CMS Quality Programs Bi-Monthly Forum
January 17, 2022

Hello, everyone, and thank you for joining us today.

My name is Derrick Hunter from CMS's Division of Value-Based Incentives and Quality Reporting, and I will be moderating today's forum. This bi-monthly forum aims to provide national stakeholder organizations, specialty societies, health IT organizations, and EHR vendors with information relevant to CMS's Quality Measurement and Value-Based Incentives Group.

Next slide, please.

Our program today will include updates on updated 2023 CMS QRDA III Implementation Guide for Eligible Clinician Programs following the publication of the CY 2023 Physician Fee Schedule Final Rule, Quality Data Implementation, or QDI User Group, Updated Measure Files for EH/CAH and EC 2023, the Merit-based Incentive Payment System, Alternative Payment Model updates, and the Medicare Promoting Interoperability Program. We will have a question and answer portion once all presentations have concluded.

Please note, you can either submit your question in the Q&A box, or you can raise your hand and ask a question via the webinar audio, and we will unmute your line. If you're listening through your computer speakers and want to ask a question, you must have a working microphone.

Now I will turn it over to Vidya Sellappan and Yan Heras.

Vidya and Yan?

Thanks, Darrick.

Next slide, please.

So first, I wanted to share that we have an updated 2023 CMS QRDA III Implementation Guide for Eligible Clinician Programs.

Next slide, please.

So, as you know, the calendar year 2023 Physician Fee Schedule Final Rule was published in November, so based on updates there, we have released an update to the 2023 CMS Quality Reporting Data Architecture, or QRDA, Category III Implementation Guide. It includes requirements for eligible clinicians to report eCQMs, the Improvement Activities and Promoting Interoperability measures for the calendar year 2023 performance period.

Next slide, please.

I'm going to turn it over to Yan Heras to talk about the specific changes that were made that were included in the IG.

Yan?

Yeah, thank you.

So, the updated 2023 CMS QRDA III IG now supports MVP framework and subgroup reporting. A new section, MIPS Value Pathways, is added to provide guidance for MVP submissions. There's also another new section, Subgroup Reporting through MVP, to provide guidance for subgroup submission. The IG has added a new table that lists MVP identifiers for the 2023 performance period and a new CMS program name, MIPS_SUBGROUP, for subgroup reporting to the CMS program names table.

In order to support the new MVP and subgroup reporting, there are a number of new conformance statements have been added to the document level template.

Another requirement change is that, for the 2023 performance period, APM entities can now report Promoting Interoperability for MIPS. So, the conformance statements that disallowed APM entities to report PI have now been removed in this version.

And because of all of these changes to the conformance statements, the version of the QRDA Category III Report CMS template is changed from Version 7 to Version 8, with a new template extension. So, make sure to use this updated template extension in your submissions.

Other changes included in this version are Table 15.

So, this table is that table list of the UUIDs for the 2023 performance period eCQMs. It has been updated to reflect the final rule changes.

You can go to the Version 1.1 Change Log section in the IG to see the detailed changes that were made to the table. The new version has also added new tables, Table 16 and Table 17, to list Improvement Activities identifiers and the Promoting Interoperability measures identifiers for the MIPS CY 2023 performance period.

Next slide, please.

The updates to the schematrons have incorporated all of the changes to the conformance statements.

So, for example, the schematron rules now enforce the new template extension for the QRDA Category III Report CMS Template, and the new insertions are added to support MVPs and subgroup reporting. And all of the sample files have also been updated to conform to this new version of the IG.

The APM Entity sample file is updated to include the Promoting Interoperability section, and a new sample file is added to include MVPs and subgroup examples.

Next slide, please.

To find additional QRDA related resources, please visit the QRDA page on the eCQI Resource Center, and for questions related to the QRDA IGs or schematrons, you can visit ONC Jira QRDA Project to submit a Jira ticket.

For solutions that are under development for both QRDA I and QRDA III known technical issues, please see the QRDA Known Issues Dashboard that is also in the ONC Jira.

These known issues supplement the information in QRDA IGs and other supporting documents.

Thank you, everyone, and now back to you.

Next slide, please.

Thank you, Yan.

Thanks, Darrick.

So next, I wanted to share the, I guess, reintroduction of the user group. It's called the Quality Data Implementation, or QDI, User Group. It was formerly the Quality Data Model, or QDM, User Group. It was renamed so that it could be a little more inclusive of other data models and standards available for expressing quality measures.

Next slide, please.

The meeting time will be extended from 3:00 to 4:30 p.m. And the changes are effective starting in February, so there will not be a meeting tomorrow on the 18th.

Next slide, please.

