

# Transitioning to eCQM Reporting

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# Agenda



- MPFS Rule and Proposed Quality Changes
- ACO preparations for eCQM reporting:
  - Novant Health, Paula Burleson
  - Essentia Health, Michael Van Scoy, MD
  - Advocate Aroura Health, Megan Reyna
- Questions from the audience

# 2022 Proposed MPFS Rule



- CMS proposed changes to APP policies for ACOs in the proposed 2022 [MPFS rule](#), including:
  - Delaying the requirement to move to eCQM reporting for ACOs
  - Freezing the MSSP quality performance threshold for one additional year
  - Updating the Extreme & Uncontrollable Circumstances policy to reflect these proposed changes
  - Providing incentives to ACOs who elect to report eCQMs earlier than required
  - Soliciting comments on a number of additional policy issues related to quality

# Proposed Quality Changes



| Proposed Quality Reporting Options |  |   |
|------------------------------------|--|---|
| <b>2021</b>                        | Report via Web Interface   | Report via APP eCQMs/MIPS CQMs  |
| <b>2022</b>                        | Report via Web Interface   | Report via APP eCQMs/MIPS CQMs<br>If electing to report eCQM/MIPS CQMs, ACOs only need to meet or exceed the performance standard for at least one of the measures. This is a lower standard than WI reporting and is designed to act as an incentive for ACOs to elect to report the eCQMs/MIPS CQMs |
| <b>2023</b>                        | Report via WI + one APP eCQM/MIPS CQM  | Report via APP eCQMs/MIPS CQMs<br>If electing to report eCQM/MIPS CQMs, ACOs only need to meet or exceed the performance standard for at least one of the measures. This is a lower standard than WI reporting and is designed to act as an incentive for ACOs to elect to report the eCQMs/MIPS CQMs |
| <b>2024</b>                        | All ACOs must report the APP eCQMs/MIPS CQMs. The quality performance standard also rises in 2024, as proposed, to the 40 <sup>th</sup> percentile of all MIPS quality performance category scores |   |

Note: If an ACO elects to report eCQMs/MIPS CQMs, data completeness and case minimum requirements must be met

# Proposed Quality Changes



- CMS has stated publicly that if an ACO decides to report both the ten CMS Web Interface measures and the three eCQM/MIPS CQM measures, it will receive the higher of the two quality scores
- CMS clarifies that ACOs must de-duplicate patient data when submitting aggregate QRDA III files- NAACOS will seek more clarification regarding how ACOs can technically accomplish this goal

# Performance Threshold







- CMS provides prior year performance data in this rule as an example:
  - For PY 2018 the MIPS Quality performance category score at the 30th percentile was equivalent to 83.9 and the MIPS Quality performance category score at the 40th percentile was equivalent to 93.3. For PY 2019 the MIPS Quality performance category score at 30th percentile was equivalent to 87.9 and the MIPS Quality performance category score at the 40th percentile was equivalent to 95.7
  - Roughly 1-in-5 ACOs, or approximately 20 percent of ACOs, could fall below the 40th percentile MIPS Quality performance category score by performance year 2023, and would not be eligible to share in savings or would owe maximum shared losses, if applicable

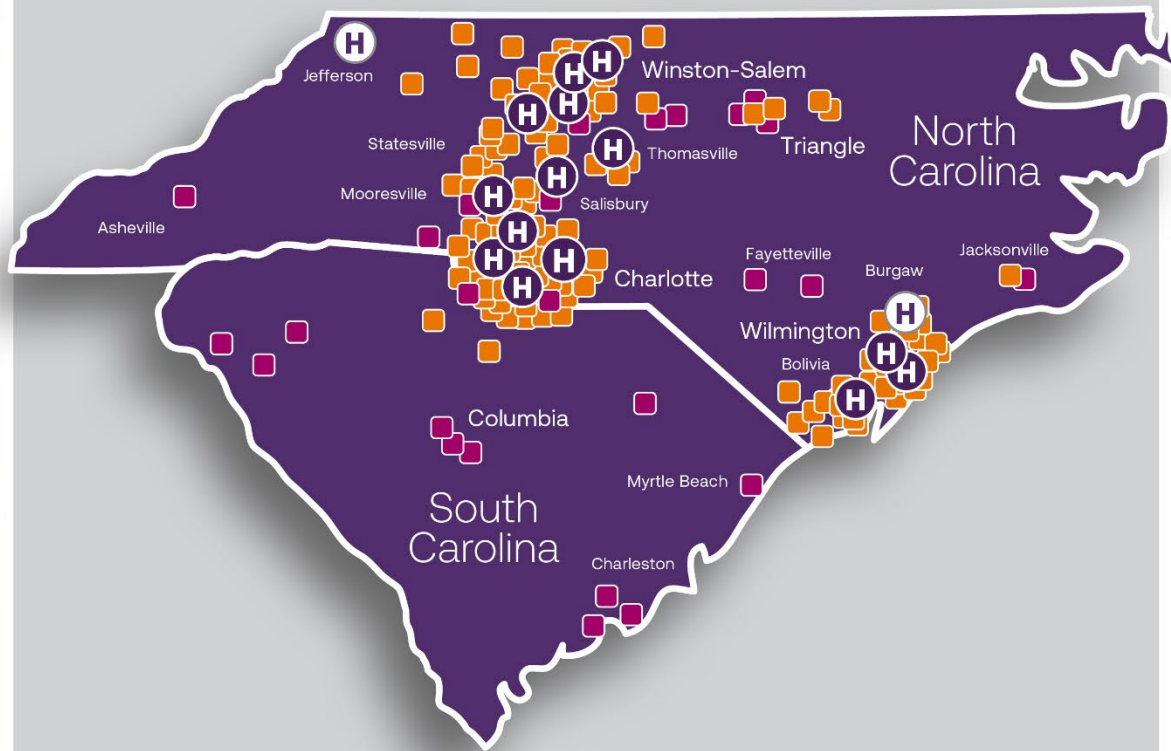
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# Transition to eCQM Reporting.

## Novant Health.

Paula Burleson  
Manager government program operations  
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-  Medical Centers
-  Managed Medical Center
-  Physician offices
-  Imaging centers



Note: Markers are for geographic illustration only and do not necessarily represent individual clinics.

# Novant Health Accountable Care Organization

## NC ACO: Basic Level E

~71,624 Beneficiaries <sup>1</sup>

7 TINs

5 Hospitals

5,243 participating providers <sup>2</sup>

1 EHR (Epic)

Start date: 2017

1. Based on the prospective 2021 Assignment List Report (ALR)

2. Based on the Providers and Suppliers List PY 2021 (9.9.21)

# Plan for Submission

## Performance Year 2021

- **Qualifying APM Participant under Advanced APM (Basic Track E)**
  - Attesting 75% of practices use 2015 CEHRT
  - Excluded from MIPS
- **APM Performance Pathway (APP)**
  - Required for all MSSPs
  - Quality:
    - CAHPS for MIPS (Quality ID: 321) – submitted by NRC
    - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups – calculated by CMS
    - Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs – calculated by CMS
    - **10 CMS WI Interface measures in place of 3 eQMs**

## Supporting Reasons

- We are more comfortable with the CMS WI processes we have in place
- We still have concerns about data completeness and deduplication
- Epic is releasing a QRDA III aggregation tool in November 2021 version and we will upgrade Spring 2022
- We still have one independent clinic this year who isn't ready to use eQMs
- We didn't want to engage with a vendor when we have another (more reliable) option

# Plan for Submission

## Performance Year 2022

- **Assuming Qualifying APM Participant under Advanced APM (Basic Track E)**
  - Attesting 75% of practices use 2015 CEHRT
  - Excluded from MIPS
- **Pending Final PFS Rule APM Performance Pathway (APP)**
  - Required for all MSSPs
  - Quality:
    - CAHPS for MIPS (Quality ID: 321) – submitted by NRC
    - Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups – calculated by CMS
    - Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs – calculated by CMS
    - **Submit 10 CMS WI Interface measures AND 3 eQMs**

## Supporting Reasons

- Gain experience using QRDA III
- Concerns with being scored on only 5 measures
- Concerns with the 30<sup>th</sup> percentile high performance rate (89%)

