

Quality Payment PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 CMS Web Interface
Quick Start Guide



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Purpose: *This resource focuses on the CMS Web Interface, providing high level information about reporting requirements and the CMS Web Interface measures. This resource does not address Alternate Payment Model (APM) participants scored under the APM Scoring Standard.*



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



Overview



COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency has impacted all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2020 performance year, we will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. We have already introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS for the important work they are already doing across the country.

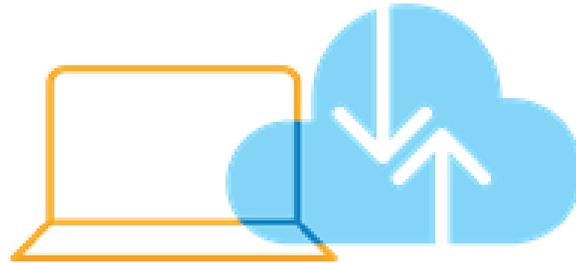
Additionally, in the 2021 QPP Proposed Rule, we propose for the 2020 performance year to 1) allow APM Entities to submit Extreme and Uncontrollable Circumstances applications and 2) to increase the complex patient bonus from a 5- to 10-point maximum for MIPS participants to offset the additional complexity of their patient population due to COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response webpage](#).

What is the CMS Web Interface?

The CMS Web Interface is a secure, internet-based application within qpp.cms.gov that allows you to submit data for a specified set of 10 quality measures. This collection and submission type is available to registered groups, virtual groups and APM Entities with 25 or more eligible clinicians. Additionally, all APM entities that are Medicare Shared Savings Program ACOs and Next Generation ACOs are required to report in the CMS Web Interface.

What's New with the CMS Web Interface in 2020?

1. APM Entities and/or groups in the APM Entity can register for the CMS Web Interface as long as they meet the 25+ clinician requirement.
 - **Note:** Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program or the Next Generation ACO Model are required to report through the CMS Web Interface, but do not need to register.
2. APM Entities scored under the APM Scoring Standard are no longer eligible to receive bonus points for the high priority/outcome measures required by CMS Web Interface.



Reporting via CMS Web Interface

How Does CMS Web Interface Reporting Work?

There are 4 basic steps to CMS Web Interface reporting.

1. You [register](#) your organization (group, virtual group, or APM Entity) for the CMS Web Interface between April 1, 2020 and June 30, 2020. (Some organizations don't need to register. [Go to the next page](#) for more information.)
2. We use your claims data to identify a sample of your eligible Medicare Part A and B patients that potentially qualify for each CMS Web Interface measure.
3. We pre-populate the CMS Web Interface with the patients sampled for each measure and rank them in numeric order for you to complete.
4. You report each measure for the first 248 consecutively ranked patients identified from the sample (or 100% of the assigned patients if there are fewer than 248 patients assigned to a measure).

When possible, we provide an oversample of patients for each measure (more than 248 patients) in order to account for cases where data may not be able to be reported for certain patients.

Note: We will use the term "organization" throughout this resource to mean a group, virtual group, or APM Entity reporting through the CMS Web Interface.

Who Can Report through the CMS Web Interface?



Organizations that are interested in reporting quality data for the 2020 performance period through the CMS Web Interface must register on qpp.cms.gov between April 1, 2020 and June 30, 2020 by 8:00 p.m. Eastern Daylight Time (EDT).

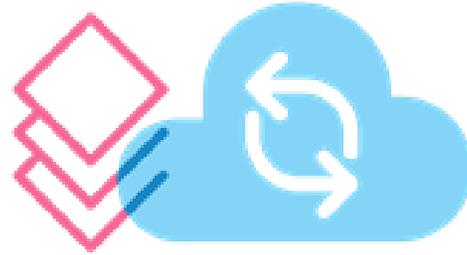
Groups that used the CMS Web Interface to submit quality data for the 2019 performance period are automatically registered for the 2020 performance period, though this registration can be edited or cancelled between April 1, 2020 and June 30, 2020.

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 organization to use a different collection and submission type. For more information on collection and submission types, please refer to the [2020 Quality Quick Start Guide](#).

Medicare Shared Savings Program and Next

Generation ACOs

are required to submit quality data through the CMS Web Interface, but do not need to register.



CMS Web Interface Measures

What are the 2020 CMS Web Interface Measures?

