CMS Web Interface Transition Guide: Getting Started with Electronic Clinical Quality Measure (eCQM) Reporting

Table of Contents

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.

[This page is intentionally blank.]

Purpose

This resource outlines the steps that stakeholders should take to prepare for reporting eCQMs under the Merit-based Incentive Payment System (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?
The CMS Web Interface and electronic clinical quality measure (eCQM) specifications align from the perspective of clinical intent. The CMS Web Interface measures historically aligned and provided support documentation that mirrored the coding of eCQMs. However, the reporting of CMS Web Interface measures differs from the reporting of eCQMs. For eCQM reporting, certified electronic health record (EHR) technology (CEHRT) is required and must be coded and able to capture all denominator eligible encounters for the eCQMs selected to report. Please refer to the eCQM specification specifications published on the eCQI Resource Center as the source of truth when determining if your group, virtual group, or APM Entity's CEHRT is able to abstract the data as required by the specification.

Step 1. Determine the Status and Edition of Your Certified EHR Technology (CEHRT).

Groups, virtual groups, and APM Entities may use technology certified to the 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of both to collect and report their eCQMs for the 2023 performance period.

Do you have CEHRT?

If your group, virtual group, or APM Entity's EHR or health information technology (IT) module is listed on the Certified Health IT Product List (CHPL), it has been certified through the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program.

> For detailed instructions on how to generate your CMS EHR Certification ID, review pages 25 - 28 of the CHPL Public User Guide (PDF).

To search for your group, virtual group, or APM Entity's health IT module in CHPL, enter the developer, product, and ONC-Authorized Certification Body (ACB) ID/CHPL ID for your health IT. Once you find your health IT in the results list, there's a column titled, "Status," which indicates whether the certification of your EHR is active, decertified, or inactive. There's a column titled, "Edition," indicating the edition to which your health IT is certified.

What if your EHR software hasn't been certified before the start of the 2023 performance period?

We recognize that ONC certification can be a lengthy process. Your group, virtual group, or APM Entity can still report eCQMs for the 2023 performance period if the following 2 criteria are met:

- Your systems have 2015 Edition or 2015 Edition Cures Update (or a combination of both) CEHRT functionality in place at the start of the 2023 performance period.

- Your systems obtain ONC certification (2015 Edition, 2015 Edition Cures Update, or a combination of both) by December 31, 2023.

If your EHR isn't certified by the start of the 2023 performance period and ONC certification isn't obtained by December 31, 2023, please see Appendix A for more information on next steps.

Step 2. Select Your eCQMs.

Your group, virtual group, or APM Entity can continue reporting any of the same quality measures reported through the CMS Web Interface or 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 the 6 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 – eCQMs, MIPS Clinical Quality Measures (MIPS CQMs), Qualified Clinical Data Registry (QCDR) measures, and the CAHPS for MIPS Survey measure – to meet the minimum requirement of 6 quality measures.
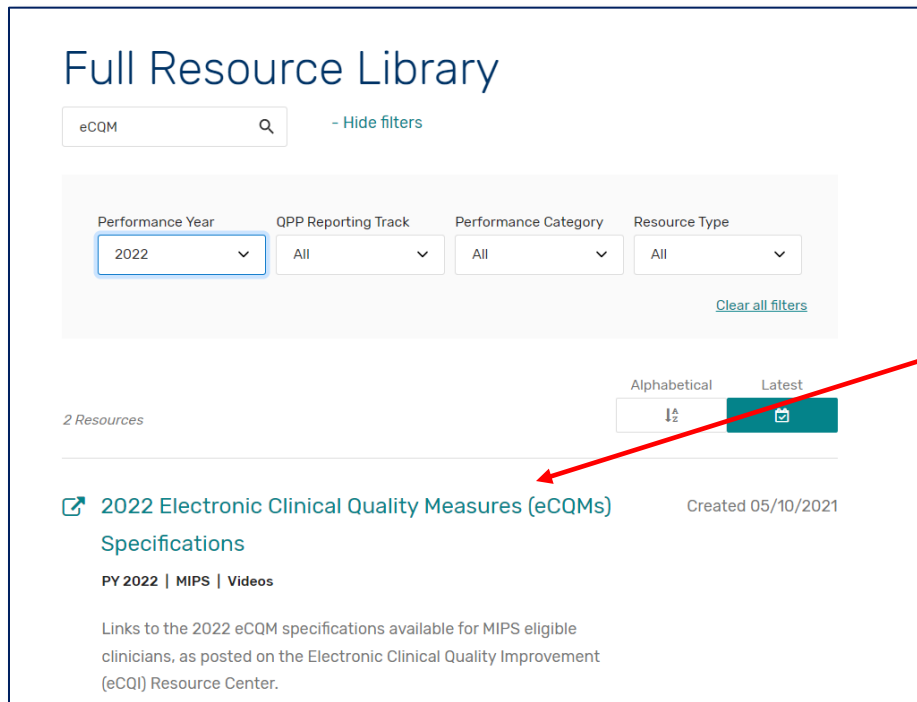
Visit the Quality Payment Program (QPP) Resource Library for hyperlinks to the Electronic Clinical Quality Improvement (eCQI) Resource Center to access information about the eCQMs currently available under MIPS for the 2022 performance period.

> **NOTE:** eCQMs and their specifications will be available on the eCQI Resource Center for the 2023 performance period in May of 2022 but will be finalized for inclusion in MIPS as part of the Calendar Year 2023 Physician Fee Schedule Final Rule, published in November of 2022.

[This page is intentionally blank.]

To become familiar with the eCQM specifications in advance of the 2023 performance period, please review the 2022 eCQM specifications. From the QPP Resource Library, you can search for the 2022 eCQM specifications (as shown in the following screenshots). In May of 2022, you can search for the 2023 eCQM specifications.

