Quality Payment PROGRAM

2019 Merit-based Incentive Payment System (MIPS): CMS Web Interface Fact Sheet

Updated 7/13/2020

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*

Click the link below to jump to a specific section within the fact sheet:

What is the CMS Web Interface?

The CMS Web Interface is a secure, internet-based application for submitting a specified set of quality measures. This collection and submission type is available to registered groups and virtual groups with 25 or more eligible clinicians, and to Medicare Shared Savings Program and Next Generation Accountable Care Organizations (ACOs).

What changed for 2019?

We reduced the number of measures (10 measures total).

We discontinued bonus points for reporting the additional high priority or outcome measures required by the CMS Web Interface for groups and virtual groups. However, the high priority measure bonus is still available to clinicians participating in an ACO and scored under the APM Scoring Standard for the 2019 performance period; the high priority measure bonus will be discontinued for ACO participants starting with the 2020 performance period.

How Does CMS Web Interface Reporting Work?

When your group or virtual group chooses to report quality data through the CMS Web Interface, you're agreeing to the following:

- Submit data on all 10 CMS Web Interface measures.
- Let us identify a sample of eligible Medicare Part A and B beneficiaries to the CMS Web Interface measures that are potentially denominator eligible for your group or virtual group.
- Submit each measure for 248 beneficiaries (or 100% of the assigned beneficiaries if there are fewer than 248 beneficiaries assigned to a measure.)

The CMS Web Interface will be pre-populated with available 2019 claims data from the Medicare Part A and B beneficiaries who have been assigned to the group and sampled into the CMS Web Interface. When possible, we provide an oversample of beneficiaries for each measure to accommodate for beneficiaries that your group or virtual group may not be able to report data for. These data include demographic and utilization information for those assigned and sampled beneficiaries. Your group or virtual group will need to submit clinical information for the CMS Web Interface quality measures on those pre-selected beneficiaries.

Who Can Report through the CMS Web Interface?

- Groups, identified by a single Taxpayer Identification Number (TIN), with 25 or more clinicians (including at least one MIPS eligible clinician[1]) who have reassigned their Medicare billing rights to the TIN.
- Virtual groups (approved for the 2019 performance period) with 25 or more clinicians who have reassigned their Medicare billing rights to the TINs participating in the virtual group.

Groups and virtual groups that are interested in reporting through the CMS Web Interface must register on qpp.cms.gov between April 4, 2019 and July 1, 2019 at 5pm Eastern Time (ET).

Medicare Shared Savings Program and **Next Generation ACOs** are required to submit their quality measures through the CMS Web Interface but do not need to register.

Groups that used the CMS Web Interface to submit their quality data in 2018 are automatically registered for the 2019 performance period, though this registration can be edited or cancelled between April 4 and July 1, 2019.

- Groups and virtual groups registered for the CMS Web Interface can report measures from other collection types – such as electronic clinical quality measures, or eCQMs – but these measures will be scored separately from measures reported through the CMS Web Interface.

[1] Physician, physician assistant, nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist, physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, and registered dietitians or nutrition professionals

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What are the 2019 CMS Web Interface Measures?

For the 2019 Performance Period, we removed 5 CMS Web Interface measures to decrease reporting burden[2]. If your group or virtual group is interested in submitting its data through the CMS Web Interface, use the Quality Measure Specifications and supporting documents on the Quality Payment Program Resource Library to make sure your group or virtual group can collect and submit data on the 10 measures below.

CMS Web Interface Measure ID	MEASURE NAME	QUALITY ID	MEASURE TYPE
CARE-2	Falls: Screening for Future Fall Risk*	318	Process
DM-2	Diabetes: Hemoglobin A1c (HbA1c) Poor* Control (>9%)	1	Intermediate Outcome
HTN-2	Controlling High Blood Pressure	236	Intermediate Outcome
MH-1	Depression Remission at Twelve Months* (R)	370	Outcome
PREV-5	Breast Cancer Screening*	112	Process
PREV-6	Colorectal Cancer Screening	113	Process
PREV-7	Preventive Care and Screening: Influenza Immunization (R)	110	Process
PREV-10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention* (R)	226	Process
PREV-12	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan* (R)	134	Process
PREV-13	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease* (R)	438	Process

Updated Measure Specifications: The asterisk (*) next to listed measure name denotes measures have updated measure specifications in the 2019 performance period.

