MAY 2022 CMS QUALITY PROGRAMS BI-MONTHLY FORUM

May 10, 2022

AGENDA

Topic	Speaker
eCQM Annual Update Publication for the 2023 Reporting/Performance Period	• **Claudia Hall,** *Mathematica*
eCQM Annual Update: Locating specifications and New eCQM Resources Filter	• **Vidya Sellappan,** Division of Electronic and Clinician Quality, CMS • **Edna Boone,** Battelle/ICF
2023 CMS QRDA I Implementation Guide	• **Yan Heras,** ICF
July 2022 HL7® FHIR® Connectathon 3	• **Jennifer Seeman,** ICF
CMS Digital Quality Measures Webpage	• **Joel Andress,** Division of Quality Measurement, CMS • **Faseeha Altaf,** Yale • **Grace Glennon,** Yale
CMS Measures Inventory Tool Presentation and Demo	• **Kimberly Rawlings,** Division of Program and Measurement Support, CMS • **Maureen Hammer,** Battelle • **Stephanie Zias,** Battelle
Medicare Promoting Interoperability Program Updates	• **Elizabeth Holland,** Division of Electronic and Clinician Quality, CMS • **Drew Morgan,** Division of Value-Based Incentives and Quality Reporting, CMS • **Darrick Hunter,** Division of Value-Based Incentives and Quality Reporting, CMS
Quality Payment Program Updates	• **Julie Johnson,** Division of Electronic and Clinician Quality, CMS
CMMI Updates	• **Corey Henderson,** Center for Medicare and Medicaid Innovation, CMS

ELECTRONIC CLINICAL QUALITY MEASURES (eCQM) ANNUAL UPDATE PUBLICATION FOR THE 2023 REPORTING/ PERFORMANCE PERIOD

Claudia Hall, Mathematica

AGENDA

- Annual Update Publication Announcement for the 2023 eCQM Reporting/Performance Period
- Brief overview of the eCQM Annual Update Cycle
- Opportunities to engage in the eCQM Annual Update via the ONC Project Tracking System eCQM Issue Tracker.
- Notable updates for the 2023 eCQM Reporting/Performance Period
- Overview of the eCQM Known Issues Tracker.

NOW AVAILABLE: eCQM MATERIALS FOR THE 2023 REPORTING/PERFORMANCE PERIOD

- CMS has posted the 2023 reporting/performance period electronic clinical quality measure (eCQM) specifications on the electronic clinical quality improvement (eCQI) Resource Center for:
  - **Eligible Hospitals (EH) and Critical Access Hospitals (CAHs)**
  - **Hospital Hybrid**
  - **Outpatient Quality Reporting (OQR)**
  - **Eligible Clinician**
- The updated eCQMs are to be used to electronically report 2023 clinical quality measure data for CMS quality reporting programs.
  - **Measures will not be eligible for 2023 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.**

*Visit the **eCQI Resource Center** at https://ecqi.healthit.gov/*

THE ANNUAL UPDATE PUBLICATION INCLUDES:

- **Pre-Rulemaking Measure Information for EH/CAH pre-rulemaking eCQMs:**
  - Quality measures that are developed, but not yet finalized for reporting in a CMS program. These measures will not be eligible for CMS quality reporting until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.
- **Hospital Hybrid Measure Information**
  - Quality measures that use both claims data and clinical data from electronic health records (EHRs) for calculating the measure.
- **Outpatient Quality Reporting (OQR) Measure Information**
  - A quality measure that is developed for use in the CMS Outpatient Quality Reporting program.

ANNUAL UPDATE REFERENCE MATERIALS

- **eCQM Resources**:
  - Guide for Reading eCQMs
  - eCQM Logic and Implementation Guidance
  - Table of eCQMs
  - Telehealth Guidance for eCQMs for Eligible Clinicians
- **eCQM Technical Release Notes (TRNs):**
  - Identifies individual header, logic, and value set changes associated with each measure
- **eCQM Value Sets, Direct Reference Codes, and Terminology:**
  - The 2023 reporting/performance period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center (VSAC) via the download tab.

BRIEF OVERVIEW OF THE eCQM ANNUAL UPDATE CYCLE

eCQM MAINTENANCE

- **CMS updates eCQM specifications for eligible clinicians and eligible hospitals/critical access hospitals annually to align with:**
  - Current evidence or guideline changes
  - Feedback from the field
  - Evolving technical standards in the data model (QDM) and logic expression language (CQL)
  - Coding/terminology updates
  - Harmonization efforts
- **These updates occur annually so that eCQMs remain relevant and actionable within the clinical care setting**

OVERVIEW OF THE eCQM ANNUAL UPDATE CYCLE

The eCQM annual update includes several steps that occur from fall to spring each year

10

OPPORTUNITIES TO ENGAGE IN THE eCQM ANNUAL UPDATE PROCESS VIA JIRA

Engage using the web-based public comment tools on the ONC Project Tracking System (Jira) eCQM Issue Tracker.

- New users can create an account via the ONC Project Tracking System website.

Year-Round: Submit eCQM-specific questions

Fall: Participate in the Change Review Process (CRP)

- Provides eCQM users the opportunity to review and comment on draft changes to the eCQM specifications and supporting resources under consideration by the measure steward.

Winter: Review Draft Measure Specifications

- CMS invites vendors and stakeholders to review and provide feedback on draft electronic clinical quality measure (eCQM) specifications that include logic and header changes for eCQMs under consideration for CMS quality reporting and payment programs.

NOTABLE eCQM UPDATES FOR THE 2023 REPORTING/PERFORMANCE PERIOD

NOTABLE eCQM UPDATES FOR THE 2023 REPORTING/PERFORMANCE PERIOD

Logic updates:

- **Replaced the 'Global.CalendarAgeInYearsAt' function with the native CQL function 'AgeInYearsAt'**
  - To take advantage of existing CQL features and increase human readability.
  - As a result of this change, the LOINC code 21112-8 is no longer required and has been removed from the Terminology section of the human readable specification.
- **Updated logic using the new QDM 5.6 'Encounter, Performed' class attribute to exclude telehealth (or virtual) encounters using the logical representation (class !~ virtual) for measures containing telehealth-eligible codes, where telehealth is not appropriate.**
  - For more information, please refer to the 2023 Eligible Clinician Telehealth Guidance document.
- **Clarified timing precision levels used in logic definitions by adding 'day of', 'date from', and/or the 'ToDateInterval' function.**
- **Published a separate Global Common Library file and associated TRNs.**

eCQM RESOURCES

- **For More Information** about eCQMs visit the eCQI Resource Center.
- **For Questions Regarding eCQMs** visit the eCQM Issue Tracker. Note that an ONC Project Tracking System (Jira) account is required to ask a question or comment.

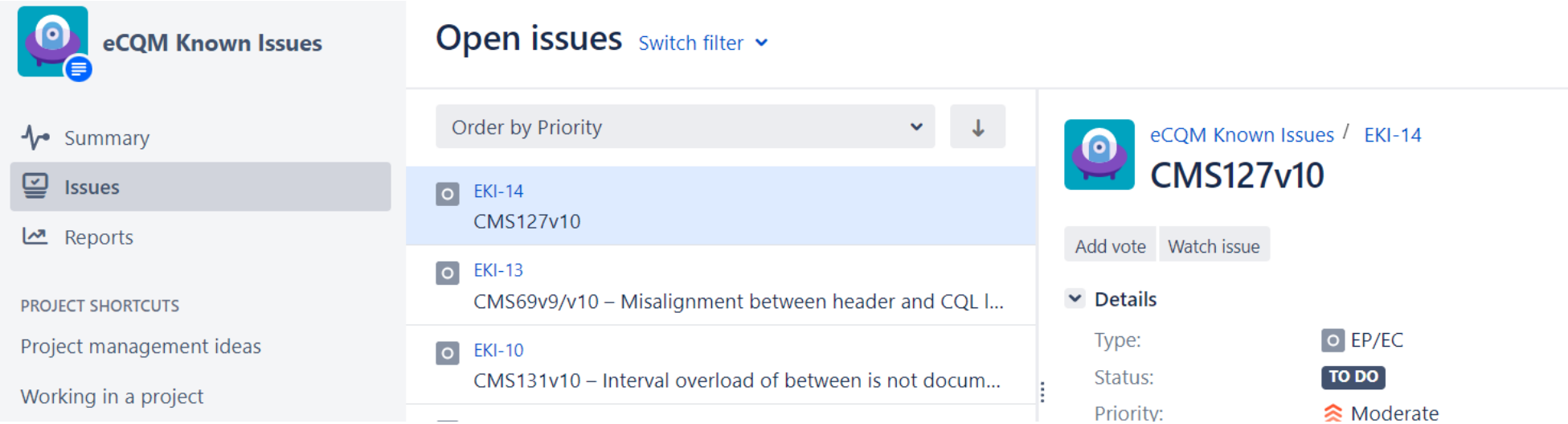
eCQM KNOWN ISSUES (EKI) TRACKER

OVERVIEW: eCQM KNOWN ISSUES TRACKER

- **Location:**
  - The electronic clinical quality measure (eCQM) Known Issues Tracker is located on the Office of the National Coordinator Project Tracking System (ONC Jira)
- **Purpose:**
  - The eCQM Known Issues Tracker provides information on eligible clinician and eligible hospital eCQMs with known implementation-related or technical issues, for which a solution is under development, but not yet available in a published eCQM specification. Known issues may impact the ability to accurately report on the eCQMs.
- **Goal:**
  - Reduce implementer burden and improve transparency with reporters by identifying and posting CMS-approved known issues that could affect measure implementation or calculation.

VIEWING KNOWN ISSUES

- Navigate to the eCQM Known Issues Tracker and select “Issues” in the left-hand pane
  - Default view displays all open issues (i.e., those correspond to the current reporting or future reporting periods), sorted by EKI number, in descending order
  - The “Type” field, located under each issue, distinguishes between issues applicable to eligible clinician (“EP/EC”) and eligible hospital (“EH/CAH”) eCQMs



- To view all issues
  - Click the “Switch filter” drop-down and select “All issues”
  - OR Navigate to the eCQM Known Issues Dashboard to view all Eligible Clinician and Eligible Hospital Known Issues

LOCATE KNOWN ISSUES ON eCQI RESOURCE CENTER

Select Performance Period: 2022

Find older eCQM specifications in the eCQM Standards and Tools Version table.

