Claims Based Quality Reporting

✓ **This session will provide and information on how to use CMS and other payor claims data to monitor and trend your claims-based quality measure using accessible data sources.**

Agenda

- **Quality Reporting Changes & Timeline**

- **Reporting Options**

- **Timeline to Transition**

- **Measures cQM**

- **Where the Data Comes From**

- **Data Repositories**

- **Trending your Results**

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Changes

- In the 2021 new reporting framework for MIPS Alternative Payment Models (APMs) and Accountable Care Organizations (ACOs) called the APM Performance Pathway (APP).

- The Rule outlines a timeframe for transitioning to the new MIPS Value Pathways (MVPs).

- One of the main factors is we are **moving from sample data collection of Medicare Beneficiaries to all patients regardless of payer**.

- In 2025 they will have to report all-payer Quality data on three eCQMs/MIPS CQMs via the APP.

- Clinicians will be able to report MVPs beginning with the 2023 performance year MVPs will be voluntary for the 2023 to 2027 performance years
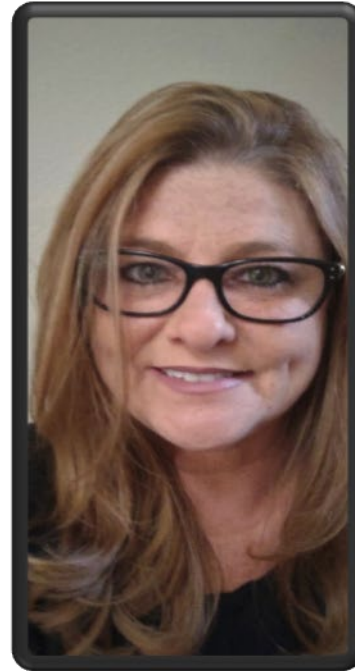
Speaker Slide

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eCQM vs. CQM

- **eCQM's (Electronic Clinical Quality Measures)**

  - 47 Measures (updates wait for CEHRT approval)

  - Single EHR platform users

  - Electronic submission structured data fields within HER

    - Physician's need to follow very specific guidelines to capture the data

  - Near real time reporting

eCQM

- **CQM (Clinical Quality Measures)**

  - 47 Measures & ability to build additional measures

  - Registries can extrapolate or ingested from multiple EHR's

  - Can pull structured and unstructured data from EHR

    - Less training for a physician

cQM

Poll

How many of you are have more than one EMR?

How do I report Quality Measures?

CMS Web Interface

- Portal will no longer be available after PY2024
- Report Full 10 Measures
- Manual Process
- Medicare Only Patients

eCQM Registry through APP

- This if for single EMR users only

Qualified Registry through APP (cQM's & eCQM's)

- MIPS Specific measures registry
- Collects data from EHR and claims Submits directly to CMS

Self Service

- CMS has been very unclear on the path to move forward on this.
- They have confirmed a JSON file would be ideal- this is what the registries send
- ACO must utilize one EHR or have a data repository to obtain all patients from all practices, de-dup patients & measures. You can only submit 1 file.
- Must get certified through CMS as a registry

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Timeline & Activities per Year

2022
- Voluntarily elect to report the 10 Quality Measures & 3 cQM's

2023
- Mandatory report 1 of the 3 cQM's with the 10
- OR Voluntarily just report the 3 cQM's

2024
- Mandatory report all 3 cQM's with the 10
- OR Voluntarily just report the 3 cQM's

2025
- Mandatory move to APP

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3 Measures Data Sources

[1] Diabetes, HbA1c Poor Control

- SNOMED (EHR)
- ICD-10 (837 or Claim Files)
- Procedure Codes (Claim or 837)
- LOINC Code (labs)

