Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
(3) Improvement Activities Performance Category (p.821-834)		
(b)Definition of rural area (p. 821-823)	*Modify the definition of rural area at § 414.1305 to mean a ZIP code designated as rural by the Federal Office of Rural Health Policy (FORHP), using the most recent FORHP Eligible ZIP Code file available.*	N/A
(c) Reference to four accreditation organizations to recognized as patient-center medical home and to remove the reference to the specific accrediting organization for comparable specialty practices (p. 823-824)	*CMS requests comments on proposal to update § 414.1380(b)(3)(ii)(A) and (C) to remove specific entity names*	Organizations with accreditations as patient-centered medical homes will potentially have additional choices of accrediting bodies to select from
(d) Increase the group reporting threshold to 50 percent (p. 824-828)	*(a) Increasing the group reporting threshold from at least one clinician to at least 50 percent of the group beginning with the 2020 performance year, and (b) at least 50 percent of a group's National Provider Identifiers (NPIs) must perform the same activity for the same continuous 90 days in the performance period beginning with the 2020 performance year…. each TIN would need to submit an attestation for each improvement activity selected that at least 50 percent of its NPIs performed the same activity for the same continuous 90 days in the performance period.*	Does not impact eligible clinicians participating in an APM

Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
(e) (i) Establish factors to consider for removal of improvement activities from the Inventory (p. 829-831)	*CMS is proposing to adopt the following factors for consideration when proposing the removal of an improvement activity:* • *Factor 1: Activity is duplicative of another activity;* • *Factor 2: There is an alternative activity with a stronger relationship to quality care or improvements in clinical practice;* • *Factor 3: Activity does not align with current clinical guidelines or practice;* • *Factor 4: Activity does not align with at least one meaningful measures area;* • *Factor 5: Activity does not align with the quality, cost, or Promoting Interoperability performance categories;* • *Factor 6: There have been no attestations of the activity for 3 consecutive years; or* • *Factor 7: Activity is obsolete.* *…. these removal factors are considerations taken into account when deciding whether or not to remove improvement activities; but they are not firm requirements*	Practices reporting measures that are removed
(e) (ii) Remove 15, modify seven, and add two new improvement activities for the 2020 performance period and future years (p. 831-833) Also see Appendix 2 (p. 1690-1704)	New – *Drug Cost Transparency* *MIPS eligible clinicians must attest that their practice provides counseling to patients and/or their caregivers about the costs of drugs and the patients' out-of-pocket costs for the drugs. If appropriate, the clinician must also explore with their patients*	

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	the availability of alternative drugs and patients' eligibility for patient assistance programs that provide free medications to people who cannot afford to buy their medicine. Subcategory – Beneficiary Engagement Weight -- High	
	New – *Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes.* *a MIPS-eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period.* Subcategory – Care Coordination Weight -- High	
IA_PSPA_28 Completion of an Accredited Safety or Quality Improvement Program	Change – Added *An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).*	Practices reporting this measure
IA_PM_2 Anticoagulant Management Improvements	Change – Added wording to incorporate IA_PM1 Participation in Systematic Anticoagulation Program	Practices reporting this measure

Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	Changed wording to remove practice participation percentages in anticipation of the change to the group reporting threshold to 50%	
IA_EPA_4 Additional improvements in access as a result of QIN/QIO TA	Change – Added wording to incorporate IA_CC_3	Practices reporting this measure
IA_PSPA_19 Implementation of formal quality improvement methods, practice changes, or other practice improvement processes	Change -- Implementation of additional activity as a result of TA for improving care coordination	Practices reporting this measure
IA_BE_7 Participation in a QCDR, that promotes use of patient engagement tools.	Change – Added wording to incorporate: • IA_BE_11 Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan • IA_BE_2 Use of QCDR to support clinical decision making • IA_BE_9 Use of QCDR patient experience data to inform and advance • IA_BE_10 Participation in a QCDR, that promotes implementation of patient self-action plans.	Practices reporting this measure
IA_PSPA_7	Change -- Added wording to incorporate:	Practices reporting this measure

Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
Use of QCDR data for ongoing practice assessment and improvements	• IA_CC_6 Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination • IA_AHE_4 Leveraging a QCDR for use of standard questionnaires • IA_AHE_2 Leveraging a QCDR to standardize processes for screening • IA_PM_10 Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	
IA_BMH_10 Completion of Collaborative Care Management Training Program	Change – Removing reference to the CMS TCPI training because it is ending on 09/28/19 and replacing the reference to encompass any training available to the public.	Practices reporting this measure
IA_PM_1 Participation in Systematic Anticoagulation Program	Remove -- *Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program) for 60 percent of practice patients in the transition year and 75 percent of practice patients in Quality Payment Program Year 2 and future years, who receive anti-coagulation medications (warfarin or other coagulation cascade inhibitors).* Rationale -- CMS is proposing to remove this activity under proposed removal factor 1, improvement activity is “duplicative.” CMS believes it is duplicative, because it is similar	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	to, but only represents a partial component of IA_PM_2. CMS is proposing to consolidate the unique language from IA_PM_1 into IA_PM_2 per the proposed change in Table B. The proposed revised IA_PM_2 adds additional detail from IA_PM_1. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_PM_2 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	
IA_CC_3 Implementation of additional activity as a result of TA for improving care coordination	Remove -- *Implementation of at least one additional recommended activity from the Quality Innovation Network-Quality Improvement Organization after technical assistance has been provided related to improving care coordination.* Rationale -- CMS is proposing to remove IA_CC_3 under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_EPA_4. CMS is proposing to consolidate the unique language from IA_CC_3 into IA_EPA_4 per the proposed change in Table B. The proposed modified language to IA_EPA_4 adds the outcome of "improve care coordination" from the proposed removed activity to make IA_EPA_4 more robust.	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	CMS note that this proposed removal is made in conjunction with our proposal to change IA_EPA_4 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule. Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	
IA_PSPA_14 Participation in Quality Improvement Initiatives	Remove -- *Participation in other quality improvement programs such as Bridges to Excellence or* *American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.* Rationale -- CMS is proposing to remove this IA_PSPA_14 under proposed removal factor, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of the activities included in IA_PSPA_19. CMS is proposing to consolidate the unique language in IA_PSPA_14 with IA_PSPA_19 per the proposed change in Table B. The proposed modified language to IA_PSPA_19 adds the examples "Bridges to Excellence" and "American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program" as additional actions that an eligible clinician or group can take to participate in a quality improvement	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	program. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_PSPA_19 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	
IA_PSPA_5 Annual Registration in the Prescription Drug Monitoring Program	Remove -- *Annual registration by eligible clinician or group in the prescription drug monitoring* *program of the state where they practice. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6* *months.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar in content but less robust than the currently adopted IA_PSPA_6. IA_PSPA_6 requires consultation of and specific thresholds of use for a prescription drug monitoring program instead of simply registering in a prescription drug monitoring program as described in IA_PSPA_5. Because of this, CMS believes IA_PSPA_6 already captures the essence of IA_PSPA_5 and would directly fall into that improvement activity. *CMS notes that this proposed removal is made in conjunction with our proposal to adopt removal*	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	factors in section III.K.3c.(3) of this proposed rule. Therefore, this proposed removal is contingent upon finalization of this referenced proposal.	
