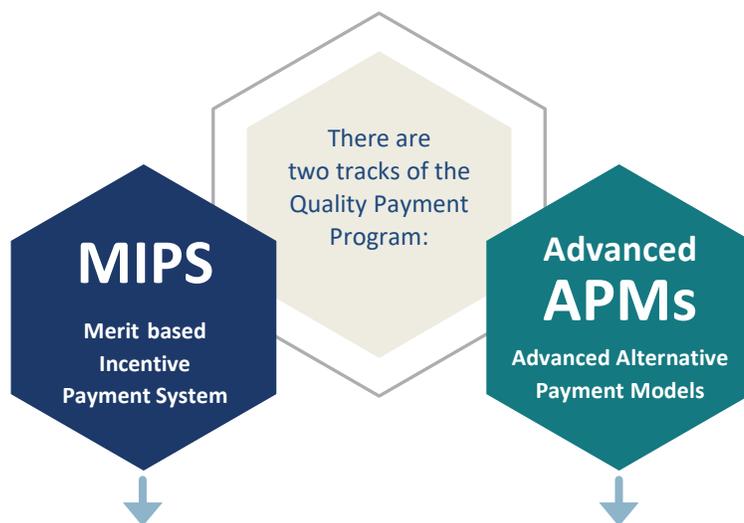


2021 Annual Call for Quality Measures Fact Sheet

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (H.R. 2, Pub.L. 114–10) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. In response to MACRA, the Centers for Medicare & Medicaid Services (CMS) created a federally mandated Medicare program, the Quality Payment Program (QPP) that seeks to improve patient care and outcomes while managing the costs of services patients receive. Clinicians providing high value/high quality patient care are rewarded through Medicare payment increases, while clinicians not meeting performance standards have a reduction in Medicare payments. Clinicians may participate in the QPP through the following 2 ways.

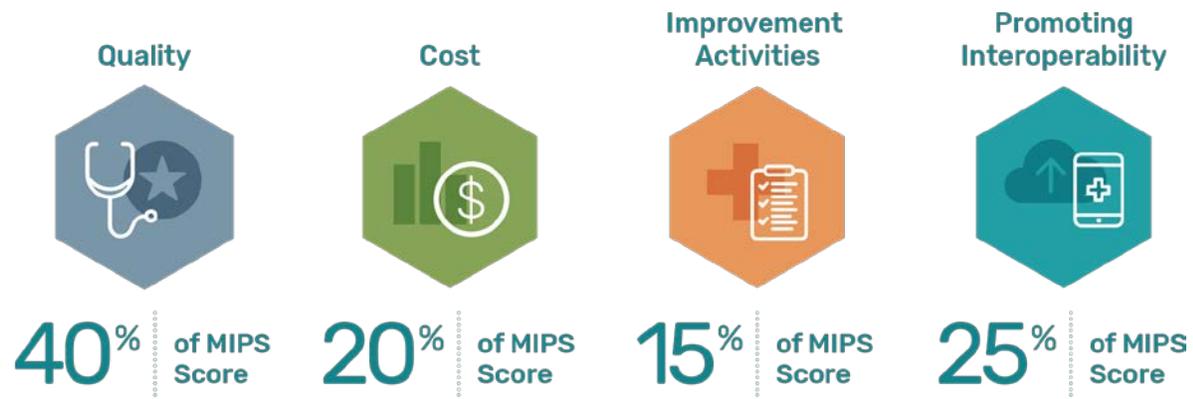


If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you participate in an Advanced APM and achieve QP status, you may be eligible for a 5% incentive payment and you will be excluded from MIPS.

Under the Merit-based Incentive Payment System (MIPS), performance is assessed across 4 performance categories: quality, cost, improvement activities, and Promoting Interoperability. The performance categories have different “weights” and the scores from each of the performance categories are added together, resulting in a MIPS Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians is based on the MIPS Final Score.

The following are the performance category weights for the 2021 performance period:



What is the MIPS Annual Call for Measures?

