



# 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 **"MIPS\_VIRTUALGROUP"** 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.

# Changes to the 2018 CMS QRDA III IG for Eligible Clinicians and EPs (2 of 3)

- » 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**.

## Changes to the 2018 CMS QRDA III IG for Eligible Clinicians and EPs (3 of 3)

- » 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 \(EPs\)](#)
- » You can find additional QRDA-related resources, as well as current and past IGs, on the [eCQI Resource Center QRDA page](#)
- » For questions related to the QRDA Implementation Guides and/or Schematrons, visit the [ONC QRDA JIRA Issue Tracker](#)
- » For questions related to Quality Payment Program/Merit-based Incentive Payment System data submissions, visit the Quality Payment Program [website](#) or contact by phone 1-866-288-8292, TTY: 1-877-715-6222 or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)