IA_PSPA_24 Initiate CDC Training on Antibiotic Stewardship	*Remove -- Completion of greater than 50 percent of the modules of the Centers for Disease Control and Prevention antibiotic stewardship course. Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is less robust than IA_PSPA_23. IA_PSPA_23 requires completion of all modules of a Centers for Disease Control and Prevention antibiotic stewardship course, instead of 50 percent of modules of a Centers for Disease Control and Prevention antibiotic stewardship course. Because of this, CMS believes IA_PSPA_23 already captures the essence of IA_PSPA_24 and would directly fall into that improvement activity. *CMS notes that this proposed removal is made in conjunction with our proposal to adopt removal factors in section*	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	III.K.3.c.(3) of this proposed rule. Therefore, this proposed removal is contingent upon finalization of this referenced proposal.	
IA_BMH_3 Unhealthy alcohol use	Remove -- *Unhealthy alcohol use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including screening and brief counseling (refer to NQF #2152) for patients with co-occurring conditions of behavioral or mental health conditions.* Rationale -- CMS propose to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to the currently adopted IA_BMH_9. CMS believes IA_BMH_9 is more robust because it requires a threshold of patients for which this unhealthy alcohol use screening must be completed, whereas IA_BMH_3 simply requires engagement, screening and counseling without such a threshold. Because of this, CMS believes IA_BMH_9 already captures the essence of IA_BMH_3 and would directly fall into that improvement activity. *CMS notes that this proposed removal is made in conjunction with our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of this referenced proposal.	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
IA_BE_11 Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan	Remove -- *Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_BE_7. In Table B, CMS is proposing changes to IA_BE_7 that add "…the use of processes and tools that engage patients for adherence to treatment plan" to make IA_BE_7 more robust and offer an additional example. Because of this, CMS believes the proposed changes to IA_BE_7 would capture the essence of IA_BE_11. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_BE_7 in Table B, as well as our proposal to adopt removal* *factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	Practices reporting this measure
IA_BE_2 Use of QCDR to support clinical decision making	Remove -- *Participation in a QCDR, demonstrating performance of activities that promote implementation of shared clinical decision-making capabilities.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_BE_7. In Table B, CMS is proposing changes to IA_BE_7 that add "activities that promote implementation of shared clinical decision-making capabilities" to make IA_BE_7 more robust and offer an additional example. Because of this, CMS believes the proposed changes to IA_BE_7 would capture the essence of IA_BE_2. CMS note that this proposed removal is made in conjunction with our proposal to change IA_BE_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule. Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	
IA_BE_9 Use of QCDR patient experience data to inform and advance improvements in beneficiary	Remove -- *Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_BE_7. In Table B, CMS is proposing changes to IA_BE_7 that add "use of QCDR patient experience data to inform and advance improvements in beneficiary engagement" to make IA_BE_7 more robust and offer an additional example. Because of this, CMS believes the	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	proposed changes to IA_BE_7 would capture the essence of IA_BE_9. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_BE_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	
IA_BE_10 Participation in a QCDR, that promotes implementation of patient self-action plans.	Remove -- *Participation in a QCDR, that promotes implementation of patient self-action plans.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_BE_7. In Table B, CMS is proposing changes to IA_BE_7 to add "[activities that] promote implementation of patient self-action plans" to make IA_BE_7 more robust and offer an additional example. Because of this, CMS believe the proposed changes to IA_BE_7 would capture the essence of IA_BE_10. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_BE_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	Practices reporting this measure

Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
IA_CC_6 Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	Remove -- *Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (for example, documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_PSPA_7. In Table B, CMS is proposing changes to IA_PSPA_7 to add "performance of activities that promote use of standard practices, tools and processes for quality improvement (for example, documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups);" to make IA_PSPA_7 more robust and offer additional examples. Because of this, CMS believes the proposed changes to IA_PSPA_7 would capture the essence of IA_CC_6. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_PSPA_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	Practices reporting this measure

Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
IA_AHE_4 Leveraging a QCDR for use of standard questionnaires	*Remove -- Participation in a QCDR, demonstrating performance of activities for use of standard questionnaires for assessing improvements in health disparities related to functional health status (for example, use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment).* Rationale -- CMS propose to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_PSPA_7. In Table B, CMS is proposing changes to IA_PSPA_7 to add "use of standard questionnaires for assessing improvements in health disparities related to functional health status (for example, use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment);" to make IA_PSPA_7 more robust and offer additional examples. Because of this, CMS believes the proposed changes to IA_PSPA_7 would capture the essence of IA_AHE_4. *CMS note that this proposed removal is made in conjunction with our proposal to change IA_PSPA_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
IA_AHE_2 Leveraging a QCDR to standardize processes for screening	Remove -- *Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_PSPA_7. In Table B, CMS is proposing changes to IA_PSPA_7 to add "use of standardized processes for screening for social determinants of health such as food security, employment and housing…use of supporting tools that can be incorporated into the certified EHR technology" to make IA_PSPA_7 more robust and offer additional examples. Because of this, CMS believes the proposed changes to IA_PSPA_7 would capture the essence of IA_AHE_2. *CMS note that this proposed removal is made in conjunction with our proposal to change IA_PSPA_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule*. Therefore, this proposed removal is contingent upon finalization of both referenced proposals.	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
IA_PM_10 Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	Remove -- *Participation in a QCDR, clinical data registries, or other registries run by other government agencies such as FDA, or private entities such as a hospital or medical or surgical society. Activity must include use of QCDR data for quality improvement (for example, comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcome).* Rationale -- CMS proposes to remove this activity under proposed removal factor 1, improvement activity is "duplicative." CMS believes it is duplicative, because it is similar to, but only represents a partial component of IA_PSPA_7. In Table B, CMS is proposing changes to IA_PSPA_7 to add "use of QCDR data for quality improvement such as comparative analysis reports across patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcomes to make IA_PSPA_7 more robust and offer additional examples. Because of this, CMS believes the proposed changes to IA_PSPA_7 would capture the essence of IA_PM_10. *CMS notes that this proposed removal is made in conjunction with our proposal to change IA_PSPA_7 in Table B, as well as our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon	Practices reporting this measure

Improvement Activities		
Provision	**CMS Proposal**	**Population(s) affected**
	finalization of both referenced proposals.	
IA_CC_4 TCPI Participation	Remove -- *Participation in CMS Transforming Clinical Practice Initiative* Rationale -- CMS proposes to remove this activity under proposed removal factor 7, improvement activity is obsolete. The Transforming Clinical Practice Initiative is ending on September 28, 2019 and therefore, clinicians will no longer be able to attest to this improvement activity after that date. *CMS notes that this proposed removal is made in conjunction with our proposal to adopt removal factors in section III.K.3.c.(3) of this proposed rule.* Therefore, this proposed removal is contingent upon finalization of this proposal.	Practices reporting this measure
(f) Conclude and remove the CMS Study on Factors Associated with Quality measures (p. 833-834)	*CMS is proposing to end this study and concurrently, remove the incentive under the improvement activity performance category that this study provided for study participants.*	Will remove incentive payments for practices participating in the study

Removed Measure	Migrated To Measure	Notes
IA_PM_1 Participation in Systematic Anticoagulation Program	IA_PM_2 Anticoagulant Management Improvements	Modifications to IA_PM_2 proposed
IA_CC_3 Implementation of additional activity as a result of TA for improving care coordination	IA_EPA_4 Additional improvements in access as a result of QIN/QIO TA	Modifications to IA_EPA_4 proposed
IA_PSPA_14 Participation in Quality Improvement Initiatives	IA_PSPA_19 Implementation of formal quality improvement methods, practice changes, or other practice improvement processes	Modifications to IA_PSPA_19 proposed
IA_PSPA_5 Annual Registration in the Prescription Drug Monitoring Program	IA_PSPA_6 Consultation of the Prescription Drug Monitoring Program	No changes to IA_PSPA_6
IA_PSPA_24 Initiate CDC Training on Antibiotic Stewardship	IA_PSPA_23 Completion of CDC Training on Antibiotic Stewardship	No changes to IA_PSPA_23
IA_BMH_3 Unhealthy alcohol use	IA_BMH_9 Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients	No changes to IA_BMH_9

