CMS Web Interface Transition Guide: Getting Started with Merit-based Incentive Payment System (MIPS) Clinical Quality Measure (CQM) Reporting

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Background

In the [Calendar Year (CY) 2022 Physician Fee Schedule Final Rule](#), we finalized policies regarding the sunset of the CMS Web Interface as a collection and submission type under the Merit-based Incentive Payment System (MIPS).

- The 2022 performance period will be the last performance period that groups, virtual groups, and Alternative Payment Model (APM) Entities reporting traditional MIPS can report quality data through the CMS Web Interface. Beginning with the 2023 performance period, these groups, virtual groups and APM Entities will need to use alternative options for collecting and submitting their quality data.

- The 2024 performance period will be the last performance period that Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) reporting the APM Performance Pathway (APP) can report quality data through the CMS Web Interface. Beginning with the 2025 performance period, Shared Savings Program ACOs will need to use alternative options for collecting and submitting the quality measures required by the APP.

Purpose

This resource outlines the steps that stakeholders should take to prepare for reporting Merit-based Incentive Payment System (MIPS) clinical quality measures (MIPS CQMs) under MIPS. Please note that the order of steps isn't intended to be prescriptive. It may work better for your group, virtual group, or APM Entity to change the order of some of the steps – for example, your group, virtual group, or APM Entity may need to investigate third party intermediaries before choosing measures.

Did you know? When reporting MIPS CQMs, you need to ensure your system(s) are coded and able to capture all denominator eligible encounters for the MIPS CQMs you choose to report. This is a significant difference from reporting CMS Web Interface measures, where your patient population is identified and populated for you.

Step 1. Understand the Resources Available to Help You

The [2022 MIPS CQM Specifications and Supporting Documentation](#) contains 2 zip files:

The MIPS CQM Specifications zip file includes one PDF for each quality measure.

The MIPS CQM Supporting Documents zip file includes the following resources.

2022 CQM Supporting Documents
2022+Clinical+Quality+Measure+Specifications+and+Supporting+Documents (1).zip

📄	**2022 MIPS Clinical Quality Measures Guide.pdf** Type: Adobe Acrobat Document	Date modified: 12/3/2021 12:52 PM Size: 1.65 MB ➜ 1.61 MB
📄	**2022_MIPSClinicalQualityMeasure_ReleaseNotes_v6.0.pdf** Type: Adobe Acrobat Document	Date modified: 11/29/2021 7:02 PM Size: 329 KB ➜ 311 KB
📊	**2022_MIPSCQM_SingleSource_001_191_v6.0.xlsx** Type: Microsoft Excel Worksheet	Date modified: 12/1/2021 5:08 PM Size: 1.50 MB ➜ 1.05 MB
📊	**2022_MIPSCQM_SingleSource_205_398_v6.0.xlsx** Type: Microsoft Excel Worksheet	Date modified: 12/3/2021 10:17 AM Size: 1.42 MB ➜ 0.99 MB
📊	**2022_MIPSCQM_SingleSource_400_483_v6.0.xlsx** Type: Microsoft Excel Worksheet	Date modified: 12/1/2021 5:08 PM Size: 5.52 MB ➜ 1.62 MB

- The **MIPS Clinical Quality Measures Guide** (published and included in the MIPS CQM Support Documents zip file) identifies the terminology and information included in MIPS CQM specifications and workflows.

- The **MIPS Clinical Quality Measures Release Notes** (published and included in the MIPS CQM Supporting Documents zip file) identifies the coding changes from the previous performance period for each measure, determined by updates to the specifications. See the example below of coding updates for the **Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)** quality measure in the 2022 performance period.

Quality ID #001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

- Added Denominator Criteria: Denominator Exclusion: (G9988)

- Updated Denominator Note

- Updated Rationale and Clinical Recommendation Statements

- Moved placement of several frailty and advanced illness codes for identifying denominator exclusions

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- The **MIPS CQM Single Source** Excel documents identify the Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10) codes associated with each MIPS CQM that map to the denominator and numerator information in the specification. (The release notes referenced above are also included as the last worksheet of these Excel documents.)

Table 1. Codes for CQM Measures

Measure ID	DATA ELEMENT NAME	CODING SYSTEM	CODE	MODIFIER	PLACE OF SERVICE	AGE	GENDER
1	CPT_II_PM_1	CPT_II	3046F	-	-	18 - 75	M, F
1	CPT_II_PM_2	CPT_II	3046F	8P	-	18 - 75	M, F
1	CPT_II_PNM_1	CPT_II	3044F	-	-	18 - 75	M, F
1	CPT_II_PNM_2	CPT_II	3051F	-	-	18 - 75	M, F
1	CPT_II_PNM_3	CPT_II	3052F	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.10	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.11	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.21	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.22	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.29	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.311	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.319	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.3211	-	-	18 - 75	M, F
1	DX_CODE	I10	E10.3212	-	-	18 - 75	M, F

Step 2. Select Measures.

