Annual Call for Measures and Activities

The Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of programs (the Medicare Electronic Health Record (EHR) Incentive Program, the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier with a single system where every Medicare physician and clinician has a chance to be rewarded for better care. You'll be able to practice as you always have, but you may receive higher Medicare payments based on your performance. There are two (2) paths in the Quality Payment Program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (APMs)

Under MIPS, there are four connected categories that will affect your Medicare payments – quality, clinical practice improvement activities (referred to as "improvement activities"), use of certified EHR technology (referred to as "advancing care information"), and resource use (referred to as "cost").

The Annual Call for Measures and Activities for MIPS

The *Annual Call for Measures and Activities* process allows clinicians and organizations, including but not limited to those representing eligible clinicians such as professional associations, and medical societies, and other stakeholders such as researchers and consumer groups to identify and submit:

- Quality measures for the quality performance category;
- EHR measures for the advancing care information performance category; and
- Activities for the improvement activities performance categories for consideration.

Presumably, stakeholders would not submit measures or activities for consideration unless they believe that the measure or activity is applicable to clinicians and can be reliably and validly measured at the individual clinician level. CMS quality measure selection is a rigorous process that includes stakeholder recommendation. As part of our quality measure selection process, stakeholders recommend quality measures by submitting specifications and related research, and background to CMS for review and consideration. This information is necessary to determine whether or not the quality measure is applicable to clinicians as well as feasible, reliable, valid at the individual clinician level and that they are evidence-based and scientifically acceptable.

For the Quality Payment Program's Advancing Care Information and Improvement Activities performance categories, CMS has established a process similar to the one for quality measures selection, with some important differences in submission methods and evaluation processes. Similar to quality measures, stakeholders are invited to be involved in the focus and evolution of the measures and activities. This process reinforces our commitment to engaging with stakeholders and listening to their suggestions for improving quality, value of care and patient outcomes.

When are Measures and Activities Selected?

Based on stakeholder feedback, we generally select measures and activities that are determined to be applicable, feasible, scientifically acceptable (quality measures only), reliable, valid at the individual clinician level and do not duplicate existing measures and activities for notice and comment rulemaking. This means that a recommended list of new measures and activities are publicly available for comment for an established period of time. Comments received through the rulemaking process are evaluated before a final selection.

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 prior to the first day of a performance period. This means that MIPS available quality measures for performance periods in 2018 will be posted by November 1, 2017. The finalized EHR measures for the Advancing Care Information performance category and activities for the improvement activities performance categories published in the Federal Register will be available November 1, 2018, for the 2019 program year. All final measures and activities selected will be published on https://qpp.cms.gov. Since the measures and activities differ for each MIPS performance category, there is a slightly different submission process based on the performance category. The requirements for each category are provided below.

The Quality Performance Category

Quality Measures

Quality measures are tools that help CMS measure or quantify health care processes, outcomes, patient and perceptions that are associated with the ability to provide high-quality health care. Quality measures also help CMS link outcomes that relate to one or more quality goals for health care which include: effective, safe, efficient, patient-centered, equitable, and timely care.

How are Quality Measures Selected?

The National Quality Forum (NQF) convened Measure Application Partnership (MAP) provides an additional opportunity for stakeholders to provide input on whether or not they believe that measures

being considered are applicable to clinicians, feasible, scientifically acceptable, reliable, and valid at the clinician level. The MAP convenes stakeholders and meets every year (usually in December and January) to provide input on measures for various Medicare quality programs. Furthermore, CMS provides an opportunity for stakeholder to provide input on proposed measures via the notice and comment rulemaking to establish the annual list of quality measures. Additionally, CMS is required by statute to submit new measures to an applicable, specialty-appropriate peer reviewed journal.

