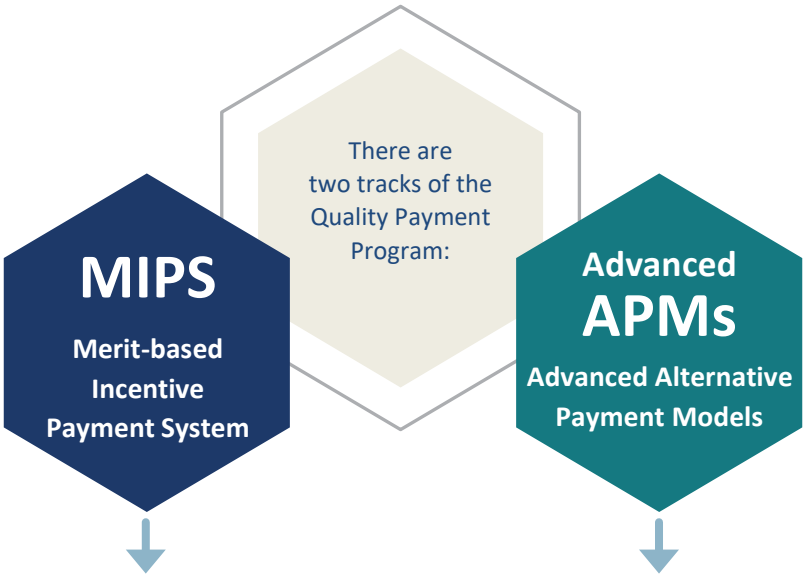
Quality Payment
PROGRAM

2023 Annual Call for Quality Measures Fact Sheet

Quality Payment Program

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

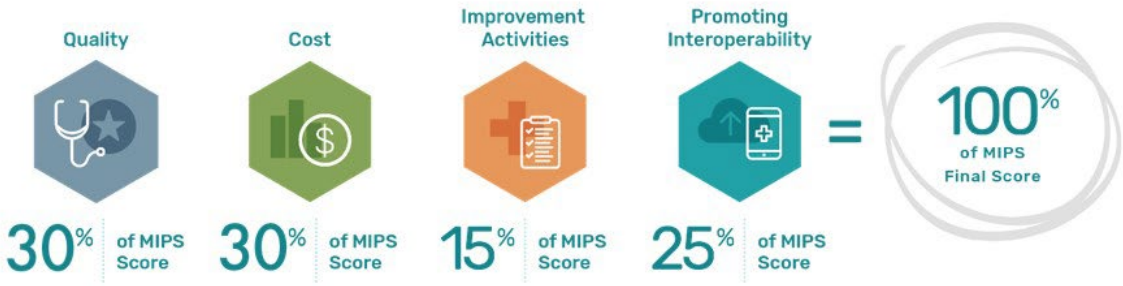


If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

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

Under the Merit-based Incentive Payment System (MIPS), performance is assessed across four performance categories: quality, cost, improvement activities, and Promoting Interoperability. Beginning with the 2023 performance period, MIPS eligible clinicians may choose to report traditional MIPS or MIPS Value Pathways (MVPs). MVPs include a subset of measures and activities that are related to a given specialty or medical condition. MVPs offer reduced reporting requirements, allowing MVP participants to report on a smaller, more cohesive subset of measures and activities (within the measures and activities available for traditional MIPS). The performance categories have different "weights" and the scores from each of the performance categories are added together, resulting in a MIPS Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians is based on the MIPS Final Score.

The following are the performance category weights for the 2023 performance period.



What Is the MIPS Annual Call for Quality Measures?

The Annual Call for Quality Measures is part of the general CMS Annual Call for Measures process, which provides the following interested parties with an opportunity to identify and submit candidate quality measures for consideration in MIPS:

- Clinicians;
- Professional associations and medical societies that represent eligible clinicians;
- Researchers;
- Consumer groups; and
- Other interested parties.