I'm going to turn it over to Jen Seeman to talk about some of what's going to be included in this modified meeting.

Jen?

Thanks, Vidya.

So really what, like as Vidya stated, we really want to kind of formally expand the scope of those discussions. If folks have attended, they know that we have focused a lot on the QDM data model in the past, and as CMS continues to evaluate the use of FHIR in quality reporting, we want to more formally broaden that to include other data models.

Specifically, for FHIR and eCQMs, we want to look at modeling in QI Core and so on.

So, we've expanded the time. Some of the things that will stay the same is we will still use that time for QDM issues, as well, or discussions, questions. It will still be the third Wednesday of each month, once we resume again in February. The qdm@icf email can still be used to reach the team that supports the meetings.

And the QDM user – or I'm sorry, the QDM ONC Jira Project will also still be, you know, where you would want to go to pose questions about QDM.

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And then, just again, to quickly recap, the user name, or the user group name has changed to Quality Data Implementation.

We would really love to hear from folks that are early adopters of FHIR and sort of refresh that user group and get a lot of great input. We will again still use – still discuss QDM items there. The meeting time will be from 3:00 to 4:30 Eastern, and we look forward to hearing from folks in our next session, which will be February 15th.

Next slide.

And just some general information again. You can get dial-in information and see these sessions on the eCQI Resource Center events page. The link is provided there. Also reach out to us at any time at qdm@icf.com. And then just noting the QDM ONC Jira Project is still available for QDM issues and questions. And I believe I will pass it back to the host.

Thank you.

Thank you, Jennifer.

Michael Kerachsky will present next.

Hi, good afternoon, everyone.

Yeah, my name's Michael Kerachsky, with Mathematica's eCQM annual update team.

I'll be presenting on a few updates to measure files for eligible hospital, critical access hospital, and eligible clinician eCQMs specific to performance period 2023.

Next slide, please.

Okay, specific to CMS 334, Version 4, Cesarean Birth, on November 30, 2022, a revised eCQM measure package, Version 2, was posted to the eCQI Resource Center. The reason for the revision to the measure package stemmed from an issue in the HQMF file.

Specifically, the document tag names did not align with those contained within the ELM file. In the first screenshot on this slide, in the image under "ELM File," we can see that there are three zeros that precede the QDM-5-6 in the CQL, XML, and JSON files. However, in viewing the screenshot corresponding to the HQMF file May 2022 publication, located at the bottom left of the slide, we see the three zeros are omitted due to a change in the output from the measure authoring tool.

In the corrected HQMF file, published in the November 2022 Version 2 publication, located in the bottom right of the slide, the HQMF file document tag names were revised to add the three zeros preceding QDM-5-6 in the impacted files, therefore aligning with the ELM file. A listserv announcement was disseminated on December 6, 2022, notifying interested parties of the republished eCQM measure package.

Next slide, please.

The revised eCQM measure package for CMS 334, Version 4, is located on the eCQI Resource Center in two locations – first, on the eCQM Resources tab, by clicking on the link for eCQM specifications for hospital quality reporting, and second, on the measure specific page for CMS 334, Version 4.

Next slide, please.

I'm sorry, this was the second instance, in which the measure – in which the revised measure package is published to the specification page for CMS 334, Version 4.

Next slide, please.

This next update pertains to revised eCQM measure files and measure tables for the eligible clinician 2023 performance period as a result of the calendar year 2023 Physician Fee Schedule Final Rule publication on November 18, 2022. First, there were two eCQMs removed from the MIPS program.

First, CMS 66, Version 11, or Quality ID 375. This corresponds to Functional Status Assessment for Total Knee Replacement. And this eCQM was removed as a quality measure steward because it is duplicative of Quality ID 470, Functional Status After Primary Total Knee Replacement. I would like to note that there is no eCQM equivalent to Quality ID 470, as Quality ID 470 is a CQM measure only.

Second, CMS 134, Version 11, or Quality ID 119, Diabetes: Medical Attention and Nephropathy, was removed as a quality measure as it is duplicative of new measure CMS 951, Version 1, Quality ID 488. And we'll get to that in the next item here.

And there was one eligible clinician eCQM measure added, and that would be CMS 951, Version 1, Quality ID 488, or Kidney Health Evaluation.

Now, this measure was added due to focus on two gaps within MIPS quality measures and priorities for future measures, including nephrology and critical care of diabetes.

Furthermore, CMS 951, Version 1, replaces and improves upon CMS 134, Version 11, as it requires utilizing multiple tests to assess a patient's kidney health, specifically estimating glomerular filtration rate and urine albumin creatinine ratio.

Next slide, please.