Measures without a Benchmark: The "(R)" next to the measure name denotes measures that are pay-for-reporting for ACOs under the Medicare Shared Savings Program and the Next Generation ACO Model for the 2019 performance year, and therefore, do not have a benchmark. For purposes of MIPS, such measures are excluded from scoring for the 2019 performance year as long as data completeness requirements are met.

[2] The following five CMS Web Interface measures were removed to reduce reporting burden for the 2019 Performance Period: Medication Reconciliation Post-discharge (CARE-1), Diabetes: Eye Exam (DM-7), Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (IVD-2), Pneumococcal Vaccination Status for Older Adults (PREV-8), Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up Plan (PREV-9).

How Does MIPS Beneficiary Assignment Work?

With the CMS Web Interface beneficiary assignment methodology, some groups or virtual groups may not be able to submit MIPS quality data using CMS Web Interface measures because they won't have enough beneficiaries assigned to the measures.

These assigned beneficiaries are assessed for their quality measurement eligibility, including measure-specific denominator eligibility. Eligible beneficiaries are sampled into applicable CMS Web Interface measures and loaded into the CMS Web Interface for quality submission.

The assignment algorithm assigns beneficiaries to the organization (TIN) because the beneficiaries were deemed to have the plurality of their Medicare services with that organization (according to claims submitted by the organization in 2019). For virtual groups, assignment is conducted for each TIN within the virtual group and then cumulatively aggregated across the virtual group. Beneficiaries sampled into the CMS Web Interface had at least two primary care services furnished by your organization between January 1, and October 31, 2019. Therefore, your organization is accountable for these patients' care and should do its best to obtain the needed information to complete the CMS Web Interface.

For groups, the sampling requirements pertain to patients assigned to the group's TIN. Since virtual groups are a combination of two or more TINs, sampling requirements pertain to patients for all the TINs in the virtual group.

If the CMS Web Interface measures don't apply to your patient population, or if you don't have at least 12 months of data for your Medicare patients, we urge your group or virtual group to use a different collection type. For more information on collection types, refer to the 2019 Quality Performance Category Fact Sheet.

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How are CMS Web Interface Measures Benchmarked?

Under MIPS, CMS Web Interface measures are scored in comparison to Medicare Shared Savings Program (Shared Savings Program) quality measure benchmarks. To learn more about the measure benchmarking of CMS Web Interface measures, please visit please visit the Medicare Shared Savings Program Benchmarks for the 2019 Performance Year. While the benchmarks are the same, the scoring will be adjusted to be consistent with other MIPS measures.

Medicare Shared Savings Program Percentile	Decile	Points
< 30th percentile	Deciles 1-3	3
30th percentile	Decile 4	4 - 4.9
40th percentile	Decile 5	5 - 5.9
50th percentile	Decile 6	6 - 6.9
60th percentile	Decile 7	7 - 7.9
70th percentile	Decile 8	8 - 8.9
80th percentile	Decile 9	9 - 9.9
90th percentile	Decile 10	10

What are the Data Completeness and Case Minimum Requirements?

Like other collection types, CMS Web Interface measures have a **case minimum** of 20 beneficiaries. However, **data completeness** requirements for CMS Web Interface measures differ from other collection types:

- Groups, virtual groups, and MIPS APM entities are required to submit all data for a minimum of the first 248 consecutively ranked beneficiaries (or 100% of the beneficiaries in the sample if there are fewer than 248).
- For each beneficiary that is skipped for a valid reason, your group or virtual group must submit all data on the next consecutively ranked beneficiary until the target sample of 248 is reached or until the sample has been exhausted.

Groups, virtual groups, or ACOs may not be able to report performance data for a given beneficiary for a given measure. To account for this, we provide an **oversample** when possible, resulting in more than the required 248 beneficiaries ranked in each measure. Any beneficiary above the 248 mark is considered part of the oversample. Your group or virtual group isn't required to submit on oversampled beneficiaries to get a score for the measure, unless you **skip** a beneficiary in the **minimum 248**. In this case, beneficiaries ranked above 248 (the oversample) will move into the minimum range and will need to be submitted to meet data completeness requirements.

How Does Scoring Work?

For groups, virtual groups, and MIPS APM entities submitting data for quality measures via the CMS Web Interface, the Quality performance category is generally scored out of 50 points[3] (the denominator), 10 points for each required measure with a benchmark.

Measure	Points Earned
Has benchmark **Meets data completeness requirement** **Meets case minimum**	3 – 10 points
Has benchmark **Meets data completeness requirement** **Does not meet case minimum**	n/a – excluded from MIPS scoring
Does not have benchmark **Meets data completeness requirement**	n/a – excluded from MIPS scoring
Does not meet data completeness requirement	0 points (out of 10)

Data Submission

There will be a 12-week submission period between January 2 and March 31, 2020 for the CMS Web Interface.