The Quality measures performance category focuses on measures in the following domains for future measure consideration and selection:

1. Clinical care
2. Safety
3. Care Coordination
4. Patient and Caregiver Experience
5. Population health and Prevention
6. Affordable Care

Submitting Quality Measures

At a high-level, the measure submission process includes the following:

- CMS makes available at the beginning of the submission period (end of January) instructional documents on the pre-rulemaking process, via JIRA (an online software used throughout the measure submission process), the JIRA Measures under Consideration (MUC) template and other associated documents CMS deems necessary for the measure submission process.
- CMS will announce a date when JIRA is open to accept candidate quality measure submissions. Users may edit their own measure submissions throughout the submission period. The start of JIRA submissions usually begins late January and ends late May.
- CMS provides a calendar of meetings for various audiences to attend between January-June to apprise them of information relevant to the MUC cycle.

Advancing Care Information Performance Category

Advancing Care Information EHR Measures

EHR measures in the Advancing Care Information performance category are tools that help measure and assess the use of certified EHR technology. Additionally, the measures focus on the secure exchange of health information and the use of certified EHR technology to foster patient engagement and care coordination, so that clinicians can use these technologies to improve quality and value of care delivered. Eligible clinicians have the flexibility to focus on the measures that are most applicable to their scope of practice. The scoring methodology includes a base score for required measures and a performance score, which seeks to reward high performance. This flexibility, further promotes CEHRT reporting requirements that allows eligible clinicians to choose how they demonstrate their use of CEHRT in an efficient and effective manner that meets their practice.

How will EHR Measures be Selected?

The Quality Payment Program aims to recognize eligible clinicians who build upon their practice and experience in using certified EHR technologies by identifying innovative methods to track their performance. Within the Advancing Care Information performance category, we believe there are opportunities to apply these innovative approaches by evaluating potential new measures that demonstrate impactful use of CEHRT.

Over the past few years nearly 500,000 providers have adopted EHR technology in their practice to capture data in a structured format, to exchange important health information across settings, to provide electronic access to patients, and to leverage technology to increase provider and patient engagement. The Quality Payment Program presents CMS and providers with an opportunity to view quality performance in new ways, allowing CMS to build on the experiences of electronic data capture and use to move toward a more holistic approach to more advanced measurement of EHR use in the clinical setting. We are particularly interested in adding measures to our programs that measure patient outcomes, patient safety and measures that are cross-cutting which use CEHRT to support the improvement activities and quality performance categories of MIPS.

Submitting EHR Measures

CMS is providing an opportunity for stakeholders to submit measures for consideration for the Advancing Care Information performance category beginning in late January 2017. CMS requests that stakeholders consider outcome-based measures, patient safety measures, measures which support

improvement activities and measures which could be applicable for the following populations; nurse practitioners (NPs) physician assistants (PAs), Certified Registered Nurse Anesthetists (CRNAs) and Clinical Nurse Specialists (CNSs).

At a high level, the process entails:

Measures for consideration should be submitted to CMSCallforMeasuresACI@ketchum.comusing the submission form for this performance category. The submission form includes, but is not limited to, the following criteria for submission:

- Measure description;
- Measure type (if applicable), examples include outcome measure, process measure, patient safety measure, etc.;
- Measure numerator and numerator description;
- Measure denominator and denominator description;
- Any applicable measure exclusions; and
- CEHRT functions utilized.

Measures will be reviewed and evaluated for applicability and feasibility.

Improvement Activities Performance Category

Improvement Activities

In the improvement activities performance category, MIPS eligible clinicians attest to participation in activities that improve clinical practice—for example, shared decision making, coordinating care, and increasing access.

Clinicians choose from 90+ activities under 9 subcategories:

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment

6. Participation in an APM
7. Achieving Health Equity
8. Integrating Behavioral and Mental Health
9. Emergency Preparedness and Response

How are Improvement Activities Selected?