As a result of the revisions to eligible clinician eCQM measures noted in the prior slide, the documentation listed on this slide has been republished on the resources tab for eligible clinicians on the eCQI Resource Center.

So, I'm going to present to you the Quality Payment Program updates, so next slide, please.

So as described in the Final Rule, beginning in 2023, we have broadened the opportunities for the public to provide feedback on draft MVP candidates. The following five candidates are posted on the QPP website, and they're available for public feedback for a 30-day period that began on January 9th and that goes through February 8th.

So, for those five, you need to submit any feedback you have during that period to the email address listed there, the PIMMSMVPSupport@gdit.com, for our consideration by 11:59 p.m. Eastern Time on February 8th.

And you'll also need to include the below information on the subject line, so you want to include that "Draft 2024 MVP Candidate Comment," and then in the body of your email, you want to mention that it's feedback for consideration and public posting, and please indicate the MVP to which your comment relates. And you can also visit the MVP candidate webpage – candidate feedback webpage for more information.

And we would like you to note that the posting of an MVP candidate for feedback doesn't guarantee that that candidate MVP will move forward in rule making. What we'll do is we'll display the feedback received for each MVP candidate on the QPP website, following the 30-day feedback period. CMS won't respond directly to any feedback received, but we will review and determine if any recommended changes should be incorporated into an MVP candidate.

If we determine that changes should be made and that the candidate will move forward through rule making, we won't notify the group organization that originally submitted the MVP candidate in advance of rulemaking. And by providing feedback, you're participating in the future of MIPS and development of MVPs. This is your opportunity to ensure that MVPs align with your clinical practice needs and that support your practice and patient goals and improve the assessment of quality of care.

Next slide, please.

Now, for the MIPS EUC application deadline for the 2022 performance year, CMS has extended the MIPS Extreme and Uncontrollable Circumstances, EUC, Exception application deadline just for individuals, groups, virtual groups, and APM entities, citing COVID-19 as the triggering event through 8:00 p.m. Eastern Time on Friday, March 3, 2023. And please note that any applications received between January 3rd and March 3rd of 2023 will not override submitted data that individuals, groups, and virtual groups submit.

For APM entities participating in a MIPS APM, they can submit a MIPS EUC application, but keep in mind there's a few differences from the policies for individuals, groups, and virtual groups. So APM entities, they're required to request reweighting for all performance categories.

At least 75 percent of the MIPS eligible clinicians in the APM entity will need to qualify for reweighting in the Promoting Interoperability performance category. And data submission for an APM entity will not override performance category reweighting from an approved application. And you can see below those four links that have additional information – additional resources if you need additional information on that topic.

Next slide, please.

And for the 2022 performance year, the data submission window opened on January 3rd, and it's going to close on March 31st at 8:00 p.m. Eastern Time. You must sign in to QPP, and the link is there, to view data submitted on your behalf or submit data on behalf of solo practitioners, including yourself, practice representatives, the individual clinician of the group, your virtual group, virtual group representatives, or your APM entity or representatives submitting quality data. And then if you need more information, you can download those two additional sources of information on this topic.

Next slide, please.

And for upcoming webinars, we're going to have a MVP maintenance public feedback webinar. That's going to be on February 15th. And we'll hold that first MVP maintenance public webinar -- public feedback webinar, and you can get more information, including how to register, via the QPP Listserv. And that link will take you to a page where you can sign up for the listserv if you're not already part of that.

And we're also going to be hosting a series of support calls for groups, virtual groups, and APM entities that are reporting data for the quality performance category through the CMS web interface for the 2022 performance period. You'll need to register, and the links to do so are after "to register," so you've got January 25th, February 8th, February 22nd, March 8th, and March 22nd. And all the support calls start at 1:00 Eastern Time.

Next slide, please.

And lastly, we've got a variety of new resources available we posted on the QPP Resource Library, and you can click on the links for the various topics and the other – the first two don't have links yet, but more to come on those.

So, next is going to be Theresa Doherty, and she's going to talk about APM updates.

Thanks.

Thanks, Dan.

You can go to the next slide, please.

So, for the APM incentive payment, currently for performance years 2017 to 2022, eligible clinicians who were QPs received a 5 percent APM incentive payment. In December, Congress passed its spending package that extended the incentive payment through performance year 2023, however, decreasing the percentage to 3.5 percent incentive payment for performance year 2023.

We will have more information about this on our website via the QPP Resource Library, and in the coming weeks, we'll also be sending out a listserv message that will point you to all the resources that can detail this update in a little more detail.

Next slide, please.

So, for performance year 2022, the third snapshot, on December 14th, we updated the QPP Participation Status Tool with APM data from the third snapshot, and this includes data with dates of service between January 1st through August 31st, 2022. And the tool includes QP status and MIPS APM participation status.