eCQM Resources | **EC eCQMs** | About

2022 Performance Period Eligible Clinician eCQMs

Total number of EC eCQMs: 48

Search eCQMs

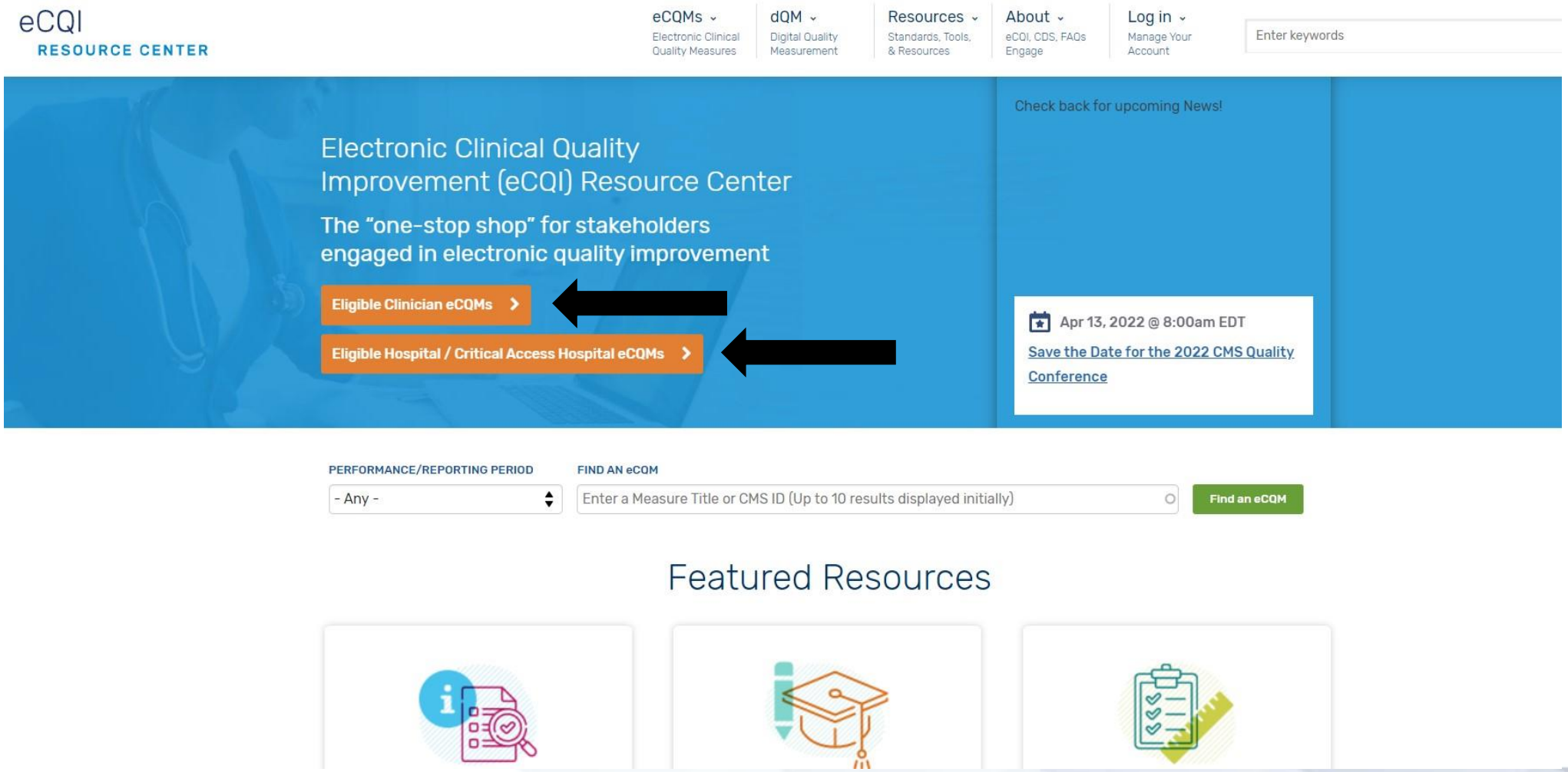
Apply

Measure Name	CMS eCQM ID	**Quality Domain**	NQF ID	MIPS Quality ID	**Meaningful Measure Area**	Notes	Telehealth Eligible*
Pneumococcal Vaccination Status for Older Adults	CMS127v10	Community/Population Health	Not Applicable	111	Preventive Care	**Note: There is a known issue on CMS127v10. See issue EKI-14 on the ONC eCQM Known Issues Dashboard for details.	Yes

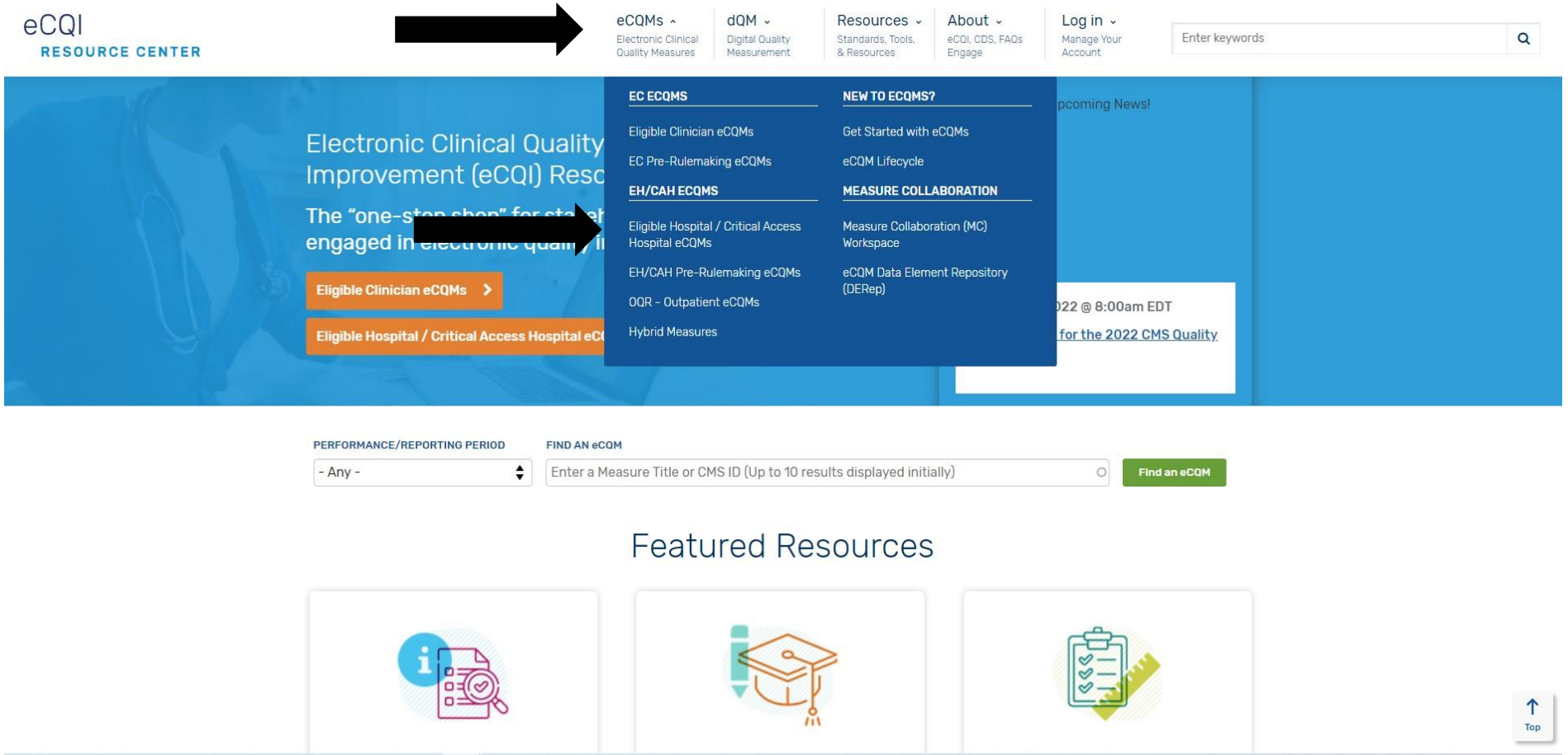
eCQM ANNUAL UPDATE: LOCATING SPECIFICATIONS AND NEW eCQM RESOURCES FILTER

Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Edna Boone, Battelle/ICF

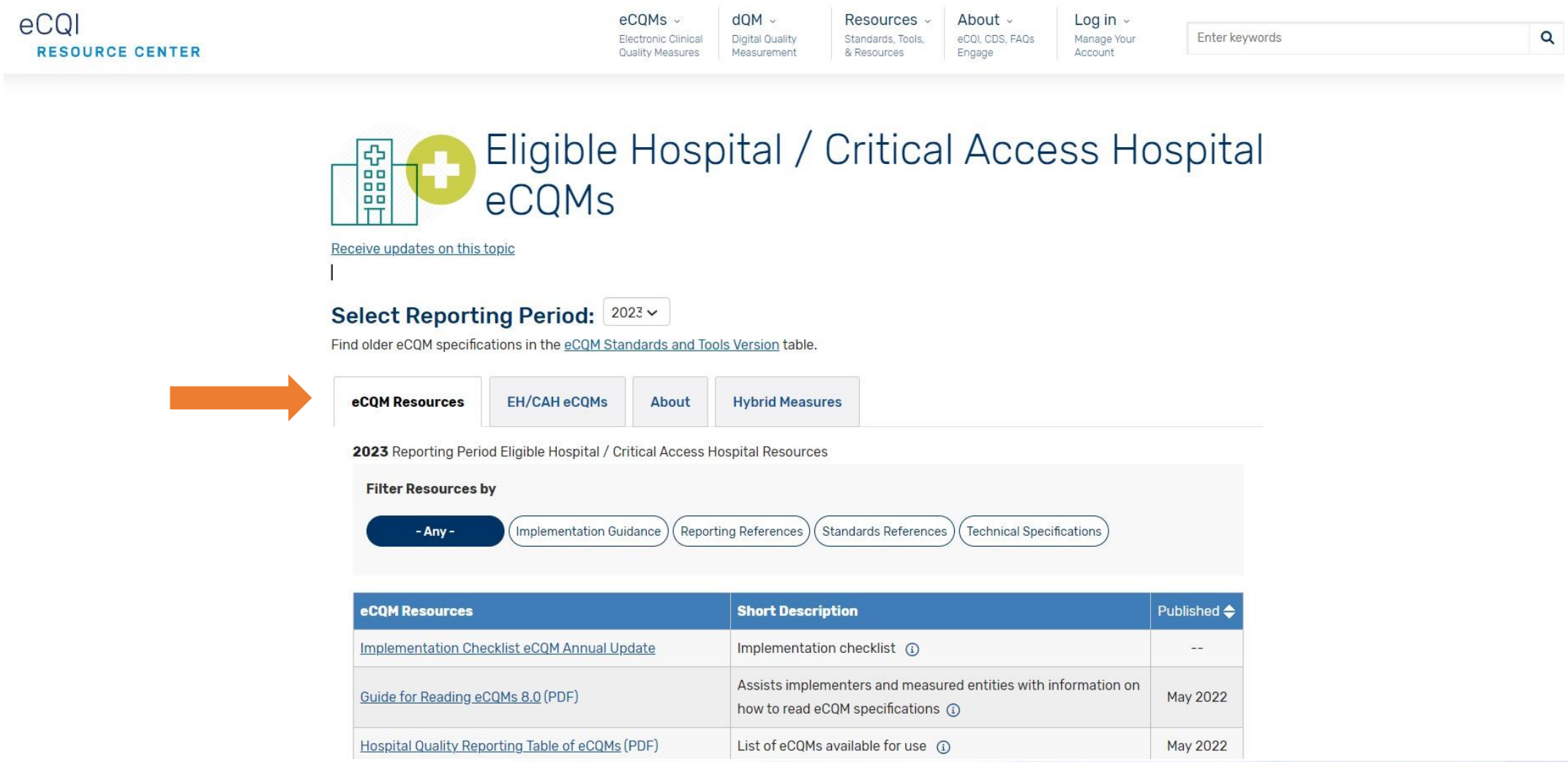
PUBLISHED eCQMS ARE AVAILABLE ON THE eCQI RESOURCE CENTER HTTPS://ECQI.HEALTHIT.GOV/



