



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)

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Provision	CMS Proposal	Population(s) affected
Removal of PCPI Influenza Immunization Measure	CMS is proposing to remove the PCPI Influenza Immunization measure to replace it with a not yet specified or tested Adult Immunization Status composite measure that was not recommended by the MAP for the QPP program.	All providers who currently report on the measure. The measure is included in multiple specialty measure sets.
Data Completeness Threshold	CMS is proposing to increase the data completeness threshold to 70% (from 60%) for the 2020 reporting period (meaning MIPS eligible clinicians and groups submitting quality measure data on QCDR measures, MIPS CQMs, and eCQMs must submit data on at least 70% of the MIPS eligible clinician or group’s patients that meet the denominator criteria, regardless of payer)	All MIPS eligible clinicians and groups
Topped Out Measures	Seeking comment on potentially increasing the data completeness threshold for extremely topped out measures (average mean performance within the 98 th -100 th percentile) that are retained in the program due to limited availability of measures for a specialty. Also seeking comment on other potential solutions for topped out measures.	MIPS eligible clinicians and groups that belong to the specialties that commonly have extremely topped out measures (e.g., pathology, which was used as an example in this section of the rule).
Removal of Quality Measures	CMS is proposing to remove quality measures that have not met case minimum and reporting volumes for two consecutive performance periods as low reported measures signal that the measure concept is not meaningful to clinicians.	MIPS eligible clinicians and groups that may be reporting on these measure(s); societies that are stewards of these measures



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	Seeking feedback on what factors should be considered in delaying the removal of measures.	
Linking Quality Measures to Improvement Activities	CMS is proposing to require measure stewards to link quality measures to improvement activities.	Measure stewards with measures in the program.
Potential Opioid Overuse Measure	<p>While initial testing of this measure determined it was feasible, valid, and reliable, CMS has received feedback from vendors that the associated electronic specifications are burdensome and are concerned with feasibility. CMS is seeking feedback on some specific questions:</p> <ul style="list-style-type: none"> • Would you select this measure for your QI initiatives and why/why not? • Would you implement this measure in its current state and why/why not? • How can the usability of this measure be improved? • Are there workflow, mapping, or other implementation factors to consider related to the required medication data elements needed to perform the MME calculation in the measure? <p>Link to the measure in CMIT: https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=5573#tab1</p>	All eligible clinicians potentially interested in the measure; vendors who would have to implement the measure within systems.



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	<p>Link to public comment document for the measure: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Electronic-Clinical-Quality-Measure-eCQM-Development-and-Maintenance-for-Eligible-Professionals-EP-eCQM-%E2%80%9393-Potential-Opioid-Overuse-Summary-Report.pdf</p>	
Use of Administrative Claims Measures	CMS is proposing to use add an administrative claims measure (All Cause Unplanned Admission for Patients with Multiple Chronic Conditions) starting with the 2021 performance period, in order to move toward population health -based measures and to reduce reporting burden for clinicians.	All eligible clinicians and groups participation in the program.
Aligning MIPS Quality Measure Cycle with eCQM Annual Update Process	CMS is seeking comment on aligning the MIPS quality measure annual update process with the eCQM update process. This means MIPS measure updates would need to be provided earlier in the year.	Measure stewards that have measures in the program.
Removal of measures	For the Quality performance category, we propose continuing to remove low-bar, standard of care, process measures, focus on high-priority outcome measures, and add new specialty sets (Speech Language Pathology, Audiology, Clinical Social Work, Chiropractic Medicine, Pulmonology, Nutrition/Dietician, and Endocrinology). For the Cost performance category, we are proposing to add 10 new episode-based measures and revise the current measures – Medicare Spending Per	