For the fourth snapshot, if you joined a MIPS APM in the last four months of the year, which would have been from September 1st through December 31st, you'll be considered a participant in the MIPS APM and will be eligible to report through the APM Performance Pathway, or APP. And if you'd like to learn more information about how we determine QP status and APM participation status for the snapshots, you can visit our website. We have all of our information there.

Next slide.

And we recently updated our website with several new resources. We have the 2022 and 2023 comprehensive list of APMs, as well as our MIPS APM IA Assessments and the 2022 APP Data Submission User Guide. And just a note that the submission period for performance year 2022 ends on March 31st. We are currently working on the 2023 APP Toolkit and the APP Quality Requirements, so those will be posted to the Resource Library soon.

And now I will hand it off to the next presenter.

Thank you.

Thank you, Theresa.

This is Jessica Warren, from the Hospital Promoting Interoperability Program, and I am here to share a few updates with everyone.

So, next slide, please.

So just a few reminders.

The calendar year 2022 EHR Reporting Program will close on February 28th of this year. Included eligible hospitals and CAHs must report on the four required objectives and their respective measures, required reporting on three of the nine available self-selected eCQMs, along with the additional eCQM, the Safe Use of Opioids Concurrent Prescribing measure.

And a reminder that for 2022 reporting, we are reporting on three self-selected quarters of data. Last year was two, and next year will be four. The minimum scoring threshold for successfully being considered a meaningful user is 60 points. And for calendar year 2022, eligible hospitals and CAHs may use 2015 Edition CEHRT, 2015 Edition Cures Update criteria, or a combination of the two technologies. And we have a few references here if anybody needs to review the rules.

Also required, not for scoring, are the ONC Direct Review Attestation, attestation to the self-assessment of all nine SAFER Guides – not for points – and the Security Risk Analysis measures.

Next slide, please.

The Medicare Promoting Interoperability Program will be releasing the annual call for measures this spring for eligible hospitals and CAHs. We have a little bit of information here, but we definitely welcome any feedback and encourage hospitals to participate. So, keep an eye on the PI Program page on CMS.gov for updates as soon as they become available.

Next slide, please.

So, we are currently in the process of uploading the calendar year 2023 resources, again, on the PI page on CMS.gov.

Make sure you familiarize yourselves with our webpage and check back regularly for the 2023 resources, call for measures updates, and on there you will also find updates to include slide decks, recordings, and transcripts from our program webinars.

And I saw a few questions in the chat, so there are links to where this will be posted. So just keep an eye out.

And this concludes the presentation for PI, and, I think, back to the host.

Thank you.

Thank you to all of today's presenters. We will now move to the question and answer portion of the webinar. As a reminder, to ask a question, you can either submit your question in the Q&A box, or you can raise your hand to ask a question via the webinar audio, and we will unmute your line. If you're listening through your computer speakers and want to ask a question, you must have a working microphone. And with that, we will begin our Q&A.

The first question that we have, and, Jess, I think you're best suited to answer this – SAFER Guides.

Yeah, "Must we report yes for SAFER Guides?" Okay, good.

Yes.

Okay, great.

I thought either yes or no were acceptable.

Oh, yes.

Maybe I didn't explain that too clearly.

So, for 2022 reporting, yes, you can attest to yes or no. The only requirement that we actually have is that you complete the attestation. So, whether you're attesting yes or attesting no, those are perfectly acceptable. Just don't leave it blank, or I don't think "NA" is an option. So as long as you complete the attestation, totally fine.

Got it. Thank you, Jess.

And for the questioner, if that doesn't answer your question, let us know, and we can provide more info.

To get to the phone – Hey, Orin, can you let me know where the phone questions are, really quick?

So, we have one from a person named Ashley.

Ashley, you are now able to unmute yourself. Yeah, Ashley, you may be self-muted. I just sent her a prompt to unmute.

Perfect. Thank you.

Okay, I'm not seeing any response. I don't know if you want to go to the next question or try again.

Yeah, we may have to. Ashley, are you still there? We'll just give her a minute.

Oh, she disconnected. Oh. Alright, we can always come back to her if she rejoins.

Reminder that we do have a Q&A, and questions can be submitted via the Q&A box or over phone. Do we have any more questions? Alright, that concludes our bi-monthly forum for today. I can pass it back to Darrick to close us out.

Thank you, Enzo.

Thank you all for joining us today.

We will share the slides and recording from today's forum in the coming weeks.

In the meantime, if you have any specific questions, please email cmsqualityteam@ketchum.com.

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for March 2023, but CMS will share more information on the next forum when it becomes available.

Have a great afternoon.