The “Annual Call for Measures” process provides the following stakeholders with an opportunity to identify and submit measures for consideration:

- Clinicians
- Professional associations and medical societies that represent eligible clinicians
- Researchers
- Consumer groups
- Other stakeholders

Specifically, CMS encourages the above stakeholders to submit quality measures for consideration during the Call for Quality Measures. This is a narrowed quality measures solicitation process for the MIPS quality performance category. Stakeholder feedback and recommendations are part of the rigorous quality measure selection process. As part of the quality measure selection process, stakeholders are encouraged to submit quality measures by submitting fully tested specifications and related research and background information for CMS to review and consider. This information assists CMS in determining if suggested quality measures apply to clinicians and:

- Are not duplicative of an existing or proposed measure.
- Are beyond the measure concept phase of development.
- Are collected by a method beyond claims-based data submission.
- Are outcome-based rather than clinical process measures.
- Address patient safety and adverse events.
- Identify appropriate use of diagnosis and therapeutics.

- Address the domains for care coordination and patient and caregiver experience.
- Address efficiency cost and utilization of healthcare resources.
- Address a performance gap or measurement gap.

Currently, CMS won't accept Government Performance and Results Act (GPRA) measures that Tribes and Urban Indian health organizations are already required to report as quality measures. There are many GPRA measures that are similar to measures that are already in the program. Also, some GPRA measures are similar to measures that are part of a [Core Quality Measure Collaborative \(CQMC\) core measure set](#).

To the extent possible, CMS wants to reduce the duplication of measures and align with measures used by private payer health insurances. If there are measures reportable within GPRA that don't duplicate MIPS quality measures, stakeholders are strongly encouraged to work with measure stewards to submit them during the Annual Call for Quality Measures.

The 2021 Annual Call for Quality Measures is from January 29, 2021 to May 27, 2021. The timeframe for measures to be considered for inclusion on the annual list of quality measures is a 2-year process. Only quality measures submitted by May 27, 2021 will be considered for inclusion on the annual list of quality measures for the 2023 performance period.

Pre-Rule Making Process

The measure-related information submitted by stakeholders during the Annual Call for Measures is used by CMS to select measures that are:

- Applicable;
- Feasible;
- Scientifically acceptable;
- Reliable and
- Valid at the level of implementation; and
- Unique in comparison to existing measures for notice and comment rulemaking.

Measures selected by CMS for the Measures Under Consideration (MUC) List are reviewed by the National Quality Forum (NQF) Measure Application Partnership (MAP). The MAP meets every year (usually in December and January) to provide input on measures for different Medicare quality programs.

Quality measures included on the 2020 MUC list that are finalized through rulemaking for the 2022 performance year would be included in the annual list of quality measures under MIPS for the quality performance category which will be published in the Federal Register by November 1, 2021¹. The 2022 MIPS Quality Measure List will also be posted in the [QPP Resource Library](#).



The list of new measures recommended by CMS for rulemaking is made publicly available for comment within a set period of time. CMS evaluates the comments received through the rulemaking process before the Annual List of Quality Measures is included in the Physician Fee Schedule (PFS) final rule, which is published in the Federal Register no later than November 1¹ of the year before the first day of a performance year.

Quality Performance Category

What are quality measures?

Quality measures are tools that help us measure or quantify health care processes, outcomes, and patient perceptions that go with being able to give high quality health care. Quality measures also help link outcomes that relate to one or more of the following quality goals for health care:

- Effective
- Safe
- Efficient
- Patient-centered
- Equitable
- Timely

How do we pick quality measures?

The National Quality Forum (NQF) formed the MAP to give stakeholders the chance to say whether the measures being considered are applicable to clinicians, feasible, scientifically acceptable, reliable, and valid at the clinician level. To make the annual list of quality measures, we give stakeholders the chance to give input on proposed measures through notice and comment rulemaking. The law also requires us to submit new measures to an applicable, specialty- appropriate peer reviewed journal.

The [Meaningful Measures Initiative](#) represents an approach to quality measures which will reduce the collection and reporting burden, while producing quality measurement focused on meaningful outcomes important to patients. It serves as a guide as CMS evaluates each measure for inclusion on the MUC List to ensure that the selection of measures pursues and aligns with the agency's priorities.

The quality performance category focuses on measures in the following domains for future measure consideration and selection:

- Effective clinical care
- Patient safety

¹Due to the Public Health Emergency (PHE) for the COVID-19 pandemic, it was impracticable for CMS to publish the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) final rule 60 days prior to the start of 2021. CMS determined that it would be contrary to the public interest to delay the effective date of the CY 2021 PFS final rule beyond January 1, 2021. Thus, we waived the 60-day delay in the effective date of the CY 2021 PFS final rule, and provided a 30-day delay in the effective date of the final rule. The CY 2021 PFS final rule is effective 30 days after publication.