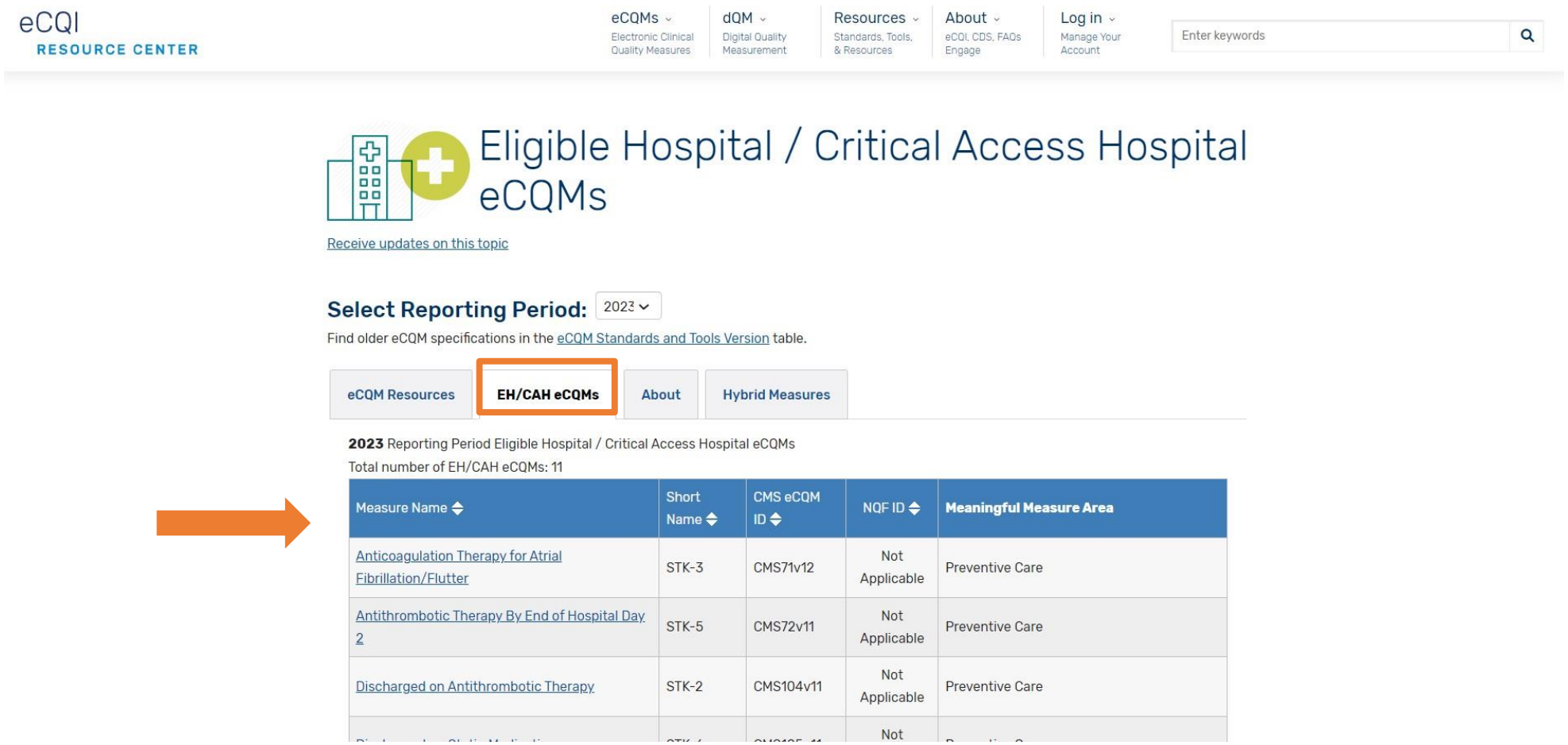
LOCATING ELIGIBLE HOSPITAL/CRITICAL ACCESS HOSPITAL eCQMS



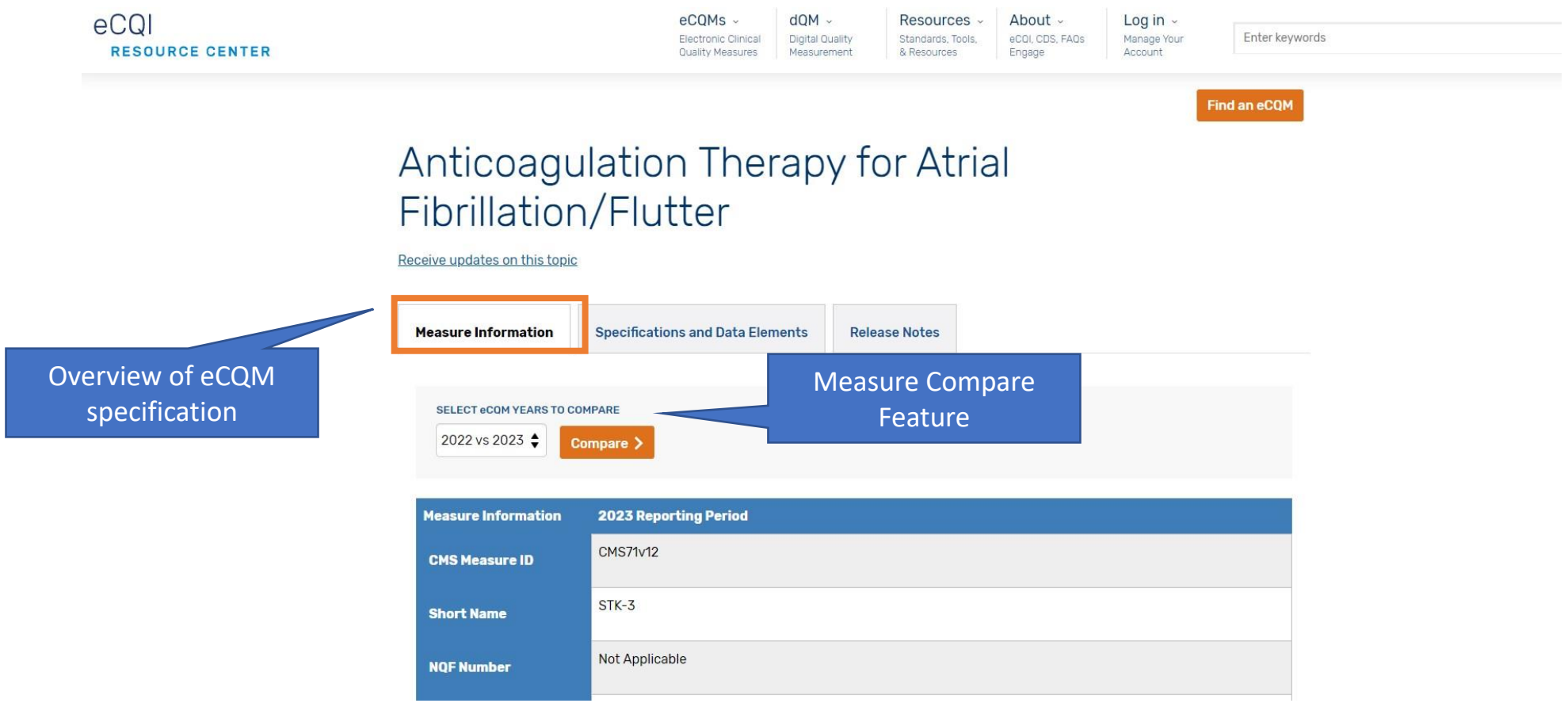
ELIGIBLE HOSPITAL/CRITICAL ACCESS HOSPITAL eCQMS RESOURCES TAB



ELIGIBLE HOSPITAL/CRITICAL ACCESS HOSPITAL eCQMS PAGE

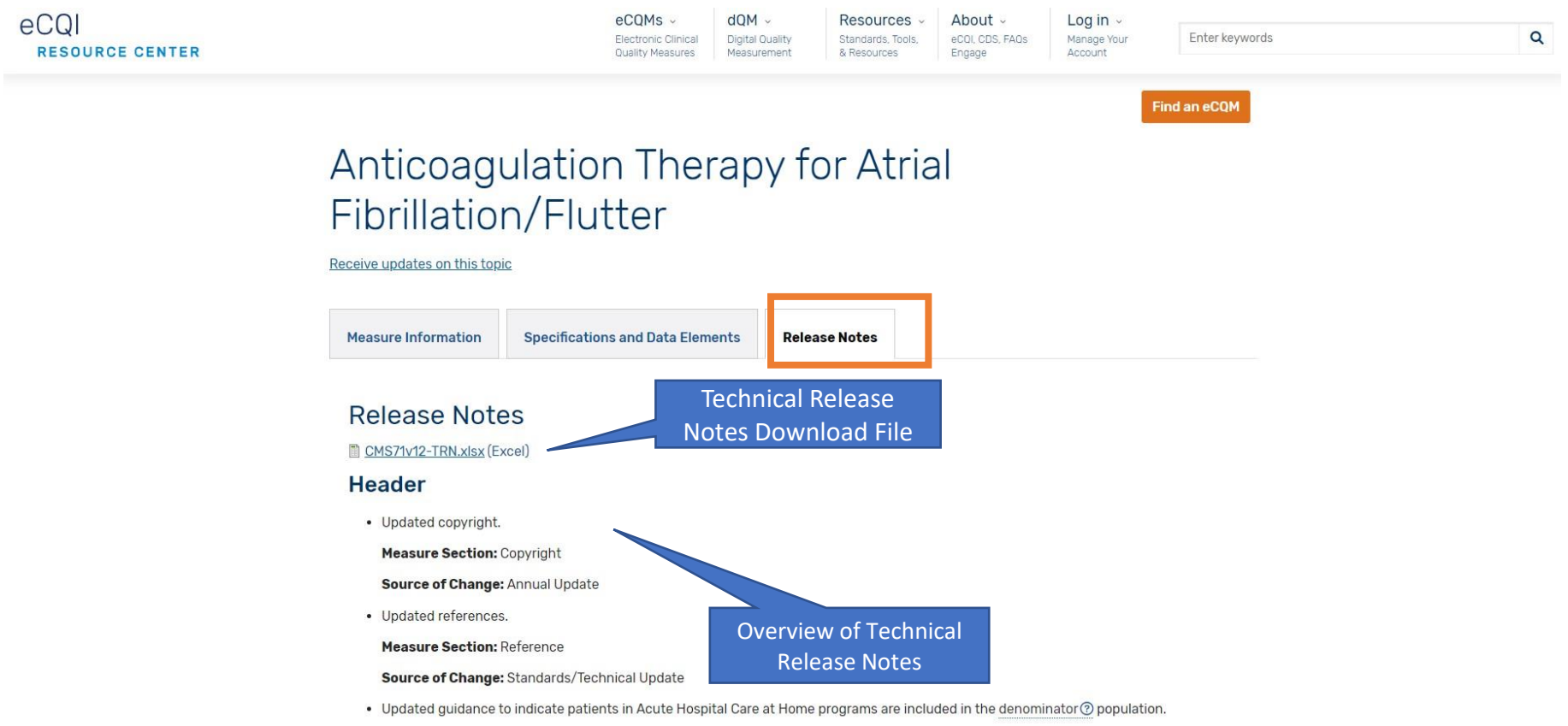


INDIVIDUAL eCQM MEASURE DETAILS AND MEASURE COMPARE



eCQM MEASURE SPECIFICATION

eCQM TECHNICAL RELEASE NOTES



UPDATED eCQM RESOURCES

- CMS has updated the eCQM Resources table found on the Eligible Hospital/Critical Access Hospital and Eligible Clinician pages of the eCQI Resource Center.
- The table now includes a short description of the resource along with a more detailed description available by hovering over the information icon at the end the resource name.
- The table can now be filtered by resource type:
  - Implementation Guidance
  - Reporting References
  - Standards References

eCQM RESOURCES

eCQM RESOURCES – TECHNICAL SPECIFICATIONS FILTER SELECTED

2023 CMS QRDA I IMPLEMENTATION GUIDE

Presenter: Yan Heras, ICF

PUBLIC COMMENTS ON THE DRAFT 2023 CMS QRDA I IMPLEMENTATION GUIDE AND SCHEMATRON FOR HOSPITAL QUALITY REPORTING

- The Centers for Medicare & Medicaid Services (CMS) recently posted the draft 2023 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) and schematron for Hospital Quality Reporting (HQR) for public comment.
- The draft IG was available for public comment April 1, 2022 – April 22, 2022.
- The 2023 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report electronic clinical quality measures (eCQMs) for the 2023 calendar year reporting period.