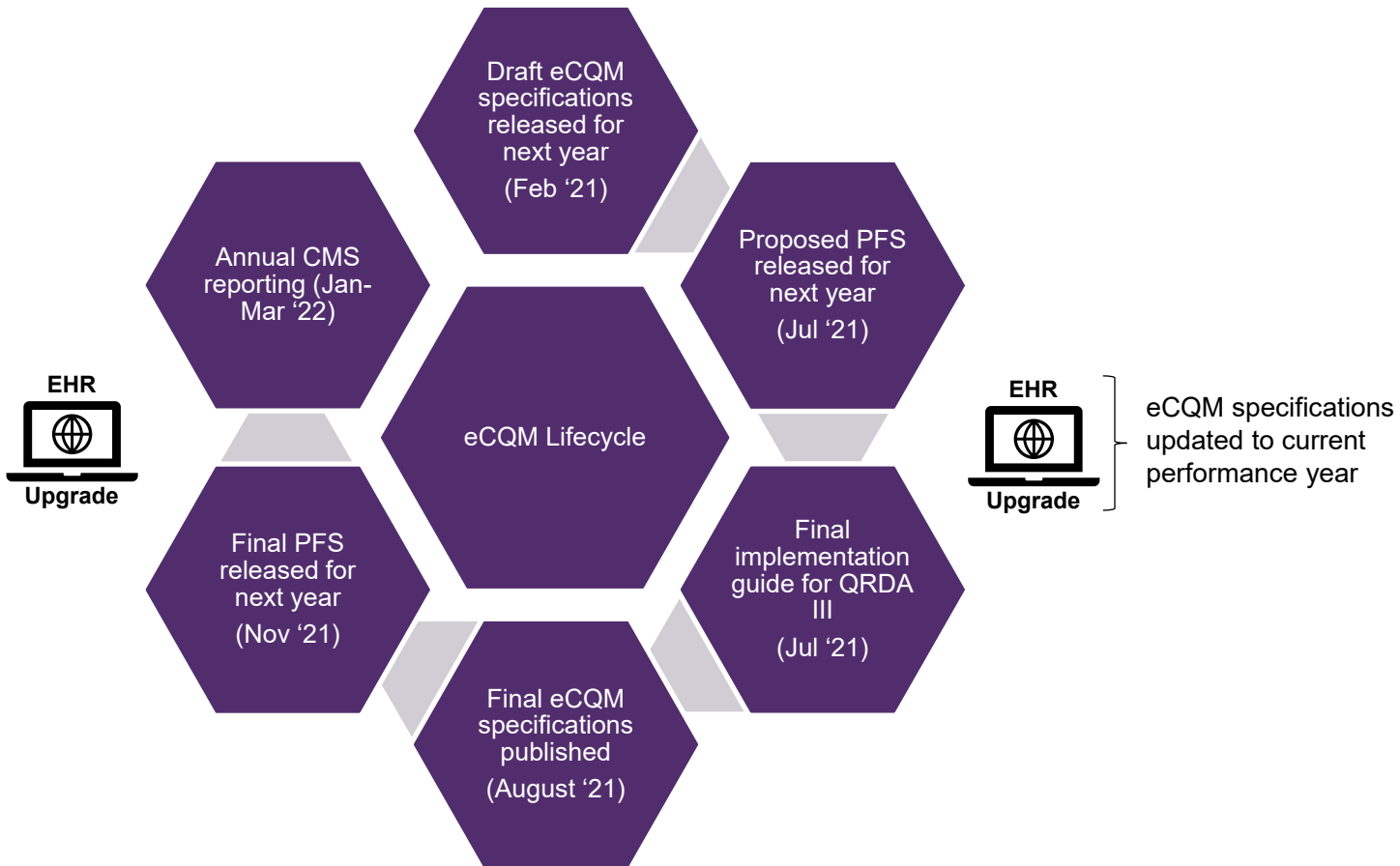
# Lessons Learned

## **2017-2018 – Epic Terminology mapping conversion from grouper/mnemonic framework**

- National Library of Medicine (NLM) Value Set Authority Center (VSAC) Value sets
- Competing specifications and lists of codes from PQRS, GPRO, old eCQM, Health Maintenance
- Negation and exclusion mapping are tricky (and often different between CMS WI and eCQM (Fall Risk)); workflow decisions favored CMS WI
- Operational, technical, and quality measure experts needed to support

## **2018-2019 – Maintenance/Validation**

- Plan time to build out test patients and scenarios, for some measures (Depression Remission), you need a year to pass
- Multiple tables for demographics like race, ethnicity, payor
- System processing issues – backfills not completing in production environment, large number of summaries
- Technical and operational are needed; time consuming
- Versions matter



# ECQI Checklist

## Preparation Checklist

- 1) [Sign up for a Unified Medical Language System® \(UMLS\) account](#)
- 2) [Sign up for an ONC Project Tracking Jira account](#)
- 3) [Sign up for eCQM page change notifications on the eCQI Resource Center®](#)
- 4) [Review the code system® versions used in the eCQM specification® for the upcoming reporting/performance year](#)
- 5) [Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year](#)

## Implementation Checklist

- 1) [Access the appropriate eCQM Annual Update](#)
- 2) [Secure detailed information about each measure](#)
- 3) [Download value sets](#)
- 4) [Prepare to implement the updates by understanding changes to the eCQM](#)
- 5) [Prepare to report the updated eCQMs](#)
- 6) [Reach out for help](#)

Send suggestions for improving this checklist to the eCQI Resource Center to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov).

# UMLS for VSAC

## NLM VSAC

The screenshot shows the NLM VSAC website homepage. At the top, there is a navigation bar with 'Welcome', 'Search Value Sets', 'Download', and 'Browse Code Systems'. A red banner at the top left contains the text: 'COVID-19 is an emerging, rapidly evolving situation. Get the latest public health information from CDC: https://www.cdc.gov/covid Get the latest research information from NLM: https://www.nlm.nih.gov/covid19'. Below this, there is a section for 'COVID-19 Value Sets' with a search bar. The main content area is titled 'Programs' and features four columns: 'All Value Sets', 'eCM eCOM and Hybrid Measure Value Sets', 'HL7 C-CDIA Value Sets', and 'CMS Pre-rulemaking eCOM Value Sets'. Each column has a brief description and search/download buttons. At the bottom, there is a footer with contact information and a 'Sign In' button.

## Login

The screenshot shows the VSAC Login page. It features a 'VSAC Login' header and a 'Login with your UMLS account.' section. Below this, there is a '– OR –' separator and an 'Alternatively, you can login with your UMLS API Key.' section. This section includes an 'API Key:' input field and a 'Login' button. A red warning message states: 'We are aware of the login issue that produces a loop. If you cannot sign in, try clearing your browser's cache or using a different browser.' At the bottom, there is a 'Don't have a UMLS license/account? Request One Now' link. A large yellow warning box contains the text: 'WARNING This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government-authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.'

## Download

The screenshot shows the VSAC Downloadable Resources page. It features a 'VSAC Downloadable Resources' header and a 'This page contains groups of value sets designed for a particular program usage. You can search the entire repository of published VSAC value sets in the Search Value Sets tab.' section. Below this, there is a table of resources with columns for 'Available Downloads', 'Sorted by CMS ID\*', 'Sorted by Value Set Name\*', and 'Sorted by Quality Data Model Category\*'. The table lists various value sets such as 'eCOM eCOM and Hybrid Measure Value Sets', 'eCOM Pre-rulemaking eCOM Value Sets', 'C-CDIA Value Sets', and 'CDCREC Roll-up codes'. Each row has a search button. To the right of the table, there is a section for 'Expansion Version: eCOM Update 2020-05-07' and a table of 'Available Downloads' with search buttons.

# ONC JIRA

Project Tracking System

Learning Resources Create an Issue Ticket Search for an Issue Create An Account Log In

The ONC Project Tracking System is a collaboration platform in which users can log, track, and discuss issues with subject matter experts in support of health information technology implementation. It also provides tools to facilitate knowledge sharing and agile project management.

**Reminder:**  
This is an open platform that does not intend for users to communicate sensitive or confidential information such as protected health information and personal identifiable information.

All CQMs Certification Other

BONNIE and MAT Issue Tracker BONNIEMAT

CMS Hybrid Measures CHM

Comments on eCQMs under development PCQM

CQL Issue Tracker CQLIT

eCQM Issue Tracker CQM

eCQM Known Issues EKI

QDM Issue Tracker QDM

QRDA Issue Tracker QRDA

QRDA Known Issue Tracker QKI

**Hospital Inpatient Quality Reporting (IQR)**  
Contact the Hospital Inpatient Support Team:  
[https://cmsqualitysupport.servicenowservices.com/qnet\\_qa](https://cmsqualitysupport.servicenowservices.com/qnet_qa)  
(844) 472-4477

**Quality Payment Program (QPP)**  
Contact the QPP Information Center:  
[QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)  
(866) 288-8292

**Medicare and Medicaid Promoting Interoperability Programs**  
Contact the Quality Net Help Desk:  
[qnet-support@hcqis.org](mailto:qnet-support@hcqis.org)  
(866)288-8912

**Need Assistance?**  
Send us your questions about this site and our support team will get back to you within 24 hours:  
[onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov)

**Don't Forget**  
Every Saturday the ONC Issue Tracking System, including Confluence, will be unavailable for weekly maintenance between 10pm EST and the following morning at 3am EST.