- Communication and care coordination
- Person and caregiver-centered experience and outcomes
- Community and population health
- Efficiency and cost reduction

The Appendix provides additional details on MIPS 2021 measure priorities and needs.

What is the quality measures submission process?

For the 2021 Annual Call for Measures, there is a new submission tool. Stakeholders will no longer use the customary Office of the National Coordinator (ONC) Issue Tracking System Jira platform. For the 2021 Annual Call for Measures, stakeholders can submit candidate quality measure specifications and all supporting data files for CMS review in the MUC Entry/Review Information Tool (MERIT). The timeframe to submit measures for the 2021 Annual Call for Measures is from January 29, 2021 to May 27, 2021. Please refer to the [MERIT Submitter's Quick Start Guide \(PDF\)](#) to provide guidance on using the tool.

When stakeholders submit measures that don't make the final MUC list, they or their point of contact will be contacted regarding such status. The notice will outline the reasons why the measure is not recommended for MAP review. If it is recommended that the measure be revised and resubmitted, the stakeholder can resubmit the measure during a subsequent Annual Call for Measures cycle. Additional information regarding next steps including: MUC List, the MAP workgroups and Coordinating Committee process can be found on the [Pre-Rulemaking](#) website. Following their recommendations, the quality measures may be included in the Notice of Proposed Rulemaking (NPRM) for public comment. If finalized, the measure would be included in the MIPS quality measure inventory.

Where can I learn more?

- [Quality Payment Program](#)
- [Quality Measures Specifications](#)
- [CMS Call for Measures Webpage](#)
- [CMS Pre-Rulemaking Website](#)
 - [2020 CMS Program-Specific Measure Needs and Priorities](#)
 - 2021 CMS Program-Specific Measure Needs and Priorities (coming soon)
 - [CMS Quality Measure Development Plan](#)
- [CMS Measures Management System Blueprint \(Version 16.0\)](#)

Appendix

Quality Performance Category: 2021 MIPS Quality Measure Needs and Priorities

Note: Additional information regarding the MIPS quality measure priority areas will be provided within the 2021 CMS Program-Specific Measure Needs and Priorities that will be posted on the [CMS Pre-Rulemaking](#) webpage.

Current Program Measure Information:

To implement new measures in the MIPS quality performance category, CMS uses the Annual Call for Quality Measures which lets clinicians and organizations, including but not limited to those representing MIPS eligible clinicians (professional associations and medical societies) and other stakeholders (researchers and consumer groups) submit quality measures for consideration.

The recommended list of new quality measures will be publicly available for comment through the rulemaking process before making a final selection of new quality measures. This list does not include Qualified Clinical Data Registry (QCDR) measures as those measures are proposed and selected through a separate process.

The quality performance category focuses on measures in the following six domains and healthcare priority areas for future measure thought and selection. The following tables detail the number of quality measures prioritized under each domain and healthcare priority area that are currently implemented in the MIPS program:

| MIPS Quality Measure Domain | Number of Quality Measures in MIPS | |
|---|--|-------------------------------|
| | Implemented/Finalized* (2021 Measure Set) | Proposed** (2020 MUC List) |
| Effective Clinical Care | 88 | TBD*** |
| Patient Safety | 34 | TBD*** |
| Communication/Care Coordination | 34 | TBD*** |
| Community/Population Health | 14 | TBD*** |
| Efficiency and Cost Reduction | 17 | TBD*** |
| Person and Caregiver-Centered Experience and Outcomes | 22 | TBD*** |
| TOTAL | 209 | TBD*** |

*Implemented/Finalized: Quality measures implemented/finalized in the CY 2021 PFS final rule for data collection.

**Proposed: The CY 2022 PFS NPRM has not yet been published, which would include proposed measures from the 2020 MUC list.

***To Be Determined in early 2021 during the NPRM process.

| CMS Healthcare Priority | Number of Quality Measures in MIPS | |
|---|--|-------------------------------|
| | Implemented/Finalized* (2021 Measure Set) | Proposed** (2020 MUC List) |
| Promote Effective Prevention and Treatment of Chronic Disease | 94 | TBD*** |
| Promote Effective Communication and Care Coordination | 25 | TBD*** |
| Make Care Safer by Reducing Harm Caused in the Delivery of Care | 21 | TBD*** |
| Make Care Affordable | 37 | TBD*** |
| Strengthen Person and Family Engagement as Partners in their Care | 32 | TBD*** |
| Work with Communities to Promote Best Practices of Healthy Living | 0 | TBD*** |
| TOTAL | 209 | TBD*** |

*Implemented/Finalized: Quality measures implemented/finalized in the CY 2021 PFS final rule for data collection.

