Updated 2018 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals

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Updated 2018 CMS QRDA III IG for Eligible Clinicians and EPs

» Background

– The Centers for Medicare & Medicaid Services (CMS) has published an update to the 2018 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) for Eligible Clinician and Eligible Professional (EP) Programs

– This replaces the 2018 CMS QRDA III IG for Eligible Clinicians and EPs last updated on 3/12/2018

– The updated 2018 CMS QRDA III IG for Eligible Clinicians and EPs provides technical instructions for QRDA III reporting for these programs
  • Merit-based Incentive Payment System (MIPS)
  • Comprehensive Primary Care Plus (CPC+)
  • Medicaid Promoting Interoperability (PI)
Changes to the 2018 CMS QRDA III IG for Eligible Clinicians and EPs (1 of 3)

» Renaming of the Merit-based Incentive Payment System (MIPS) performance category *Advancing Care Information (ACI)* to *Promoting Interoperability (PI)*.

» New CMS program name code “MIPSVIRTUALGROUP” to support MIPS virtual group reporting.

» **Eight new PI measure identifiers** have been developed that indicate active engagement with more than one registry.
  
  – The new measure identifiers consist of an existing measure identifier appended with “_MULTI”.
  
  – For example, the new measure identifier “PI_PHCDRR_1_MULTI” indicates immunization registry reporting for multiple registry engagement.
Performance period reporting:

- **MIPS quality measures** and **improvement activities (IA)** performance periods can be reported at either of the following levels:
  - **Individual** – The individual measure or activity level for the quality measure or IA, respectively, as defined by CMS.
  - **Category** – The performance category level for Quality and IA performance categories, as previously specified in the 2018 CMS QRDA III IG.

- Reports submitted to the Quality Payment Program (QPP) with performance periods at the individual measure or activity level will be converted by CMS to the performance category level using the earliest start date and the latest end date. These converted performance periods may not be a full 12 months for the Quality performance category and may not be the 90 day minimum for the IA performance category.

- **MIPS PI** performance period reporting will remain at the performance category level only.

- **CPC+** performance period reporting for the Quality performance category remains at the **category level only**.
The 2015 Edition (c)(4) filter certification criterion (45 CFR 170.315(c)(4)) is no longer a requirement for CPC+ reporting. However, practices must continue to report eCQM data at the CPC+ practice site level (practice site location, TIN(s)/NPI(s)).
QRDA Resources

» Link: [2018 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals (EPs)](Link)

» You can find additional QRDA-related resources, as well as current and past IGs, on the [eCQI Resource Center QRDA page](Link).

» For questions related to the QRDA Implementation Guides and/or Schematrons, visit the [ONC QRDA JIRA Issue Tracker](Link).

» For questions related to Quality Payment Program/Merit-based Incentive Payment System data submissions, visit the [Quality Payment Program website](Link) or contact by phone 1-866-288-8292, TTY: 1-877-715-6222 or email [QPP@cms.hhs.gov](Link).