# eCQI Updates

## eCQI Resource Center

[Receive updates on this topic](#)

### Tool Link

[eCQI Resource Center](#)

### Category

[Development](#)

[Implementation](#)

[Reporting](#)

[Testing](#)

### Who Uses Tool

CDS Developer/Steward

Eligible Hospital / Critical Access Hospital

Eligible Professional / Eligible Clinician

Health IT Developer/Vendor

Implementer

Measure Developer/Steward

Payer

### Description

The [Electronic Clinical Quality Improvement® \(eCQI\) Resource Center](#) is a website which provides eCQI resources and connections with the community of professionals who are dedicated to electronic clinical quality improvement for better health. It provides [eCQM® specifications®](#), and tool and resource links including the [Measure Collaboration Workspace®](#). It serves as the one-stop shop for the most current resources to support electronic clinical quality improvement.

### Synonyms

Electronic Clinical Quality Improvement Resource Center

eCQI RC

Last Updated: Mar 16, 2021

# eCQM Specifications

Select Performance Period: 2022 ▾

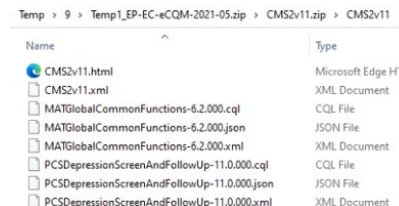
Find older eCQM specifications in the [eCQM Standards](#) and [Tools Version](#) table.

**eCQM Resources** EP/EC eCQMs About

2022 Performance Period Eligible Professional / Eligible Clinician Resources

| For Use ▾           | eCQM Implementation Resources   | Published ▾ |
|---------------------|---|-------------|
| Jan 1 - Dec 31 2022 | <a href="#">Implementation Checklist eCQM Annual Update</a> ⓘ   |             |
| Jan 1 - Dec 31 2022 | <a href="#">Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2022 Quality Reporting</a> (PDF) ⓘ | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">Guide for Reading eCQMs v7.0</a> (PDF) ⓘ  | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">Eligible Clinicians and Eligible Professionals Table of eCQMs</a> (PDF) ⓘ                                     | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Specifications for Eligible Clinicians and Eligible Professionals</a> (ZIP) ⓘ                            | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Value Sets</a> ⓘ   | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Direct Reference Codes List</a> ⓘ  | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">Binding Parameter Specification</a> (BPS) ⓘ   | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Logic and Implementation Guidance v5.0</a> (PDF) ⓘ   | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">Technical Release Notes</a> (PDF) ⓘ   | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">Technical Release Notes</a> (ZIP) ⓘ   | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">Standards and tool versions used for performance period</a> ⓘ   | May 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Flows</a> (ZIP) ⓘ  | Aug 2021    |
| Jan 1 - Dec 31 2022 | <a href="#">2022 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals</a> (PDF) ⓘ         | Jul 2021    |

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# eCQM Specifications

|   |   |                            |                                      |
|---|---|----------------------------|--------------------------------------|
| <b>eCQM Title</b>                               | Preventive Care and Screening: Screening for Depression and Follow-Up Plan  |                            |                                      |
| <b>eCQM Identifier (Measure Authoring Tool)</b> | 2   | <b>eCQM Version Number</b> | 11.0.000                             |
| <b>NQF Number</b>                               | Not Applicable  | <b>GUID</b>                | 9e031e24-3e9b-11e1-8634-00237e5ff174 |
| <b>Measurement Period</b>                       | January 1, 20XX through December 31, 20XX   |                            |                                      |
| <b>Measure Steward</b>                          | Centers for Medicare & Medicaid Services (CMS)  |                            |                                      |
| <b>Measure Developer</b>                        | Mathematica   |                            |                                      |
| <b>Indexed by</b>                               | None  |                            |                                      |
| <b>Description</b>                              | Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.  |                            |                                      |
| <b>Copyright</b>                                | Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets.<br>CPT(R) contained in the Measure specifications is copyright 2004-2020 American Medical Association, LOINC(R) is copyright 2004-2020 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms(R) (SNOMED CT(R)) copyright 2004-2020 International Health Terminology Standards Development Organisation, ICD-10 is copyright 2020 World Health Organization. All Rights Reserved.  |                            |                                      |
| <b>Disclaimer</b>                               | These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.<br>THE MEASURES AND SPECIFICATIONS ARE PROVIDED 'AS IS' WITHOUT WARRANTY OF ANY KIND.<br>Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].  |                            |                                      |
| <b>Measure Scoring</b>                          | Proportion  |                            |                                      |
| <b>Measure Type</b>                             | Process   |                            |                                      |
| <b>Stratification</b>                           | None  |                            |                                      |
| <b>Risk Adjustment</b>                          | None  |                            |                                      |
| <b>Rate Aggregation</b>                         | None  |                            |                                      |
| <b>Rationale</b>                                | <p>Depression is a serious medical illness associated with higher rates of chronic disease, increased health care utilization, and impaired functioning (Pratt and Brody, 2014). Results from a 2016 U.S. survey indicated that 12.8 percent of adolescents (3.1 million adolescents) had a major depressive episode (MDE) in the past year, with nine percent of adolescents (2.2 million adolescents) having one MDE with severe impairment (Substance Abuse and Mental Health Services Administration, 2017). The odds of a diagnosis of depression is believed to be 2.6 times greater for children and adolescents exposed to trauma as compared to those unexposed or less exposed (Vibhakhar et al., 2019). Children and teens with major depressive disorder (MDD) have been found to have difficulty carrying out their daily activities, relating to others, growing up healthy, and also are at an increased risk of suicide (Su on behalf of the U.S. Preventive Services Task Force [USPSTF], 2016).</p> <p>The same 2016 study indicated that 6.7 percent of adults aged 18 or older (16.2 million adults) had at least one MDE with four point three percent of adults (10.3 million adults) having one MDE with severe impairment in the past year (Substance Abuse and Mental Health Services Administration, 2017). Moreover, it is estimated 22.9 percent of adult patients with chronic pain (2.2 million adults) were diagnosed with comorbid depression from 2011 to 2015, with an upward trend of prevalence among Black Americans, patients aged 65 to 84 years old, Medicare and Medicaid insured patients, and patients from zip code areas with low annual household incomes (O'Rourke et al., 2020).</p> <p>Depression and other mood disorders, such as bipolar disorder and anxiety disorders, especially during the perinatal period, can have devastating effects on women, infants, and families (American College of Obstetricians and Gynecologists, 2018). It's estimated that the global prevalence of antenatal (or perinatal) depression ranges from 15 to 65 percent, with current or previous exposure to abuse and violence, lack of social support, and family history of mental disorders being risk factors. Depressive symptoms measured during pregnancy have been found to influence the quality of the postpartum mother-infant relationship (Rains et al., 2020). Additionally, the risk of low birth weight and preterm birth is higher among infants born from depressed mothers (Dadi, Miller, Bisset, Mwan, &amp; 2020).</p> <p>Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. Data indicates that as the severity of depressive symptoms increase, rates of having difficulty with work, home, or social activities related to depressive symptoms increase. For those twelve and older with mild depressive symptoms, 45.7 percent reported difficulty with activities, and for those with severe depressive symptoms, 86 percent reported difficulty (Pratt &amp; Brody, 2014). Depression also imposes significant economic burden through direct and indirect costs, supporting the need for regular depression screenings. In the United States, an estimated \$22.8 billion was spent on depression treatment in 2009, and lost productivity cost an additional estimated \$23 billion in 2011<sup>1</sup> (Su &amp; USPSTF, 2016, p. 363-384).</p> <p>Numerous studies have found significant disparities in depression prevalence and treatment among racial/ethnic minorities. One study revealed that Indigenous adults are at a high risk for postnatal major depression, depression, suicide, substance use disorder, and concurrent behavioral health disorders secondary to these initial health problems (Okazu and Burnette, 2019). Additionally, though rates of depression are lower among Blacks and Hispanics than among whites, depression among Blacks and Hispanics is likely to be more recurrent. Furthermore, 48 percent of whites receive mental health services, compared to just 31 percent of Blacks and Hispanic, and 21 percent of Asians (American Psychiatric Association, 2017). Asian Americans and Black Americans are also significantly more likely to</p> |                            |                                      |

## Definitions

### Denominator

"Initial Population"

### Denominator Exceptions

( exists "Medical or Patient Reason for Not Screening Adolescent for Depression" and not "Has Adolescent Depression Screening" )  
 )  
 ) or ( exists "Medical or Patient Reason for Not Screening Adult for Depression" and not "Has Adult Depression Screening" )  
 )

### Denominator Exclusions

exists "History of Bipolar or Depression Diagnosis Before Qualifying Encounter"

### Follow Up Intervention For Positive Adolescent Depression Screening

[ "Medication, Order"; "Adolescent Depression Medications" ]  
 union [ "Intervention, Order"; "Referral for Adolescent Depression" ]  
 union [ "Intervention, Performed"; "Follow Up for Adolescent Depression" ]

