

Quality Payment
PROGRAM

**QCDR MEASURE
REVIEW PROCESS FOR
THE MERIT-BASED
INCENTIVE PAYMENT
SYSTEM (MIPS)
PROGRAM**

March 5, 2019



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AGENDA AND OBJECTIVES OVERVIEW

Presenter: Dr. Daniel Green, Medical
Officer, CMS, CCSQ

Agenda and Objectives



- Introduction
 - QCDR requirements
 - QCDR measure process
- QCDR measure review process and expectations
 - Objective: Increase QCDR vendor's understanding of the QCDR measure review process and expectations
- Resources
- Q & A



INTRODUCTION

Presenter: Anastasia Robben, MIPS
QCDR/Registry Support Team

QCDR New Requirements and Expectations for 2020



- New Definition of QCDRs for the 2020 performance period of MIPS:
 - A QCDR will be defined as an entity with clinical expertise in medicine and in quality measurement development that collects medical or clinical data on behalf of a MIPS eligible clinician for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.
 - An entity that uses an external organization for purposes of data collection, calculation, or transmission may meet the definition of a QCDR as long as the entity has a signed, written agreement that specifically details the relationship and responsibilities of the entity with the external organization effective as of September 1 the year prior to the year for which the entity seeks to become a QCDR.
 - CMS expects entities without clinical expertise in medicine and quality measure development that want to become QCDRs to collaborate or align with entities with such expertise. Entities may seek to qualify as another type of third party intermediary, such as a qualified registry. Becoming a registry does not require the level of measure development expertise that is needed to be a QCDR that develops measures.

QCDR Requirements



- Participants
 - QCDRs must have at least 25 participants by January 1 of the year prior to the applicable performance period.
 - A participant is a clinician submitting data to the QCDR for the purpose of quality improvement.
 - A participant does not have to use the QCDR to submit MIPS data to CMS, but they must submit data to the QCDR for quality improvement.
- Certification statement
 - During the data submission period, you must certify that data submissions are true, accurate, and complete to the best of your knowledge including the acceptance of data exports directly from an EHR. If you become aware that any submitted information is not true, accurate, and complete, you will correct such information promptly; and understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
- Data submission
 - Submit data through one of CMS approved secure data submission methods, such as a Quality Reporting Document Architecture (QRDA) III or Quality Payment Program data format (JSON, XML).
- Data validation plan and report
 - Provide a data validation plan describing how data for individual MIPS eligible clinicians, groups and virtual groups will be validated.
 - Submit results of the data validation plan by May 31 of the year after the performance period of MIPS.

QCDR Requirements



- Quality measures
 - Support at least 6 measures including
 - At least 1 outcome measure; OR if an outcome measure is not available, use at least 1 high-priority measure.
 - OR a MIPS-approved specialty measure set
- High priority is defined as one of the following types of measures:
 - Outcome
 - Appropriate use
 - Patient safety
 - Efficiency and cost reduction
 - Person and caregiver-centered experience and outcomes
 - Communication and care coordination
 - Opioid-related measure (New high priority type in 2019: Example Quality ID #408: Opioid Therapy Follow-up Evaluation)

QCDR Requirements



- QCDRs may host any MIPS clinical quality measures and/or up to 30 QCDR measures from one or more of the following categories:
 - National Quality Forum (NQF) endorsed measures.
 - Current 2019 MIPS clinical quality measures that are specified for a different submission method (i.e., QCDR submits an eCQM version of a MIPS clinical quality measure).
 - QCDR measures developed for or used by boards, specialty societies, regional quality collaboratives, or large healthcare systems.
- All QCDR measures must be submitted for consideration during the self-nomination period for CMS review and approval for potential inclusion in MIPS.
- NOTE: 2020 self nomination period will be July 1 through September 3, 2019.
 - Information will be available on the CMS web site.

Benefit of QCDRs and QCDR measures



- QCDR Measures:
 - Are clinically relevant measures that address gaps in care for specialties, preventive care, and/or disease management.
 - Are measures that aren't contained in the annual list of MIPS clinical quality measures for the applicable performance period of MIPS.
 - Can be a measure in the annual list of MIPS clinical quality measures that has substantive differences in the denominator or the manner it's collected.
 - Publicly reporting QCDR data on Physician Compare expands the quality measure data available for eligible clinicians and group practices regardless of specialty and provides more quality data to consumers to help them make informed decisions.
 - Provides specialty specific measures and the partnership with the QCDR to lessen the burden for MIPS reporting.



