

Hello, everyone. Thank you for joining today's CMS Merit-based Incentive Payment System: Call for Quality Measures Webinar. CMS will provide an overview of the annual call for measures process from the quality performance category. After the presentation, CMS will take your questions. And now I'll turn the call over to Katie Moore, Health Insurance Specialist from CMS. Please go ahead.

Good afternoon, everybody. Thank you for joining us on today's webinar. I think you can go ahead to the first slide. And just as a reminder, before we start going over some of today's topics, I just wanted everybody to know -- or, be reminded that today's webinar is going to focus on the 2018 Call for Quality Measures. I know maybe some people have some different questions related to 2017 participation in the Quality Payment Program or maybe some submission questions and different things. This webinar is not the place to get those answered, but towards the end, we'll provide a number to our service center, where you can get any and all questions about the Quality Payment Program answered. But today, we are going to do a really quick overview of the Quality Payment Program, we're going to continue with an overview of the Merit-based Incentive Payment System, MIPS, and then, we are going to go a little bit deeper into an overview of MIPS Quality Performance Category, and then specifically focusing on the 2018 Call for Quality Measures. Next slide? So, the Quality Payment Program is comprised of two different tracks that clinicians can participate in the program through. First is the Merit-based Incentive Payment System, MIPS, and if you decide to participate through MIPS, you will earn a performance-based payment adjustment through this part of the program. Or if you decide to take part in an Advanced APM, you may earn Medicare incentive payments for sufficiently participating in a different, innovative payment model that we have available. Next slide. And then, so this slide just provides a little bit more detail on what MIPS actually is. As you'll see, there are four different performance categories that make up MIPS -- Quality, which accounts for 50% of your final score. In 2018, we are now scoring the cost-performance category at 10% of your final score. The Improvement Activities category is 15% of your final score. And the Advancing Care Information, which is 25% of your final score. And a big focus of this program is the different flexibilities to choose which activities and measures that are most meaningful to your practice. So, there are a lot of different options to choose from. And then, we'll provide our website, that gives you all the information you'd want to find about all the different performance categories. And our reporting standards, we tried best to align with Advanced APMs wherever possible. In this program, we're moving Medicare Part B clinicians to a performance-based payment system, whereas in the past, it was more focused on volume-based payment systems. And as I said before, these different weights are assigned to each category so that your final score totals 100%. Next slide. And then, here's just a little bit more details specifically on the MIPS -- the quality performance category. As I said before, it is 50% of your final score in 2018 performance year. There are 275-plus measures available to choose from, so this is where that flexibility comes in that clinicians can look at these different measures and choose which ones best fit the way that they practice. You may submit six individual measures. One must be an outcome measure or a high-priority measure, and then, there's some more information defining what "high priority" actually means. And then, you can also choose to submit a specialty measures set, depending on what type of clinician you are, if

there's a specialty measures set available for you. And then, now, I think I'm going to hand it over to Jennifer Harris.

Thank you, Katie. Good afternoon, everyone, and thank you for the opportunity to speak with you today regarding the Call for Quality Measures for the MIPS program. We can go straight into the next slide. The Call for Quality Measures process allows organizations representing eligible clinicians, such as professional associations and medical societies, to identify and submit measures for consideration to the Quality performance category in MIPS. The current 2018 Call for Measures opened on March 1st and closes on June 1st of 2018. Next slide, please. In order to be considered for the Quality performance category, measures submitted during the Call for Measures must be fully developed, with completed testing results at the clinician level and ready for implementation at the time of submission. Testing results should include reliability and validity testing. In addition, for eCQM, feasibility testing and Bonnie test cases must be included, as well. Also, measures should be supported by scientific rationale and fulfill a clinical performance gap. Performance data should also be submitted, if available. Measures can be reported via registry, claims, or as an electronic clinical quality measure, eCQM. Claims-based measures will only be accepted in conjunction with another data-submission method. All information and supplemental documents must be submitted in JIRA by the deadline, which is June 1st. Measures should be ready for implementation at the time of submission. I just want everyone to please note that, when submitting your measures in the ONC JIRA tracking system that the window for MIPS quality closes a little bit earlier than the other programs. So, you can submit measures for multiple programs, but to make the deadline for MIPS, it must be in the system by June 1st. For more information and for a full list of measure requirements for 2018, please refer to the MIPS Call for Measures quality factsheet. Our information will also be updated on the pre-rulemaking website. Next slide, please. CMS publishes an annual program-specific priorities and needs document that identifies areas we are seeking to fulfill within each program. The following are considered high priority for future measure consideration in MIPS -- Outcome and Appropriate Use measures, measures that are categorized as Making Care Safer, Communication and Coordination of Care, Person and Family Engagement, or Making Care Affordable. Preference will also be given to measures focusing on topics that are not currently represented in the program and for those measures addressing specialties that are not fully represented. Each measure submission must be accompanied by a completed peer-review-article form. A completed example is available at the bottom of the CMS pre-rulemaking website, as well as with the Call for Measures factsheet on CMS.gov. The completed peer-review-article form should be submitted in JIRA as an attachment to the measures submission. CMS uses this information to meet its statutory requirement of submitting new measures for publication in an applicable, specialty-appropriate peer-review journal prior to implementing new measures in MIPS. And now I will turn it over to my colleague, Susan Arday.