### Follow Up Intervention For Positive Adult Depression Screening

[ "Medication, Order"; "Adult Depression Medications" ]  
 union [ "Intervention, Order"; "Referral for Adult Depression" ]  
 union [ "Intervention, Performed"; "Follow Up for Adult Depression" ]

### Has Adolescent Depression Screening

exists ( [ "Assessment, Performed"; "Adolescent depression screening assessment" ] AdolescentScreening with "Qualifying Encounter During Measurement Period" QualifyingEncounter such that Global."NormalizedInterval" ( AdolescentScreening.relevantDateTime, AdolescentScreening.relevantPeriod ) 14 days or less on or before day of start of QualifyingEncounter.relevantPeriod and AdolescentScreening.result is not null )

### Has Adult Depression Screening

exists ( [ "Assessment, Performed"; "Adult depression screening assessment" ] AdultScreening with "Qualifying Encounter During Measurement Period" QualifyingEncounter such that Global."NormalizedInterval" ( AdultScreening.relevantDateTime, AdultScreening.relevantPeriod ) 14 days or less on or before day of start of QualifyingEncounter.relevantPeriod and AdultScreening.result is not null )

### Has Most Recent Adolescent Screening Negative

( "Most Recent Adolescent Depression Screening" AdolescentScreen where AdolescentScreen.result ~ "Depression screening negative (finding)" ) is not null

### Has Most Recent Adult Screening Negative

( "Most Recent Adult Depression Screening" AdultScreen where AdultScreen.result ~ "Depression screening negative (finding)" ) is not null

### History of Bipolar or Depression Diagnosis Before Qualifying Encounter

( [ "Diagnosis"; "Bipolar Diagnosis" ] union [ "Diagnosis"; "Depression Diagnosis" ] ) DiagnosisBipolarorDepression with "Qualifying Encounter During Measurement Period" QualifyingEncounter such that DiagnosisBipolarorDepression.prevalencePeriod starts before QualifyingEncounter.relevantPeriod

### Initial Population

"Patient Age 12 years or Older at Start of Measurement Period" and exists ( "Qualifying Encounter During Measurement Period" )

# eCQM Flows

|                     |   |          |
|---------------------|---|----------|
| Jan 1 - Dec 31 2021 | <a href="#">eCQM Flows (ZIP)</a> ⓘ  | Aug 2020 |
| Jan 1 - Dec 31 2021 | <a href="#">2021 Quality Benchmarks</a> ↗ (ZIP) ⓘ   | Jun 2021 |
| Jan 1 - Dec 31 2021 | <a href="#">2021 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals (PDF)</a> ⓘ | May 2021 |
| Jan 1 - Dec 31 2021 | <a href="#">2021 CMS QRDA III Schematrons and Sample Files (ZIP)</a> ⓘ  | May 2021 |
| Jan 1 - Dec 31 2021 | <a href="#">eCQM Annual Update Pre-Publication Document (PDF)</a> ⓘ   | Oct 2020 |

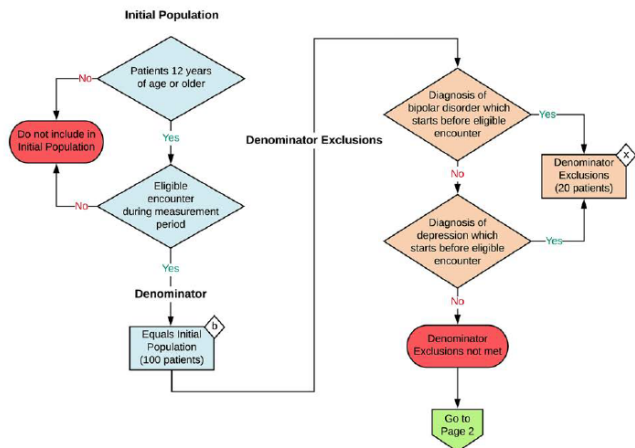
**2021 eCQM Flow**  
**eCQM Identifier: CMS2v10**  
**NQF Number: 0418e**

**NOTE:** This flow diagram represents an overview of population criteria requirements. Refer to the eCQM specification for a complete list of data elements included in this measure and required for submission.

**Preventive Care and Screening: Screening for Follow-Up Plan**

Percentage of patients aged 12 years and older screen the date of the encounter or up to 14 days prior to the d using an age-appropriate standardized depression scre positive, a follow-up plan is documented on the date of encounter

