAC, Inc.* *Healthcare IT and Life Sciences Data Management Solutions Contractor*
Questions	

Quality Payment Program Updates
Kati Moore

Quality Measurement and Value-Based Incentive Group, CCSQ, CMS

Quality Payment Program Transition Year (2017)

2017 Performance Feedback Available

- If a clinician has submitted 2017 Merit-based Incentive Payment System (MIPS) data through the [Quality Payment Program website](#), they can now view their performance feedback and MIPS final score.

- Clinicians can access their performance feedback and final score by:
  - Going to the [Quality Payment Program website](#).
  - Logging in using Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allows the submission of MIPS data (to create an EIDM account, refer to [this guide](#) and start the process now).

Targeted Review

- MIPS eligible clinicians or groups can request that CMS review the calculation of their 2019 MIPS payment adjustment factor via Targeted Review.

- When Should a Targeted Review be Requested?
  - Clinicians should request a Targeted Review if they believe an error has been made in the 2019 MIPS payment adjustment calculation.

- Target Review Request Deadline
  - A targeted review can be requested until **October 1, 2018**.

Targeted Review

- How to Request a Targeted Review
  - Clinicians can access their MIPS final score and performance feedback, and request a Targeted Review via the [Quality Payment Program (QPP) website](#).
  - Log in using Enterprise Identity Management (EIDM) credentials. Please refer to the [EIDM User Guide](#) for additional details.
  - Additional documentation may be required to support the request.

Targeted Review

- If the request is approved, CMS will update the final score and associated payment adjustment (if applicable), as soon as technically feasible.

- Targeted Review decisions are final and not eligible for further review.

- For more information about how to request a Targeted Review, please refer to:
    - [The Targeted Review of the 2019 Merit-based Incentive Payment System Payment Adjustment Fact Sheet](); and
    - [The Targeted Review of 2019 MIPS Payment Adjustment User Guide]()

Now Available Online

- The following resources are now available on the CMS website:

  - [MIPS 2017 Performance Feedback Fact Sheet](#)

  - [MIPS 2017 Performance Feedback User Guide](#)

  - [The Targeted Review of the 2019 MIPS Payment Adjustment Fact Sheet](#)

  - [The Targeted Review of 2019 MIPS Payment Adjustment User Guide](#)

  - [2019 MIPS Payment Adjustment Fact Sheet](#)

Quality Payment Program Year 2 (2018)

IPPS Proposed Rule and QPP

- On April 24, 2018, CMS issued the proposed updates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS), as well as a Request for Information (RFI) to solicit feedback on ways to better achieve interoperability.

- Effective immediately, the IPPS NPRM changed the name of the **Advancing Care Information performance category to the Promoting Interoperability performance category**.

- This name change is meant to better reflect the new focus of the programs, including:
    - Focusing on interoperability
    - Improving flexibility
    - Relieving burden
    - Incentivizing providers to make it easier for patients to obtain their medical records electronically

- The name change does not affect or alter any of the established requirements for the 2018 performance year.

PI Performance Category:
Frequently Asked Questions

- You've changed the name of Advancing Care Information to Promoting Interoperability. Is the name change the only update for 2018? Are there any other changes to the performance category that I need to be aware of?

- What is the reporting period for Promoting Interoperability?

- Can I still use 2014 Edition CEHRT in 2018 to report Promoting Interoperability measures?

- What is the difference between a Public Health Registry and a Clinical Data Registry?

- When does the Security Risk Analysis need to be done?

- Am I required to claim the e-Prescribing and Health Information Exchange measure exclusions if there are fewer than 100 denominator-eligible events?

QPP Look-Up Tool

- The QPP Look-Up Tool now includes 2018 MIPS eligibility and predictive qualifying alternative payment model (APM) participant (QP) data.