**Proposed: The CY 2022 PFS NPRM has not yet been published, which would include proposed measures from the 2020 MUC list.

***To Be Determined in early 2021 during the NPRM process.

High Priority Quality Measures for Future Consideration:

CMS will not propose the implementation of measures that do not meet the MIPS criteria of performance and measure set gaps. The gap areas include, but are not limited to: Pathology, Nephrology, Radiology, Dentistry, Anesthesiology, Podiatry, Nutrition/Dietician, Plastic Surgery, and Speech Language Pathology. CMS has also identified priority clinical topic areas including shared-decision making (patient voice) and chronic conditions (i.e., Stroke, Arrhythmias, Chronic Obstructive Pulmonary Disease, Hepatitis B, Septicemia, Respiratory Failure, Asthma). MIPS has a priority focus on:

- Outcome measures – includes outcome, intermediate outcome and patient reported outcome measures (PROMs – patient voice)
- Measures that provide new measure options within a topped out specialty area
- Measures that reduce reporting burden – includes digital quality measures (dQMs), administrative claims measures and measures that align across programs or
- Measures that are relevant for specialty clinicians.



CMS identified outcome, patient-reported outcome, intermediate outcome measures and opioid-related measures as high-priority for future measure consideration. Outcome measures show how a health care service or intervention influences the health status of patients. For example, the percentage of patients who died because of surgery (surgical mortality rates) or the rate of surgical complications or hospital-acquired infections. CMS identifies the following as high-priority for future measure consideration:

1. Person and caregiver-centered Experience and Outcomes: This means that the measure should address the experience of each person and their family; and the extent to which they are engaged as partners in their care.
 - a. CMS wants to specifically focus on PROMs. Person or family-reported experiences of being engaged as active members of the health care team and in collaborative partnerships with providers and provider organizations.
2. Communication and Care Coordination: This means that the measure must address the promotion of effective communication and coordination of care; and coordination of care and treatment with other providers.
3. Efficiency/Cost Reduction: This means that the measure must address the affordability of health care including unnecessary health services, inefficiencies in health care delivery, high prices, or fraud. Measures should cause change in efficiency and reward value over volume.
4. Patient Safety: This means that the measure must address either an explicit structure or process intended to make care safer, or the outcome of the presence or absence of such a structure or process; and harm caused in the delivery of care. This means that the structure, process or outcome must occur as a part of or as a result of the delivery of care.
5. Appropriate Use: CMS wants to specifically focus on appropriate use measures. This means that the measure must address appropriate use of services, including measures of over-use.

A measure may be considered topped out if measure performance is so high and unvarying that meaningful distinctions and improvement in performance can no longer be made. Topped out process measures are those with a median performance rate of 95% or higher, while non-process measures are considered topped out if the truncated coefficient of variation is less than 0.10 and the 75th and 90th percentiles are within two standard errors. CMS continues to identify topped out measures through the benchmark file. The column labeled topped out in the benchmark file will indicate whether the measure is topped out with a designation of “yes”. In the 2021 Benchmark File. The identification of topped out measures may lead to potential measure gaps.



As topped out measures are removed from the program, CMS will monitor the impact of these removals on the quality measure specialty sets that are available for clinician reporting. CMS strongly encourages measure developers to review the [2021 MIPS Quality Benchmarks](#) that identifies topped out measures, and to develop measures that may replace those topped out measures for future program years. In addition, CMS welcomes stakeholder suggestions to address these potential gaps within the measure sets.

Measure Requirements

CMS applies criteria for measures that may be considered for potential inclusion in the MIPS. At a minimum, the following criteria and requirements must be met for selection in the MIPS:

CMS is statutorily required to select measures that reflect consensus among affected parties and, to the extent feasible, include measures set forth by one or more national consensus building entities.

To the extent practicable, quality measures selected for inclusion on the final list will address at least one of the following MIPS quality domains: Communication and Care Coordination, Community/Population Health, Effective Clinical Care, Efficiency and Cost Reduction, Patient Safety, Person and Caregiver-Centered Experience and Outcomes. Candidate measures should align with the Meaningful Measures Initiative and address at least one of the [meaningful measure areas](#). In addition, before including a new measure in MIPS, CMS is required to submit for publication in an applicable specialty-appropriate, peer-reviewed journal the measure and the method for developing the measure, including clinical and other data supporting the measure.

