Quality Reporting Comparison

Metrics and Reporting Parameters for 2020 Performance

This document is intended as a resource for Oregon stakeholders who are interested in electronic clinical quality measures (eCQMs). It provides a visual guide to measure set alignment, as well as detail on reporting parameters for eCQMs used in calendar year 2020 reporting for:

- Oregon's Medicaid Electronic Health Record (EHR) Incentive Program, also referred to as Meaningful Use or the Promoting Interoperability Program
- Oregon's Coordinated Care Organization (CCOs) Quality Incentive measures
- The Centers for Medicare & Medicaid Services (CMS) Merit-based Incentive Payment System, which is one track of CMS's Quality Payment Program (QPP)
- Comprehensive Primary Care Plus (CPC+)

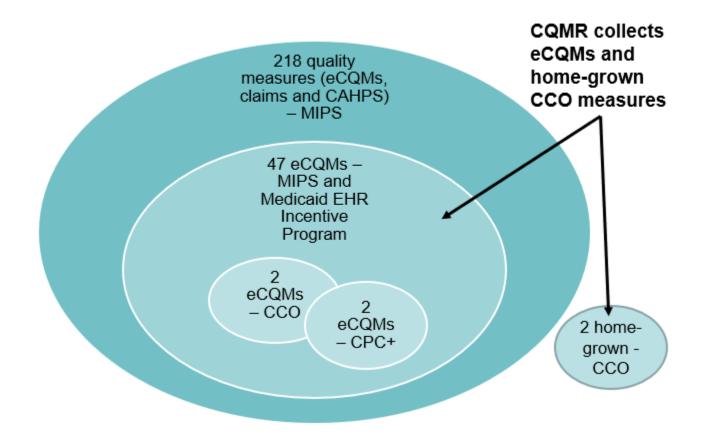
Additional Resources

- For more information on **Oregon's Medicaid Electronic Health Record (EHR) Incentive Program**, visit www.oregon.gov/oha/hpa/ohit-mehrip/pages/index.aspx or email Medicaid.EHRIncentives@state.or.us.
- For more information on **Coordinated Care Organization (CCO) incentive measures**, visit <u>www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx</u> or email <u>metrics.questions@state.or.us</u>
- For more information on the Merit-Based Incentive Payment System (MIPS), visit <u>app.cms.gov/</u>
- For more information on CMS's requirements for **Comprehensive Primary Care Plus (CPC+)**, visit <u>innovation.cms.gov/initiatives/comprehensive-primary-care-plus</u>
- For more information on Oregon's **Clinical Quality Metrics Registry (CQMR)**, visit www.oregon.gov/oha/HPA/OHIT/Pages/CQMR.aspx or email Oregon.CQMR@dhsoha.state.or.us

This document will continue to be updated. Find the latest version on the CQMR Resources page: <u>www.oregon.gov/oha/HPA/OHIT/Pages/CQMR-FAQs-and-Resources.aspx</u>

Last updated January 2, 2020

2020 eCQM Measure Set Alignment



Crosswalk of specific EHR-sourced CCO incentive measures

CCO measures – EHR-sourced	Alcohol and Drug Misuse (SBIRT)	Cigarette Smoking Prevalence	Depression Screening & Follow- up (CMS2)	Diabetes HbA1c Poor Control (CMS122)	Controlling High Blood Pressure (CMS165) – no longer incentivized, but reported per Medicaid waiver	Weight Assessment & Counseling for Children & Adolescents (CMS155) – not incentivized but still reported for a minimum of one year
MIPS			Х	Х	X	X
Medicaid EHR Incentive Program			х	х	х	x
CPC+				Х	Х	

Quality Reporting Parameters for performance in calendar year 2020

	Medicaid EHR Incentive	CCO Incentive	Merit-based Incentive	Comprehensive
	Program (aka	<u>Measures</u>	Payment System (MIPS)	Primary Care Plus
	Meaningful Use)		Quality Category	(CPC+)
Who reports	 Eligible professionals (EPs) Physicians (MD, DO) Nurse Practitioners (NP), NP Nurse- Midwives Dentists Physician Assistants in certain settings Pediatric Optometrists Naturopathic Physicians 	Key practices identified by each CCO in its annual Data Proposal	 MIPS eligible clinicians – consult <u>CMS look-up tool</u> Physicians Osteopathic practitioners Chiropractors Physician assistants Nurse practitioners Clinical nurse specialists Certified registered nurse anesthetists Physical therapists Occupational therapists Clinical psychologists Qualified speech- language pathologists Registered dietitians or 	Primary care practices participating in the CPC+ model
What	6 eCQMs from a <u>menu</u> of 47, including at least 1 outcome/ high-priority measure	6 EHR-based <u>quality</u> <u>measures</u> <i>Note:</i> 2 measures no longer incentivized – see previous page	nutrition professionals 6 measures from <u>menu of</u> <u>218</u> , including at least 1 outcome/ high-priority measure, <i>or</i> specialty or group reporting	2 eCQMs (also 1 survey and 2 claims-based utilization measures)
Report level	Individual provider (EP)	Organization, practice, or individual provider	Individual provider, group, or virtual group	Practice
Aggregation of eCQMs	Aggregated (reporting totals for numerator, denominator, etc.)	Aggregated + some patient-level data (QRDA I)	Aggregated	Aggregated
Payer mix	All payers	Medicaid-only preferred; aggregated all payers accepted	All payers	All payers
Reporting period	Minimum continuous 90 days; may report full calendar year	Calendar year (unless an exception is requested and approved)	Calendar year	Calendar year
Deadline	March 31, 2021	April 1, 2021	March 31, 2021	Feb 28, 2021
How	To OHA in <u>CQMR</u> <i>Note:</i> Attestations in MAPIR; eCQMs in CQMR	To OHA in <u>CQMR</u>	To CMS by <u>various methods</u> One option is third-party intermediary, including <i>Qualified Registry*</i>	To CMS as QRDA 3 file to QPP portal. Option to use Qualified Registry*
Version(s) of measures	Current year or earlier version	Current year only	Current year only	Current year only

* Oregon's CQMR vendor is Velatura, a subsidiary of MiHIN, which is a *Qualified Registry*.