MIPS improvement activities, considered for selection, should meet the criteria below. Recommended improvement activities should:

1. Demonstrate robust clinical performance supporting patient-centered care
2. Further clinical achievement in the other categories of MIPS
3. Enable clinicians and groups to join or become APMs
4. Improving Public Health

Submitting Improvement Activities

At a high-level, the process for improvement activities would include the following:

1. CMS will begin to receive newly recommended activities at the end of January. Submitters should consider whether the new activity:
    - Represents an area that could highlight improved beneficiary health outcomes, patient engagement and safety based on evidence;
    - Could reduce health care disparities;
    - Would contribute to improvement in patient care practices or improvement in performance on quality measures and cost performance categories, or includes an emerging certified health IT capability;
    - Does not duplicate existing improvement activities;
    - May be considered for an Advancing Care Information bonus;
    - Is feasible to implement; or
    - Is able to be validated by CMS.
2. Activities recommended for inclusion should be sent using the Improvement Activities template (Appendix 1) to CMSCallforActivitiesIA@ketchum.com. All communication regarding improvement

activities recommendations, including follow-up questions for submitters and determinations, will come from this email address.

3. CMS priorities for recommendations on improvement activities include those that: (1) are appropriate for small, rural, Health Professional Shortage Areas (HPSA) and non-patient facing MIPS eligible clinicians, (2) emphasize patient safety and practice assessment, such as through the use of clinical or surgical checklists and practice assessments related to maintaining certification, and (3) address gaps in the improvement activities inventory for specialty practices. Recommendations submitted by February 28, 2017 will be considered for inclusion in 2018. Recommendations submitted after February 28, 2017 will be considered for inclusion in future years.

Educational Resources

Frequently Asked Questions

1. Q: I recommended a measure but it did not make the final (MUC) list. What should I do next to get my quality measure included?

   A: If a measure was recommended for the quality measures under consideration (MUC) list and was not approved for the final MUC list, the submitter or point of contact will receive correspondence in JIRA regarding the disposition. CMS will provide the submitter the rationale for not recommending the measure for MAP review. If CMS recommends the measure be revised and resubmitted, the submitter can resubmit the measure again during the next annual Call for Measures cycle.

2. Q: Will CMS accept Government Performance and Results Act (GPRA) measures that Tribes and Urban Indian health organizations are already required to report as quality measures?

   A: There are many GPRA measures that are similar to measures that already exist within the program. In addition, some GPRA measures are similar to measures that are part of a CQMC core measure set. We strive to lessen duplication of measures and to align with measures used by private payers to the extent practicable. If there are measures reportable within GPRA that are not duplicative of measures within MIPS, we recommend the commenters work with measure owners to submit these measures during our annual Call for Measures. At this time GPRA measures are not accepted but this may be for consideration in the future.

3. Q: For EHR measures, should we consider only the technologies available in 2015 Edition?

   A: Yes, the 2015 edition will be in place for providers beginning in 2018 and EHR measures will be reviewed in consideration of those standards.

Helpful Links:

- Quality Payment Program Fact Sheet
- Quality Measures Specifications Fact Sheet
- Advancing Care Information Measure Specification fact Sheet
- CMS Call for Measures Webpage
- JIRA for Quality Measures

Improvement Activities Performance Category

Call for Activities Submission Form

Activities recommended for inclusion should be sent using the Improvement Activities template (below) to CMSCallforActivitiesIA@ketchum.com. Stakeholders will receive an email confirmation for their submission. Recommendations submitted by February 28, 2017 will be considered for inclusion in 2018. Recommendations submitted after February 28, 2017 will be considered for inclusion in future years.

Improvement Activities Recommended for Inclusion

Activity Sponsor: *Provide entity name, url, and individual contact information: name, address, phone, email—in case we need to contact submitter.*	
CMS NPI # or Sponsor Type: *Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 characters or less.*	
Activity Title: *Provide the activity title only—10 words or less.*	
Activity Description: *Provide a brief description of the proposed activity—300 words or less.*	

Supporting Website or Media Platform: *Provide supporting evidence that the activity leads to improvement in patient health, experience, etc. (URL only)*	
Activity Subcategory: *Designate as:* • *Expanded Practice Access;* • *Population Management;* • *Care Coordination;* • *Beneficiary Engagement;* • *Patient Safety and Practice Assessment;* • *Participation in an APM;* • *Achieving Health Equity;* • *Emergency Response and Preparedness; or* • *Integrated Behavioral and Mental Health.*	
Documentation Suggestion for Validation: *Include data or primary sources that could be used to substantiate performance (e.g. medical charts, office schedules, data reports, meeting minutes)—50 words or less.*	

Contribute to ACI Bonus: *Yes or no. Yes responses require a justification/rationale—100 words or less.*	

Advancing Care Information Performance Category

Appendix 2: Call for Measures Submission Form

Submission Period January 31 through June 30, 2017 for 2019 Measures

Stakeholders must use this form to propose new measures under the Advancing Care Information (ACI) Performance Category for the Merit-based Incentive Payment System (MIPS) in 2019. The submission deadline is June 30, 2017.