This eCQM is a patient-based measure

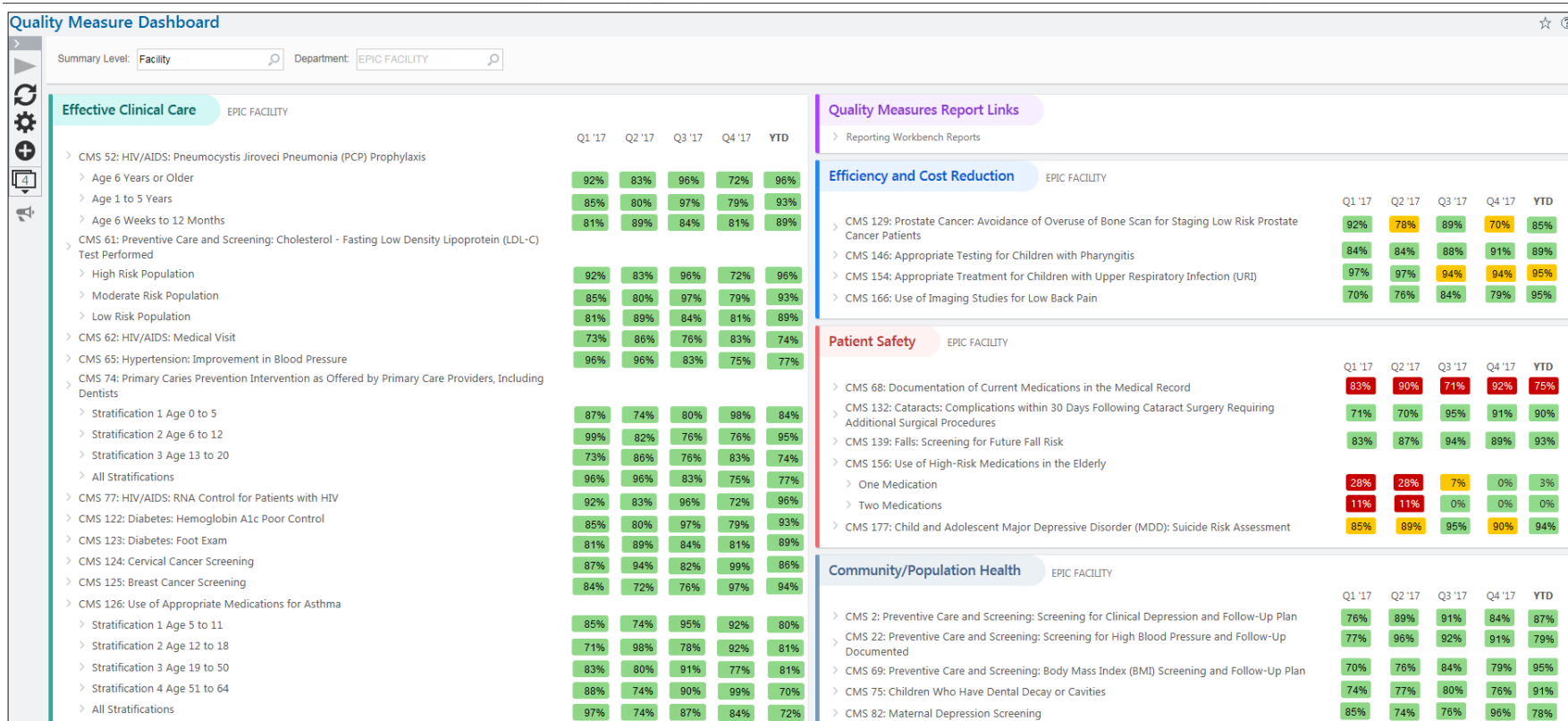


# Value Sets

## XML for Import

```
ep_ec_only_unique_vs_20200507.xml - Notepad
File Edit Format View Help
<?xml version="1.0" encoding="UTF-8" standalone="yes"?>
<ns0:RetrieveMultipleValueSetsResponse xmlns:ns0="urn:ihe:iti:svs:2008" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <ns0:DescribedValueSet ID="2.16.840.1.113883.3.464.1003.196.12.1213" displayName="Antidepressant Medication" version="eCQM Update 2020-05-07">
    <ns0:ConceptList>
      <ns0:Concept code="1000048" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 10 MG Oral Capsule"/>
      <ns0:Concept code="1000054" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 10 MG/ML Oral Solution"/>
      <ns0:Concept code="1000058" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 100 MG Oral Capsule"/>
      <ns0:Concept code="1000064" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 150 MG Oral Capsule"/>
      <ns0:Concept code="1000070" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 25 MG Oral Capsule"/>
      <ns0:Concept code="1000076" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 50 MG Oral Capsule"/>
      <ns0:Concept code="1000097" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Doxepin Hydrochloride 75 MG Oral Capsule"/>
      <ns0:Concept code="104837" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Isocarboxazid 10 MG Oral Tablet"/>
      <ns0:Concept code="1086772" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="vilazodone hydrochloride 10 MG Oral Tablet"/>
      <ns0:Concept code="1086778" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="vilazodone hydrochloride 20 MG Oral Tablet"/>
      <ns0:Concept code="1086784" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="vilazodone hydrochloride 40 MG Oral Tablet"/>
      <ns0:Concept code="1098649" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Nefazodone hydrochloride 100 MG Oral Tablet"/>
      <ns0:Concept code="1098666" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Nefazodone hydrochloride 150 MG Oral Tablet"/>
      <ns0:Concept code="1098670" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Nefazodone hydrochloride 200 MG Oral Tablet"/>
      <ns0:Concept code="1098674" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Nefazodone hydrochloride 250 MG Oral Tablet"/>
      <ns0:Concept code="1098678" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Nefazodone hydrochloride 50 MG Oral Tablet"/>
      <ns0:Concept code="1099288" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Desipramine Hydrochloride 10 MG Oral Tablet"/>
      <ns0:Concept code="1099292" codeSystem="2.16.840.1.113883.6.88" codeSystemName="RXNORM" codeSystemVersion="2020-01" displayName="Desipramine Hydrochloride 100 MG Oral Tablet"/>
    </ns0:ConceptList>
  </ns0:DescribedValueSet>
</ns0:RetrieveMultipleValueSetsResponse>
```

# Validate & Monitor



# Validate & Monitor

EC QM Details (Ind) [146226] as of Thu 2/21/2019 12:25 PM

Filters Options Chart

| Patient Name | Outcome | MRN    | Birth Date | QRDA Patient Ethnicity | QRDA Patient Payer    | QRDA Patient Race               | QRDA Patient Sex |
|--------------|---------|--------|------------|------------------------|-----------------------|---------------------------------|------------------|
| Moore, Helen | ✓       | 223513 | 08/17/1989 | Hispanic or Latino     | Unavailable / Unknown | Black or African American       | Female           |
| Muir, Karl   | ✓       | 223543 | 08/21/1989 | Not Hispanic or Latino | Unavailable / Unknown | American Indian or Alaska Na... | Female           |
| Olsen, Lana  | ✓       | 223555 | 01/01/1989 | Hispanic or Latino     | Unavailable / Unknown | Other Race                      | Male             |

QDM Detail

## Oncology: Medical and Radiation - Pain Intensity Quantified

Moore, Helen

Measure Description

Outcomes

Charge 12/31/2016

Outcome from the last run (2/13/2019) [R, RDI, 143249]

Expected outcome for the next run

Not Met for Population 1  
Not in the Initial Population for Population 2

Not Met for Population 1  
Not in the Initial Population for Population 2

Population Criteria

Population Criteria 1

- ✓ Initial Population 1 with Conner, Penny
- ✓ "Face to Face Encounter with Ongoing Chemotherapy"
- ✓ Denominator 1
- ✓ "Initial Population 1"
- ✗ Numerator 1
  - ✓ Source: "Face to Face Encounter with Ongoing Chemotherapy" FaceToFaceEncounterWithChemo
  - ✗ With: ["Assessment, Performed": "Standardized Pain Assessment Tool"] PainAssessed
    - Such That: AND
      - PainAssessed.authorDatetime in FaceToFaceEncounterWithChemo.relevantPeriod
      - PainAssessed.result is not null

Population Criteria 2

- ✗ Initial Population 2 with Conner, Penny
- ✗ Radiation Treatment with Cancer Diagnosis
- ✗ Denominator 2
- ✗ "Initial Population 2"
- ✗ Numerator 2
  - ✗ Source: "Radiation Treatment with Cancer Diagnosis" RadiationTherapy
    - With: ["Assessment, Performed": "Standardized Pain Assessment Tool"] PainAssessed
      - Such That: AND

Drilldown

- ✗ Radiation Treatment with Cancer Diagnosis
  - ✗ Source: "Radiation Treatment During Measurement Period" RadiationTreatment
    - With: ["Diagnosis": "Cancer"] Cancer
      - Such That: Cancer.prevalencePeriod overlaps RadiationTreatment.relevantPeriod
- ✗ Radiation Treatment During Measurement Period
  - ✗ Source: ["Procedure, Performed": "Radiation Treatment Management"] RadiationTreatmentProcedure
    - Where: RadiationTreatmentProcedure.relevantPeriod during "Measurement Period"

# Benchmark & Performance Comparison

|  | ACO Benchmark       | 30th Perc.    | 40th Perc.    | 50th Perc.    | 60th Perc.    | 70th Perc.    | 80th Perc.    | 90th Perc.    |           |
|--|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------|
|  | MIPS eCQM Benchmark | Decile 3      | Decile 4      | Decile 5      | Decile 6      | Decile 7      | Decile 8      | Decile 9      | Decile 10 |
| Falls: Screening for Future Fall Risk  | ACO                 | 30.00         | 40.00         | 50.00         | 60.00         | 70.00         | 80.00         | 90.00         |           |
|  | MIPS eCQM           | 18.81 - 36.27 | 36.28 - 52.33 | 52.34 - 66.64 | 66.65 - 78.71 | 78.72 - 87.49 | 87.5 - 94.18  | 94.19 - 98.26 | >= 98.27  |
| Preventive Care and Screening: Influenza Immunization  | ACO                 | 30.00         | 40.00         | 50.00         | 60.00         | 70.00         | 80.00         | 90.00         |           |
|  | MIPS eCQM           | -             | -             | -             | -             | -             | -             | -             | -         |
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (users with intervention) | ACO                 | 30.00         | 40.00         | 50.00         | 60.00         | 70.00         | 80.00         | 90.00         |           |
|  | MIPS eCQM           | -             | -             | -             | -             | -             | -             | -             | -         |
| Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan                        | ACO                 | -             | -             | -             | -             | -             | -             | -             |           |
|  | MIPS eCQM           | -             | -             | -             | -             | -             | -             | -             | -         |
| Colorectal Cancer Screening  | ACO                 | 30.00         | 40.00         | 50.00         | 60.00         | 70.00         | 80.00         | 90.00         |           |
|  | MIPS eCQM           | 15.15 - 27.51 | 27.52 - 38.73 | 38.74 - 49.04 | 49.05 - 58.3  | 58.31 - 67.54 | 67.55 - 76.05 | 76.06 - 85.05 | >= 85.06  |
| Breast Cancer Screening  | ACO                 | 30.00         | 40.00         | 50.00         | 60.00         | 70.00         | 80.00         | 90.00         |           |
|  | MIPS eCQM           | 24.44 - 37.13 | 37.14 - 46.31 | 46.32 - 54.4  | 54.41 - 61.1  | 61.11 - 67.22 | 67.23 - 73.94 | 73.95 - 82.01 | >= 82.02  |
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease                                  | ACO                 | -             | -             | -             | -             | -             | -             | -             |           |
|  | MIPS eCQM           | -             | -             | -             | -             | -             | -             | -             | -         |
| Depression Remission at Twelve Months  | ACO                 | -             | -             | -             | -             | -             | -             | -             |           |
|  | MIPS eCQM           | -             | -             | -             | -             | -             | -             | -             | -         |
| Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)   | ACO                 | 70.00         | 60.00         | 50.00         | 40.00         | 30.00         | 20.00         | 10.00         |           |
|  | MIPS eCQM           | 90.50 - 69.43 | 69.42 - 53.61 | 53.6 - 42.12  | 42.11 - 34.07 | 34.06 - 28.33 | 28.32 - 23.57 | 23.56 - 19.11 | <=19.1    |
| Hypertension (HTN): Controlling High Blood Pressure  | ACO                 | 30.00         | 40.00         | 50.00         | 60.00         | 70.00         | 80.00         | 90.00         |           |
|  | MIPS eCQM           | 51.69 - 57.07 | 57.08 - 61.32 | 61.33 - 64.79 | 64.8 - 68.44  | 68.45 - 72.03 | 72.04 - 76.35 | 76.36 - 82.37 | >= 82.38  |

We are called to make a healthy difference in people's lives.