Your group, virtual group, or APM Entity can continue reporting many of the same quality measures reported through the CMS Web Interface, or can select and report other quality measures that better represent the scope of care your group, virtual group, or APM Entity provides.

Remember that your group, virtual group, or APM Entity will need to collect and report data for at least 6 quality measures, or 5 quality measures if administering the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey (registration required). One of these measures must be an outcome measure or a high-priority measure if an outcome measure isn't applicable.
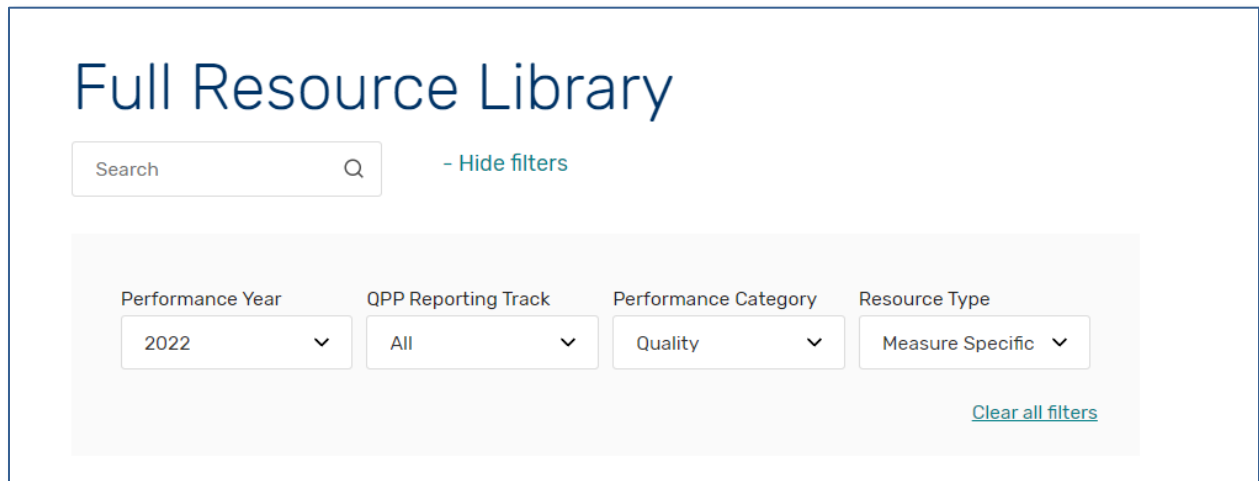
Did you know? You can report a combination of measures – Electronic Clinical Quality Measures (eCQMs), MIPS CQMs, Qualified Clinical Data Registry (QCDR) measures, and the CAHPS for MIPS Survey measure – to meet the requirement of 6 quality measures.

How do we get started with selecting MIPS CQMs?

To become familiar with MIPS CQM specifications and supporting documentation, please review the 2022 MIPS CQM Specifications and Supporting Documentation (ZIP). From the QPP Resource Library, you can search for the 2022 MIPS CQM Specifications and Supporting Documentation (as shown in the following screenshot).

The 2023 MIPS CQM specifications and supporting documentation won't be available on the Quality Payment Program (QPP) Resource Library until December of 2022. This information will also be added to the Explore Measures & Activities tool in early 2023.

Search tip: To quickly find the aforementioned resources, filter by "Performance Year" (i.e., 2022 or 2023), "Performance Category" (i.e., quality) and "Resource Type" (i.e., Measure Specifications and Benchmarks).

Helpful Hint: You can use MIPS CQM Single Source Excel documents to find applicable measures by searching for the codes you commonly use when treating patients.

- Although the MIPS CQM Single Source documents may help you identify measures to report, please refer to the individual quality measure specifications as the source of truth for the purpose of reporting.

Step 3. Using a Third Party Intermediary or Updating Your Systems

Decide if you would need to find a third party intermediary to support your data collection and/or data submission or if you would be able to make these coding changes yourself.

We've identified several questions to consider when deciding whether or not to work with a third party intermediary. In addition to considering the below questions, there may be other factors or items to consider that are specific to the circumstances of your group, virtual group, or APM Entity.