Thank you, Jennifer. Hi. This is Susan Arday. I'm pleased to have the opportunity to speak with you this afternoon. Let's talk a little bit about submitting measures for the Quality performance category. Slide 10, please. Measures have to be submitted through the ONC Issue Tracking System's JIRA tool that Jennifer just mentioned. And in order to access that tool, you have to request a login and ask for specific access to the 2018 MUC, Measures Under Consideration, Project. The links have been provided on this particular slide to assist you in accessing JIRA as well as, as you'll see,

a link for a quickstart guide. These links are also available on the Pre-Rulemaking website, which you'll see on the slide. We have a link for the CMS Pre-Rulemaking website. All required data fields must be completed within the JIRA submission for consideration of a quality measure. Please, also provide complete and accurate contact information in case the team has questions during our measure reviews. It's a really good idea to provide a backup contact person in case you're not available. It's so important that measure submitters commit to providing timely and accurate feedback to CMS and our contractors through the measure-review process as well as in preparation for the MAP meeting, if your measures are approved for the Measures Under Consideration list. Appropriate subject-matter experts must attend the Measures Application Partnership, MAP, meeting at the National Quality Forum in December to address questions. Now, your attendance can either be in person or over the phone, and the program is open to the public, for those that would like to listen in and hear what's going on. So, as you can see on the slide, we've got some helpful links here to JIRA for Quality Measures, the quickstart guide, the CMS Pre-Rulemaking website, and the 2018 Quality Payment Program Resources Call for Measures and Activities. Next slide, please. So, a few caveats. Measures in current use should not be submitted through the Call for Measures again. The exception would be for measures that are being submitted for other CMS programs or for measures that have significant changes that need to be re-reviewed. So if a measure was on a prior year's published Measures Under Consideration, MUC, list but was not finalized for implementation due to the MAP's recommendation, the measure must be resubmitted to be considered for another performance year. However, if the MAP suggested updates to the measure, those suggestions should be taken into consideration prior to resubmitting during the Call for Measures. If no changes have been made, it's unlikely that the measure will move forward in MAP. Next slide, please. So, when are measures posted? Well, we have an annual list of measures, and that'll be published in the Federal Register in early November of the year prior to the first day of a performance period. This timeline refers to the annual rulemaking process, which CMS publishes a proposed rule in late spring or early summer and then a final rule in early November, prior to implementation of any new or updated measures for the upcoming January through December performance period. So what does this translate into? Your MIPS measure for 2019 will be posted in early November 2018 in the Federal Register. The final measures will be available on the Quality Payment QPP resource library section of CMS.gov, and the final specifications will be posted on the CMS.gov resource library. Next slide, please. Now I want to go over some really short, brief pre-rulemaking process steps for quality performance category. So, what is this based on? Well, it's based on statutory references, and they're provided here for your reference. So you're talking about Section 3014 of the Patient Protection and Affordable Care Act and sections 1890 and 1890A, as in "apple," of the Social Security Act. Your pre-rulemaking steps are as follows. First, your measures are submitted during the Annual Call for Measures. Then, the measures are reviewed by CMS. The next step is, approved measures are added to the MUC list. And as I mentioned in the prior slide, CMS annually publishes the Measures Under Consideration list by December 1st of each year. In December, the National Quality Forum convenes the multi-stakeholder groups for the Measure Applications Partnership. The Quality measures fall under the MAP clinician. The next step after that is the MAP provides recommendations and feedback to the secretary of the Health and Human Services Department annually by February 1st. The measures may be added to future rulemaking for the MIPS program. And measures that go through the rulemaking process, both proposed and final, include comment