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

- Are not duplicative of an existing or proposed MIPS quality measure.
- Are beyond the measure concept phase of development.
- Are collected by a method beyond Medicare Part B claims reporting.
- Are outcome-based rather than clinical process measures.
- Address patient safety and adverse events. Identify appropriate use of diagnosis and therapeutics.
- Address the domains for care coordination and patient and caregiver experience.
- Address efficiency, cost and utilization of health care resources.
- Address a performance or measurement gap.

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

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

The 2023 Annual Call for Quality Measures is from January 30, 2023 to May 19, 2023. The timeframe for candidate measures to be considered for implementation in MIPS is a two-year process. Only candidate quality measures submitted by 8 p.m. ET on May 19, 2023 will be considered for inclusion on the MIPS Quality Measures List for the 2025 performance period.

Quality Performance Category

What Are MIPS Quality Measures?

MIPS quality measures are tools that help us measure or quantify health care processes, outcomes, and patient perceptions that are associated with the ability to provide high-quality healthcare. MIPS quality measures help link outcomes that relate to one or more of the following CMS quality goals for health care:

- Advance Health Equity;
- Promote Safety;
- Support Digital Transformation;
- Improve Quality and Health Outcomes Across the Care Journey;
- Foster Engagement;
- Incentivize Innovation and Technology to Drive Care Improvements; and
- Increase Alignment Across CMS Programs.

What Is the MIPS Quality Measures Submission Process?

For the 2023 Annual Call for Quality Measures, interested parties have an opportunity to submit candidate quality measure specifications and all supporting data files to CMS using the CMS MUC Entry/Review Information Tool (MERIT). The timeframe to submit measures for the 2023 Annual Call for Quality Measures is from January 30, 2023 to May 19, 2023. Please refer to the MERIT Submitter's Quick Start Guide (PDF) to provide guidance on using the tool.

Section 101(c)(1) of the MACRA requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in MIPS. The Peer-Reviewed Journal Article Requirement template provided by CMS, must accompany each measure submission. Please see the Peer-Reviewed Journal Article Requirement template for additional information provided on the CMS Pre-Rulemaking website.

For cases in which submitted candidate quality measures aren't included on the MUC List, CMS will notify the interested party's point of contact regarding such status. The notice will outline the reasons why the measure is not recommended for the MUC List. If it is recommended that the measure be revised and resubmitted, the interested party can resubmit the measure during a subsequent Annual Call for Quality Measures cycle.

Pre-Rulemaking Process: How Does CMS Select Quality Measures?

CMS completes a comprehensive review of the candidate quality measures for consideration of inclusion on the MUC List. The Consensus-Based Entity (CBE) (e.g., National Quality Forum (NQF)) convenes multi-stakeholders to review measures on the MUC List. Generally, the review of measures on the MUC List occurs in December and January, in which the multi-stakeholders convened by the CBE provide input on measures being considered for use in public reporting and performance-based programs. The multi-stakeholders convened by the CBE review of the measures under consideration to determine whether they are applicable to clinicians, feasible, scientifically acceptable, reliable, and valid at the level of implementation. In establishing the MIPS Quality Measure List, CMS takes into consideration the feedback from the multi-stakeholders convened by the CBE in selecting measures to propose for use in a Medicare program in an applicable Physician Fee Schedule (PFS) notice of proposed rulemaking in the Federal Register.

CMS uses the Meaningful Measures 2.0 Framework, which identifies the highest priorities for quality measurement and improvement. The Meaningful Measures 2.0 Framework also represents an approach to MIPS quality measures which will reduce the collection and reporting burden, while producing quality measurement focused on meaningful outcomes important to patients. It serves as a guide as CMS evaluates each measure for inclusion on the MUC List to ensure that the selection of measures pursues and aligns with the agency's priorities.