UPDATES TO THE 2023 CMS QRDA III IG AND SAMPLE FILES

- The draft 2023 CMS QRDA I IG contains these high-level changes compared with the 2022 CMS QRDA I IG:
  - Updates to support HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture Category I, Release 1, Standard for Trial Use (STU) Release 5.3, US Realm as the base standard
  - Updates to Table 6 QRDA I CMS Program Name
  - Updates to Table 14 Other Validation Rules for HQR Programs
  - Updates to Section 6 Hybrid Measures/CCDE Submission
- The draft 2023 CMS QRDA I schematron file contains these high-level changes compared with the 2022 CMS QRDA I schematron:
  - Updates to incorporate schematron updates from the base HL7 QRDA I STU Release 5.3 schematron
  - Updates to support the updated templates QRDA Category I Report – CMS (V8) and Patient Data Section QDM – CMS (V8)
  - Updates to the QRDA I CMS Program Name value set in the supporting voc.xml to match the updated Table 6: QRDA I CMS Program Name

ADDITIONAL QRDA-RELATED RESOURCES

- Find additional QRDA-related resources, as well as current and past IGs, on the Electronic Clinical Quality Improvement (eCQI) Resource Center QRDA page.
- For questions related to this guidance, the QRDA IGs, or Schematron, visit the ONC Project Tracking System (Jira) QRDA project.
- See the QRDA Known Issues Dashboard for solutions under development for both QRDA I and III known technical issues. These known issues supplement the information in QRDA IGs and other supporting documents.

JULY 2022 HL7® FHIR® CONNECTATHON 3

Presenter: Jennifer Seeman, ICF

CMS FHIR® CONNECTATHON 3 JULY 2022

- Virtual Event Date: July 19-21, 2022
- This is a free event; registration will be open May 1 through May 31.
- Link: CMS 2022 - 07 FHIR Connectathon 3 - FHIR - Confluence (hl7.org)
- Opportunity to work directly with other FHIR developers and senior members of the FHIR standards development team.
- The CMS eCQM Standards Team will continue the testing and use of FHIR-based Quality Measures for use in Quality Measurement programs, including CMS, Gaps in Care (GIC) and Clinical Decision Support (CDS) Use Cases.
- If you have any questions, feel free to email us at fhir@icf.com

DIGITAL QUALITY MEASURES WEBPAGE

A COMPONENT OF THE eCQI RESOURCE CENTER

Presenters: Joel Andress, Division of Quality Measurement, CMS; Faseeha Altaf, Yale; Grace Glennon,Yale

CMS HAS SET THE CRITICAL GOAL OF TRANSITIONING TO DIGITAL QUALITY MEASUREMENT

CMS has set a new course for quality measurement aimed at contributing to a learning health system to optimize patient safety, outcomes, and experience

Enable a future in which **care quality is entirely measured digitally**, using standardized, interoperable data

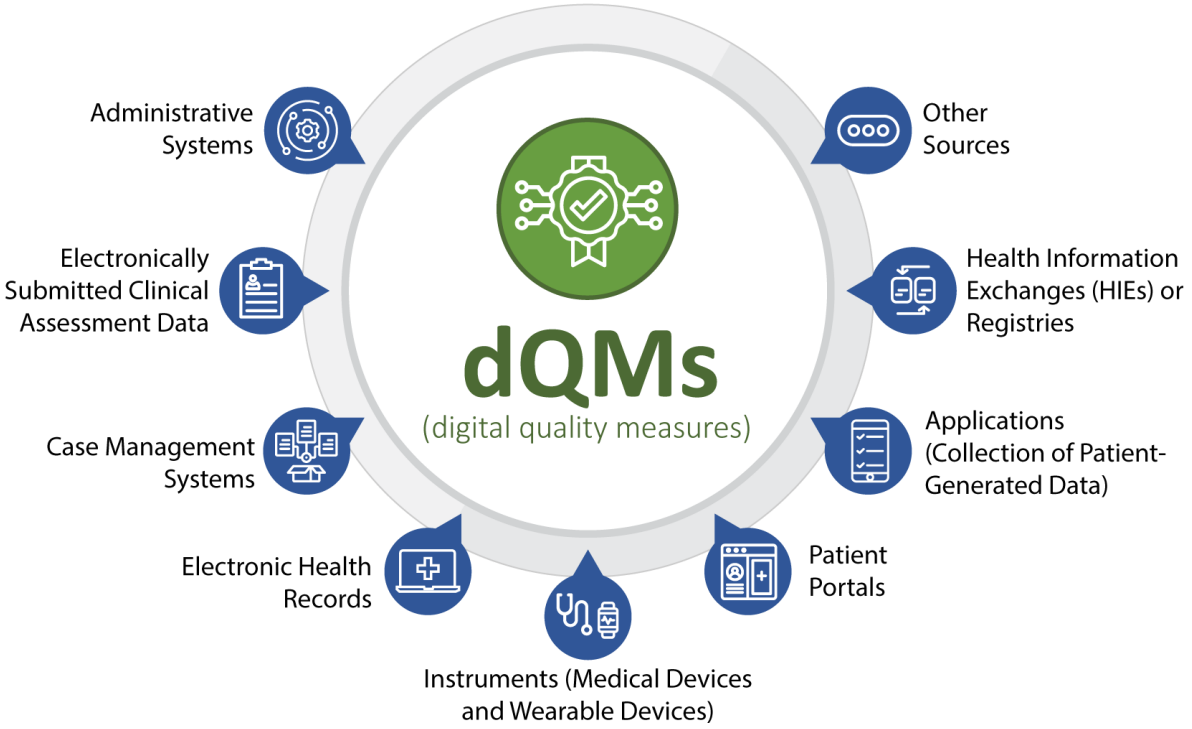
Reduce the burden of electronic health record (EHR) data mapping and reporting workflows by leveraging **Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology that is already required for interoperability**

Provide usable, timely data from multiple sources to support delivery of high quality of care and quality improvement

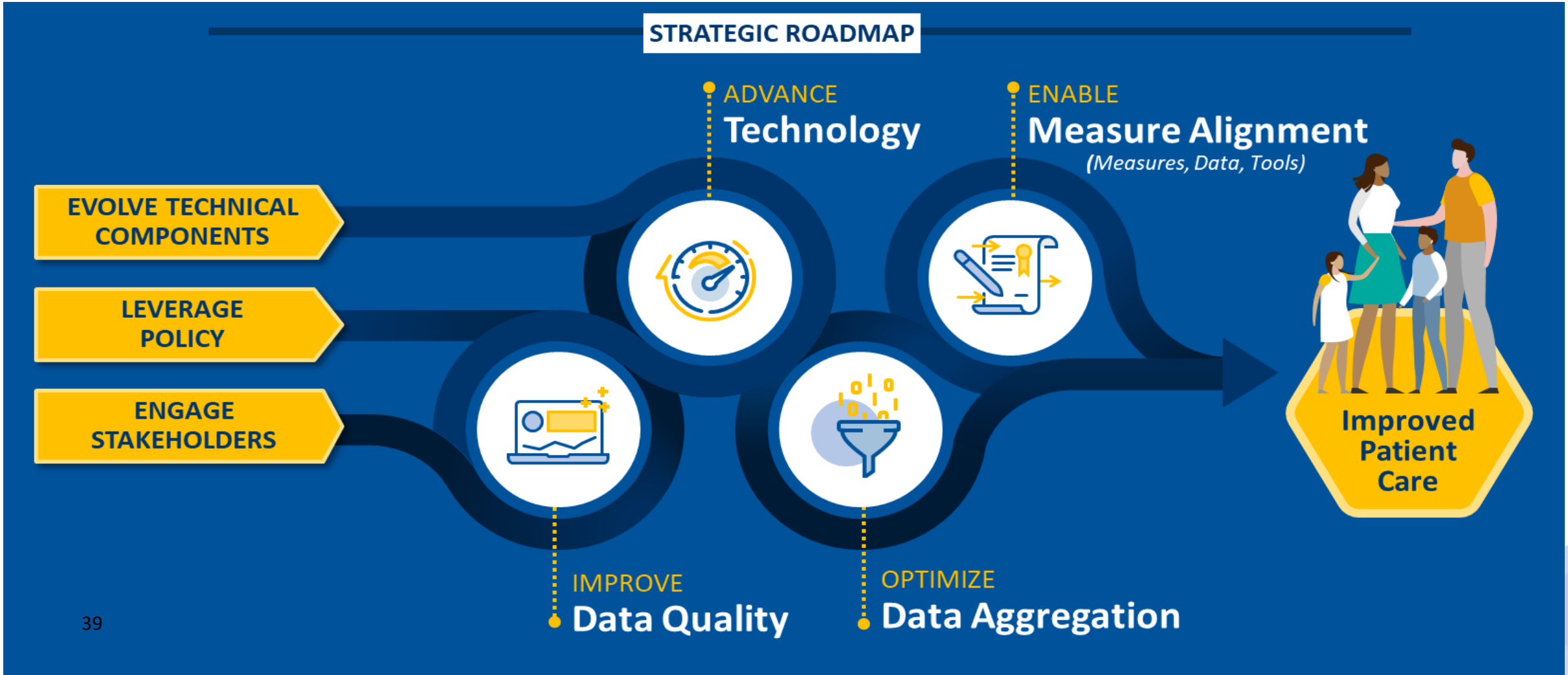
Produce reliable and valid measurement results common across multiple programs and payers

DIGITAL QUALITY MEASURES DEFINED

Digital Quality Measures (dQMs) are quality measures, organized as self-contained measure specifications and code packages, that use one or more sources of health information that are captured and can be transmitted electronically via interoperable systems.

