

2017 Quality Measures Specifications Fact Sheet

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of quality programs (the Medicare 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 paid more for better care. You'll be able to practice as you always have, but you can get paid more for high quality care and investments that support patients. There are two (2) paths to quality in this program:

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

Under MIPS, there are four connected pillars that affect how you will be paid by Medicare – quality, clinical practice improvement activities (referred to as “improvement activities”), Certified Electronic Health Record Technology (referred to as “advancing care information”), and resource use (referred to as “cost”). At its core, the Quality Payment Program is about improving the quality of patient care. To gauge quality of the patient care, we use quality measures.

Quality Measures

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

The Measures Specification Preview Period

Measure Specifications

Measure Specifications provide a description of each measure in MIPS. They provide a blueprint to successful participation by outlining each element of a measure.

Purpose of the preview period

Quality measures play an important role under MIPS. This document and the documents associated with this posting are provided as a preview for measure owners, qualified registries, and other health IT developers. They are applicable for the transition year (2017) of MIPS:

- 2017 Implementation Guide: for Registry Reporting
- 2017 Implementation Guide: for Claims-based Reporting
- 2017 Measure Specifications
- 2017 Single Source Code

Next Steps

Measure Owners

By way of this preview, CMS is seeking comment on the measure specs from their respective owners. Measure Owners should take the following steps:

1. Locate your respective measure(s) in the Measure Specs zip file
2. Review your measure(s) closely for accuracy and intent
3. Identify any technical corrections, if applicable
4. Contact the measures contractor at <mailto:PQMMMeasures@sghealthit.com> with any corrections by December 2, 2016.

Qualified Registries and Health IT Developers

We hope that this preview will aid in your preparation for 2017. We encourage you to familiarize yourself with the measure specifications and initiate development efforts to support your user communities. To enable efficient implementation, we will provide a summary of changes resulting from the preview period when we publish the final measure specification documents in December 2016.