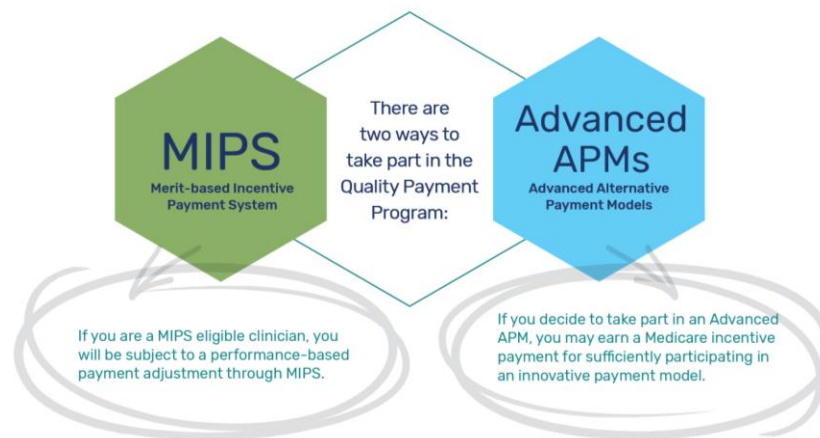


Quality Payment PROGRAM

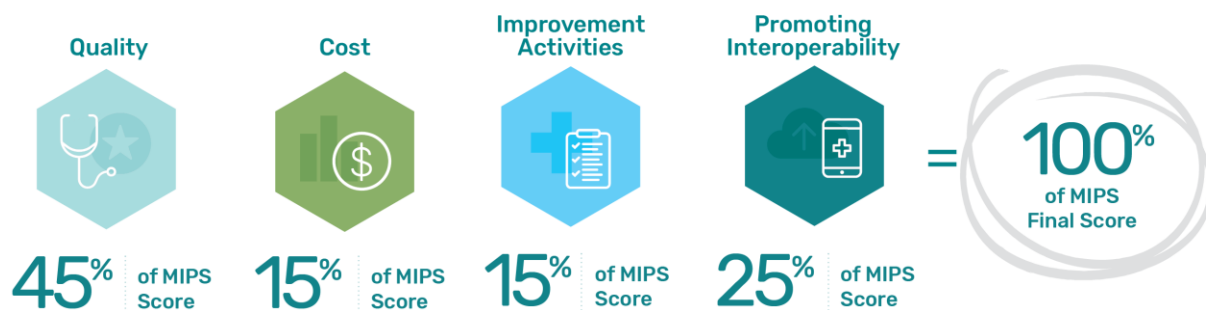
2019 Call for Promoting Interoperability Measures and Improvement Activities

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 and gives you 2 ways to participate:



Under MIPS, there are four 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 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 2019 performance period:





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 (PI) performance category
- Activities for the Improvement Activities performance categories for consideration

The way we choose the Quality Payment Program’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.

In early March, we will also be providing additional information on the Annual Call for Quality measures.

Right now, we won’t accept Government Performance and Results Act (GPRA) measures that Tribes and Urban Indian health organizations are already required to report as quality measures. There are many GPRA measures that are similar to measures that are already in the program. Also, some GPRA measures are similar to measures that are part of a Core Quality Measure Collaborative (CQMC) core measure set.

As much as possible, we want to reduce the duplication of measures and to align with measures used by private payers. If there are measures reportable within GPRA that don’t duplicate MIPS measures, we urge our stakeholders to work with measure owners to submit them during our annual Call for Measures.

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.

A final annual list of measures and activities for MIPS eligible clinicians will be published in the Federal Register no later than November 1 of the year before the first day of a performance period.

This means that for the 2019 performance period, EHR measures for the Promoting Interoperability performance category and activities for the Improvement Activities performance categories were published in the “Federal Register” in November 2018.

We'll post all final Promoting Interoperability measures and improvement activities that are selected on the [Quality Payment Program resource library](#). 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 EHR 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, approximately 500,000 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 Quality Payment Program 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:

- Build on the advanced use of CEHRT using 2015 Edition Certification Standards and Criteria

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- Promote interoperability and health information exchange
 - Improve program efficiency, effectiveness, and flexibility
 - Provide patients access to their health information
 - Reduce clinician burden
 - Align with MIPS improvement activities and quality performance categories

All comments are welcome, but we are seeking submissions specifically on:

- Health IT activities that may be attested to in lieu of traditional reporting
- Potential new Opioid Use Disorder (OUD) 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:

- Highlight better beneficiary health outcomes and provide patients access to their health information
- Facilitate improvement in patient care practices, reduce reporting burden, or includes an emerging certified health IT functionality or capability
- Do not duplicate existing objectives and measures
- Are measurable and can be implemented
- Can be validated

We are also seeking measures applicable to:

- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Certified Registered Nurse Anesthetists (CRNAs)
- Clinical Nurse Specialists (CNSs)
- Physical Therapists (PTs)
- Occupational Therapists (OTs)
- Speech-Language Pathologists (SLPs)
- Qualified Audiologists (AuDs)
- Clinical Psychologists
- Registered Dietitians (RDs) or Nutrition Professionals

What is the EHR Measures Submission Process?

Starting on February 1, 2019, 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 Certification Standards and 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, 2019.



Here is the general measure submission process:

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

- Measure description
- Measure type (if applicable), such as outcome measure, process measure, patient safety measure, etc.
- 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 [Quality Payment Program resource library](#).

Clinicians choose from 100+ activities in these 8 subcategories:

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Achieving Health Equity
- Behavioral and Mental Health
- Emergency Preparedness and Response

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. Eligible clinicians, professional organizations, and other relevant stakeholders, including beneficiaries, are encouraged to submit improvement activities for us to consider adding to the inventory.

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, or exclusions.



Improvement activity nominations submitted between February 1, 2019 and July 1, 2019 will be vetted and, if accepted by CMS, would be proposed during the CY 2020 rulemaking cycle for possible implementation starting in CY 2021. Submissions received after the July 1, 2019 deadline will be considered for future years.

MIPS improvement activities submitted for consideration should meet one or more of the criteria below. Submitters should ensure that new proposed activities do not duplicate existing ones.

- Relevance to an existing improvement activities subcategory (or a proposed new subcategory)
- Importance of an activity in achieving improved beneficiary health outcome
- Importance of an activity that could lead to improvement in practice to reduce health care disparities
- Aligned with patient-centered medical homes
- Focus on meaningful actions from the person and family's point of view
- Supports the patient's family or personal caregiver
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care)
- Feasibility to implement, recognizing importance in minimizing burden, especially for small practices, practices in rural areas, or in areas designated as geographic health professional shortage areas (HPSAs) by the Health Resources and Services Administration (HRSA)
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes
- Include a public health emergency as determined by the Secretary; or*
- CMS is able to validate the activity*

*New submission criteria for submissions made in CY 2019

Please note that proposing a new improvement activity for consideration to be included in the Quality Payment Program 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 determinations and follow-up questions for submitters, will come from this email address.