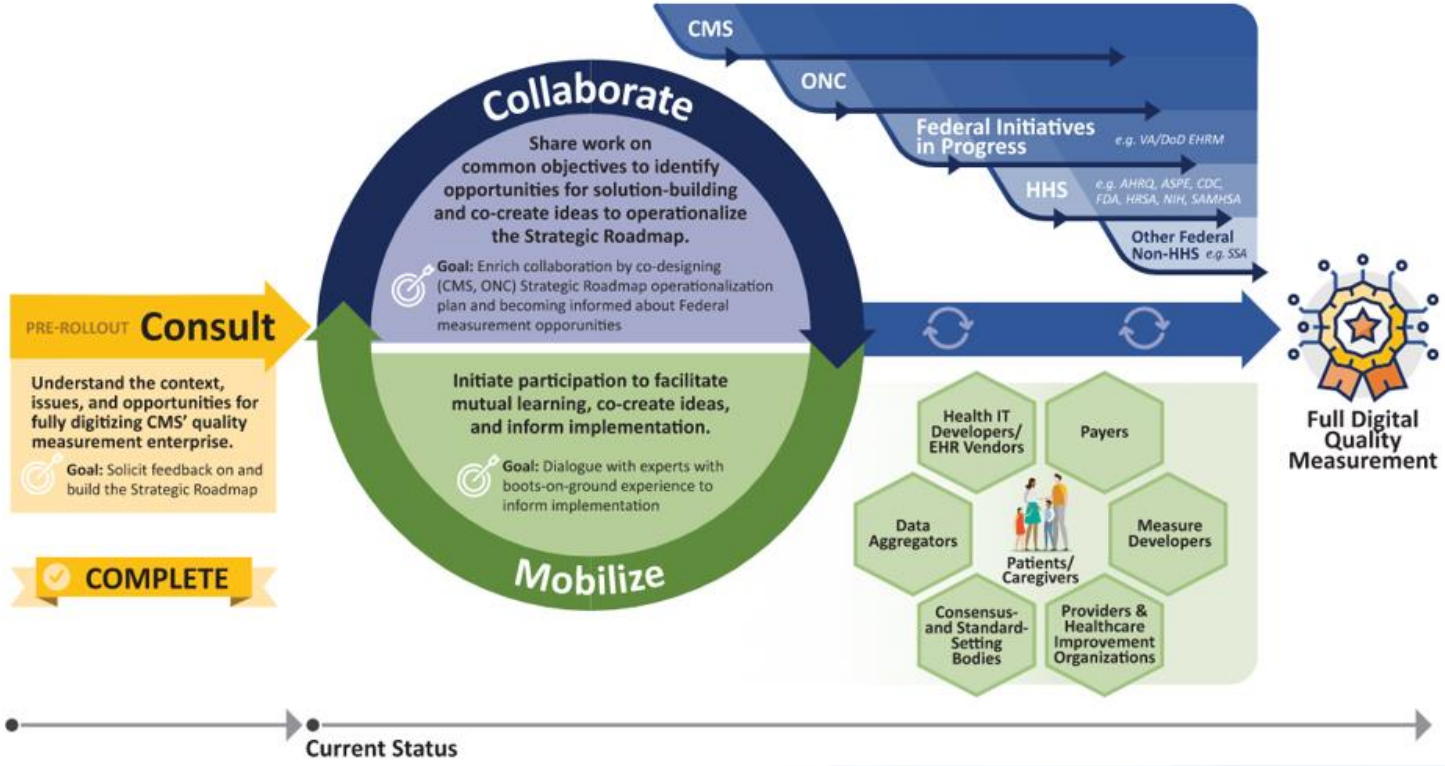


CMS DEVELOPED A STRATEGIC ROADMAP FOR ADVANCING DIGITAL QUALITY MEASUREMENT CENTERED AROUND FOUR KEY DOMAINS



STAKEHOLDER ENGAGEMENT IS KEY FOR SUCCESS

CMS's aims to actively engage with a broad set of stakeholders to ensure the success of developing, operationalizing, and maintaining the dQM Strategic Roadmap and transitioning to digital quality measurement.



Acronym	Description
AHRQ	Agency for Healthcare Research and Quality
ASPE	Assistant Secretary for Planning and Evaluation
CDC	Centers for Disease Control and Prevention
EHRM	Electronic Health Record Modernization
FDA	United States Food and Drug Administration
HIMSS	Healthcare Information and Management Systems Society
HRSA	Health Resources and Services Administration
NIH	National Institutes of Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SSA	United States Social Security Administration

CMS LAUNCHED A NEW WEBPAGE WITH DIGITAL QUALITY MEASUREMENT INFORMATION AND RESOURCES

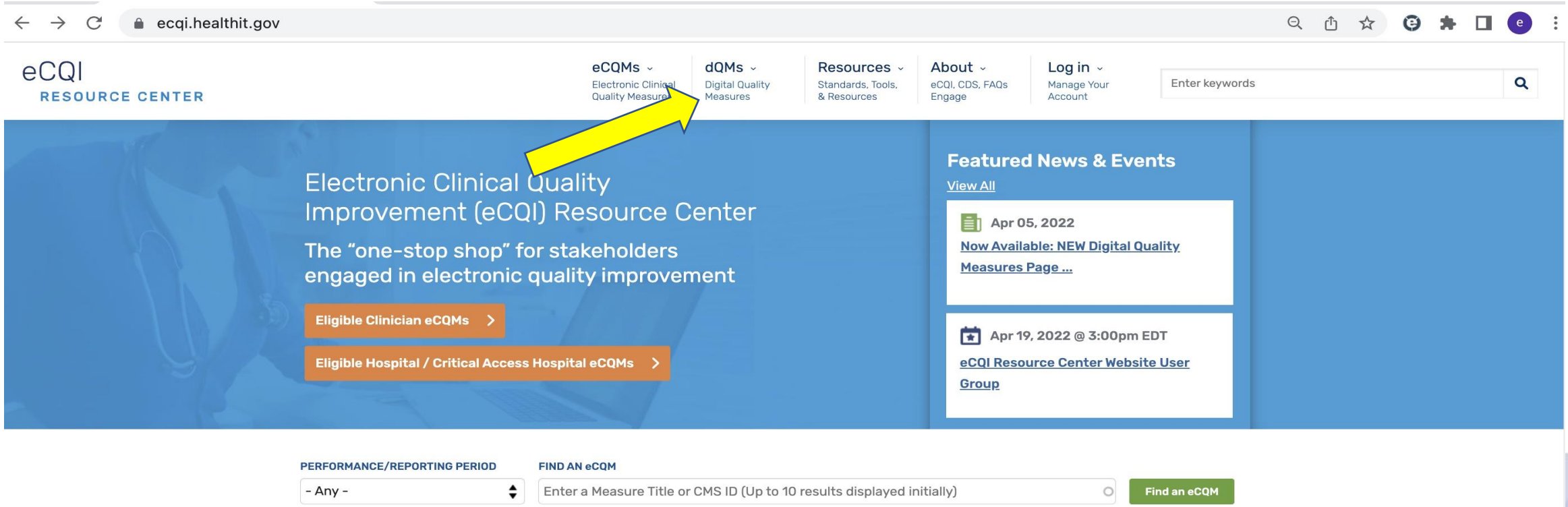
Goal of the webpage:

- Provide a public location for stakeholders to access information and materials related to CMS's plans and activities to move toward digital quality measurement
  - A well-informed stakeholder community will be more prepared to advise CMS through future engagement activities and will be better equipped to plan their own digital strategies and investments
- CMS intends to expand the content over time as more information and resources become available

FINDING THE DQM PAGE ON THE ECQI RESOURCE CENTER

The Digital Quality Measures page is located on the eCQI Resource Center, the CMS "one-stop shop" for stakeholders engaged in electronic quality improvement

https://ecqi.healthit.gov/dqm

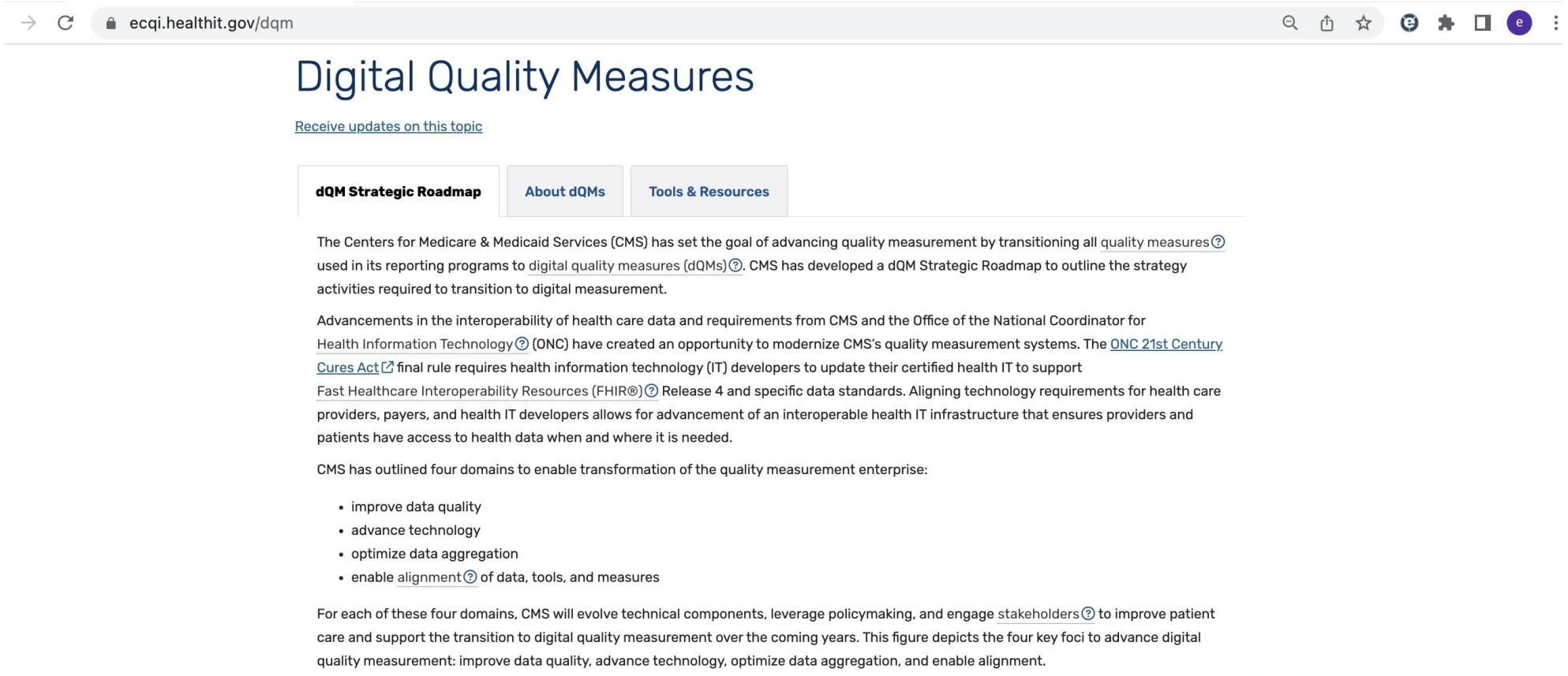


WHAT INFORMATION CAN BE FOUND HERE?

The dQM page includes three tabs:

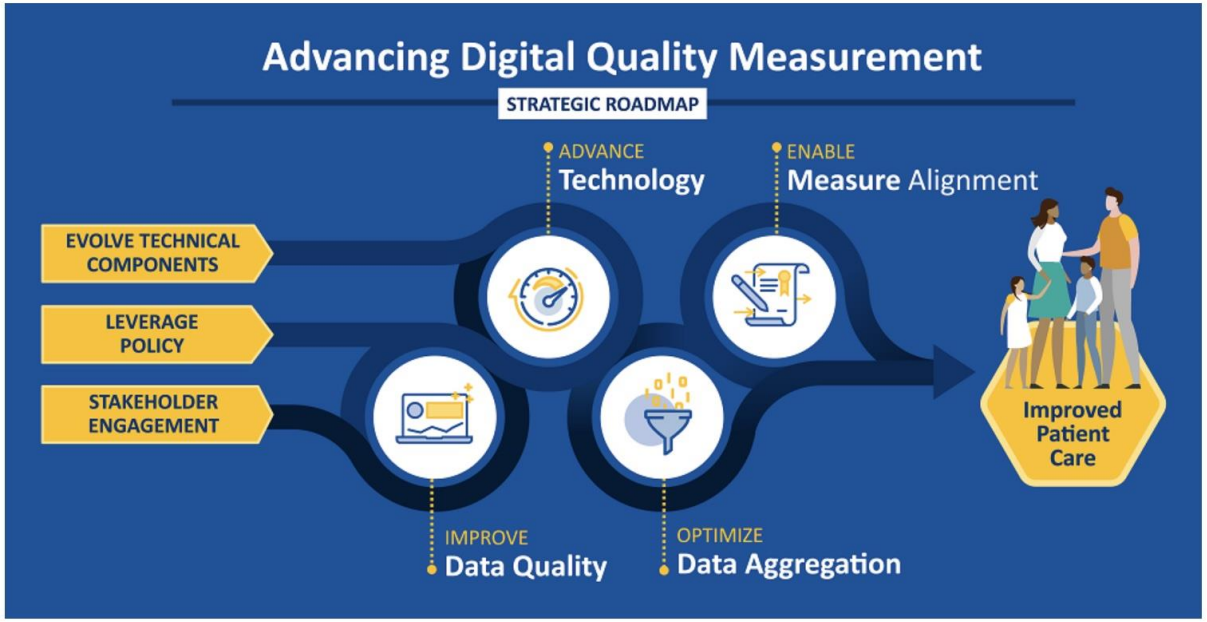
1. dQM Strategic Roadmap
2. About dQMs
3. Tools and Resources