periods for the public. Next slide, please. I'd now like to hand this over to my colleague, Helen Dollar-Maples.

Yeah, hi, everyone. This is, again, Helen Dollar-Maples, and I work here at CMS. And I kind of help oversee the Measures Under Consideration process -- so this pre-rulemaking process. So, just to kick things off, this is just our current calendar of events, and you'll see that here, we opened JIRA for new candidate measures as of March 1st. In April, we will be holding four sessions for your education. And if you -- And these are the kickoff, just to kind of give you a better overview of the pre-rulemaking process. Then, we also will be doing a needs and priorities overview for each of the programs to include the MIPS program. And we'll be holding two open forums for our JIRA system so that you can be better-acquainted with how to submit your measures. Just as Jennifer had said earlier, June 1st is when JIRA will close for the MIPS quality measures, and June 15th, JIRA will close for all other CMS programs. In August, we will hold our federal stakeholders-only meeting, where we'll discuss all the measures that have come in and are considered for the Measures Under Consideration list. And once we've cleared that, then we will begin our clearance process through CMS and through the agency-wide of HHS. Next slide, please. Sorry. I think there's a -- Okay. So, here you can see -- So, we have NQF, who is currently our contractor for our consensus-based entity, who will begin in September through November, starting up with their MAP preliminary meetings, getting things organized for the different stakeholders that will make up each of those three MAP areas, which are your clinicians, your hospitals, as well as your post-acute care. By December 1st, as already mentioned, our MUC list will be published and released to the public. And between the time of publication of the MUC list and the first MAP meeting, NQF will hold a public-commenting period for people to be able to look and make their comments about the measures that are on the MUC list. In December, the in-person MAP meetings will occur. Again, clinician, hospital, and post-acute care. Once the final MAP work group meeting has concluded, a second commenting period will begin. And that will take place all the way until the MAP-coordinating committee meets in January. Once that meeting concludes, the final recommendations from the MAP will then be compiled and will be released to the Secretary of HHS as well as to the public no later than February 1. And then, we have three other reports that the National Quality Forum is contracted to provide and that's just more -- just the future, way ahead, of these three different programs. I've provided for you here on this particular slide the link to the MAP-specific page for the National Quality Forum. Next slide, please? So, here you can see the MAP measure-selection criteria, and this is just to help the MAP work groups look at the different measures that are coming in off the MUC list. This helps to make that determination and prioritization of which measures we really should be looking at to include in our program. As you well know that we are looking to reduce the burden, and that's an agency-wide priority, and so we want to make sure that we are including the best possible measures for each program. And as you can see here, these are just some of the things that we asked the MAP to consider. So, we want to ensure that they are addressing our healthcare priorities, that there are an appropriate mix of measure types, and certainly that they are in alignment and we do not have a lot of duplication of measures. Next slide, please? All right. So, as you can see, we have the MAP decision categories. So, when these measures come before the MAP working groups, we ask them to categorize these particular measures, and we have it ranging from "Support for the Rulemaking" all the way down to "Do Not Support for Rulemaking." There are instances where the MAP may believe that a particular measure may be suitable for our program but may need some conditional support to basically

determine whether or not that it's rigorous enough to actually stand up to the scientific rigor and may need to be re-addressed and maybe even looked at more closely through the consensus development process, which is also the endorsement process. So, whatever the category that this particular measure that may be on the MUC list may land will be communicated back to the measure developer to better understand where their measure landed, in regards to the MAP. And that pretty much concludes my portion. I'm going to kick it back over to Katie Moore. Katie?