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	Beneficiary Clinician measure and Total Per Capita Cost measure. These proposed changes:	
NQF and CDC Opioid Quality Measures	<p>Requesting feedback on three PQA NQF endorsed measures for inclusion under the PI category:</p> <ul style="list-style-type: none"> • NQF #2940: Use of High Dosage Opioids at High Dosage in Persons Without Cancer • NQF #2950: Use of Opioids from Multiple Providers in Persons Without Cancer • NQF #2951: Use of Opioids from Multiple Providers and at High Dosage for in Persons Without Cancer <p>Also seeking feedback on which of the 16 CDC QI measures have potential for inclusion in the PI Category of the program.</p> <p>Link to NQF to review measures: NQF Endorsed Opioid Measures</p>	Eligible clinicians participating in the program.
Requiring QCDRs and Qualified Registries to Support the Three MIPS	CMS is proposing that QCDR and qualified registries support the quality, improvement categories, and promoting interoperability categories for starting with the 2021 performance period.	Organizations that have QCDRs/qualified registries



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Performance Categories		
Additional Criteria for Approval of QCDRs/Qualified Registries	<p>CMS is proposing to add the following criteria to the approval process of QCDRs/Qualified Registries:</p> <ul style="list-style-type: none"> • Require that vendors support reporting for the entire reporting period. • Prior to discontinuing services to MIPS eligible clinicians, groups, or virtual groups that they support transition to an alternate data submission mechanism or other vendor according to a CMS approved transition plan. 	MIPS eligible clinicians, groups, virtual groups, registry stewards/vendors
QCDRs Quality Improvement Services	Starting with the 2023 MIPS payment year, CMS is proposing to require QCDRs to foster services to clinicians and groups to improve the quality of care provided to patients by providing educational services in quality improvement and leading quality improvement initiatives. QCDRs will have to describe the services they provide as part of self-nomination.	Registry stewards/vendors
QCDR Performance Feedback Requirement	Starting with the 2023 MIPS payment period, CMS is proposing to not only require that QCDRs provide feedback to physicians at least 4 times a year, but also provide specific feedback to clinicians on how they compare to other clinicians who have submitted data on a given measure within the QCDR.	Eligible clinicians, Registries
QCDR Measure Requirements	Starting with the 2021 performance period, CMS is proposing the following:	Eligible clinicians, Registries



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	<ul style="list-style-type: none"> • QCDRs to link QCDR measures to cost and improvement activities, and a MVP. • QCDR measures must be fully developed and tested at the time of measure submission. • Require QCDRs to collect data on a measure for 12 months prior to submitting it for self-nomination. 	
Duplicative QCDR Measures	Starting with the 2020 performance period, where multiple, similar QCDR measures exist, measures may be provisionally approved for one year so that QCDRs can address the areas of duplication during that time period.	Eligible clinicians, Registries
Multi-Year QCDR Measure Approvals	CMS is proposing for the 2021 performance period to implement 2-year QCDR measure approvals for QCDR measures.	Eligible clinicians, Registries
MIPS Value Pathways (MVP) Program	CMS is proposing a new framework to align MIPS measures, advancing interoperability and improvement activities beginning in 2021 PY. “The goal is to move away from siloed activities and measures and move towards an aligned set of measure options more relevant to a clinician’s scope of practice that is meaningful to patient care.” The MVP framework would aim to align and connect measures and activities across the Quality, Cost, Promoting Interoperability, and Improvement Activities performance categories of MIPS for different specialties or conditions. A clinician or group would be in one MVP associated with	Eligible clinicians, patients



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	<p>their specialty or with a condition, reporting on the same measures and activities as other clinicians and groups in that MVP. Largely based on administrative claims data for ease of use.</p> <p>and reduce reporting burden by limiting the number of required specialty or condition specific measures so all clinicians or groups reporting on a clinical area would be reporting the same measure set(s). We believe this combination of administrative claims-based measures and specialty/condition specific measures would streamline MIPS reporting, reduce complexity and burden, and improve measurement.</p>	
Performance Threshold	Performance threshold is increasing from 30 points to 45 points in 2020 and 60 points in 2021.	Eligible Clinicians
Cost performance increase to 20% for 2020 (with subsequent increases to 25% in 2021 and 30% in 2022) while quality is being reduced to 40% in 2020 (with	We are proposing these changes to continue aligning the Quality and Cost performance categories to create better value and to gradually work toward equal weighting which is required by law beginning with the sixth year of the program (2022 performance year). Within the same categories we are also refining the measures.	Eligible Clinicians, Registries



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subsequent reductions to 35% in 2021 and 30% in 2022)		
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