Within the QPP Resource Library, you can search by keyword, scroll through the list of eCQMs, and/or filter, based on criteria such as measure name, MIPS Quality ID, and meaningful measure area.

Once you selected the 2022 eCQM specifications (or 2023 eCQM specifications), you will see a list of eCQMs and applicable measure information.

Click the hyperlinked measure name to access measure-specific information including:

- Specifications.
- Logic.
- Coding requirements.

You can also access measure flows from the eCQI Resource Center. Click eCQM Resources and enter, "Flows," as a search term.

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 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 IT department that will be able to update your CEHRT's logic to capture denominator eligible encounters for your selected measures across all payers? Or, is this something your EHR vendor will configure for you?	Your CEHRT needs to be updated to align with the current specifications for the measures you've selected. For more information on updating your CEHRT, refer to Step 5.
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.

Does your group, virtual group, or APM Entity have an IT department that can support any troubleshooting needed to ensure your Quality Reporting Data Architecture (QRDA) III files are properly formatted?	You can find the current QRDA III Implementation Guide for Eligible Clinicians as well as information about QRDA III specifications on the [QRDA page of the eCQI Resource Center](#).

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 ensure its CEHRT is updated to capture data according to the 2023 specifications for the eCQMs you select. CEHRT needs to be updated 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 eCQM you've selected.

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 QCDR or Qualified Registry

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 approve QCDRs and Qualified Registries.

- The [2022 Qualified Clinician Data Registries (QCDRs) Qualified Posting 2022](#) (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 eCQMs 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 QCDRs and/or Qualified Registries that support the selected eCQMs, 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 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.

Step 5. Review the Preparation and Implementation Checklists on the eCQI Resource Center

The Preparation and Implementation Checklists, available on the eCQI Resource Center, provide practical information to prepare groups, virtual groups, and APM Entities for eCQM reporting.

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 quickly, 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.

If you have questions related to eCQM specifications, logic, data elements, standards, or tools please contact the ONC Project Tracking System (JIRA).

Version History

Date	Change Description
02/07/2022	Original version

Appendix A: Next Steps to Obtain ONC Certification

NOTE: The following information was adapted from healthit.gov.

Our EHR isn't certified. How can I get our EHR system certified and listed on CHPL?

Your EHR must be tested by an ONC-Authorized Testing Laboratory (ONC-ATL) and then certified by an ONC-ACB in order to be certified and listed on CHPL.

- For a list of ONC-ATLs, please visit: https://www.healthit.gov/node/95011

Contact your vendor to see if they're willing to go through the process of getting their product tested.

My vendor isn't planning to get their product tested/isn't upgrading their software to meet ONC certification criteria. What steps do I need to take to get CEHRT?

You may need to select another vendor/EHR system.

There are several different options for how you might select a vendor. Some groups, virtual groups, and APM Entities may go through the EHR implementation step and develop the selection criteria they wish to use. Other groups, virtual groups, and APM Entities may select EHR software and then begin the planning to support the selected EHR system. Most groups, virtual groups, and APM Entities will more than likely develop an initial plan to identify their key goals, conduct a vendor assessment, select an EHR system that supports their goals, and finalize their plan after the selection.

When conducting a vendor assessment, it's recommended that your group, virtual group, or APM Entity complete the following steps:

1. **Assess EHR needs** – Identify your group, virtual group, or APM Entity's high-priority needs, and EHR features, that may meet such needs and help achieve meaningful use and organizational goals.

2. **Set EHR goals** – Establish EHR goals. Goals should be specific, measurable, attainable, relevant, and time-bound.

3. **Make a pros and cons list** – Make a list of pros and cons, identify potential "deal-breakers," and decide whether to have your EHR data reside in-office, on a vendor's server, or in web-based storage (cloud storage). To help in making your list, research vendor websites and speak to colleagues and/or your local Regional Extension Center.

4. **Narrow the field of vendors** – Start with the CHPL, which provides a comprehensive listing of certified EHRs and EHR modules that have been tested and certified under the ONC Health IT Certification Program. Continue to engage with colleagues and discuss

their EHR experiences, contact medical societies you're a member of to ask for EHR evaluation tools and resources, and research different vendors online.

5. **Design and issue a request for information** – Gather information from vendors about their products and services. Ask for information on the vendor's organizational profile, implementation and training model, ongoing support Health Information Exchange capability and included interfaces, Meaningful Use guarantee, estimated total cost of ownership, and demonstration ability.

6. **Compare vendors** – Compare the information received from vendors. To help evaluate and compare EHRs, use the following resources:
   - Vendor [Evaluation Matrix Tool](#) to rate basic EHR functionalities.
   - Vendor [Meaningful Use Compare Tool](#) to rate meaningful use capabilities.
   - [Vendor Pricing Template](#) to compare cost differences of EHRs.

7. **Conduct demonstrations** – Schedule demonstrations with your top 2 to 5 vendors to "test-drive" the EHR products and interact face-to-face with the vendor team. Pay attention to the EHR's core functionalities, look and feel, and practice management features. In addition, walk-through clinical scenarios that are applicable to your group, virtual group, or APM Entity with each EHR you're assessing.

8. **Contact references and schedule visits** – Ask vendors for lists of practices that have successfully implemented their EHR products. Contact the references and schedule time to visit the practices in person. Prepare a list of questions to gather lessons learned from the practice before, during, and after implementation.

9. **Select vendor/make final decision** – After [establishing EHR implementation objectives](#), [planning how EHRs will affect workflows](#), and conducting a vendor assessment (steps above) to narrow down the field of potential vendors, you'll be ready to select a vendor and enter the contracting phase. For additional information on vendor contracting, please review the following webpage: [“What are important items to include in a vendor contract?”](#).