THE DQM STRATEGIC ROADMAP TAB PROVIDES AN OVERVIEW OF CMS'S STRATEGY ACTIVITIES FOR ADVANCING DIGITAL QUALITY MEASUREMENT



DETAILED DOCUMENTATION CAN ALSO BE FOUND ON THIS TAB

ecqi.healthit.gov/dqm

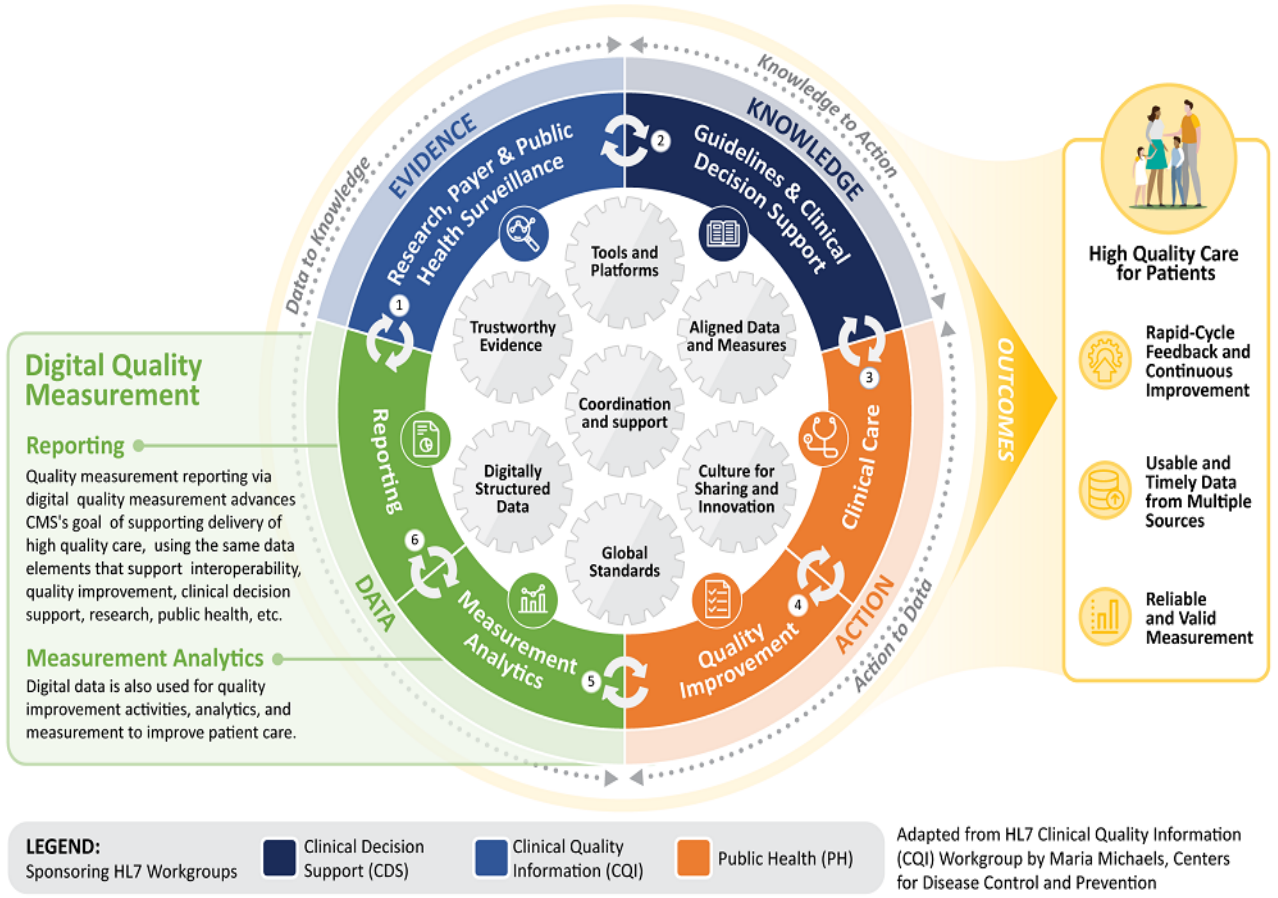


dQM Strategic Roadmap Documentation	Published
FY 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule: Advancing to Digital Quality Measurement and the Use of Fast Healthcare Interoperability Resources (FHIR) in Hospital Quality Programs—Request for Information	August 2021
CY 2022 Physician Fee Schedule final rule: Advancing to Digital Quality Measurement and the Use of Fast Healthcare Interoperability Resources (FHIR) in Physician Quality Programs—Request for Information	November 2021
dQM Strategic Roadmap (PDF)	April 2022
dQM Strategic Roadmap Executive Summary Slide Deck (PDF)	April 2022

THE ABOUT DQMS TAB INCLUDES A DESCRIPTION OF DQMS AND THEIR ROLE IN A LEARNING HEALTH SYSTEM

How do dQMs contribute to a learning health system?

Digital measurement is one component of a learning health system. In a learning health system, standardized and interoperable digital data from a single point of collection support multiple use cases, including quality measurement, quality improvement efforts, clinical decision support, research, and public health. Data used for quality measurement, as well as other use cases, should be a seamless outgrowth of data generation from routine clinical and administrative workflows. This approach supports data analysis, rapid-cycle feedback, and quality measurement that are aligned for continuous improvement in patient-centered care.



THE TOOLS AND RESOURCES TAB INCLUDES LINKS TO RELATED INITIATIVES

dQM Strategic Roadmap | About dQMs | **Tools & Resources**

CMS's dQM Strategic Roadmap and strategy for the transition to digital measurement requires collaboration and engagement with interoperability work across the healthcare ecosystem. CMS is closely collaborating with initiatives and projects including:

- Office of the National Coordinator for Health IT (ONC)'s United States Core Data for Interoperability (USCDI)
- ONC's USCDI+ Initiative
- ONC's Interoperability Standards Advisory (ISA)
- Health Level Seven International® Fast Healthcare Interoperability Resources® standard
- Centers for Disease Control (CDC) Public Health Data Interoperability
- CDC Public Health Data Modernization Initiative

WE WELCOME YOUR FEEDBACK

ecqi-resource-center@hhs.gov

- Joel Andress, joel.andress@cms.hhs.gov
- Faseeha Altaf, faseeha.altaf@yale.edu
- Grace Glennon, grace.glennon@yale.edu

CMS MEASURE INVENTORY TOOL (CMIT)

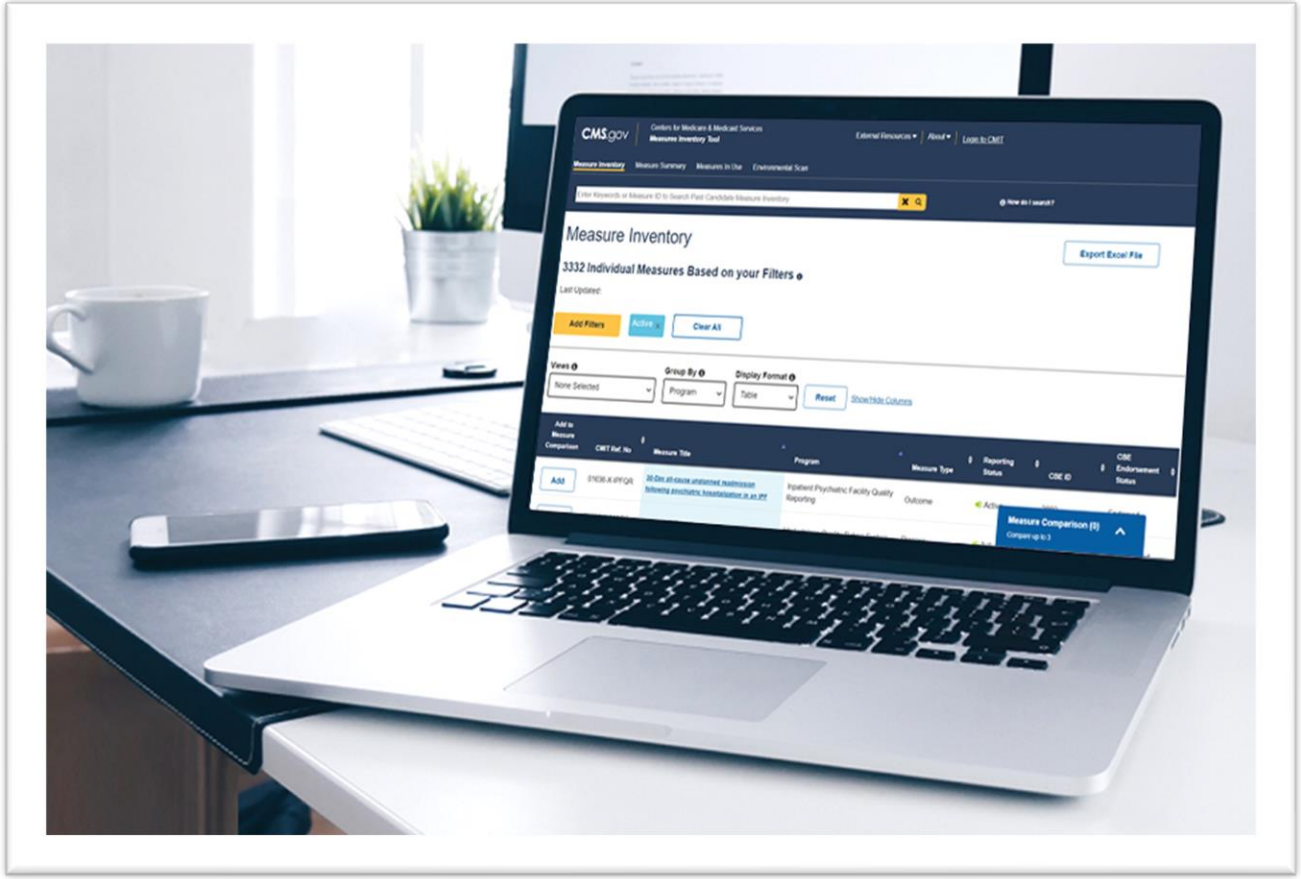
Presenters: Kimberly Rawlings, Division of Program and Measurement Support, CMS; Maureen Hammer, Battelle, Stephanie Zias, Battelle

OVERVIEW

- What is CMIT
- CMIT features, identifiers, and data structure
- CMIT Demo
  - Overview of site and functionality
- Questions

CMS MEASURES INVENTORY TOOL (CMIT)

- Host site for the CMS Quality Measures Inventory
- Agency-level repository of record for information about the measures CMS uses to promote healthcare quality and quality improvement



PURPOSE OF CMIT

- Provide stakeholders access to information about quality measures
- Promote transparency
- Coordinate quality measurement and improvement efforts
- Assist in management of the CMS quality measure information
  - Foster measure harmonization and alignment
  - Identify redundancies
  - Identify measurement gaps