Thanks, Helen.

Next slide, please. We can go one more. So, this last slide here just provides some really helpful information. Anything you would need to know about the Call for Quality Measures can be found on these two links. So, the first one will take you to the pre-rulemaking page, and then, the second one, will take you to the Quality Payment Program resource library on CMS.gov, and this link will specifically take you to all of the Quality Call for Measures materials that we have posted right now, including templates for a peer-review article, factsheets that include priorities and needs documents, and anything you could need to know about the Call for Quality Measures or MIPS. And then, the last one, as I said before, when we first started, any general questions that you have related to the Quality Payment Program, your best place to go for all information, the website is [qpp.cms.gov](http://qpp.cms.gov). And then, the e-mail address and phone numbers that are provided on this slide is how to contact the Quality Payment Program Service Center, and we have some very knowledgeable agents ready and waiting to answer all of your questions. And another resource that -- I don't have it on this page, but that I wanted to make sure everyone is aware that is available, we have technical assistance available to help people -- to help clinicians be as successful as possible in this program, and that is a really great resource I encourage everyone to take advantage of. And if you contact the service center, they'll link you up with the appropriate technical assistance that's available, and they can help kind of walk you through any additional support you need to participate in the program successfully. So that's it for me. I'm going to turn it over to Ketchum, who's going to open up our Q&A session and give you a little more details on how to participate. Thank you. --All right. Next slide, please. We are now going to start the Q&A portion of the webinar. You can ask questions via chat or phone. Please note that we will not be answering questions about 2017 or 2018 participation in the Merit-based Incentive Payment System. We will only be able to answer questions related to the Quality Call for Measures. Also, we may not be able to answer all the questions submitted via chat. If your question is not answered, please contact the Quality Payment Program Service Center. To ask a question via phone, please dial 1-866-452-7887, and if prompted, provide the conference I.D. number -- 8192019. So, our first question here is, what are good measures that can be evaluated as making care affordable? Can you share some examples?

So, if you're looking for examples of what measures fall under each of the meaningful measure areas, you can go to the CMS.gov website and, under "Supporting Documents," there is Excel spreadsheet that actually lists all the measures in the MIPS program and what categories they fall under. So if you were looking just for a quick reference, you can go to that spreadsheet, and you can find which Meaningful Measure category it is under, whether it's a high-priority measure, whether it's an outcome measure, so you can kind of get an idea of where measures fall. It also gives you additional information

on that spreadsheet, and you can filter by any column heading that you wish. So, hopefully, that is helpful. Thank you.

Thank you. And our next question is, "Does CMS make data on how many providers and practices submit data on a given measure? Does CMS make that data available, or are there any plans to make it available?"

So, currently, we don't have any SMEs here in the room to answer that question, specific to data. So I think I would direct them to the QPP Help Desk.

Okay, thank you. This next question is, "Is the radiology appropriate use criteria measure still extended until 2020?"

So, I'm assuming they're asking if a specific measure is still in the program. That list would also be on the same website that I directed the previous person to. So you can either go to the QPP website or the CMS.gov to see what the current measures are for 2018. We don't have measures for future years out yet. We only do year by year, so 2018 is public. Anything that will be reportable in 2019 or 2020 has not been decided yet. So you would need to use the 2018 list.

And this is Katie Moore. I just wanted to add in for everybody on the phone, if you go to [qpp.cms.gov](http://qpp.cms.gov), in the top-right-hand corner, there is a dropdown button that says "Resource Library," and if you click on that when you go to the QPP Resource Library page, there's a link at the top that will take you over to CMS.gov where all of the information about all the measures will be located.

All right. And, Stephanie, just checking to see if anyone has dialed in.

There are no questions, thank you, at this time. If you would like to ask a question, please press star, then the number 1 on your telephone keypad. That's \*1.

Thank you, Stephanie. And it looks like those were some of the last chat questions we had on the Quality Call for Measures, so I think we'll just hold for a few minutes, and if you have a question, please type it into the chat box or dial in so our speakers can try to answer that. And just a reminder, we can only answer questions on the Quality Call for Measures and nothing about participation in MIPS. We'll just hold for a few minutes. All right. So it looks like we got a question in the chat box. "How are EMR vendors linked into the process so they can offer new measures?"