QCDR MEASURE REVIEW PROCESS AND EXPECTATIONS

Presenter: Jocelyn Meyer, MIPS
QCDR/Registry Support Team

QCDR Measure Process



General steps in the QCDR measure development and review process:

1	2	3	4	5	6	7	8
QCDR's create and collaborate to develop and test QCDR measures (Ongoing process)	CMS publishes QCDR vendor requirements and QCDR measure requirements/handbook	QCDR submits self-nomination and proposed QCDR measure	CMS determines if QCDR entities are eligible to submit QCDR measures on behalf of eligible clinicians	CMS determines if the proposed measure is approved, provisionally approved, or rejected for performance period	QCDR measures have opportunity for reconsideration, edits/updates	QCDR measure specification files are finalized	CMS publishes the QCDR measure specification file

Step 3* For existing QCDRs in good standing with no changes, minimal changes, or substantive changes from the previous performance period, a simplified self-nomination form that is pre-populated with the information from the previous performance period will be provided.

QCDR Measure Review Considerations



- Measure addresses an important condition/topic with a performance gap and has a strong scientific evidence base to demonstrate that the measure, when implemented, can lead to the desired outcomes and/or more affordable care.
- Measure addresses one or more of the Meaningful Measure Areas from the Meaningful Measures Framework.
- Meaningful Measurement Areas are the connectors between CMS Strategic Goals and individual measures/initiatives that demonstrate how high quality outcomes for patients are being achieved.

QCDR Measure Review Considerations



Quality Priorities	Meaningful Measure Areas
Promote Effective Communication and Coordination of Care	Medication Management Admissions and Readmissions to Hospitals Transfer of Health Information and Interoperability
Promote Effective Prevention & Treatment of Chronic Disease	Preventive Care Management of Chronic Conditions Prevention, Treatment, and Management of Mental Health Prevention and Treatment of Opioid and Substance Use Disorders Risk Adjusted Mortality
Work with Communities to Promote Best Practices of Healthy Living	Equity of Care Community Engagement
Make Care Affordable	Appropriate Use of Healthcare Patient-Focused Episode of Care Risk Adjusted Total Cost of Care
Make Care Safer by Reducing Harm Caused in the Delivery of Care	Healthcare-associated infections Preventable Healthcare Harm
Strengthen Person & Family Engagement as Partners in their Care	Care is Personalized and Aligned with Patient's Goals End of Life Care according to Preferences Patient's Experience of Care Patient Reported Functional Outcomes

QCDR Measure Review Considerations

Continued



- Measures should have provider performance variation.
- Measures should not have high performance rates or lack a performance gap of less than 5% in clinical care, do not provide meaningful measurement or benefit to the patient or clinician.
- Potential use of the measure in a program does not result in unwanted unintended consequences (e.g., depriving patients of oxygen therapy or other comfort measures).
- Measures that are “never events” will not be approved.
- Measure is responsive to specific program goals and statutory requirements.
- Measures should have intuitive measure construct:
 - Concise with a clear description of the quality action and measure intent.
 - The numerator includes details of the quality action so that the performance met and performance not met criteria is clear and easy to understand.

QCDR Measure Review Considerations

New and Existing Measures



Measure submitted:	Typical CMS response:
Similar or identical to retired PQRS/MIPS clinical quality measure or QCDR measures	CMS will likely not approve this measure.
Similar or identical to an existing MIPS clinical quality measure	CMS will request QCDR to report the MIPS clinical quality measure for that clinical area.
Similar to a QCDR measure that was previously rejected	CMS will likely not approve the measure, unless it has been modified to require a more meaningful quality action that demonstrates a performance gap.
Similar to or related to QCDR measures submitted by the same QCDR	CMS may ask the QCDR to combine multiple QCDR measures into a broader denominator or multi-strata/composite measure. OR CMS may select the more robust/broadly applicable measure

QCDR Measure Review Considerations

New and Existing Measures



Measure submitted:	Typical CMS response:
QCDR measures that disjoins a single quality action into individual steps OR delineates individual complications or outcomes of care associated with a specific procedure	CMS will request QCDRs to consolidate the related series of measures into a single composite measure. By consolidating multiple similar measures into a single composite measure, will lead to a robust measure that will likely result in providing meaningful data to clinicians and groups on possible areas of improvement in the quality of care they provide
QCDR measure does not have a quality action	CMS will like not approve the measure, unless it has been modified to include a quality action. Documentation or “check box” based QCDR measures will not be approved. The measure must demonstrate a performance gap.
QCDR measure includes an NQF measure ID	CMS will not recognize the NQF ID, unless the exact measure specifications are used.