The current measures in MIPS under the quality performance category focus on the following 8 Meaningful Measures 2.0 Framework Domains:

- Equity;
- Person - Centered Care;
- Safety;
- Affordability and Efficiency;
- Chronic Conditions;
- Wellness and Prevention;
- Seamless Care Coordination; and
- Behavioral Health.

The measure-related information submitted by interested parties during the Annual Call for Quality Measures is used by CMS to select fully developed measures that are:

- Applicable to MIPS and to the clinical scope of the clinicians intended to report the measure;
- Feasible;
- Scientifically acceptable;
- Reliable and valid at the level of implementation;* and
- Unique in comparison to existing measures for notice and comment rulemaking.

Candidate quality measures included on the 2023 Measures Under Consideration (MUC) List that are finalized through rulemaking for the 2025 performance period would be included in the MIPS Quality Measures List for the quality performance category. The MIPS Quality Measures List will also be posted in the QPP Resource Library prior to the start of the performance period.

***NOTE:** MIPS requires measure testing at the individual clinician level (and may also need to be tested at the group level) for MIPS Clinical Quality Measure (CQM) and Electronic Clinical Quality Measure (eCQM) collection types. Administrative claims measures have some flexibility in testing as it may not be feasible to test at the clinician-level and would be considered for implementation at the group level. Additionally, exceptions may be made to the case minimum (20 cases) in order to ensure the measure can be reliably scored. Therefore, administrative claims quality measures submitted must include a reliability threshold to establish how the measure may be reliably implemented, including level of implementation, case minimum, and performance period for data collection.

Measures selected by CMS for the MUC List are reviewed by the multi-stakeholders convened by the CBE. The multi-stakeholders convened by the CBE reviews and provides consensus-based input for the annual MUC List. See the CMS Pre-Rulemaking website for details. The MAP meets every year after the December 1 publication of the MUC List, and in January of the following calendar year to provide input on measures for different Medicare quality programs.

Utilizing the rulemaking process, potential new MIPS quality measures are proposed and published in the applicable PFS proposed rule. Interested parties have an opportunity to formally submit feedback through the notice and comment rulemaking process established in the PFS proposed rule. CMS reviews the comments received through the rulemaking process before the new MIPS quality measures are finalized in the applicable PFS final rule, which is published in the Federal Register no later than November 1 of the calendar year before the first day of a performance period. The complete MIPS Quality Measures List published after the PFS final rule does not include Qualified Clinical Data Registry (QCDR) measures as such measures are proposed and selected through a separate process.

For more information regarding future quality measure consideration and selection, please visit Measure Selection | CMS MMS Hub.

The Appendix provides additional information regarding the MIPS 2023 measure priorities, gaps, needs, and specific MIPS quality measure requirements.

Where Can I Learn More?

- Quality Payment Program
- Quality Measure Specifications
- CMS Call for Measures
- CMS Pre-Rulemaking
    - 2022 MUC List Program-Specific Measure Needs and Priorities
    - 2023 MUC List Program-Specific Measure Needs and Priorities (coming soon)
    - CMS Quality Measure Development Plan
- The Measures Management System (CMS MMS Hub)
- Blueprint Measure Lifecycle Overview | CMS MMS Hub

Appendix

Note: Additional information regarding the MIPS quality measure priority areas will be provided within the 2023 MUC List Program-Specific Measure Needs and Priorities that will be posted on the CMS Pre-Rulemaking website.

Quality Performance Category: 2023 MIPS Quality Measure Priorities, Needs, and Measurement Gaps

Priority Areas of Current Measures

Under MIPS, the quality performance category focuses on measures in the following eight Meaningful Measures 2.0 Framework Domains. The following table identifies the number of current MIPS quality measures prioritized under each domain.

Table 1. Quality Measures in MIPS

Meaningful Measures 2.0 Framework Domains	Implemented/Finalized* (2023 Measure Set)
Equity	1
Person-Centered Care	33
Safety	37
Affordability and Efficiency	28
Chronic Conditions	44
Wellness and Prevention	23
Seamless Care Coordination	10
Behavioral Health	22
TOTAL	**198**
*Implemented/Finalized: MIPS Quality measures implemented/finalized in the CY 2023 PFS final rule.	