Removed Measure	Migrated To Measure	Notes
IA_BE_11 Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan	IA_BE_7 Participation in a QCDR, that promotes use of patient engagement tools.	Modifications to IA_BE_11 proposed
IA_BE_2 Use of QCDR to support clinical decision making	IA_BE_7 Participation in a QCDR, that promotes use of patient engagement tools.	Modifications to IA_BE_7 proposed
IA_BE_9 Use of QCDR patient experience data to inform and advance improvements in beneficiary	IA_BE_7 Participation in a QCDR, that promotes use of patient engagement tools.	Modifications to IA_BE_7 proposed
IA_BE_10 Participation in a QCDR, that promotes implementation of patient self-action plans.	IA_BE_7 Participation in a QCDR, that promotes use of patient engagement tools.	Modifications to IA_BE_7 proposed
IA_CC_6 Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	IA_PSPA_7 Use of QCDR data for ongoing practice assessment and improvements	Modifications to IA_PSPA_7 proposed
IA_AHE_4 Leveraging a QCDR for use of standard questionnaires	IA_PSPA_7 Use of QCDR data for ongoing practice assessment and improvements	Modifications to IA_PSPA_7 proposed
IA_AHE_2 Leveraging a QCDR to standardize processes for screening	IA_PSPA_7 Use of QCDR data for ongoing practice assessment and improvements	Modifications to IA_PSPA_7 proposed

Removed Measure	Migrated To Measure	Notes
IA_PM_10 Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	IA_PSPA_7 Use of QCDR data for ongoing practice assessment and improvements	Modifications to IA_PSPA_7 proposed
IA_CC_4 TCPI Participation	Removed as obsolete because the Transforming Clinical Practices Initiative will end on September 28, 2019	

Summary of PCPI Comments for Select Provisions of the Proposed Rule for the Medicare Program; CY 2020 Updates to the Quality Payment Program (CMS–1715–P)

For internal and member distribution only. All page references in this document are from the long-form PDF document, not the official Federal Register Version

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
IA_PSPA_28 **Completion of an Accredited Safety or Quality Improvement Program** Completion of an ~~Accredited Safety or Quality Improvement Program~~ ~~Completion of an~~ accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria: • The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity; • The activity must have specific, measurable aim(s) for improvement; • The activity must include interventions intended to result in improvement;	**IA_PSPA_28** **Completion of an Accredited Safety or Quality Improvement Program** Completion of an accredited performance improvement continuing medical education (CME) program that addresses performance or quality improvement according to the following criteria: • The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity; • The activity must have specific, measurable aim(s) for improvement; • The activity must include interventions intended to result in improvement; • The activity must include data collection and analysis of performance data to assess the impact of the interventions; and • The accredited program must define meaningful clinician participation in their	Addition of "An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain)" as an example of an accredited continuing medical education (CME) program that could meet this improvement activity. Due to the importance of safe prescribing to prevent opioid misuse and opioid use disorder, CME programs related to opioid analgesic REMS may be especially useful to MIPS eligible clinicians in their attempts to prevent opioid misuse among their patients and combat the opioid epidemic.

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
• The activity must include data collection and analysis of performance data to assess the impact of the interventions; and • The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.	activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information. An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).	
IA_PM_2 **Anticoagulant Management Improvements** Individual MIPS eligible clinicians and groups who prescribe oral Vitamin K antagonist therapy ~~(warfarin)~~ must attest that, ~~for 60 percent of practice patients in the transition year and~~ 75 percent of ~~practice patients in Quality Payment Program Year 2 and future years, their ambulatory care patients receiving warfarin~~ are being managed by one or more of the following improvement activities:	**IA_PM_2** **Anticoagulant Management Improvements** Individual MIPS eligible clinicians and groups who prescribe anti-coagulation medications (including, but not limited to oral Vitamin K antagonist therapy, including warfarin or other coagulation cascade inhibitors) must attest that for 75 percent of their ambulatory care patients receiving these medications are being managed with support from one or more of the following improvement activities:	Addition of “anti-coagulation medications (oral Vitamin K antagonist therapy, including warfarin or other coagulation cascade inhibitors)”; and “Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program).” This language was consolidated from IA_PM_1, proposed for removal in Table C. CMS believes IA_PM_1 is duplicative in content to, but less robust than IA_PM_2, with overall fewer examples of actions that can be undertaken to satisfy the intent of the