QCDR Measure Review Considerations

New and Existing Measures



Measure submitted:	Typical CMS response:
Patient survey measure (the patient completed a survey)	CMS will request that the measure be modified to be about patient satisfaction and/or demonstrate a quality action (improvement in the patient's problem or condition)—not that the survey was simply completed. A patient survey must include a % of satisfaction to be achieved.
QCDR measure that does not align with the MIPS scoring methodology.	CMS will request that the measure be re-specified to reflect that 0 percent (inverse) or 100 percent indicates better clinical quality or control.
QCDR measure that does not demonstrate room for quality improvement (topped out)	CMS will request performance data from the QCDR to understand the value of the measure. Specifically, is there room for quality improvement or variation in performance rates among providers reporting a given measure? CMS will not approve the measure if the measure is deemed to be topped out.

QCDR Measure Review Considerations

New and Existing Measures



Measure submitted:	Typical CMS response:
QCDR measure that is better suited as a facility-based measure	CMS will not approve the measure. CMS acknowledges the value of pursuing facility-based quality improvement efforts, but the measure must fit within the constraints of MIPS quality measures, where attribution must be made to a single eligible clinician or group.
QCDR measure that is better suited as an Improvement Activity	CMS will suggest this measure be submitted during the Call for Measures and Activities, specifically the “Improvement Activities Performance Category” as the measure is not robust enough to be considered a MIPS quality measure/QCDR measure.
Is not attributable to the eligible clinician	CMS will request that the measure is revised to better reflect the actions of the eligible clinician submitting the measure. If the measure cannot be clearly attributed to a clinician or group, it will likely not be approved.

QCDR Measure Review Considerations

New and Existing Measures



Measure submitted from <u>previous</u> period:	Typical CMS response:
Resubmits a measure that has limited adoption	CMS will likely not continue to approve the measure where there has been low reporting, as the measure may not have a significant impact on quality improvement. We suggest the QCDR to continue to collect data on the measure (outside of MIPS), and may resubmit it once there is an increase in reporting (i.e. can meet the case minimum/data completeness requirements needed for benchmarking).
Non-compliance with a request from either the current or the previous self-nomination period (requested revision, harmonization, measure performance data submitted, etc.)	CMS will request QCDR to complete action as requested or provide a valid justification for not completing requested action. If a valid justification is not provided for not completing the requested action, CMS may reject the measure.
Feasibility or unable to implement the QCDR measure or abstract the data at the time of submitting the measure for consideration and during the performance period	CMS will not approve the measure. Measures should be fully implemented by January 1 of the performance period of MIPS.
Substantive changes were made to previously approved measure that may not allow comparison to previous performance data	CMS will identify the measure as a new measure and assign a different measure ID for benchmarking purposes.

New Measure ID Required



- The QCDR measure was approved for the previous performance period of MIPS
- QCDR Measure has substantive changes that may not allow comparison to the previous performance data
 - Examples of substantive changes:
 - Revised care setting
 - From: General Evaluation & Management codes
 - To: add Anesthesia procedural coding
 - The intent of the quality action has changed
 - From: The number of patients who had an assessment two months post procedure
 - To: The number of patients who showed > 10% improvement in functional ability two months post procedure
 - The analytic designation has been changed
 - Is no longer an inverse measure,
 - Is now a proportion, ratio or continuous variable measure
 - Is now risk adjusted
- CMS will consider the resubmitted QCDR measure with substantive changes to be a new QCDR measure and assign a new measure ID.