MIPS quality measure stewards are required to link their MIPS quality measures to existing and related cost measures and improvement activities, as applicable and feasible. MIPS quality measure stewards will be required to provide a rationale as to how they believe their measure correlates to other performance category measures and activities as a part of the Call for Measures process.

- Measures implemented in MIPS may be available for public reporting on Care Compare.
 - Measures must be fully developed, with completed testing results at the clinician level and ready for implementation at the time of submission (CMS' internal evaluation).
 - Preference will be given to measures that are endorsed by the National Quality Forum (NQF).
 - Measures should not duplicate other measures currently in the MIPS. Duplicative measures are assessed to see which would be the better measure for the MIPS quality measure set.
 - Measure performance and evidence should identify opportunities for improvement. CMS does not intend to implement measures in which evidence identifies high levels of performance with little variation or opportunity for improvement, e.g., measures that are topped out.

- Section 101(c)(1) of the MACRA requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in MIPS. The Peer-Review Journal template provided by CMS, must accompany each measures submission. Please see the template for additional information.
- Electronic clinical quality measures (eCQMs) must meet Electronic Health Record system infrastructure requirements, as defined by MIPS regulation. Beginning with calendar year 2019, eCQMs use Clinical Quality Language (CQL) as the expression logic used in the Health Quality Measure Format (HQMF). CQL replaces the logic expressions previously defined in the Quality Data Model (QDM).
 - The data collection mechanisms must be able to transmit and receive requirements as identified in MIPS regulation. For example, eCQMs being submitted as Quality Reporting Data Architecture (QRDA) III must meet the standards defined in the CMS QRDA III Implementation Guide.
 - eCQMs must have HQMF output from the Measure Authoring Tool (MAT), using MAT v5.6, or more recent, with implementation of CQL logic. For additional information, please review the [MAT](#).
 - Bonnie test cases must accompany each measure submission. For additional information, please review [eCQM Tools and Key Resources](#).
 - Feasibility, reliability and validity testing must be conducted for eCQMs.
 - Testing data relevant to the data source must accompany measure submission. For example, if a measure is being reported as a Clinical Quality Measure and an eCQM, testing data for both versions must be submitted.

eCQM Readiness: How do I know if an eCQM is ready for Implementation in MIPS?

Step 1: Assess and document eCQM characteristics

| Characteristic | Testing | Documentation for CMS* |
|--|---|--|
| Is the eCQM feasible? | Feasibility test results | NQF's feasibility score card |
| Is the eCQM a valid measure of quality and/or are the data elements in the eCQM valid? | Correlation of data element or measure score with 'gold-standard', or face validity results | Kappa agreement between EHR extracted data element and chart abstract and/or correlation between measure score and a related external measure of quality; information about data used for testing (e.g., number of practices, number of providers) |

| Characteristic | Testing | Documentation for CMS* |
|-----------------------|---|--|
| Is the eCQM reliable? | Provider level reliability testing for measure score in the setting in which the measure is intended to be reported | Reliability coefficient using signal-to-noise or split half inter-rater reliability; information about data used for testing (e.g., number of practices, number of providers). |

Step 2: Assess and document eCQM specification readiness

| Requirement | Tool | Documentation for CMS |
|--|--|--|
| Specify eCQM according to CMS and ONC standards | MAT | MAT output to include, at minimum, HQMF and human readable files |
| Create value sets that use current, standardized terminologies | The National Library of Medicine's Value Set Authority Center (VSAC) | Published value sets in the VSAC that have been validated against the most recent terminology expansion with 100% active codes |
| Test eCQM logic using a set of test cases that cover all branches of logic with 100% pass rate | Bonnie | Excel file of test patients showing testing results (Bonnie export) |

References

- [Value Set Authority Center](#)
- [Bonnie](#)
- [eCQI Resource Center](#)
- [CMS Measures Management System Blueprint V16.0](#)
- [2020 CMS Needs and Priorities Document](#)
- [Overview of Rulemaking Process for Measure Selection](#)
- [Quality Payment Program](#)
- [Cost Measures](#)
- [Improvement Activities](#)

Version History Table

| Date | Change Description |
|----------|--------------------|
| 2/8/2021 | Original posting |