Questions	Additional Context
Does your group, virtual group, or APM Entity have a dedicated information technology (IT) department that will be able to update your EHR's logic to capture denominator-eligible encounters for your selected measures across all payers?	You may already be collecting the denominator information through ICD-10/CPT/HCPCS coding entered for billing purposes – however, these data elements would need to be mapped according to the MIPS CQM specifications in order for the data to be extracted correctly.
How many different EHR systems does your group, virtual group, or APM Entity use?	All denominator eligible encounters and performance data for each quality measure must be aggregated into a single file for submission.
Will your group, virtual group, or APM Entity be able to format measure data according to QPP JavaScript Object Notation (JSON) specifications?	The following documentation outlines the specifications for the different sections of the JSON file format. QPP Submission Documentation: Submission (JSON) QPP Submission Documentation: Measurement Sets (JSON) QPP Submission Documentation: Measures Data

If your group, virtual group, or APM Entity decides not to work with a third party intermediary, your group, virtual group, or APM Entity will need to update its systems and workflows to capture data according to the 2023 specifications for the MIPS CQMs you select. Updating systems and workflows need to be done prior to the start of the performance period to ensure you're able to meet data completeness requirements by capturing performance data for 70% of denominator eligible encounters for each MIPS CQM you select.

Step 4. Find a Third Party Intermediary (as applicable)

Working with a Third Party Intermediary

QCDRs and Qualified Registries are vetted and approved by CMS to support data collection and submission of quality measures, Promoting Interoperability measures, and improvement activities on your behalf.

- QCDRs and Qualified Registries are required to support all MIPS performance categories that require data submission, with some exceptions for the Promoting Interoperability performance category.

- QCDRs and Qualified Registries provide performance feedback at least 4 times a year. The feedback can help drive practice improvement and alert your group, virtual group, or APM Entity of the changes needed in workflows or processes to improve performance prior to submission.

Alternately, groups, virtual groups, and APM Entities can choose to work with a health information technology (IT) vendor that isn't a QCDR or Qualified Registry. There isn't a vetting or approval process specific to MIPS for health IT vendors that aren't QCDRs or Qualified Registries, but you can search the Certified Health IT Product List (CHPL) for vendors ("developers") that offer CEHRT products.

Finding a Qualified Registry or QCDR

CMS publishes a list of approved organizations (with contact information, services offered, pricing, and the specific quality measures and/or QDCR measures they support) prior to the performance period.

In general, the population of approved QCDRs and Qualified Registries is fairly consistent from year to year. We encourage groups, virtual groups, and APM Entities to review the 2022 Qualified Postings to become familiar with the costs and services offered by approved QCDRs and Qualified Registries

- The 2022 Qualified Clinical Data Registries (QCDRs) Qualified Posting (XLS) and 2022 Qualified Registry Qualified Posting (XLS) are available now. The 2023 QCDR Qualified Posting and 2023 Qualified Registry Qualified Posting will be available in December of 2022.

- The QCDR Qualified Posting and Qualified Registry Qualified Posting are updated throughout the year to identify QCDRs and Qualified Registries that have been placed on remedial action and/or terminated. (A QCDR or Qualified Registry can be placed on remedial action and/or terminated if CMS determines the organization isn't compliant with CMS requirements or has submitted inaccurate or otherwise unusable data. If placed on remedial action, the QCDR or Qualified Registry must submit a corrective action plan addressing any deficiencies and outlining steps to prevent reoccurrence.)

Search tip: To quickly find the aforementioned resources within the QPP Resource Library, filter by "Performance Year" (i.e., 2022 or 2023) and type, "Qualified," as a key term.

The following are best practices for finding the QCDR or Qualified Registry that's right for your group, virtual group, or APM Entity.

- Start by searching for QCDRs and/or Qualified Registries that support the MIPS CQMs your group, virtual group, or APM Entity selected – not all third party intermediaries support data collection for all quality measures or specialties.

- Once your group, virtual group, or APM Entity has identified the QCDRs and/or Qualified Registries that support the selected MIPS CQMs, you can evaluate such third party intermediaries based on cost and services offered, including how you'll get your quality data to them.
  - For example, if your group, virtual group, or APM Entity has multiple EHR systems, you may need to search for QCDRs and/or Qualified Registries that offer data aggregation services.

- Review the 2022 MIPS Guide to Using a QCDR or Qualified Registry (PDF) for more information.

A group, virtual group, or APM Entity will have an opportunity to work with their selected QCDR or Qualified Registry throughout the entire performance period, allowing the group, virtual group, or APM Entity to receive actionable feedback and support. However, some QCDRs and Qualified Registries will accept new clients during the performance period and into the submission period; the Qualified Postings identify the last date that a QCDR or Qualified Registry will accept new clients.

Where Can I Get Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.- 8 p.m. ET, or by email at: QPP@cms.hhs.gov. To receive assistance more quicky, please consider calling during non-peak hours – before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Version History

Date	Change Description
02/07/2022	Original version