Sorry. Can you repeat that one more time?

Yes. The question is, "How are EMR vendors linked into the process so they can offer new measures?"

I'm not sure if I understand what they're asking exactly, but the Call for Measures -- In order to submit a measure to the Call for Measures, you can do so through JIRA. I'm not sure if they would be representing a clinician or submitting on a clinician's behalf, but the process is the same. All of the measures need to come through the Call for Measures, and we use the ONC JIRA tracking system.

Great. Thank you. And I think we're just standing by to see if anyone else has any more questions. Stephanie, has anyone dialed in to the phone? It looks like we do have one question here. It says, "How much lead time is provided for vendors between the time a new measure is accepted and when the measure is required to be submitted for the program?"

Wait. This is Susan Arday. For the Electronic Clinical Quality Measures, what we try to do is to make sure that the annual update for the following year's measures comes out at least six months prior to the performance year that you'd be reporting on. So, for example, the annual update for the measures that will be enforced in calendar year 2019, that annual update is getting ready to come out in May. We'll get a provisional one in April, but it'll be finalized after the final rule is released. But that should give your vendors, if you're talking about EMR or EHR vendors, about six months or so to get the measures that they need at program out there. We're trying to make sure we get it out there as soon as possible because we've cut over to the Clinical Quality Language, the CQL, because we understand it'll take some time.

So, just to add on to that, any measure that comes through the Call for Measures for 2018 and makes it through the entire cycle and process would be available for reporting in MIPS in 2020. So there's a two-year process. It takes two years to get through the entire process.

Yeah, so, one way to think about it is, if a measure makes it on the 2018 MUC list, it will go into 2019 rulemaking to be reported, if it makes it through rulemaking and from the MUC list, in 2020, for the program year 2020.

Thank you.

Thank you. And this next question is, "What details are required for the peer-review journal article form?"

Thank you. All of the details that -- We have a template -- Well, several templates are available on the QPP resource library on CMS.gov, and if you go to the Call for Measures Zip file on there, it has all of the peer-review-journal templates available.

So, just to add, some of the information in the template is duplicative of the information that you will be submitting in the ONC JIRA tracking system, so it is perfectly fine to cut and paste. But it does ask for a little bit more of detail, and so we just ask that you make sure that your information aligns, that whatever's in the peer-review template also is the same information that you have stated in JIRA, because sometimes we get conflicting information.

Okay. Thank you. And this next question is, "If a measure is already approved as a QCDR measure, but then we use it to apply for MUC, what happens to clients who have begun collecting data for the measure as a QCDR measure? Will they still get credit for the measure in 2018's QPP program, or how will that work?"

Part of the answer, I think, what you're asking is, would it stay on as a QCDR measure, and if it was also submitted to the MUC list, and if it made it to the MUC list, would it also become a MUC measure? So, the first part of your question really needs to be directed to our QCDR SMEs, who I don't

believe are on the line, and they certainly aren't in the room today. If you wanted to take a QCDR measure and submit it to the MUC list, you're more than welcome to do so. It'll be considered like any other measure, and it may make it onto the MUC list.

Hi. This is Shauna. Just wanted to add on to what Susan indicated. So, if a measure is a QCDR measure for 2018 and is added to the MUC list, it would have to go through several levels in order to be included in the program. So it would continue forward as a QCDR measure until or if it was added as a MIPS measure, at which point, it would no longer be considered a QCDR measure, and it would then be included as a MIPS measure, if it makes it through all of the process that was discussed earlier today, including being included on the final MUC list as well as going through the MAP meeting, and then it would have to be proposed by CMS in the rule, and then it would be included the following year, potentially. So it would have to go through all of that. In the meantime, I believe, it would continue as a QCDR measure if CMS indicates that it can be.

Thank you. And, Stephanie, I think we can take a question from the phone at this time.

Got a question. It's from Dana Reinhard.

Ms. Reinhard, your line is open.

Oh, I'm sorry. I was not able to do audio, and the phones were tied up, so I think I found my answer, that the webinar would be available through the CMS website.