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
• Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions; • Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; • For rural or remote patients, patients are managed using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up; and	• Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program); • Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions; • Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; • For rural or remote patients, patients are managed using remote monitoring or	improvement activity. However, IA_PM_1 contained more detail about the type of anti-coagulation medication that could be prescribed to satisfy this activity and an additional example of an action that can be undertaken to satisfy the intent of IA_PM_2, participation in systematic anticoagulation program; so these elements of IA_PM_IA were added to IA_PM_2. Removal of ", for 60 percent of practice patients in the transition year … in Quality Payment Program Year 2 and future years". These time references to transition year and Quality Payment Program Year 2 are now irrelevant because they are in the past. CMS note that this proposed change is made in conjunction with and is contingent upon finalization of our proposal to remove IA_PM_1 as discussed in Table C.

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
patient communication of results and dosing decisions; and/or • For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program.	telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; or • For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM)	
IA_EPA_4 **Additional improvements in access as a result of QIN/QIO TA** As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services (for example, investment of on-site diabetes educator).	**IA_EPA_4** **Additional improvements in access as a result of QIN/QIO TA** As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services or improve care coordination (for example, investment of on-site diabetes educator).	Addition of "or improve care coordination". CMS is proposing to consolidate this language from activity IA_CC_3, which is being proposed for removal in Table C. IA_CC_3 is duplicative to IA_EPA_4 in content related to Quality Innovation Network-Quality Improvement Organization technical assistance, but referred to improving care coordination. CMS believes the Quality Innovation Network-Quality Improvement Organization technical assistance can support both access to services and

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
		care coordination1 and, furthermore, that care coordination and access to services are inherently related and can logically be combined into one improvement activity. CMS note that this proposed change is made in conjunction with and is contingent upon finalization of our proposal to remove IA_CC_3 as discussed in Table C.
IA_PSPA_19 **Implementation of formal quality improvement methods, practice changes, or other practice improvement processes** Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following such as: • Multi-Source Feedback; • Train all staff in quality improvement methods; • Integrate practice change/quality improvement into staff duties; • Engage all staff in identifying and testing practices changes;	**IA_PSPA_19** **Implementation of formal quality improvement methods, practice changes, or other practice improvement processes** Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following, such as: • Participation in multisource feedback; • Train all staff in quality improvement methods; • Integrate practice change/quality improvement into staff duties; • Engage all staff in identifying and testing practices changes;	Addition of “Bridges to Excellence or American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program”. This language was added to consolidate it from IA_PSPA_14 proposed for removal in Table B. CMS believes IA_PSPA_14 is duplicative in content, but less robust than IA_PSPA_19 related to adopting a model for quality improvement. However, IA_PSPA_14 contains a unique relevant example that CMS wish to preserve under IA_PSPA_19. CMS note that this proposed change is made in conjunction with and is contingent upon finalization of our proposal to remove IA_PSPA_14 as discussed in Table C.

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
• Designate regular team meetings to review data and plan improvement cycles; • Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; ~~and/or~~ • Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data.	• Designate regular team meetings to review data and plan improvement cycles; • Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; • Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data; • Participation in Bridges to Excellence;3 • Participation in American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.	
IA_BE_7 **Participation in a QCDR, that promotes use of patient engagement tools.** Participation in a QCDR, that promotes use of patient engagement tools.	**IA_BE_7** **Participation in a QCDR, that promotes use of patient engagement tools.** Participation in a Qualified Clinical Data Registry (QCDR), that promotes patient engagement, including:	CMS is proposing the addition of activity description language from four other improvement activities related to participation in QCDR; IA_BE_11. Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan; IA_BE_2 Use of

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
	• Use of processes and tools that engage patients for adherence to treatment plans; • Implementation of patient self-action plans; • Implementation of shared clinical decision-making capabilities; or • Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.	QCDR to support clinical decision making; IA_BE_9 Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement; and IA_BE_10 Participation in a QCDR, that promotes implementation of patient self-action plans. The activity description will include the current (IA_BE_7) activity description with the addition of "Participation in a Qualified Clinical Data Registry and"…, including: • "The use of processes and tools that engage patients for adherence to treatment plans" (from IA_BE_11); • "Activities that promote implementation of shared clinical decision making capabilities" (from IA_BE_2); • "Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement" (from IA_BE_9); • "Activities that promote implementation of patient self-action plans" (from IA_BE_10). This language was added to consolidate activity description language from