Quality Measure Gaps, Needs, and Other Priority Topic Areas for Future Consideration

CMS will not propose the implementation of candidate quality measures that do not meet the MIPS measure criteria and requirements outlined on page 10 of this Appendix, performance or measurement set gaps, needs, and priorities. Table 2 identifies the performance and measurement gaps, needs, and priority areas.

Table 2. Performance or Measurement Gaps, Needs, and Priority Topic Areas*

Gap Areas by Specialty	Priority Clinical Topic Areas	Other Priority Topic Areas
• Dentistry • Hospitalists • Interventional Cardiology • Nephrology • Non-patient facing (e.g., Pathology Radiology) • Nutrition/Dietician • Pain Management • Plastic Surgery • Podiatry • Pulmonology • Radiation Oncology • Speech Language Pathology	• Chronic conditions ○ Arrhythmias, Chronic Obstructive Pulmonary Disease, Diabetes, Hepatitis B, Septicemia, Respiratory Failure, Asthma • Opioid Epidemic • Maternal Health Equity • Mental and behavioral Health • Diabetes related limb amputation • "Age Friendly" (Older Adult/Geriatrics) • Cardiovascular, including Hypertension • Kidney Care and Organ Transplantation • Sickle Cell Disease • Wellness and Prevention • HIV and Hepatitis C • Cancer • Oral Health	• Outcome measures [outcome, intermediate outcome, and patient reported outcome measures (PRO-PMs) (patient voice)] • Coordination/Communication/Team-based Care • Interoperability/Digital Transformation: Digital measures (e.g., quality measures with sources from administrative systems, electronically submitted clinical assessment data, case management systems, EHRs, wearable/medical instruments, patient portals or applications, health information exchanges (HIEs) or registries, and other sources) • Measures that provide new measure options within a topped-out specialty area • Health equity • COVID-19 • Shared decision-making (patient voice) • Person Centered/Experience of care (patient voice) • Safety • Alignment

*As identified by CMS, other measure needs and priorities may extend to areas not identified in this table.

High Priority MIPS Quality Measures for Future Consideration

CMS identifies the following as high-priority MIPS quality measures for future consideration:

- Patient Experience: This means that the measure should address the experience of each person and their family; and the extent to which they are engaged as partners in their care.
- Care Coordination: This means that the measure must address the promotion of effective communication and coordination of care; and coordination of care and treatment with other providers.
- Efficiency: This means that the measure must address the affordability of health care including unnecessary health services, inefficiencies in health care delivery, high prices, or fraud. Measures should cause a change in efficiency and reward value over volume.
- Patient Safety: This means that the measure must address either an explicit structure or process intended to make care safer, or the outcome of the presence or absence of such a structure or process; and harm caused in the delivery of care. This means that the structure, process, or outcome must occur as a part of or as a result of the delivery of care.
- Appropriate Use: CMS wants to specifically focus on appropriate use measures. This means that the measure must address appropriate use of services, including measures of over-use.
- Opioid Related: CMS wants to focus on opioid related measures to address the national Opioid Epidemic.
- Health Equity-Related: This means that the measure would relate to health equity as defined within the CY 2023 PFS final rule, and work towards the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identify, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

Topped Out Measure Considerations

As topped out MIPS quality measures are removed from MIPS, CMS will monitor the impact of these removals on the MIPS quality measure specialty sets that are available for clinician reporting. CMS strongly encourages measure developers to review the 2023 MIPS Quality Benchmarks that identifies topped out measures, and to develop measures that may replace those topped out measures for future MIPS performance periods. In addition, CMS welcomes stakeholder suggestions to address these potential gaps within the measure sets.