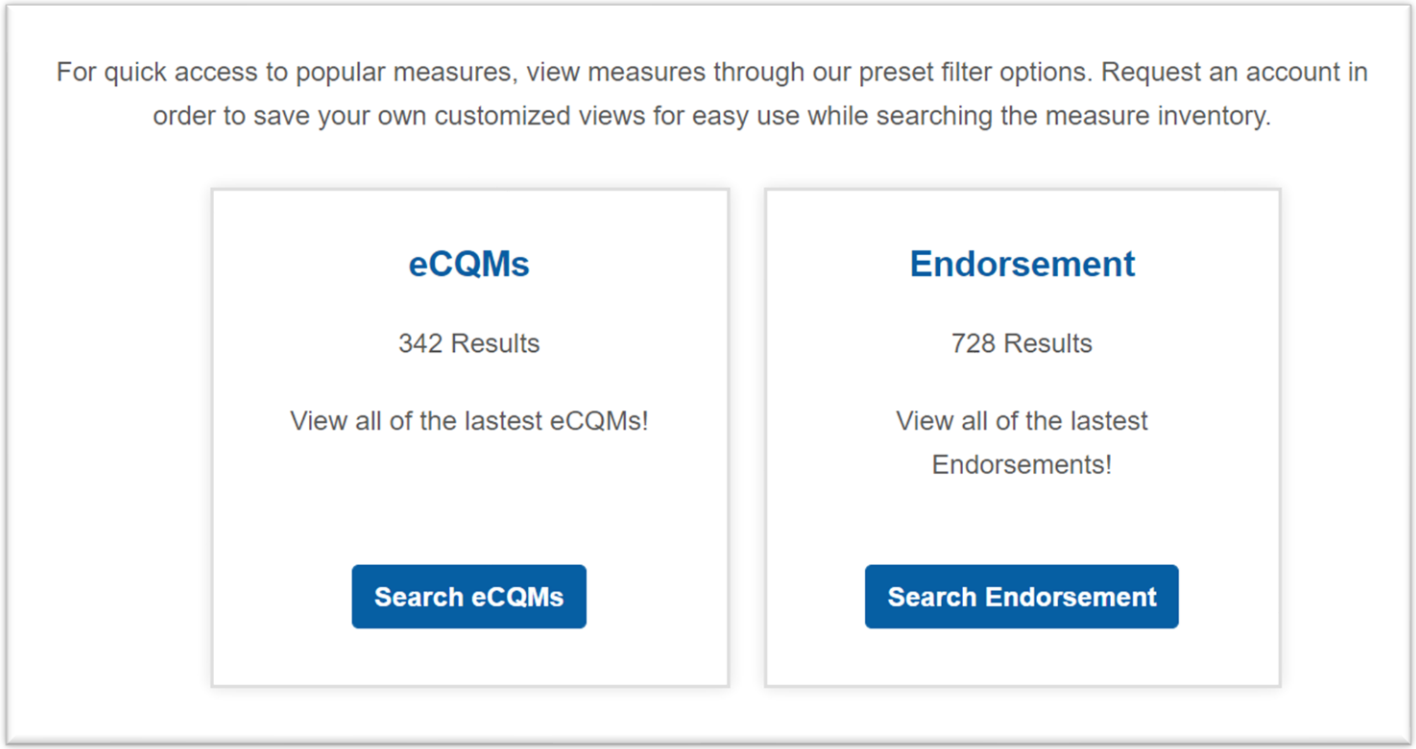
CMIT DATA

- The CMS Quality Measures Inventory includes:
  - Measures that have been proposed, finalized, implemented, or removed from CMS programs
  - Measures under Development (MUD) for CMS programs and measures submitted to CMS for consideration to go on the Measures under Consideration (MUC)
- Data sources include Federal Rules, measure specification manuals, CMS Program and Measure Leads
- Data are updated on a rolling-basis

CMIT 2.0

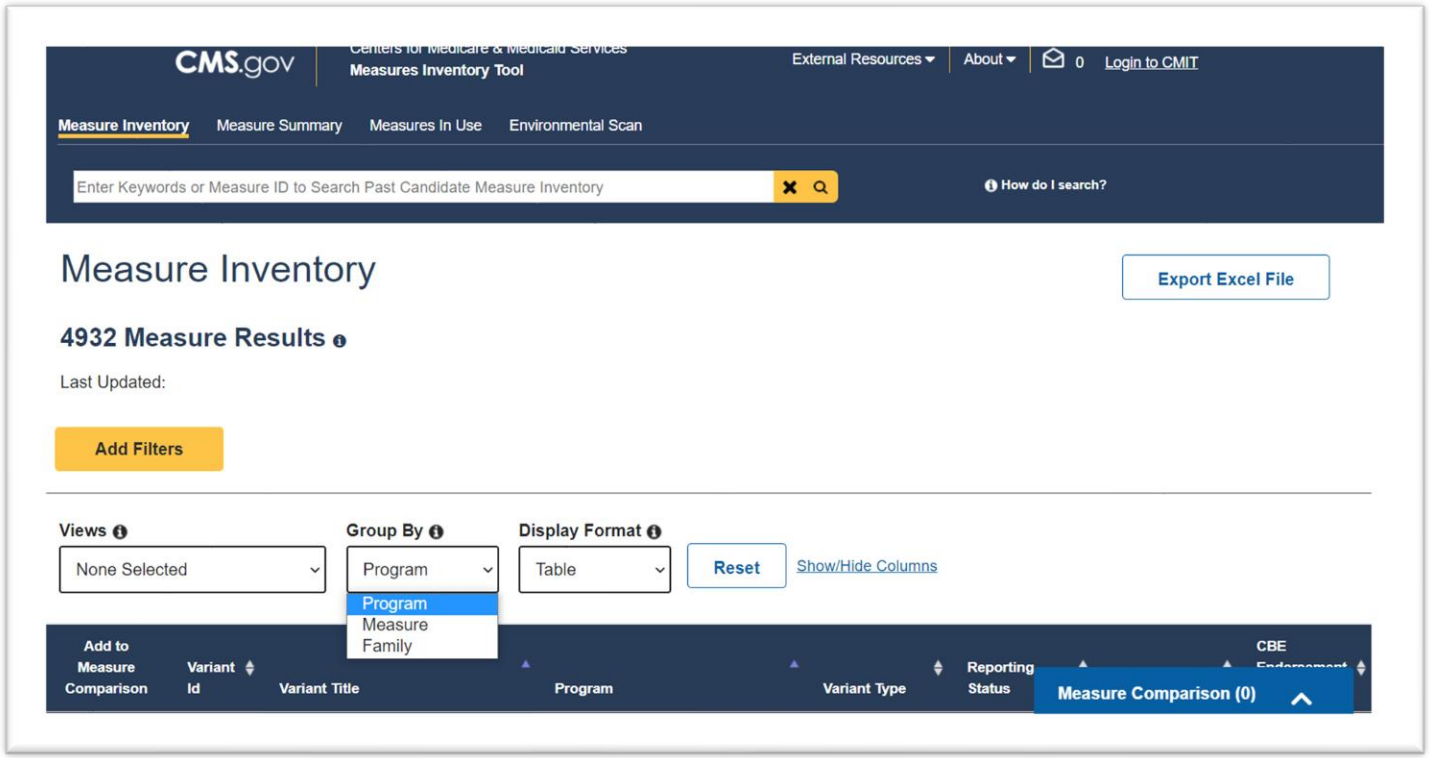
Features, CMIT ID and Structure

CMIT 2.0 FEATURES - USABILITY



- Home page includes pre-filters so you can quickly see a set of measures
- Ability to save your customized views if you opt to create an account

CMIT 2.0 FEATURES - VIEWS



- "Group by" feature allows the user to determine how search results are presented

Program
View results by program to see variants and compare across programs

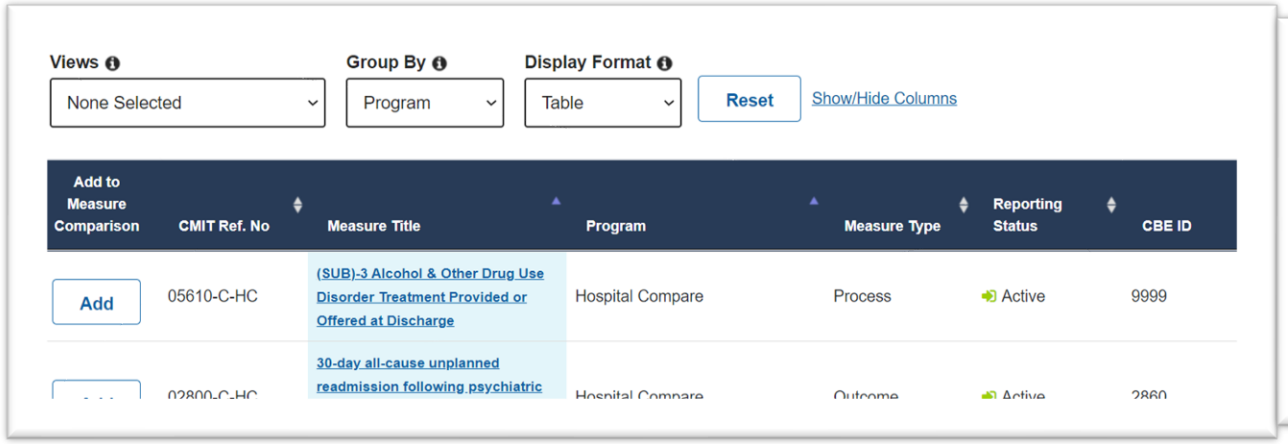
Measure
View results by standard to see substantively different measures