[2] Controlling High Blood Pressure

- SNOMED (EHR)
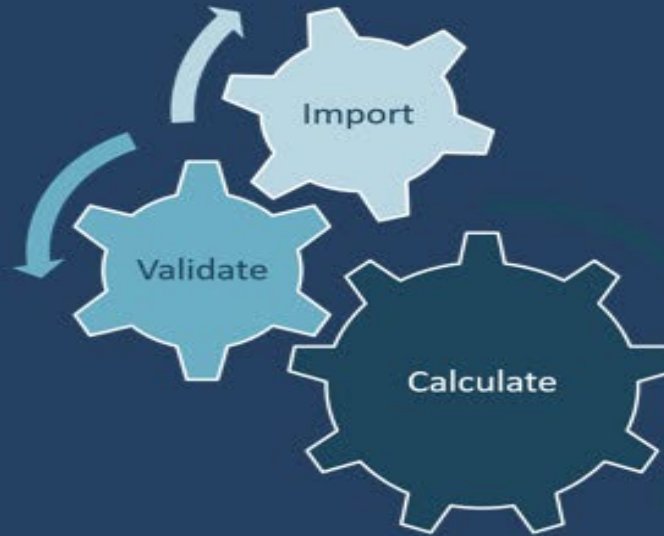- ICD-10 (837 or Claim Files)
- Procedure Codes (Claim or 837)

[3] Preventive Care and Screening, Depression

- SNOMED (EHR)
- ICD-10 (837 or Claim Files)
- Procedure Codes (Claim or 837)
  - RX Data may help identify patients without a Diagnosis for Depression