There are 10 measures required by the CMS Web Interface. While the CMS Web Interface measure set for the 2020 performance period is the same as the CMS Web Interface measure set for the 2019 performance period, some of the measure specifications have been updated for the 2020 performance period. If your organization is interested in submitting quality data through the CMS Web Interface, use the [Quality Measure Specifications](#) and supporting documents on the Quality Payment Program [Resource Library](#) or the [Explore Measures & Activities Tool](#) to make sure your organization can collect and submit data on the 10 CMS Web Interface measures outlined below.

| CMS Web Interface Measure ID | Measure Name | Quality ID | Measure Type |
|------------------------------|---|------------|----------------------|
| CARE-2 | Falls: Screening for Future Falls | 318 | Process |
| DM-2 | Diabetes: Hemoglobin A1c (HbA1c) Poor* Control (>9%)* | 1 | Intermediate Outcome |
| HTN-2 | Hypertension: 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 | 110 | Process |
| PREV-10 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention* | 226 | Process |
| PREV-12 | Preventive Care and Screening: Screening for 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 that have updated measure specifications in the 2020 performance period.

Measures without a Benchmark: The "(R)" next to the measure name denotes measures that are pay-for-reporting for ACOs participating in the Medicare Shared Savings Program or the Next Generation ACO Model for the 2020 performance period, and therefore, do not have a benchmark. For purposes of MIPS, such measures are excluded from scoring for the 2020 performance year as long as data completeness requirements are met.

How Does Patient Assignment Work?

Patients are assigned to an organization (group, virtual group, or APM Entity) when the patients were deemed to have the plurality of their Medicare services with that organization (according to claims submitted by the organization in 2020). Patients sampled into the CMS Web Interface had at least two primary care services furnished by your organization between January 1, 2020 and October 30, 2020. As a result of your organization being accountable for the care of these patients, it is expected for your organization to obtain the needed information to complete the requirements for each measure in the CMS Web Interface.

The patients assigned to each organization is assessed for measure-specific eligibility, based on the denominator criteria in each measure's specification.

If your organization does not have enough patients assigned to each measure, you may have to choose another way to collect and submit your quality measure data. We will contact any registered organizations that do not meet patient sampling requirements once assignment and sampling has been conducted.

How are CMS Web Interface Measures Benchmarked?

Under MIPS, the CMS Web Interface measures are scored in comparison to quality measure benchmarks established under the Medicare Shared Savings Program. To learn more about the quality measure benchmarking for the CMS Web Interface measures, please visit the [Medicare Shared Savings Program Benchmarks for the 2020 Performance Year](#).

What are the Data Completeness and Case Minimum Requirements?

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

- Organizations are required to submit all data for a minimum of the first 248 consecutively ranked patients per each measure (or 100% of the patients in the sample if there are fewer than 248 patients assigned to a measure).
- For each patient that is skipped for a valid reason, your organization must submit all data on the next consecutively ranked patient until the target sample of 248 is reached or until the sample has been exhausted.

An organization may not be able to report performance data on a given patient for a given measure. To account for such cases, an **oversample** is provided when possible, resulting in more than the required 248 consecutively ranked patients in each measure. Any patient ranked above 248 is considered part of the oversample. Your organization is not required to submit data on patients in the oversample, unless you **skip** a patient within the first **248** (minimum range) consecutively ranked patients. In such case, patients ranked above 248 (the oversample) will move into the minimum range and data will need to be submitted for such patients in order to meet data completeness requirements.

How Does Scoring Work?

There are generally 10 points available for each required measure with a benchmark. The table below outlines measure-level scoring information based on the availability of a benchmark, and whether data completeness and case minimum requirements are met.

| CMS Web Interface Measure | Points Earned for Each Measure |
|--|---|
| <ul style="list-style-type: none"> ✓ Has benchmark ✓ Meets data completeness requirement ✓ Meets case minimum | 3-10 points |
| <ul style="list-style-type: none"> ✓ Has benchmark ✓ Meets data completeness requirement ✓ Does not meet case minimum | N/A – excluded from scoring (denominator reduced) |
| <ul style="list-style-type: none"> ✓ Does not have benchmark ✓ Meets data completeness requirement | N/A – excluded from scoring (denominator reduced) |
| <ul style="list-style-type: none"> ✓ Does not meet data completeness requirement | 0 out of 10 points |

For the Quality performance category, organizations submitting quality data through the CMS Web Interface are scored on a maximum of:

- 70 points (assuming data completeness requirements are met) for the CMS Web Interface measures alone.
- 80 points (assuming data completeness requirements are met) for the CMS Web Interface measures and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey OR the All-Cause Hospital Readmission measure.
- 90 points (assuming data completeness requirements are met) for the CMS Web Interface measures and the CAHPS for MIPS survey AND the All-Cause Hospital Readmission measure.

Note: When scoring measures across collection types, the CMS Web Interface measures cannot 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).

How Does Scoring Work? *(continued)*

In the table below, the Medicare Shared Savings Program benchmark percentiles are mapped to the MIPS benchmark deciles to show the available points within each percentile.

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

Example

A measure has a performance rate found in the 60th percentile of the Medicare Shared Savings Program benchmark.

The 60th percentile maps to Decile 7 in MIPS benchmarks, meaning that a measure will earn between 7 to 7.9 points.