# eCQM Quality Reporting

Mike Van Scoy, MD

Essentia Health

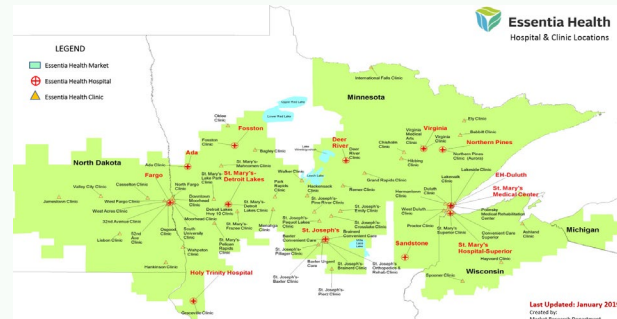
NAACOS Conference, 1. Oct. 2021.



**Essentia Health**

# At a glance: Essentia Health

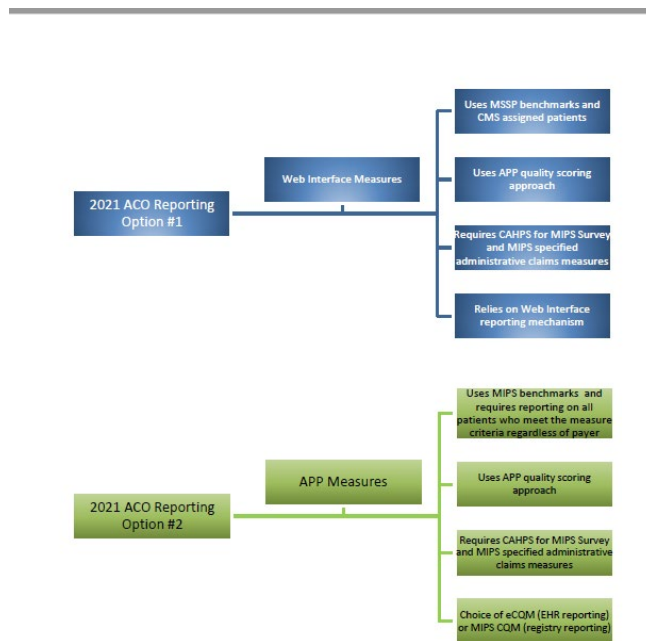
- Nonprofit, integrated health care system headquartered in Duluth
- 14,700 employees
- 15 hospitals, 75 clinics
- Serving 560,000+ unique patients in Minnesota, Wisconsin, North Dakota and Idaho
- NCQA Level 3 ACO
- 180,000 at risk lives: commercial, Medicare: Enhanced Track MSSP, Medicaid



# Approach to eCQM requirement

- Single EHR, (Epic)
  - Predicting we can use EPIC tools to submit QRDA
- Multiple TINS
- Share patients with Non-Essentia Specialty practices
- Provide specialty care for non-Essentia primary care patients
- Submitting by Web Interface for 2021

# 2 Options for ACO Reporting of 2021 Data



# Web Interface for Sample Population

**TABLE 40: Measures included in the Final APM Performance Pathway Measure Set<sup>1</sup>**

| Measure #        | Measure Title  | Collection Type                  | Submitter Type                      | Meaningful Measure Area  |
|------------------|--|----------------------------------|-------------------------------------|--|
| Quality ID#: 321 | CAHPS for MIPS   | CAHPS for MIPS Survey            | Third Party Intermediary            | Patient's Experience   |
| Measure # 479    | Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups | Administrative Claims            | N/A                                 | Admissions & Readmissions                                      |
| Measure # TBD    | Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs           | Administrative Claims            | N/A                                 | Admissions & Readmissions                                      |
| Quality ID#: 001 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control  | eCQM/MIPS CQM/CMS Web Interface* | APM Entity/Third Party Intermediary | Mgt. of Chronic Conditions                                     |
| Quality ID#: 134 | Preventive Care and Screening: Screening for Depression and Follow-up Plan                           | eCQM/MIPS CQM/CMS Web Interface* | APM Entity/Third Party Intermediary | Treatment of Mental Health                                     |
| Quality ID#: 236 | Controlling High Blood Pressure  | eCQM/MIPS CQM/CMS Web Interface* | APM Entity/Third Party Intermediary | Mgt. of Chronic Conditions                                     |
| Quality ID#: 318 | Falls: Screening for Future Fall Risk  | CMS Web Interface*               | APM Entity/Third Party Intermediary | Preventable Healthcare Harm                                    |
| Quality ID#: 110 | Preventive Care and Screening: Influenza Immunization  | CMS Web Interface*               | APM Entity/Third Party Intermediary | Preventive Care  |
| Quality ID#: 226 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention                     | CMS Web Interface*               | APM Entity/Third Party Intermediary | Prevention and Treatment of Opioid and Substance Use Disorders |
| Quality ID#: 113 | Colorectal Cancer Screening  | CMS Web Interface*               | APM Entity/Third Party Intermediary | Preventive Care  |
| Quality ID#: 112 | Breast Cancer Screening  | CMS Web Interface*               | APM Entity/Third Party Intermediary | Preventive Care  |
| Quality ID#: 438 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease                            | CMS Web Interface*               | APM Entity/Third Party Intermediary | Mgt. of Chronic Conditions                                     |
| Quality ID#: 370 | Depression Remission at Twelve Months  | CMS Web Interface*               | APM Entity/Third Party Intermediary | Treatment of Mental Health                                     |

<sup>1</sup> We note that Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Quality ID# 438), Depression Remission at Twelve Months (Quality ID# 370), and Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID# 134) do not have benchmarks and are therefore not scored; they are, however, required to be reported in order to complete the Web Interface dataset.

\* ACOs will have the option to report via Web Interface for the 2021 MIPS Performance year only.

# eCQM for Entire Eligible Population

## Appendix: APP Core Quality Measure Set

| Measure #        | Measure Title  | Collection Type       | Submitter Type                      | Meaningful Measure Area    |
|------------------|--|-----------------------|-------------------------------------|----------------------------|
| Quality ID # 321 | CAHPS for MIPS   | CAHPS for MIPS Survey | Third Party Intermediary            | Patient's Experience       |
| Quality ID # 001 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control  | eCQM/MIPS CQM         | APM Entity/Third Party Intermediary | Mgt. of Chronic Conditions |
| Quality ID # 134 | Preventive Care and Screening: Screening for Depression and Follow-up Plan                           | eCQM/MIPS CQM         | APM Entity/Third Party Intermediary | Treatment of Mental Health |
| Quality ID # 236 | Controlling High Blood Pressure  | eCQM/MIPS CQM         | APM Entity/Third Party Intermediary | Mgt. of Chronic Conditions |
| Measure # TBD    | Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups | Administrative Claims | N/A                                 | Admissions & Readmissions  |
| Measure # TBD    | Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs           | Administrative Claims | N/A                                 | Admissions & Readmissions  |

# Summary

## Key Takeaways

- APP scores quality measures using performance deciles.
- An ACO's performance will be compared to the benchmark established for the measure and given the points corresponding to the decile performance.
- Each quality measure is worth three-to-ten points based on performance.
- CMS will also provide certain bonus points, which will be added to the total score (all individual quality measures summed).
- This replaces the domain-based scoring approach MSSP has relied on since the program's inception.

## Key Takeaways

- All ACOs will now administer the CAHPS for MIPS Survey starting in 2021 instead of the CAHPS for ACOs Survey.
- While the same survey instrument is used, there are notable differences in the benchmarking; CAHPS for ACOs uses flat percentage benchmarks for summary survey measures for which the 60<sup>th</sup> percentile of scores is greater than or equal to 80, or for which the 90<sup>th</sup> percentile of scores is greater than or equal to 95. CAHPS for MIPS does not use a flat percentage approach and therefore may have the effect of creating larger differences in quality scores across ACOs.

## Key Takeaways

- The final ACO quality score no longer determines an ACO's shared savings rate.
- Instead, once an ACO's final quality score meets and exceeds the new minimum attainment requirements, it will automatically receive the maximum available shared savings rate for its particular track.

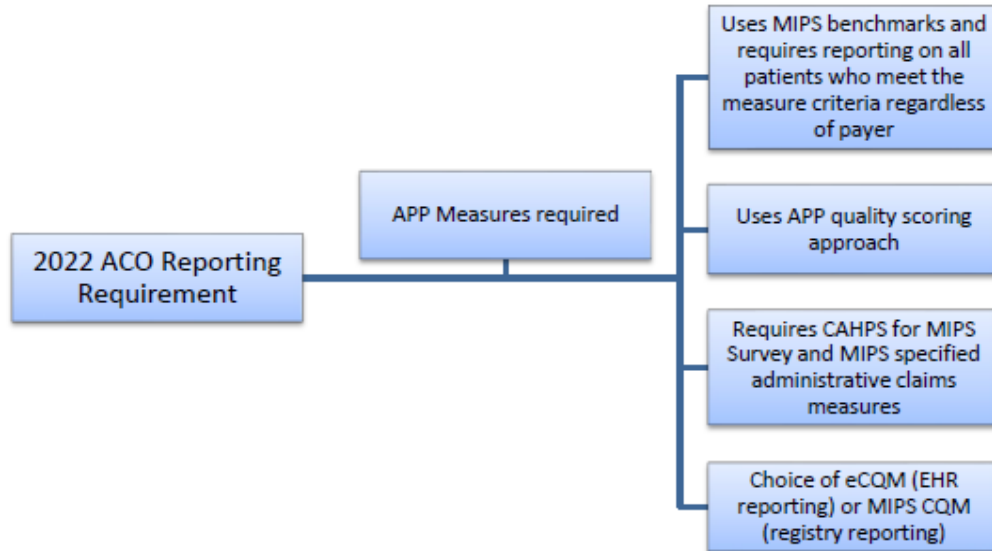
## Key Takeaways

- CMS will no longer provide pay-for-reporting (or automatic full credit) for measures that undergo significant specification changes mid-performance year.
- Instead, CMS will suppress a measure from the total quality score calculation if the measure underwent significant changes mid-year, thus giving more weight to the remaining measures in the measure list.