A measure may be considered topped out if measure performance is such that a large majority of clinicians submitting the measure perform at or very near the top of the distributions; therefore, improvement in performance can no longer be made for the majority of MIPS eligible clinicians submitting the measure. Topped out process measures are those with a median performance rate of 95% or higher, while non- process measures are considered topped out if the truncated coefficient of variation is less than 0.10 and the 75th and 90th percentiles are within two standard errors. CMS continues to identify topped out measures through the benchmark file. The column labeled topped out in the benchmark file will indicate whether the measure is topped out with a designation of "yes" in the 2023 Benchmark File.

In addition, a measure's performance may be considered extremely topped out if there is extremely high and unvarying performance where meaningful distinctions and improvement in performance can no longer be made. Extremely topped out measures will have a mean average of 98 – 100% (or 0 – 2% for measures with an inverse analytic) and can be determined by looking at the column labeled average performance rate in the benchmark file. The identification of topped out and extremely topped out measures may lead to potential measure gaps.

Measure Criteria and Requirements

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

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

- Candidate measures should align with the Meaningful Measures 2.0 Framework and address at least one of the CMS Health Care Priority Areas as outlined in Table 1 of the Appendix.
- MIPS quality measure submitters are required to link their submitted candidate quality measures to existing and related cost measures and improvement activities, as applicable and feasible. MIPS quality measure submitters will be required to provide a rationale as to how they believe their candidate quality measure correlates to other performance category measures and activities as a part of the Call for Measures process.
- Measures implemented in MIPS may be available for public reporting on Care Compare.
- Measures must be fully developed, with completed testing results at the clinician level (and group level as appropriate) and ready for implementation at the time of submission (CMS' internal evaluation).
- Measures should include testing data to support the MIPS collection type to be used for reporting (MIPS CQM, Administrative Claims or eCQM). If the measure is being submitted

for implementation as multiple MIPS collection types, testing data submitted should meet the requirements for each applicable MIPS collection type.

- Preference will be given to measures that are endorsed by a CBE (e.g., NQF).
- Candidate measures should attempt not to duplicate prior or current MIPS quality measures. However, in the instance a duplicative candidate measure is received, CMS will determine if the candidate measure represents a more robust option for the MIPS quality measure set.
- Candidate measure performance data from testing and research evidence should identify opportunities for improvement. CMS does not intend to implement measures in which evidence identifies high levels of performance with little variation or opportunity for improvement, e.g., measures that are topped out.

Electronic Clinical Quality Measures (eCQMs)

eCQMs must meet Electronic Health Record (EHR) system infrastructure requirements, as defined by MIPS regulation. Beginning with calendar year 2019, eCQMs use Clinical Quality Language (CQL) as the expression logic used in the Health Quality Measure Format (HQMF). CQL replaces the logic expressions previously defined in the Quality Data Model (QDM).

The data collection mechanisms must be able to transmit and receive requirements as identified in MIPS regulation. For example, eCQMs being submitted as Quality Reporting Data Architecture (QRDA) III must meet the standards defined in the CMS QRDA III Implementation Guide.

As part of CMS's advancement of digital quality measures, in coming years eCQMs will use Fast Healthcare Interoperability Resources (FHIR) standards for both the data model and transmission requirements. For more information, please review the Digital Quality Measure page of the eCQI Resource Center.

For this Call for Quality Measures,

- eCQMs must have HQMF output from the Measure Authoring Tool (MAT), using MAT v6.10, or more recent, with implementation of CQL logic. For additional information, please review the MAT.
- Bonnie test cases must accompany each measure submission. For additional information, please review eCQM Tools and Key Resources.
- Feasibility, reliability, and validity testing must be conducted for eCQMs. Testing data relevant to the data source must accompany measure submission. For additional information, please review CMS's definition of fully developed measures. Measure Selection | CMS MMS Hub
- (Optional) eCQM FHIR specifications output from the MAT or Measure Authoring Development Integrated Environment (MADiE) tool.

eCQM Readiness: How Do I Know if an eCQM Is Ready for Implementation in MIPS?