Scoring Example

In the example below, patient sample counts are designed to illustrate different scoring policies and may not reflect realistic scenarios.

| CMS Web Interface Measure ID | # of Patients in Sample (including oversample) | # of Consecutively Ranked Patients Reported | Has Benchmark | Meets Data Completeness | Meets Case Minimum | Total Points Available | Measure Score | Why? |
|------------------------------|--|---|---------------|-------------------------|--------------------|------------------------|---------------|---|
| CARE-2 | 18 | 18 | Y | Y | N | N/A | N/A | Even though this measure has a benchmark, it's excluded from scoring because the sample is below case minimum (20) and the data completeness requirement was met (100% of sample when fewer than 248 patients). |
| DM-2 | 192 | 192 | Y | Y | Y | 10 | 9.0 | This measure is scored against its benchmark because the data completeness requirement was met (100% of sample when fewer than 248 patients). |
| HTN-2 | 302 | 257 | Y | Y | Y | 10 | 8.6 | This measure is scored against its benchmark because the data completeness requirement was met (the first 248 consecutively ranked patients). |
| MH-1 | 24 | 20 | N | N | Y | 10 | 0.0 | Even though this measure doesn't have a benchmark, it receives 0 out of 10 points because the data completeness requirement was not met (100% of sample when fewer than 248 patients). |
| PREV-5 | 300 | 248 | Y | Y | Y | 10 | 7.8 | This measure is scored against its benchmark because the data completeness requirement was met (the first 248 consecutively ranked patients). |

Scoring Example (continued)

In the example below, patient sample counts are designed to illustrate different scoring policies and may not reflect realistic scenarios.

| CMS Web Interface Measure ID | # of Patients in Sample (including oversample) | # of Consecutively Ranked Patients Reported | Has Benchmark | Meets Data Completeness | Meets Case Minimum | Total Points Available | Measure Score | Why? |
|------------------------------|--|---|---------------|-------------------------|--------------------|--|---------------|---|
| PREV-6 | 57 | 57 | Y | Y | Y | 10 | 9.1 | This measure is scored against its benchmark because the data completeness requirement was met (100% of sample when fewer than 248 patients). |
| PREV-7 | 300 | 300 | Y | Y | Y | 10 | 8.7 | This measure is scored against its benchmark because the data completeness requirement was met (the first 248 consecutively ranked patients). |
| PREV-10 | 250 | 245 | Y | N | Y | 10 | 0.0 | This measure receives 0 out of 10 points because data completeness requirements were not met (the first 248 consecutively ranked patients). |
| PREV-12 | 289 | 248 | N | Y | Y | N/A | N/A | This measure does not have a benchmark and is excluded from scoring because the data completeness requirement was met (248 consecutively ranked patients). |
| PREV-13 | 202 | 202 | N | Y | Y | N/A | N/A | This measure does not have a benchmark and is excluded from scoring because the data completeness requirement was met (100% of the sample, when fewer than 248 patients). |
| Totals | | | | | | 70 points (max number of points available on CMS Web Interface measures alone) | 43.2 points | |

Are Additional or Bonus Points Available?

Your group, virtual group, or APM Entity can earn 2 bonus points for administering the CAHPS for MIPS survey (measuring patient experience) in addition to the CMS Web Interface measures. Please note, in general, ACOs are required to conduct the CAHPS for ACOs survey and would not administer the CAHPS for MIPS survey.

To administer the CAHPS for MIPS survey:

- Your organization must register between April 1, 2020 and June 30, 2020 by 8:00 p.m. EDT.
- Your organization will need to contract with a CMS-approved survey vendor to administer the CAHPS for MIPS survey and pay the associated costs.

Review the [2020 CAHPS for MIPS Survey Overview Fact Sheet](#) for more information.

In addition, your group, virtual group, or APM Entity can earn end-to-end electronic reporting bonus points by submitting quality data via the CMS Web Interface Application Programming Interface (API) or Excel upload.

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

Data Submission

You can submit quality data for the CMS Web Interface measures between January 4 and March 31, 2021.

During this time, you can submit quality data through any of the following methods (or a combination) via the CMS Web Interface:

- Manually entering data for each patient;
- Uploading patient data in the CMS-approved (Excel) template; and/or
- Using the CMS Web Interface API.



Help, Resources, and Version History

Help, Resources, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. Eastern Time 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.

Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program.

Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out resources available in the [QPP Resource Library](#).

Help, Resources, and Version History

Additional Resources

The following resources are available on the [QPP Resource Library](#) and other QPP webpages:

- [2020 CMS Web Interface Measure Specifications and Supporting Documents](#)
- [2019 CMS Web Interface User Guide](#) + [User Demo Videos](#)

Help, Resources, and Version History

Version History

If we need to update this document, changes will be identified here.

| Date | Change Description |
|-----------|--------------------|
| 8/10/2020 | Original posting |