Yes, that is correct. So, the webinar will be posted later to the QPP events and webinars page.

Okay. I just wanted to be sure, because I did want to attend. And I did get to see some of the slides, but I couldn't hear any of the conversation that was going on with it.

Great. Okay. Our next question is, "Where can you find the specifications and more details on each of the quality measures?"

So, this is Katie Moore again. So, all of the specifications we have available for 2017 and 2018 can be found on the CMS.gov QPP Resource Library page. And the best way to get there is what I said before, where you go to [qpp.cms.gov](http://qpp.cms.gov), the right-hand corner, you'll see the "About" tab, and you click on that, go down to Resource Library, and then there's a link that takes you over to CMS.gov, where you'll be able to find all of the 2017 and 2018 information available. So, for those two program years, we have all of the quality-measure specifications available, including the supporting documents that Jennifer mentioned previously.

Now, if you're going to -- This is Susan Arday. If you're going to use an eCQM, you would go to the eCQI resource center at [ecqi.healthit.gov](http://ecqi.healthit.gov), and your CQL specs would be out there for the measures you would want to use, but you'd want to collect through an electronic health record.

Great. And our next question is, "Are we able to use the same measures if the measures are still available?"



Sorry, Alexis. Can you repeat that, please?

Yes. The question is, "Are we able to use the same measures if the measures are still available?"

I think we need clarification on the question. Could you ask them for clarification on what they mean by "same measures"?

Yes. So, if that person wants to dial in via phone, we could definitely get some clarification there or follow up separately. And, so, Stephanie, I think for this next question, we can take someone on the phone.

If you'd like to ask a question, please press star and the number 1.

There are no additional questions, thank you, at this time.

Thank you, Stephanie. Okay. And it looks like there is another question that says, "Are we able to use the same quality measures each year, or do we have to choose different measures each year?"

Hi. This is Susan Arday. You don't have to choose new measures. What you would need to do -- Let's say -- I'll just pick a quality I.D. number. I'm making this up off the top of my head. Quality I.D. 0045, and you'd like to keep using that measure for each of your performance years. As long as that measure continues to stay in the program, according to what's in the annual rule, our specs will be out on our website, or if it's eCQI, out on the eCQI Resource Center. What you would need to do, though, is as soon as possible, go and check the specs for that, say, quality I.D. -- again, this hypothetical 0045 -- and say, "Okay, last year, the specs were this. Let me see what this year's specs are, just to make sure there aren't any changes I need to make, in terms of programming or otherwise, abstraction," however you're going about getting the data. 'Cause although the measure stays in the program, from time to time, the specs are updated to stay in conformance with clinical guidelines and other issues like that, so...

Yeah. Just to add on, the measure specs are updated each year.

Annually.

Annually. So you need to be current and looking at the most current measures.

All right. So, our next question is, "I understand that rehab therapists, for example TPOTSLEP, aren't E.C.s yet, but does QPP have any plans for quality measures relevant to rehab therapists?"

Thanks. That is actually more of a policy question about future rulemaking, which we aren't able to comment on. Thanks.

Thank you. And, Stephanie, is anyone on the phone line at this time?

There are no questions, thank you, at this time.

Okay. And it looks like we have a follow-up question to the previous MUC question. It says, "If an entity is QCDR and uses a QCDR measure to apply for MUC 2018, what happens if providers are actively using the approved 2018 QCDR measure to capture QPP data, and will that measure still count for the

provider if it ends up being approved as an MUC measure and shifts from a QCDR measure to an MUC measure?"

Hi. This is Shauna. Can you repeat that question, please? I just want to make sure I understand.

Yes, of course. So, the question is, "If an entity is a QCDR and uses a QCDR measure to apply for MUC 2018, what happens if providers are actively using the approved 2018 QCDR measure to capture QPP data? Will that measure still count for the provider if it ends up being approved as an MUC measure and shifts from a QCDR measure to an MUC measure?"

Yeah, I believe that the answer to this is that the MIPS measures can be reported by QCDRs, but additional QCDR measures are specific to QCDR base reporting. So if the measure shifts to a MIPS measure, then that would be available for QCDRs to report, as well. But if it's just a QCDR measure, then it can only be reported by QCDRs. So there are additional requirements needed for the measure to go through and become a MIPS measure, basically, and those would be able to be reported by QCDRs, in addition to the QCDR's specific measures for their QCDR.