Tables 3 and 4 (as shown below) contain characteristics for consideration and requirements for determining whether an eCQM is ready for implementation into MIPS.

Table 3. Step 1: Assess and Document eCQM Characteristics

Characteristic	Testing	Documentation for CMS
Is the eCQM feasible?	Feasibility test results	NQF's feasibility score card
Is the eCQM a valid measure of quality?	Correlation of data measure score with 'gold-standard', or face validity results. NOTE: Data element level validity testing (correlation of data elements in gold standard), if performed, must also be accompanied by testing results at the accountable entity level (i.e., measure-level validity). NOTE: Face validity is only acceptable for new measures.	Kappa agreement between EHR extracted data element and chart abstract Correlation between measure score and a related external measure of quality; information about data used for testing (e.g., number of practices, number of providers)
Is the eCQM reliable?	Provider level reliability testing for measure score in the setting in which the measure is intended to be reported	Reliability coefficient using signal-to-noise or split half inter-rater reliability; information about data used for testing (e.g., number of practices, number of providers).

Table 4. Step 2: Assess and Document eCQM Specification Readiness

Requirement	Tool	Documentation for CMS
Specify eCQM according to CMS and ONC standards	MAT	MAT output to include, at minimum, HQMF and human readable files
Create value sets that use current, standardized terminologies	The National Library of Medicine's Value Set Authority Center (VSAC)	Published value sets in the VSAC that have been validated against the most recent terminology expansion with 100% active codes

Requirement	Tool	Documentation for CMS
Test eCQM logic using a set of test cases that cover all branches of logic with 100% pass rate	Bonnie	Excel file of test patients showing testing results (Bonnie export)
(Optional) Specify eCQM in FHIR standards	MAT/Bonnie FHIR or MADiE	MAT output or MADiE output of FHIR specifications

eCQM Maintenance: What Is Expected of Me If My Measure Is Implemented in MIPS?

Quality measure stewards are expected to support (1) the eCQM Annual Update (AU) process, (2) FHIR specifications, and (3) responding to public inquiries for all eCQMs implemented in MIPS.

- The eCQM AU involves updating and publishing eCQMs used in CMS quality reporting programs. In addition to traditional sources of measure updates, such as guideline changes and coding updates, eCQMs must also respond to the evolving technical standards of the QDM and to changes in the logic expression language, CQL. The AU cycle typically begins in August and continues through the publication of updated measure specifications in early May the following year. Measures undergo several rounds of reviews and updates by quality measure stewards, subject matter experts, including Mathematica and external technical review teams, and CMS. Quality measure stewards are expected to participate fully in the eCQM AU and meet deadlines, including attending regular Quality Measure Steward AU meetings.
- The FHIR AU involves updating and converting the QDM-versions of eCQMs used in CMS quality reporting programs to HL7 FHIR-based language. The goal of the FHIR AU is to make sure that FHIR-based eCQMs align with the QDM-based versions. FHIR AU activities and timelines will evolve over subsequent years and will then stabilize into a process that mimics the QDM AU described above.
- Responding to public inquiries involves timely response on a rolling basis throughout the year to inquiries submitted via the Office of the National Coordinator Project Tracking System (ONC Jira). Questions can range from broad inquiries about measure intent to specific questions about interpreting measure logic.

Resources

- Value Set Authority Center
- Bonnie
- eCQI Resource Center
- CMS Measures Management System Blueprint (Version 17.0)
- 2022 MUC List Program-Specific Measure Needs and Priorities (2023 version forthcoming)
- Blueprint Measure Lifecycle Overview | CMS MMS Hub
- Overview of Rulemaking Process for Measure Selection
- Quality Payment Program
- Cost Measures
- Improvement Activities

Version History Table

Date	Change Description
1/18/23	Initial version