## Key Takeaways

- The new administration claims measures will be effective for all ACOs starting in 2021 and, while similar to the previously used ACO administrative claims measures, use MIPS specifications.

# 2022 Reporting Requirements



# Final Thoughts

## Key Takeaways

- Moving to eCQM and MIPS CQM specifications will be a significant change for ACOs.
- New specification requirements will remove the sampling approach to quality assessment used by the Web Interface; instead, ACOs will be expected to report on all patients and be assessed on all patients.
- New specification requirements will require ACOs to report on all patients meeting the measure denominator criteria, regardless of whether the patient was an ACO patient or even a Medicare patient.
- These changes may create significant challenges to ACOs and NAACOS continues to advocate for CMS to provide additional policy flexibilities to ease these burdens.
- There are a number of remaining implementation questions unanswered by CMS at the time of publication of this resource. NAACOS continues to communicate to CMS the importance of providing this critical information to ACOs through ACO-tailored/specific education efforts to allow ACOs to be successful making this transition.

# Barriers

- All Payer Requirement
- All Specialists
- Predicting which 1 of 3 will be best
  - Need benchmark estimates to guide our progress
- Cost of reporting
- MIPS reporting for new hires
- Coordinating reports for Community Connect customers, (leasing EPIC license)
- Changing clinical workflows to adapt to new measures

# Barriers

- Identifying the eligible patients
  - Closing quality gaps, (exploring whether “Happy Together,” in EPIC will help)
  - Reporting their outcomes

# Cost to participate in eCQM

- Web Interface 180 analyst hours per year
- eCQM build: Discovery
- QRDA III contained in our EPIC lease
  - Added analyst time to upload
- Analyst time to identify all eligible patients: Discovery
- Quality staff for gap closure: 1 FTE estimate

# eCQM's by TIN: MIPS report

## MIPS Dashboard

TIN: EH Duluth Clinic

### Merit-based Incentive Payment System Summary

**76%** Estimated MIPS Score YTD

|                            | Q3 '20 | Q4 '20 | Q1 '21 | Q2 '21 | YTD  |
|----------------------------|--------|--------|--------|--------|------|
| Estimated MIPS Score       | 78%    | 78%    | 75%    | 76%    | 76%  |
| Promoting Interoperability | 72%    | 70%    | 60%    | 63%    | 62%  |
| Improvement Activities     | 100%   | 100%   | 100%   | 100%   | 100% |
| Quality                    | 100%   | 100%   | 100%   | 100%   | 100% |
| Cost                       | -      | -      | -      | -      | -    |

### Promoting Interoperability

|   | Q3 '20 | Q4 '20 | Q1 '21 | Q2 '21 | YTD |
|---|--------|--------|--------|--------|-----|
| E-Prescribing   | 88%    | 94%    | 95%    | 95%    | 95% |
| Support Electronic Referral Loops by Sending Health Information                     | 2%     | 1%     | 1%     | 1%     | 1%  |
| Support Electronic Referral Loops by Receiving and Incorporating Health Information | 63%    | 57%    | 45%    | 56%    | 51% |
| Provide Patients Electronic Access to Their Health Information                      | 98%    | 98%    | 76%    | 79%    | 78% |

### Improvement Activities EH Duluth Clinic

**40** Total Score

|   | Points |
|---|--------|
| ▼ Total Score   | 40     |
| Anticoagulant Management Improvements   | 20     |
| Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments | 10     |
| Advance Care Planning   | 10     |
| COVID-19 Clinical Trials  | 10     |

The Improvement Activities category of MIPS is capped at 40 points.

### Best Quality Measures

|   | Q3 '20 | Q4 '20 | Q1 '21 | Q2 '21 | YTD |
|---|--------|--------|--------|--------|-----|
| ▼ CMS 74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists |        |        |        |        |     |
| Stratification 1 Age 0 to 5   | 23%    | 22%    | 31%    | 29%    | 25% |
| Stratification 2 Age 6 to 12  | 1%     | <1%    | 1%     | 1%     | 1%  |
| Stratification 3 Age 13 to 20   | <1%    | <1%    | <1%    | <1%    | <1% |
| All Stratifications   | 8%     | 8%     | 9%     | 8%     | 7%  |
| CMS 117: Childhood Immunization Status  | 64%    | 63%    | 66%    | 59%    | 57% |
| CMS 122: Diabetes: Hemoglobin A1c Poor Control  | 24%    | 24%    | 25%    | 24%    | 26% |
| CMS 125: Breast Cancer Screening  | 74%    | 74%    | 72%    | 70%    | 67% |
| CMS 127: Pneumococcal Vaccination Status for Older Adults   | 83%    | 83%    | 83%    | 82%    | 79% |
| ▼ CMS 154: Appropriate Treatment for Upper Respiratory Infection (URI)                                    |        |        |        |        |     |
| Age 3 Months to 17 Years  | -      | -      | 97%    | 96%    | 96% |
| Age 18 to 64  | -      | -      | 93%    | 95%    | 93% |
| Age 65 and Above  | -      | -      | 100%   | 93%    | 94% |
| All Stratifications   | -      | -      | 96%    | 95%    | 95% |
| 2020 Version  | 90%    | 89%    | -      | -      | -   |
| ▼ CMS 159: Depression Remission at Twelve Months  |        |        |        |        |     |
| Age 12 to 17  | 30%    | 26%    | 24%    | 21%    | 22% |
| Age 18 and Older  | 38%    | 36%    | 37%    | 38%    | 38% |
| All Stratifications   | 37%    | 35%    | 36%    | 36%    | 34% |
| CMS 165: Controlling High Blood Pressure  | 80%    | 80%    | 80%    | 80%    | 78% |

### Other Quality Measures

|   | Q3 '20 | Q4 '20 | Q1 '21 | Q2 '21 | YTD |
|---|--------|--------|--------|--------|-----|
| CMS 2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan           | 77%    | 77%    | 74%    | 72%    | 68% |
| CMS 68: Documentation of Current Medications in the Medical Record                          | 87%    | 88%    | 89%    | 89%    | 89% |
| CMS 69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan   | 30%    | 29%    | 23%    | 22%    | 22% |
| ▼ CMS 138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention |        |        |        |        |     |
| Tobacco Screening   | 100%   | 100%   | 99%    | 100%   | 99% |
| Cessation Intervention for Tobacco Users  | 29%    | 29%    | 49%    | 49%    | 48% |
| Tobacco Screening and Cessation Intervention for Tobacco Users                              | 88%    | 88%    | 91%    | 91%    | 91% |
| CMS 139: Falls: Screening for Future Fall Risk  | 92%    | 92%    | 83%    | 84%    | 80% |
| ▼ CMS 146: Appropriate Testing for Pharyngitis  |        |        |        |        |     |
| Age 3 to 17   | -      | -      | 97%    | 92%    | 93% |
| Age 18 to 64  | -      | -      | 79%    | 80%    | 80% |

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# Transition to eCQM Reporting

Advocate Aurora Health

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# Advocate Aurora Health

## Government Programs

### Illinois:

#### ❖ Basic Level E

- ~106,675 Beneficiaries<sup>1</sup>
- 422 TINs
- 10 Hospitals & 5,649 clinicians
- >25 different EHRs
- Start date: 2012

#### ❖ BPCI-Advanced

- 9 hospitals in 2021
- ~6,700 episodes<sup>3</sup> with 87 bundles selected
- Program Size: ~\$205 million<sup>3</sup>
- Start Date: 2018

### Wisconsin:

#### ❖ Enhanced

- ~23,579 Beneficiaries<sup>1</sup>
- 2 TINs
- 1,989 clinicians
- 1 EHR
- Start date: 2017

#### ❖ Track 1

- ~48,143 Beneficiaries<sup>1</sup>
- 10 TINs
- 16 Hospitals & 5,299 clinicians
- 2 EHRs
- Start date: 2018