- Clinicians can enter their National Provider Identifier Standard (NPI) information in the tool to find out:
  - Whether they need to participate in MIPS 2018
  - Their Predictive QP status

QPP Look-Up Tool

- Clinicians can also check 2018 MIPS eligibility at the group level and APM Predictive QP status at the APM Entity level by:
  - Logging into the CMS Quality Payment Program website with their Enterprise Identity Management (EIDM) credentials.
  - Browse to the Tax Identification Number (TIN) affiliate with their group.
  - Access the details screen to view the eligibility status of every clinician based on their NPI.

QPP Website Updates

- CMS has updated the "Explore Measures" section of the [QPP website](#) for the 2018 performance period. The website now includes measures and activities for the four MIPS performance categories:
  - [Quality](#)
  - [Cost](#)
  - [Improvement Activities](#)
  - [Promoting Interoperability](#)

- The [QPP Measures Data Repository](#) has also been updated to include 2018 MIPS measures and activities.

Upcoming QPP Webinars

- [MIPS Cost Performance Category for Year 2 webinar](#)
  - Wednesday, July 25, 2018, 1:00 – 2:00 p.m. ET
- [MIPS Improvement Activities Performance Category for Year 2 webinar](#)
  - Wednesday, August 1, 2018, 1:00 – 2:00 p.m. ET
- [MIPS Quality Performance Category for Year 2 webinar](#)
  - Monday, August 6, 2018, 1:00 – 2:00 p.m. ET

Quality Payment Program Year 3 (2019)

QPP Year 3 (2019) Proposed Rule

- CMS released its proposed policies for Year 3 (2019) of the Quality Payment Program via the Medicare Physician Fee Schedule (PFS) [Notice of Proposed Rulemaking (NPRM)](#).

- Key proposals for Year 3 of the Quality Payment Program include:
  - Expanding the definition of Merit-based Incentive Payment System (MIPS) eligible clinicians to include new clinician types (physical therapists, occupational therapists, clinical social workers, and clinical psychologists).
  - Adding a third element (Number of Covered Professional Services) to the low-volume threshold determination and providing an opt-in policy that offers eligible clinicians who meet or exceed one or two, but not all, elements of the low-volume threshold the ability to participate in MIPS.
  - Providing the option to use facility-based scoring for facility-based clinicians that doesn't require data submission.
  - Modifying the MIPS Promoting Interoperability (formerly Advancing Care Information) performance category to support greater electronic health record (EHR) interoperability and patient access while aligning with the proposed new Promoting Interoperability Program requirements for hospitals.

QPP Year 3 (2019) Proposed Rule

- Additional key proposals for Year 3 of the Quality Payment Program include:
  - Moving clinicians to a smaller set of Objectives and Measures with scoring based on performance for the Promoting Interoperability performance category.
  - Continuing the small practice bonus, but including it in the Quality performance category score of clinicians in small practices instead of as a standalone bonus.
  - Streamlining the definition of a MIPS comparable measure in both the Advanced Alternative Payment Models (APMs) criteria and Other Payer Advanced APM criteria to reduce confusion and burden amongst payers and eligible clinicians submitting payment arrangement information to CMS.
  - Updating the MIPS APM measure sets that apply for purposes of the APM scoring standard.
  - Increasing flexibility for the All-Payer Combination Option and Other Payer Advanced APMs for non-Medicare payers to participate in the Quality Payment Program.
  - Updating the Advanced APM Certified EHR Technology (CEHRT) threshold so that an Advanced APM must require that at least 75% of eligible clinicians in each APM Entity use CEHRT.
  - Extending the 8% revenue-based nominal amount standard for Advanced APMs through performance year 2024.
  - Additionally, as result of our Human-Centered Design research, we've included new language that more accurately reflects how clinicians and vendors interact with MIPS. We look forward to your feedback on this approach. Please note that the official commenting mechanisms are outlined below.