During this time, you can report your group or virtual group's beneficiary level data through any of the following methods (or a combination):

- Manually entering data for each beneficiary
- Uploading an Excel file in a CMS-approved template
- Application Programming Interface (API)

Note: When submitting measures across multiple collection types, CMS Web Interface measures can't be scored with other collection types other than the CMS approved survey vendor measure (CAHPS for MIPS survey) and/or the administrative claims measure (All-Cause Hospital Readmission measure).

[3] Groups and virtual groups scored on the All-Cause Hospital Readmission measure OR the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measure will have a quality denominator of 60 points. Groups and virtual groups scored on the All-Cause Hospital Readmission measure AND the CAHPS for MIPS survey measure will have a quality denominator of 70 points.

Are Additional or Bonus Points Available?

As a group or virtual group participating in MIPS using the CMS Web Interface, you may also choose to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for MIPS survey.

- The CAHPS for MIPS survey is an additional way to submit data and earn additional points under the Quality performance category that's focused on patient experiences.
- To conduct the CAHPS for MIPS survey, your group or virtual group must register between April 4, 2019 and July 1, 2019.
- Your group or virtual group will need to contract with a CMS-approved survey vendor to administer your CAHPS for MIPS survey and pay the associated costs.

In addition, your group or virtual group can earn bonus points by submitting data using Certified EHR Technology (CEHRT).

- For the CMS Web Interface, end-to-end electronic reporting is the submission of data from CEHRT directly to CMS via the Web Interface Application Programming Interface (API) or Excel upload.
- You can earn 1 bonus point per eligible measure (capped at 10% of your denominator).

Note: Beginning with the 2019 performance period, we are discontinuing the bonus for submitting additional high-priority and measures that are required by the CMS Web Interface for groups and virtual groups. However, the high priority measure bonus is still available to clinicians participating in an ACO and scored under the APM Scoring Standard for the 2019 performance period; the high priority measure bonus will be discontinued for ACO participants starting with the 2020 performance period.

Training and Resources

We'll offer trainings and support calls for groups and virtual groups using the CMS Web Interface throughout the submission period. We'll post a schedule of the trainings and support calls in the fall of 2019.

More Information

The Quality Payment Program can be reached at 1-866-288-8292, available Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

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Version History

Date	Change Description
7/13/2020	Identified PREV-7 as pay-for-reporting under the Medicare Shared Savings Program on page 4. The Centers for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practice (ACIP) updated clinical guidelines to include the recommendation that live attenuated influenza virus was acceptable for the 2018-2019 influenza season. The guidance provided within the 2019 CMS Web Interface PREV-7 measure specifications does not align with the updated clinical guidelines from the CDC/ACIP. As a result, CMS is suppressing the score of PREV-7.
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
2/20/2020	• Identified PREV-10 and PREV-12 as pay-for-reporting under the Medicare Shared Savings Program on page 4. For PREV-10, the measure specifications were updated mid-year to clarify that screening for tobacco use and tobacco cessation intervention do not have to occur on the same encounter, but must occur during the 24-month look-back period (1/1/2018 - 12/31/2019). As a result, PREV-10 is reclassified as pay-for-reporting. For PREV-12, CMS determined that the changes to the 2019 PREV-12 measure are substantive, which removed the SNOMED codes that recognized the rescreening of a patient using an additional standardized depression screening tool as a means of meeting the performance criteria for implementing an appropriate follow-up plan specific to a patient with a positive depression screening (as outlined in the 2019 PREV-12 measure specifications) when an adequate follow-up plan may not have been provided to the patient. As a result, PREV-12 is reclassified as a pay-for-reporting. • Updated scoring information based on two measures being newly identified as pay-for-reporting on pages 6 and 7. • Clarified on pages 2 and 8 that the high-priority reporting bonus is still available to clinicians in an ACO scored under the APM Scoring Standard. • On page 8, updated QPP contact information to remove TTY phone number and added call information for those who are hearing impaired.
11/21/2019	Removed the need for 2015 Edition CEHRT and added Excel upload as an option for the submission of data to receive the end-to-end electronic reporting bonus on page 7. Aligned with the 2019 MIPS Scoring Guide.

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Date	Change Description
7/19/2019	• Revised broken Quality Measure Specifications link on page 3. • Revised link on page 5 to direct to the Medicare Shared Savings Program Benchmarks for the 2019 Performance Year.
4/4/2019	Original version

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