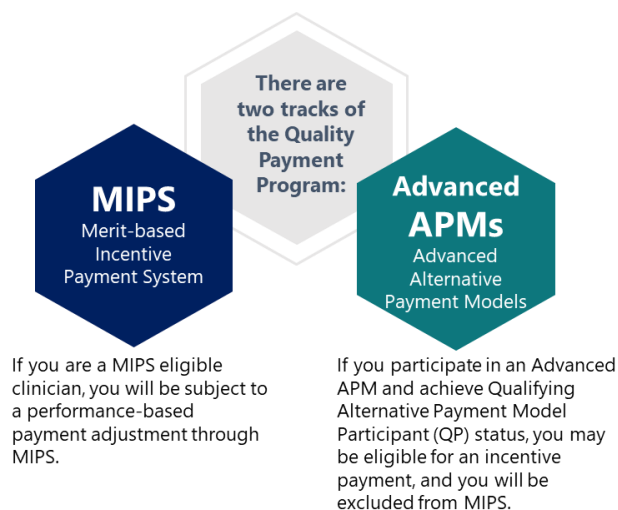


Quality Payment PROGRAM

2023 Call for Promoting Interoperability Measures and Improvement Activities

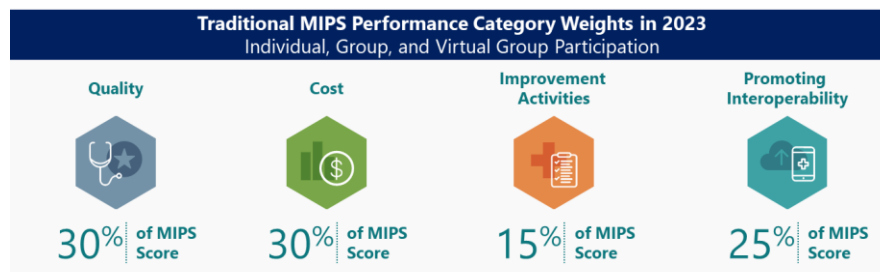
What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have made major cuts to payment rates for clinicians participating in Medicare. The law requires us to implement the Quality Payment Program (QPP) and gives you 2 ways to participate:



MIPS Performance Categories for 2023

Under MIPS, there are 4 performance categories that affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that is part of the Merit-based Incentive Payment System (MIPS) Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians is based on the Final Score. These are the performance category weights for the Calendar Year (CY) 2023 performance period/2025 MIPS payment year:





What is the MIPS Annual Call for Measures and Activities?

The “Annual Call for Promoting Interoperability Measures and Improvement Activities” process asks these stakeholders and others for their feedback:

- Clinicians
- Professional associations and medical societies that represent eligible clinicians
- Researchers
- Consumer groups
- Other stakeholders

Specifically, we’re asking them to find and send us:

- Electronic Health Record (EHR) measures for the Promoting Interoperability performance category
- Activities for the Improvement Activities performance category for consideration

The way we choose measures and activities for QPP’s Promoting Interoperability and improvement activities performance categories is similar to how we choose quality measures, with some important differences in submission methods and evaluation processes. Like with quality measures, we ask stakeholders to be involved in the focus and evolution of the measures and activities. We’re committed to working with our stakeholders and listening to their suggestions to improve quality, value of care, and patient outcomes.

How Do We Select New Promoting Interoperability Measures and Improvement Activities?

We use stakeholder feedback to select measures and activities that are:

- Applicable
- Feasible
- Reliable
- Valid at the individual clinician level
- Not the same as existing measures and activities for notice and comment rulemaking

The recommended list of new measures and activities is publicly available for comment for a set period of time. We evaluate the comments we get from the rulemaking process before a final choice is made.

We’ll post all final Promoting Interoperability measures and improvement activities that are selected on the [QPP Resource Library prior to January 1 of the performance period](#). Since the measures and activities are different for each MIPS performance category, each category has a slightly different submission process. The requirements for each category are below.



Promoting Interoperability Performance Category

What are the Promoting Interoperability performance category measures?

Measures in the Promoting Interoperability performance category are tools that help us measure the use of certified EHR technology (CEHRT). These measures focus on interoperability, the secure exchange of health information and the use of CEHRT to promote patient engagement and care coordination.

MIPS eligible clinicians have the flexibility to focus on the measures that apply most to their scope of practice. Having this flexibility allows MIPS eligible clinicians to choose how they demonstrate that the way they use CEHRT is efficient and effective in a way that works best for their practice.

Over the past few years, over 500,000 health care providers have adopted EHR technology in their practices to:

- Capture data in a structured format
- Exchange important health information across settings
- Provide patients electronic access to their health care data
- Use technology to raise provider and patient engagement

The QPP provides the opportunity to measure EHR performance in new ways by letting us build on prior experiences with EHR measurement, to move toward a more holistic approach to advanced measurement of EHR use in the clinical setting.

How Do We Select EHR Measures?