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
		improvement activities being proposed for removal in Table C (IA_BE_11, IA_BE_2, IA_BE_9, and IA_BE_10). The activities CMS propose to remove are duplicative to IA_BE_7. CMS is also proposing to remove the language "use of…tools" to better capture the content of the consolidated improvement activity regarding promoting patient engagement more broadly. CMS note that this proposed change is made in conjunction with and is contingent up on finalization of our proposals to remove IA_BE_11, IA_BE_2, IA_BE_9, and IA_BE_10 as discussed in Table C.
IA_PSPA_7 **Use of QCDR data for ongoing practice assessment and improvements** Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	**IA_PSPA_7** **Use of QCDR data for ongoing practice assessment and improvements** Participation in a Qualified Clinical Data Registry (QCDR) and use of QCDR data for ongoing practice assessment and improvements in patient safety, including: • Performance of activities that promote use of standard practices, tools and processes for	CMS is proposing the addition of activity description language from four other improvement activities related to participation in QCDR; IA_CC_6 Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination; IA_AHE_4 Leveraging a QCDR for use of standard questionnaires; IA_AHE_2

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
	quality improvement (for example, documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups); • Use of standard questionnaires for assessing improvements in health disparities related to functional health status (for example, use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment; • Use of standardized processes for screening for social determinants of health such as food security, employment, and housing; • Use of supporting QCDR modules that can be incorporated into the certified HER technology; or • Use of QCDR data for quality improvement such as comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcomes.	Leveraging a QCDR to standardize processes for screening; and IA_PM_10 Use of QCDR data for quality improvement such as comparative analysis reports across patient populations. The activity description will include the current (IA_PSPA_7) activity description with the addition of "Participation in a Qualified Clinical Data Registry and"… including: • "Performance of activities that promote use of standard practices, tools and processes for quality improvement (for example, documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups)" (from IA_CC_6); • "Use of standard questionnaires for assessing improvements in health disparities related to functional health status (for example, use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment)" (from IA_AHE_4); • "Use of standardized processes for screening for social determinants of health

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
		such as food security, employment and housing" from (from IA_AHE_2); • "Use of supporting QCDR modules that can be incorporated into the certified HER technology" (This language adapted from IA_AHE_2 and updated to replace "tools" with "QCDR modules" to add additional specificity to the action that can be taken in the QCDR to promote ongoing practice assessment and patient safety.); or • "Use of QCDR data for quality improvement (such as) comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcomes" (from IA_PM_10). This language was added to consolidate improvement activity description language from activities (IA_CC_6, IA_AHE_4, IA_AHE_2, and IA_PM_10) proposed for removal in Table C. The activities CMS propose to remove are duplicative to IA_PSPA_7.

Side by Side Comparison of Changed Measures		
Original Measure	**Proposed Measure**	**Rationale**
		CMS note that this proposed change is made in conjunction with and is contingent upon finalization of our proposals to remove IA_CC_6, IA_AHE_4, IA_AHE_2, and IA_PM_10 as discussed in Table C.
IA_BMH_10 **Completion of Collaborative Care Management Training Program** To receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychiatric Association (APA) Collaborative Care Model training program available ~~as part of the Centers for Medicare & Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI), available to the public,~~ in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.	**IA_BMH_10** **Completion of Collaborative Care Management Training Program** To receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychiatric Association (APA) Collaborative Care Model training program available to the public, in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.	CMS is proposing to remove reference of the CMS Transforming Clinical Practice Initiative (TCPI) in the activity description. This initiative is ending on September 28, 2019,9 and therefore, will no longer be applicable to this improvement activity description after said date. The example training program referenced, the APA Collaborative Care Model, continues to be available to the public. The revised activity description only proposes to remove reference to TCPI.