Request for Harmonization



- A QCDR submits a QCDR measure similar (same clinical topic and/or quality action) to QCDR measures submitted by other QCDRs:
 - Likely CMS Response: CMS may ask you to work with other QCDRs to harmonize the similar QCDR measures into a single measure that could be used across all QCDRs.
 - Measure harmonization between QCDRs provides eligible clinicians a bigger cohort to be compared against for performance scoring and benchmarking.
 - Measures should be harmonized, unless there is a compelling reason for not doing so that would justify a separate measure. QCDRs will be asked to provide a detailed justification.
 - If a separate QCDR submitted a measure with a similar population that assessed a complete set of quality actions, then the QCDR may be asked to request to use the more robust measure as opposed to harmonizing.
- Measure harmonization usually occurs when multiple measures with essentially the same focus create burden and confusion in choosing measures to implement and when interpreting and comparing the measure results.
- Measure harmonization is defined as standardizing specifications for related measures when they:
 - Have the same measure focus (i.e., numerator criteria)
 - Have the same target population (i.e., denominator criteria)
 - Apply to many measures (e.g., age designation for children)

Request for Harmonization

From the CMS Blueprint Ver14:

Table 14. Harmonization Decisions during Measure Maintenance

Measure	Harmonization Issue	Action
Numerator: Same measure focus Denominator: Same target population	Competing measures	• Use existing measure (i.e., adopted) or justify development of additional measure • A different data source will require new specifications that are harmonized (e.g., respecified)
Numerator: Same measure focus Denominator: Different target population	Related measures	• Harmonize on measure focus (i.e., respecified) • Justify differences • Respecify existing measure by expanding the target population
Numerator: Different measure focus Denominator: Same target population	Related measures	• Harmonize on target population • Justify differences
Numerator: Different measure focus Denominator: Different target population	No harmonization issue	• Develop measure – harmonization not appropriate

Provisionally Approved QCDR Measures



- The QCDR measure was provisionally approved for the previous performance period of MIPS.
 - Possible Reasons:
 - Quantify the performance gap and room for improvement
 - Combine measures into a composite or multi-strata measure
 - Collaborate with another QCDR(s) to harmonize measures
 - Modify the measure (i.e., the quality action)
- If the CMS request for measure revision was completed, the measure will be reviewed and likely approved if the performance and/or variance data submitted provides evidence of a gap or variation.
 - Please note: This is not a guaranteed approval as each measure must be self-nominated the following performance period and will be evaluated against all QCDR measures submitted. This also applies to previously approved QCDR measures as well.
- CMS request was not completed
 - Measure will likely not be approved.



RESOURCES

Presenter: Marla Throckmorton,
MIPS QCDR/Registry Support Team

Resources

Measure Concept Preview Call



- CMS and the MIPS QCDR/Registry Support Team welcome the opportunity to preview measure concepts and provide feedback prior to self-nomination
 - Request a measure concept call by contacting: QCDRVendorSupport@gdit.com
 - QCDR Measure Preview will be available May through June
 - See google calendar for availability:
<https://calendar.google.com/calendar?cid=cWNkcmZvcnVtQGdtYWlsLmNvbQ>
 - Provide available timeslot at the time of the request
 - Include email addresses of those you would like to attend
 - QCDR measure concepts and specifications must be sent at least one week prior to the scheduled meeting in a single word or excel document. If not received 1 week prior to the scheduled meeting, the meeting is subject to be rescheduled.
- QCDR Measure Development Google Group, a space for QCDRs to collaborate on QCDR measures and share ideas throughout the QCDR measure development process: <https://groups.google.com/forum/#!forum/qcdr-forum>

Resources and Contacts for Assistance



- Blueprint for the CMS Measures Management System:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/BlueprintVer14.pdf>
- National Quality Forum Measure Evaluation Criteria
<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439>
- Measure Development Plan (May 2, 2016)
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Final-MDP.pdf>
- Measures Management System
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/A-Brief-Overview-of-Qualified-Clinical-Data-Registries.pdf>
- 2019 QCDR Measure Specification file
<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/430/2019%20QCDR%20Measure%20Specifications.xlsx>
- The CMS Resource Library has additional reference material which will be updated in the spring for the 2020 performance period of MIPS.

Resources



- The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement:
 - eCQI Resource Center – Home page
<https://ecqi.healthit.gov/>
 - eCQI Resource Center – Tools
<https://ecqi.healthit.gov/ecqm-tools-key-resources>
 - eCQI Resource Center - eCQM Education
<https://ecqi.healthit.gov/ecqm-education>
 - eCQI Resource Center – Implementers
<https://ecqi.healthit.gov/ecqms/ecqi-implementers>



QUESTION AND ANSWER SESSION

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