CMS is especially interested in adding measures to our programs that:

- Highlights better beneficiary health outcomes and provides access to their health information
- Promotes interoperability and health information exchange
- Facilitates improvement in patient care practices, reduces reporting burden, or includes an emerging certified health information technology (IT) functionality or capability
- Aligns with Improvement Activities and Quality performance categories of MIPS
- Aligns with the Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs)
- Builds on the advanced use of CEHRT using 2015 Edition Cures Update Criteria
- Does not duplicate existing objectives and measures
- Is feasible to implement
- Is able to be validated by CMS

All comments are welcome; however, we are seeking submissions specifically on:

- Health IT measures that are performance-based rather than attestation-based
- Potential new Opioid User Disorder prevention and treatment related measures



In light of these priorities, we plan to use the following criteria as part of our measure selection process. Specifically, we are looking for measures that:

- Build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Cures Update Criteria
- Promote interoperability and health information exchange,
- Improve program efficiency, effectiveness, and flexibility,
- Provide patients access to their health information,
- Reduce clinician/administrative burden,
- Align with the improvement activities and quality performance categories of MIPS, and
- Align with the Promoting Interoperability Program for eligible hospitals and CAHs.

What is the EHR Measures Submission Process?

Starting on February 1, 2023, we are giving stakeholders the chance to submit measures for consideration for the Promoting Interoperability performance category using the criteria outlined in the section above. We will only review EHR measures that utilize the 2015 Edition Cures Update Criteria, which builds upon health information exchange and interoperability. The deadline for submission of EHR measures for Promoting Interoperability performance category consideration is July 1, 2023.

Measures recommended for inclusion should be sent using the Call for Promoting Interoperability Measures Submission Form to [MIPS PI Call For Measures Submission@cms.hhs.gov](mailto:MIPS_PI_Call_For_Measures_Submission@cms.hhs.gov). All communication about recommended Promoting Interoperability measures, including follow-up questions for submitters, will come from this email address.

Send measures for consideration using the Promoting Interoperability Call for Measures Submission Form, which asks for the:

- Measure description
- Measure numerator and the numerator description
- Measure denominator and the denominator description
- Any applicable measure exclusions
- CEHRT functionalities used

We will review and evaluate proposed measures for applicability and feasibility.

Improvement Activities Performance Category

What are the Improvement Activities?

In the improvement activities performance category, MIPS eligible clinicians attest that they have participated in activities that improve clinical practice, such as shared decision making, coordinating care, and increasing access.



The full list of improvement activities that eligible clinicians can pick from can be found on the [QPP Resource Library](#).

Clinicians choose from 100+ activities in these 8 subcategories:

1. Achieving Health Equity
2. Behavioral and Mental Health
3. Beneficiary Engagement
4. Care Coordination
5. Emergency Response and Preparedness
6. Expanded Practice Access
7. Patient Safety and Practice Assessment
8. Population Management

How Do We Select Improvement Activities?

Stakeholders must use the Annual Call for Activities process to submit new activities for us to consider or ask for updates to current activities in the improvement activities inventory. MIPS eligible clinicians, professional organizations and other relevant stakeholders, including beneficiaries, are encouraged to submit improvement activities for us to consider adding to the inventory. Off-cycle submissions from Department of Health and Human Services agencies are reviewed and considered as well.

It is important to distinguish improvement activities from quality measures that are found in the Quality performance category of MIPS. Unlike a quality measure, improvement activities represent activities that do not contain the elements of a quality measure. For example, improvement activities do not have a numerator, a denominator, exceptions or exclusions.

Improvement activities submitted between February 1 and July 1, 2023 will be considered for inclusion for the CY 2025 performance period/2027 MIPS payment year. Improvement activities submitted after July 1, 2023 will be considered for inclusion in future years of QPP. During a public health emergency (PHE), nominations will be accepted outside of the February 1 through July 1 submission period as long as the improvement activity is relevant to the PHE. All fields of this form must be completed in order for your submission to be considered. Stakeholders should submit a modification submission if the improvement activity they submitted or one that refers to a program or policy they manage requires an update.

Improvement activities considered for selection must meet all 8 of the required acceptance criteria below:

1. Relevance to an existing improvement activities subcategory (or a proposed new subcategory);
2. Importance of an activity toward achieving improved beneficiary health outcomes;
3. Feasible to implement, recognizing importance in minimizing burden, including, to the extent possible, for small practices, practices in rural areas, or practices in areas



designated as geographic Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA);

4. Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes;
5. Can be linked to existing and related MIPS quality, Promoting Interoperability, and cost measures as applicable and feasible;
6. CMS is able to validate the activity;
7. Does not duplicate other improvement activities in the Inventory;* and
8. Should drive improvements that go beyond purely common clinical practices.*

*Submission criterion was new for CY 2022 Call for Improvement Activities

Improvement activities considered for selection can also meet one or more of the optional acceptance criteria below. Meeting one or more of the optional criteria may increase a submission's chances of being added to the Inventory:

- Alignment with patient-centered medical homes;
- Support for the patient's family or personal caregiver;
- Responds to a PHE as determined by the Secretary;
- Addresses improvements in practice to reduce health care disparities;
- Focus on meaningful actions from the person and family's point of view; and
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care).

Please note that proposing a new improvement activity for consideration to be included in QPP is completely voluntary and not a requirement for participation.

What is the Process for Submitting Improvement Activities?

Activities recommended for inclusion should be sent using the Call for Improvement Activities Submission Form to CMSCallforActivities@abtassoc.com. All communication about recommended improvement activities, including follow-up questions for submitters, will come from this email address.