Okay. Thank you. And this next question is, "With no claims-only measures submitted for this year and the need to be reportable via registry or eCQM, do the measures need to be tested with those other submission methods or just demonstrate how it could work with the submission methods?"

So, just to clarify, we are accepting claims measures, but they have to also be reportable via claims and eCQM or claims and registry. And I'm speaking about claims, not administrative claims measure.

And what I would add with that would be, for any measure used to submit for consideration for the MUC list, whatever the modality is, whether it be EHR, claims, whatever, you have to provide enough testing information and data to show that it's feasible, valid, and reliable at the clinician level, 'cause that's what we're talking about here -- clinician-level measures. Lacking that, we can't really make a determination of the measure, as to whether it would actually operate or not.

So I think the answer to the question would be, yes, you would need testing results for the registry version as well as the eCQM version or for the claims version, whatever combination.

Right, whatever modality.

All right. Thank you. And this next question is, "When are the specs updated? What month?"

Can you repeat the question again?

Yes. It's, "When are the specs updated? What month are they updated?"

The measure specifications for each program year are available by December 31st, prior to the start of the performance period.

And the eCQM specs are available about six months before the start of the performance period, so like I said, May, June timeframe, you will definitely have, from the annual update, the eCQM specs that you would need to program

for any measures you would like to use in an eCQM form in program year 2019, which would be January 1 through December 31st, 2019.

All right. Thank you. And it looks like these are some of the last chat questions that we have, so, again, if you have a question pertaining to the Quality Call for Measures, please type it in now or dial in to the phone. And, Stephanie, I just want to check in. Do we have anyone on the line?

There are no questions, thank you, at this time.

Great. Thank you. All right. And I think I'll pass it to Shauna to discuss some of the Making Care Affordable answers. So I'm going to reread one of the questions here. It's, "What are good measures that can be evaluated as making care affordable? Can you share some examples?"

Yes, okay. Hi. This is Shauna from the PIMMS team. I just wanted to follow up on this to let you know that the Making Care Affordable meaningful measure area has three sub-bullets underneath it for CMS's priorities for this. It is "Appropriate use of healthcare," "Patient-focused episode of care," "Risk-adjusted total cost of care." So those three specific areas underneath the Making Care Affordable umbrella would be listed within the posted measures list on the CMS website. So, annually, CMS posted 2018, or whatever program year it is, the measures list, and there is a column in that Excel document that will indicate the meaningful measure areas. So if you go to the column, you would be able to filter on -- The specific areas that you would be able to filter on are appropriate use of healthcare and patient-focused episode of care as well as risk-adjusted total cost of care. So that will give you an all-inclusive list of the quality measures available for that area. I don't know. Specifically, there's emergency medicine, emergency-department utilization of CT for minor or blunt head trauma for patients age 2 through 17, so that's kind of an example. But, again, there's several measures out there for you to take a look at. There's also age-appropriate screening for a colonoscopy, appropriate workup prior to endometrial ablation. Again, there's several areas that you could look at. I don't know specifically what your specialty is, so it's kind of difficult to narrow that down for you. It might be best for you to go out and look at the 2018 measures list, as Jennifer indicated earlier.

Great. Thank you. And it looks like we do have one last question in the chat. So, it says, "Because there are multiple sponsors of different quality measures with slightly or completely different criteria than ones published by QPP, does QPP have any plans to take quality measure considerations from HEDIS or other sponsors.

I think QPP tries to -- we try to align with other programs as much as possible. We have taken some measures from the Core Measures Collaborative and implemented them in MIPS, So, yes, we do try to align as much as possible, but I don't have any information on future plans regarding HEDIS measures.

Great. Thank you. And, Stephanie, before we close out, I just want to make sure no one else is on the phone line with a question.

No questions at this time.

Great. Well, thank you all for joining today, and that concludes our webinar.

Thank you. This concludes today's conference. You may now disconnect.  
Speakers, please hold the line.