Comments for QPP Year 3 (2019) Proposed Rule

- CMS is seeking comment on a variety of proposals in the NPRM. **Comments are due by September 10.**

- Clinicians must officially submit their comments in one of the following ways:
  - Electronically, through Regulations.gov
  - Regular mail
  - Express or overnight mail
  - By hand or courier

For more information

- To learn more about the PFS NPRM and the Quality Payment Program proposals, review the following resources:
  - Press release - provides more detail about today's announcement.
  - Fact sheet - offers an overview of the proposed policies for 2019 (Year 3) and compares these policies to the current 2018 (Year 2) requirements.

Questions?

- Contact the Quality Payment Program Service Center by:

  - Email: QPP@cms.hhs.gov

  - Phone: 1-866-288-8292/TTY: 1-877-715-6222

Quality Data Model (QDM) v5.4 Standard

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ESAC, Inc.
Healthcare IT and Life Sciences Data Management Solutions Contractor

Objective

- To review the high-level changes to the Quality Data Model (QDM) standard following the publication of the QDM version 5.4 by the Centers for Medicare & Medicaid Services (CMS)

QDM Background

- QDM is an information model that defines relationships between patients and clinical concepts in a standardized format to enable electronic quality performance measurement.

- With the implementation of Clinical Quality Language (CQL) in Fall 2017, the QDM includes only the data model. This and future versions require the use of CQL as a separate method for expressing logic.

- Previously published versions of the QDM (through version 4.3) included the information model and logic.

QDM Background, continued

- Support for QDM v5.4 features and modifications will be implemented in the production version of the Measure Authoring Tool (MAT) to be released in Fall 2018 (MAT v5.6).

QDM v5.4 High Level Updates

- The standard has been updated to align with the emerging standard, Health Level Seven International (HL7) Fast Healthcare Interoperability Resources (FHIR) and add increased explicit capabilities.

QDM v5.4 High Level Updates, continued

- High level updates in QDM v5.4 from the previous version QDM v5.3, Annotated:
  - Added:
    - QDM datatype Assessment, Order
    - "setting" attribute to QDM datatype Medication, Order
    - Guidance on the use of the QDM substance category with existing use cases (blood product administration and exclusive breast milk feeding for newborn infants in the hospital)
    - Guidance to the use of the QDM datatype Device, Applied
    - Guidance for the use of the QDM datatype Symptom

QDM v5.4 High Level Updates, continued

- High level updates in QDM v5.4 from the previous version QDM v5.3, Annotated:

  - Retained the distinction between QDM categories Intervention and Procedure even though interoperability standards do not provide any differentiation between the two concepts

  - Merged three Communication QDM datatypes – Communication, Provider to Patient; Communication, Patient to Provider; Communication, Provider to Provider into a single QDM datatype, Communication, Performed

QDM v5.4 High Level Updates, continued

- High level updates in QDM v5.4 from the previous version QDM v5.3, Annotated:
  - Removed:
    - "Anatomical approach site" attribute from several QDM datatypes
    - "Method" attribute from all datatypes with a recommended or order context
    - "Supply" attribute from QDM datatypes for which clinical data does not provide supply information

Resources

- Current and past versions of the QDM are located on the eCQI Resource Center QDM page

  - https://ecqi.healthit.gov/qdm

- Past versions of production QDM Specifications can be found on the eCQI Resource Center QDM-Previous Versions tab

  - https://ecqi.healthit.gov/qdm-quality-data-model#quicktabs-tabs_qdm2

- QDM User Group meeting information is on the eCQI Resource Center QDM-Connect tab

  - https://ecqi.healthit.gov/qdm-quality-data-model#quicktabs-tabs_qdm4

- For questions or comments on the QDM, please contact the ESAC QDM team

  - qdm@esacinc.com

- To submit an issues ticket, please visit the ONC JIRA site

  - https://oncprojectracking.healthit.gov/support/projects/QDM/

Questions?

cmsqualityteam@ketchum.com

Thank you!
The next CMS Quality Vendor Workgroup will tentatively be held on **Thursday, August 23, 2018 from 12 – 1:30 p.m. ET**. CMS will share more information when it becomes available.