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Data Repositories

Track and Keep your Shared Savings
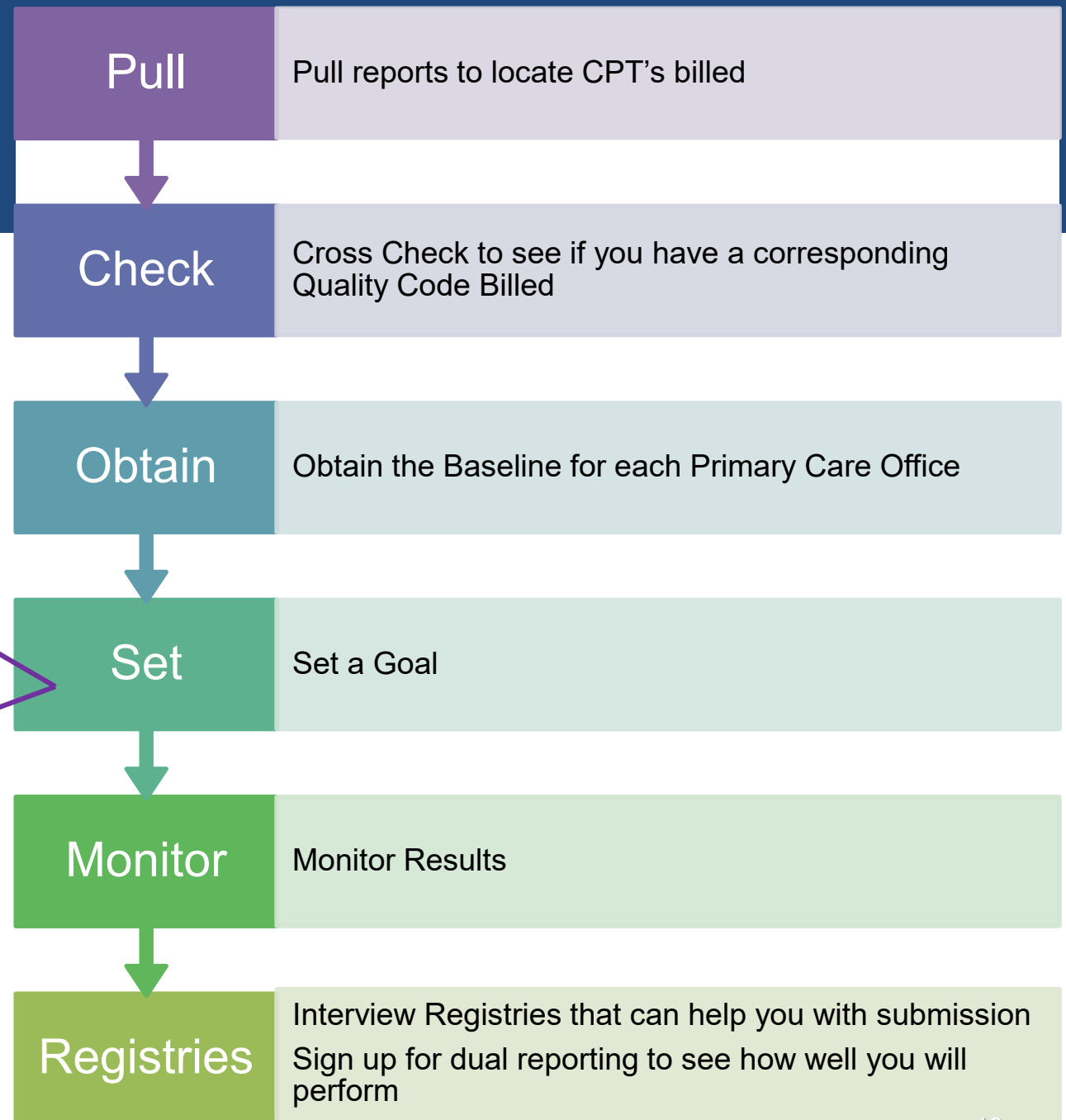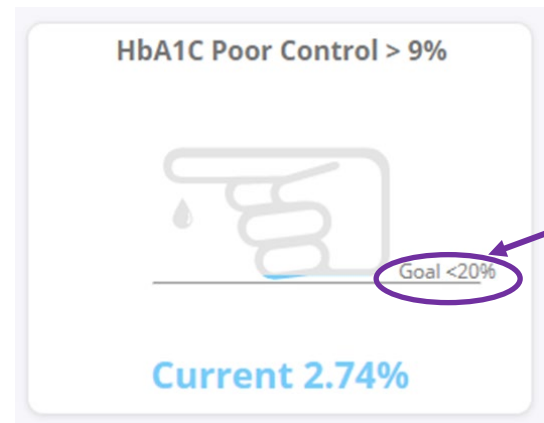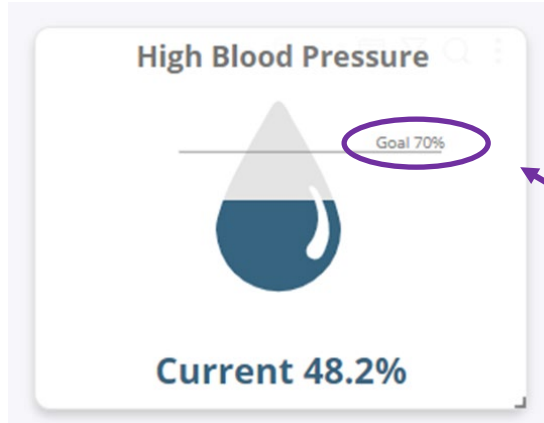
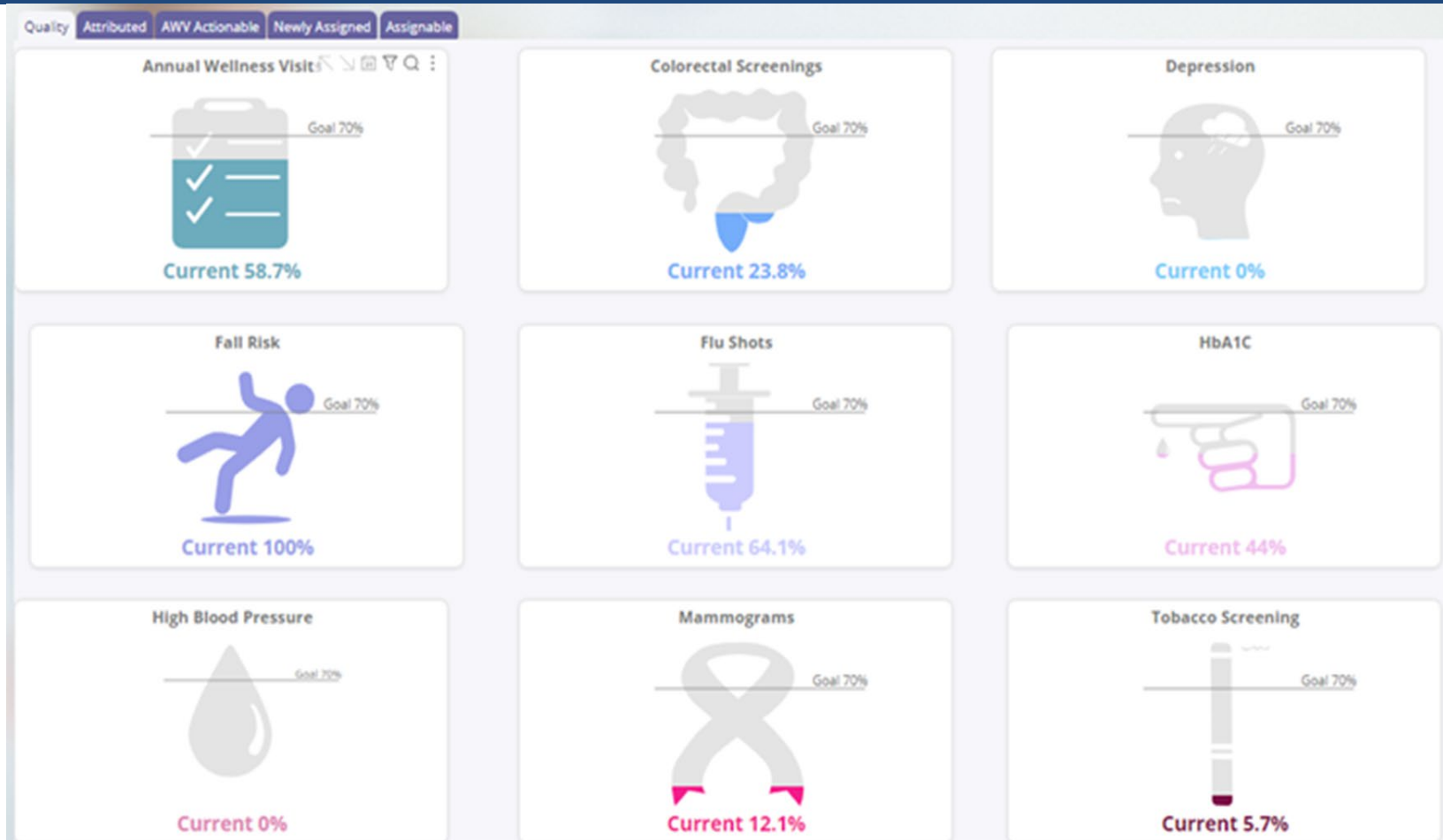## Thresholds & Monitoring Success

New Quality Performance Standard

APM Performance Pathway (APP) Transition

Reporting Mechanism	Web Interface	MIPS/CQMs/eCQMs
Quality Measures	Report 10 measures for sample pts identified	Report 3 measures for all patients, all payers
Required Quality Thresholds	30th Percentile for each measure 40th Percentile starting in 2024	**10th Percentile** for **One** outcome measure & **30th for One other** measure **40th Percentile** for **Each Measure** starting in 2024
Aggregation Method	Chart Abstraction	Electronic via supported data sources (eCQMs require single EHR on 2015 CHERT)

Plan to Report

High Blood Pressure
Goal 70%

Current 48.2%

HbA1C Poor Control > 9%
Goal <20%

Current 2.74%

Step	Description
Pull	Pull reports to locate CPT's billed
Check	Cross Check to see if you have a corresponding Quality Code Billed
Obtain	Obtain the Baseline for each Primary Care Office
Set	Set a Goal
Monitor	Monitor Results
Registries	Interview Registries that can help you with submission Sign up for dual reporting to see how well you will perform

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Monitoring & Trending

- **Monitor your progress throughout the year**
- **Quarterly reviews of open gaps**
- **Actionable Reports to your Providers**

Questions

Thank you and we hope you have a safe trip home

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