#### ❖ BPCI-Advanced

- 14 hospitals in 2021
- ~3,500+ episodes<sup>3</sup> with 99 bundles selected
- Program Size: ~\$88 million<sup>3</sup>
- Start Date: 2020

#### ❖ CJR

- Two hospitals in 2020
- 91 episodes<sup>2</sup>
- Program Size: ~\$2.4 million<sup>2</sup>
- Start Date: 2016 (5 hospitals)
- One hospital in 2021 (Model end)

1. Based on 2021 Assignment list.

2. Based on Performance Year 5.1 with the two hospitals participating.

3. Based on 2021 projections using baseline claims.

# Plan for Submission



## WI Enhanced ACO

2 TINs

1 EHR

Submit via CEHRT



## WI Track 1 ACO

10 TINs

2 EHRs

Internally aggregate  
QRDA III files  
Will evaluate data  
completeness



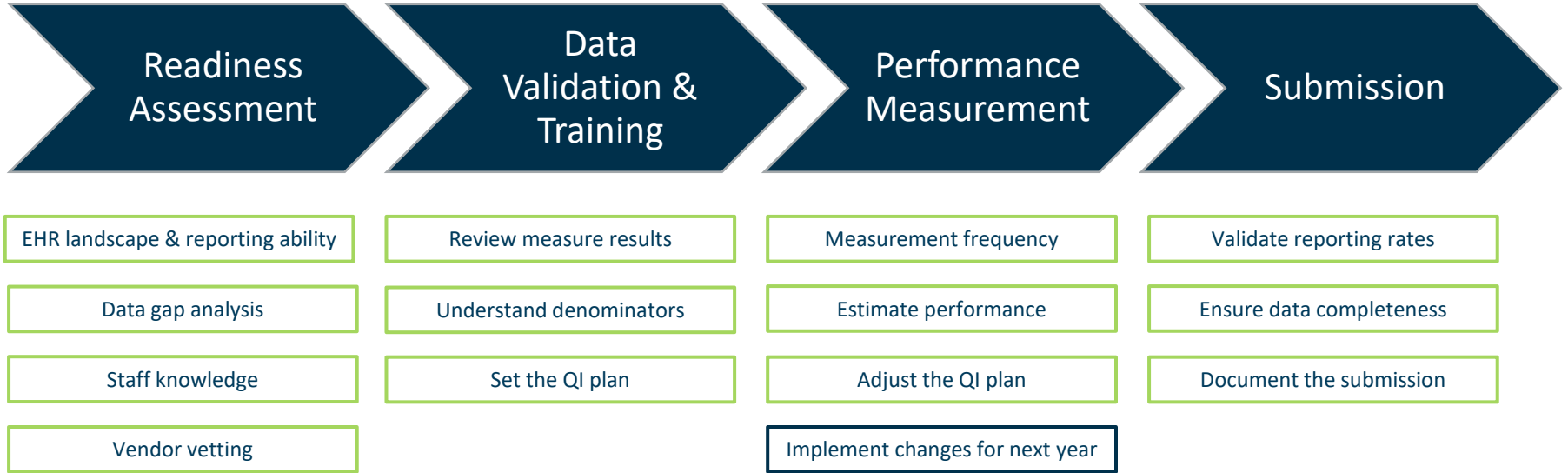
## IL Basic E ACO

422 TINs

>65 EHRs

Submit with vendor  
Aggregate QRDA III files

# Phased Approach



# Data Completeness:

## 70% of Denominator Eligible Patients

[Depression Screening &  
Follow-Up Op Def](#)

Quality ID #134 (NQF 0418): Preventive Care and Screening: Screening for Depression and Follow-Up Plan

– National Quality Strategy Domain: Community/Population Health

– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

### DENOMINATOR:

All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period

**DENOMINATOR NOTE:** \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

### Denominator Criteria (Eligible Cases):

Patients aged  $\geq$  12 years on date of encounter

### AND

Patient encounter during the performance period (CPT or HCPCS): 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 99078, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99401\*, 99402\*, 99403\*, 99483, 99484, 99492, 99493, 99384\*, 99385\*, 99386\*, 99387\*, 99394\*, 99395\*, 99396\*, 99397\*, G0101, G0402, G0438, G0439, G0444

### AND NOT

### DENOMINATOR EXCLUSION:

Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required: G9717

All  
patients/payors  
within the EHR

# Considerations When Extracting Data from Disparate Systems

## Not All 2015 CEHRTs Are Equal

What eQMs can be reported from which EHRs?

Is there additional cost to report eQMs?

## Legal/Compliance

All patient/all payor data

Can you access non-ACO patient data for de-duplication?

## It Is All About Data Entry

Hyphens, space allowances, truncated names, maiden names, alias, nicknames

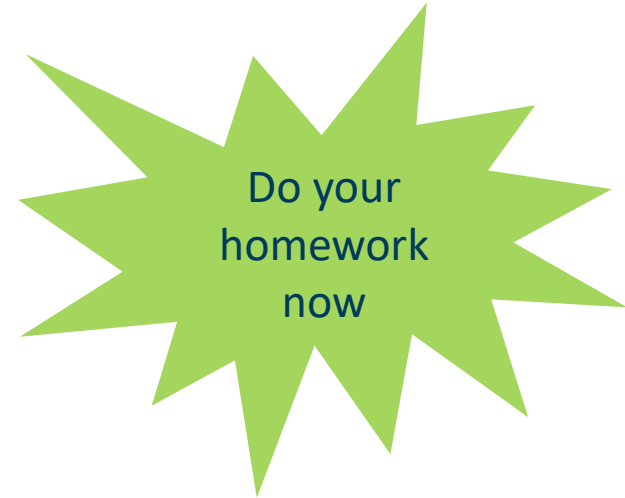
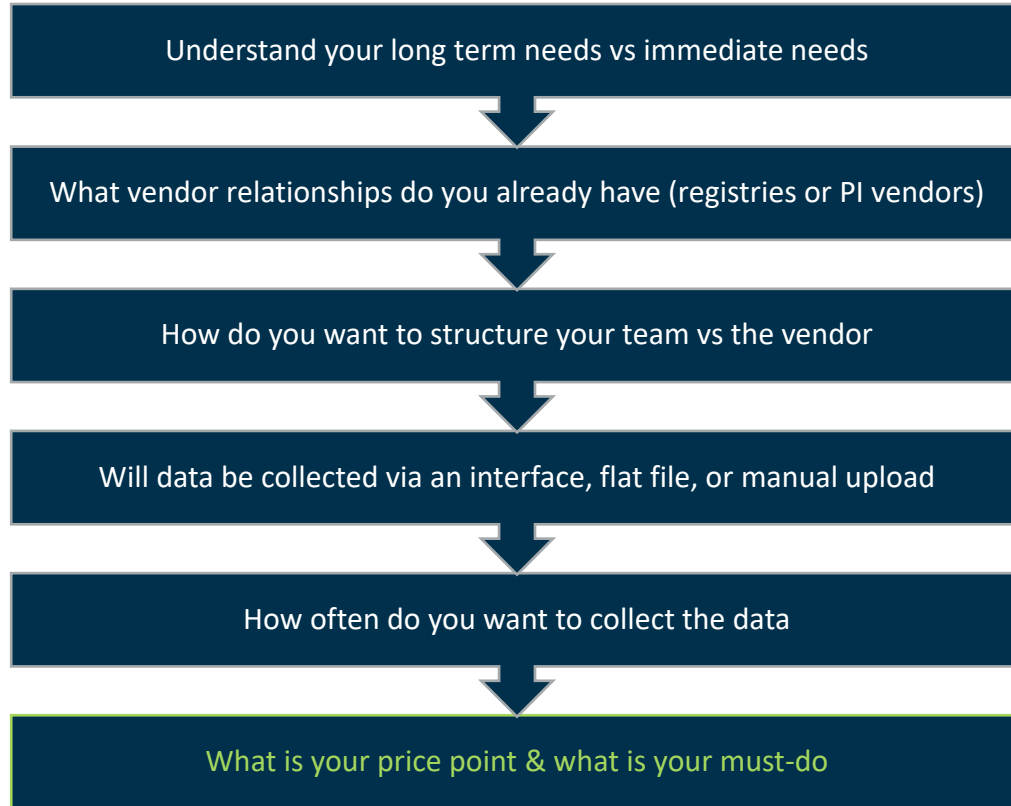
Workflows, EHR standards, scanned results, manually entered

## Workforce

What teams, infrastructure, experience do you have in place/for which EHRs?

What training is needed for your Quality team?

# Potential Vendor Considerations



# Strategy Considerations

**Specialists  
Considerations**  
Participation benefits  
beyond shared savings

**MSSP is One  
Value Based  
Contract**  
Quality Improvement Plan  
Focus

**EHR  
Considerations**  
Data completeness &  
switching EHRs

**FQHCs & Rural  
Health Clinics**

# Questions

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