Proposals must be sent to **CMSCallforMeasuresACI@ketchum.com**. Stakeholders will receive email confirmations for their submission.

SECTION 1: STAKEHOLDER INFORMATION

Provide the following information for the individual, group or association proposing a new measure for the Advancing Care Information Performance Category under MIPS. All required fields are indicated with an asterisk (*). This information will be used to contact the stakeholder(s) if necessary, and apprise them of determinations made for their proposed measure(s).

Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.)
Name of Organization (if applicable)*:			

Address Line 1 (Street Name and Number – Not a Post Office Box or Practice Name)*		
Address Line 2 (Suite, Room, etc.)		
City/Town*	State (2 character code)*	Zip Code (5 digits)*

Email Address* (This is how we will communicate with you.)	
Business Telephone Number (include Area Code)	Extension

SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

CMS priorities for proposals on Advancing Care Information Performance Category measures include those that: (1) build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria to increase health information exchange and continue improving program efficiency, effectiveness, and flexibility, (2) measure patient outcomes and emphasize patient safety and (3) support improvement activities and quality performance categories of MIPS. Proposals submitted by June 30, 2017 will be considered for inclusion in rulemaking effective for 2019.

When preparing proposals, please consider whether the new measure:

1. Could highlight improved beneficiary health outcomes, patient engagement and safety;
2. Could improve program efficiency, effectiveness and flexibility;
3. Would contribute to improvement in patient care practices, reduce reporting burden, or includes an emerging certified health IT functionality or capability;
4. Does not duplicate existing objectives and measures;
5. Should be considered for a Base, Performance or Bonus score;
6. Is feasible to implement; and
7. Is able to be validated by CMS.

SECTION 3: REQUIRED INFORMATION FOR MEASURE PROPOSALS

Proposals that do not provide information for every field/section will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state “N/A” or “not applicable” or the proposal will not be considered, as the application will be judged incomplete.

1. **MEASURE DESCRIPTION** (Provide a description of the measure to be considered and relevance to the Advancing Care Information performance category):

Program Relevance:

2. **MEASURE TYPE (**Please indicate which category your measure descriptions fits):

- ☐ Patient Outcome Measure
- ☐ Process Measure
- ☐ Patient Safety Measure
- ☐ Other (please indicate the type of measure):

3. REPORTING REQUIREMENT (Yes/No Statement or Numerator and Denominator Description. Indicate whether the measure should include as a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator and denominator, threshold (if applicable) and exclusion criteria (if applicable)):

☐ YES/NO STATEMENT
Exclusion Criteria: If applicable and rationale for exclusion proposal, otherwise use N/A

OR

Denominator Language:
Numerator Language:
Threshold: (For example: at least one (clinical action or patient) or a percentage - at least 5 percent). The clinical action must be tied to the numerator proposed language. For example: *Secure Messaging Measure:* For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent. Include a rationale for recommendation: ☐ At least one (ex., Patient or clinical action) ☐ Recommended percentage (please state –for example: at least 5 percent): Rationale:
Exclusion Criteria: If applicable and rational for exclusion proposal; otherwise use N/A

4. CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE (Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface, or API) please use N/A):

- [ ] Functionality type (ex. API):

- [ ] N/A

5. SCORE TYPE (Please indicate the type of score your proposed measure should be considered for and rationale for selection):

- [ ] Base Score
- [ ] Performance Score
- [ ] Bonus Score

Rationale for selection:

Optional (Additional Information, suggestions and/or comments related to the Call for Measures):