Family
View results by family to see "unique measures" in the Inventory

CMIT 2.0 FEATURES - VIEWS

Two options to view search results

Table View

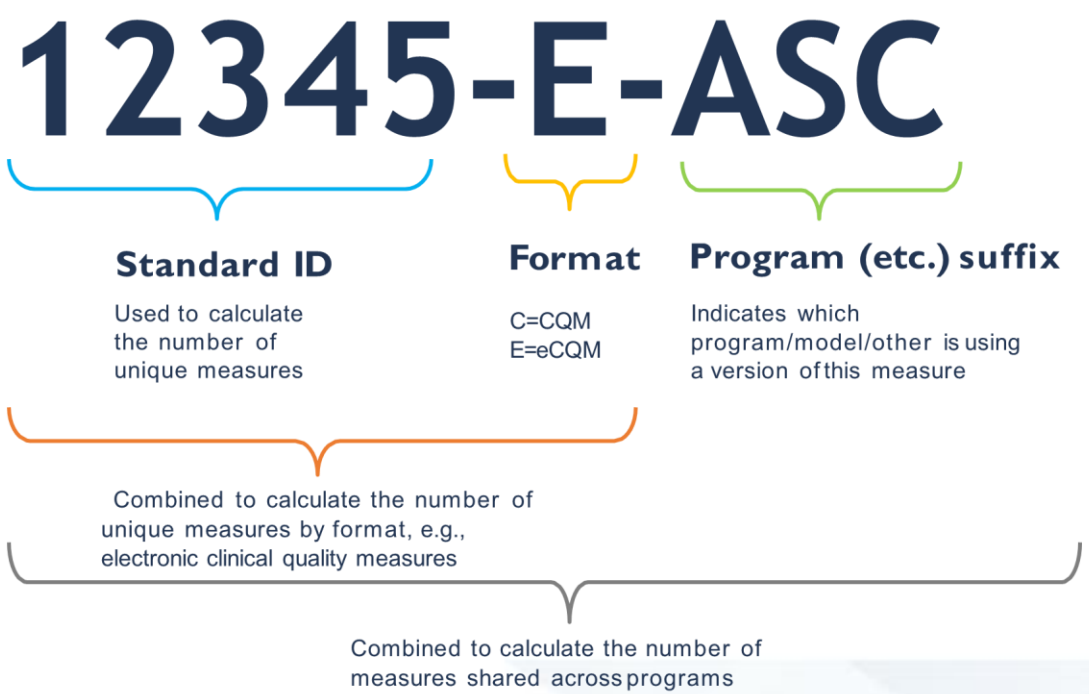


List View

CMIT 2.0 - ID FORMAT

WHAT MAKES UP THE NEW CMIT ID

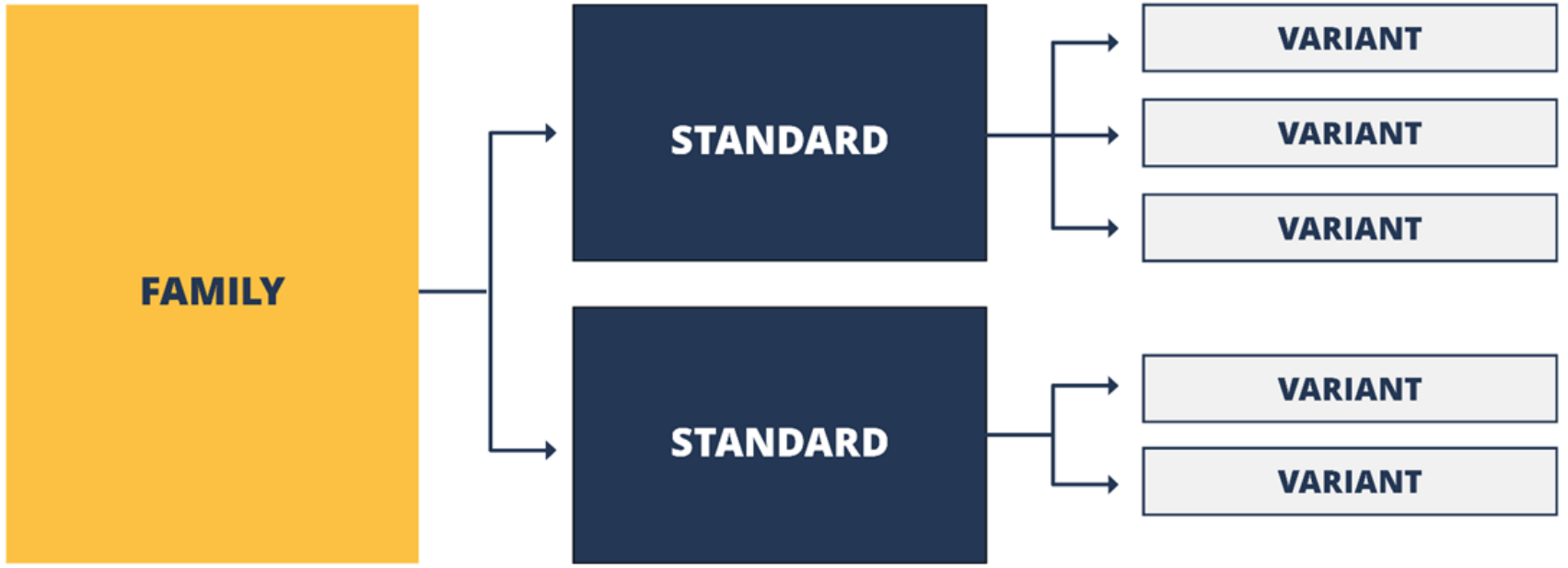
The new CMIT ID format is made up of the standard ID number, measure format (e.g., electronic (E) or Clinical (C)), and the program using a version of this measure.



Changing IDs

In most cases, the standard ID will include the old CMIT ID.

CMIT 2.0 - HIERARCHY



FAMILY: A grouping of similar standards.

STANDARD: A measure belonging to a family, which is substantively different than other standards in the same family.

VARIANT: A customizable version of a standard assigned to a specific program.

CMIT 2.0 – HIERARCHY EXAMPLE

HOW FAMILY MEASURES WORK

Controlling High Blood Pressure Example

1 FAMILY

4 MEASURE STANDARDS:
1 FOR EACH VARIANT REASON

- Standard 01246 = Core Measure
- Standard 01114 = Different Population
- Standard 00693 = Different Care Setting
- Standard 05816 = Different Data Source

7 VARIANTS
ACROSS THE 4 STANDARDS

- Standard 01246 = 3 variants
- Standard 01114 = 1 variant
- Standard 00693 = 1 variant
- Standard 05816 = 2 variants

Measure Standard Title: Controlling High Blood Pressure **Family ID: 0001**
Measure Standard ID: 01246
Type: Process | Format: Chart-abstracted

CMIT ID: 01246-C-MQRS
Title: Controlling High Blood Pressure
Program: Marketplace Quality Rating System **(Active)**

CMIT ID: 01246-C-MSSP
Title: Controlling High Blood Pressure
Program: Medicare Shared Savings Program **(Active)**

CMIT ID: 01246-C-MIPS
Title: Controlling High Blood Pressure
Program: Merit-Based Incentive Payment System **(Active)**

HOW CMIT HELPS YOU

Demo

WHAT CMIT DOES FOR YOU

- Shows the number of unique measures in use
- Displays measures implemented in a specific program
- Provides the number of measures used by more than one program
- Enables data gathering for reports such as how CMS is addressing a specific condition
- Allows sorting and filtering of information based on your needs

THANK YOU FOR YOUR TIME!

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MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

Presenters: Elizabeth Holland, Division of Electronic and Clinician Quality; Drew Morgan, Division of Value-Based Incentives and Quality Reporting; Darrick Hunter, Division of Value-Based Incentives and Quality Reporting, CMS

IPPS PROPOSED RULE

- On April 18, 2022, the Centers for Medicare & Medicaid Services (CMS) issued the *Fiscal Year 2023 Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule*.
- Proposed changes to the Medicare Promoting Interoperability Program include, but are not limited to:
  - **Requirement of the Query of Prescription Drug Monitoring Program measure** under the Electronic Prescribing Objective
  - Adding an option for the Health Information Exchange Objective: **Enabling Exchange under the under the Trusted Exchange Framework and Common Agreement (TEFCA) measure**
  - **Addition of a new measure, Antimicrobial Use and Antimicrobial Resistance Surveillance** measure under the Public Health and Clinical Data Exchange Objective
  - **Modification of the scoring methodology: Reduction** in the points associated with the Health Information Exchange Objective measures from **40 points to 30 points; Increase** in the points allocated to the Public Health and Clinical Data Exchange Objective from **10 points to 25 points; Reduction** in the points associated with the Provide Patients Electronic Access to Their Health Information measure from the **40 points to 25 points**

SUBMIT COMMENTS ON THE IPPS NPRM

Formal comments on the FY 2023 IPPS and LTCH PPS Proposed Rule are due no later than **5 p.m.** Eastern Daylight Time**, June 17, 2022.**

You can submit comments in several ways:

- Electronically: Through the "submit a comment" instructions on the Federal Register.
- By regular mail; or
- By express or overnight mail;

Please review the proposed rule for specific instructions for each method and submit comments by **one method** only.

HARDSHIP EXCEPTION APPLICATION

Medicare Promoting Interoperability Program participants may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful electronic health record user would result in a significant hardship.

If approved, the hardship exception will be valid for only one payment adjustment year.

- Participants would need to submit a new application for any following years.
- **In no case may a participant be granted an exception for more than five years.**

HARDSHIP EXCEPTION APPLICATION

Participants must complete and submit a hardship application, citing one of the following specified reasons for review and approval by CMS:

- Using decertified EHR technology
- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

HARDSHIP EXCEPTION APPLICATION

- The deadline for eligible hospitals and CAHs to submit a hardship exception application for the CY 2021 reporting period is **September 1, 2022.**

- If an electronic submission is not possible, you may contact the QualityNet Help Desk and work with a representative to verbally submit an application at 1 (866) 288-8912.

2022 MEDICARE PROMOTING INTEROPERABILITY PROGRAM RESOURCES

The following 2022 Medicare Promoting Interoperability Program Resources are now available:

- 2022 Medicare Promoting Interoperability Program Specification Sheets (ZIP)
- Scoring Methodology Fact Sheet (PDF)
- Electronic Prescribing Objective Fact Sheet (PDF)
- Health Information Exchange Objective Fact Sheet (PDF)
- Provider to Patient Exchange Objective Fact Sheet (PDF)
- Public Health and Clinical Data Exchange Objective Fact Sheet (PDF)
- Medicare PI vs MIPS PI Infographic (PDF)

QUALITY PAYMENT PROGRAM (QPP) UPDATE

Presenter: Julie Johnson, Division of Electronic and Clinician Quality, CMS

2021 MIPS COST PERFORMANCE CATEGORY REWEIGHTING

- Due to COVID-19's impact on cost measures, **CMS is reweighting the cost performance category from 20% to 0% for the 2021 performance period.**
  - The 20% cost performance category weight will be redistributed to other performance categories.
- **Clinicians don't need to take any action as a result of this decision** because the cost performance category relies on administrative claims data.
- To provide clinicians with more insight into and familiarity with their performance in this category, CMS will provide patient-level reports on the 2021 cost measures for which clinicians, groups and virtual groups met the case minimum.
  - Patient-level reports will be available as part of the final performance feedback in August 2022.

2021 MIPS COST PERFORMANCE CATEGORY REWEIGHTING

- The performance category weights and reweighting policies that apply to Merit-based Incentive Payment System (MIPS) eligible clinicians, groups and virtual groups in the 2021 performance period include:

MIPS Performance Category Reweighting Scenario	Quality Performance Category Weight	Cost Performance Category Weight	Improvement Activities Performance Category Weight	Promoting Interoperability Performance Category Weight
Reweight the Cost Performance Category				
No Additional Reweighting Applies	55%	0%	15%	30%
Reweight 2 Performance Categories				
No Promoting Interoperability, No Cost	85%	0%	15%	0%
No Quality, No Cost	0%	0%	15%	85%
No Improvement Activities, No Cost	70%	0%	0%	30%

GROUP REGISTRATION

- **Registration is now open for the CMS Web Interface and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey for the 2022 performance period.**
  - Groups, virtual groups, and Alternative Payment Model (APM) Entities with 25 or more clinicians (including at least 1 MIPS eligible clinician) can register by **8 p.m. ET on June 30, 2022**, to use the CMS Web Interface for reporting quality measures under traditional MIPS.
  - Groups, virtual groups, and APM Entities with 2 or more clinicians (including at least 1 MIPS eligible clinician) can register by **8 p.m. ET on June 30, 2022**, to administer the CAHPS for MIPS Survey under traditional MIPS or the Alternative Payment Model (APM) Performance Pathway (APP).

- **Note:** Medicare Shared Savings Program Accountable Care Organizations (Shared Savings Program ACOs) don't need to register, as they're automatically registered for the CMS Web Interface and the CAHPS for MIPS Survey, because they're required to meet reporting requirements for the quality performance category under the APP.

GROUP REGISTRATION OPEN (CONTINUED)

- **To register:**
  - Log in to the Quality Payment Program (QPP) website.
  - Go to the "Manage Access" page
  - Click "Edit Registration" by **8 p.m. ET on June 30, 2022**

- **For more information:**
  - How to Register for the CMS Web Interface and the CAHPS for MIPS Survey (webpage)
  - 2022 CAHPS for MIPS Overview Fact Sheet (PDF)

2022 MIPS CALL FOR QUALITY AND COST MEASURES

- The 2022 MIPS Call for Quality and Cost Measures is **now open**.

- You can submit measures for CMS to consider for inclusion on the annual list of quality and cost measures for the 2024 performance period by **8 p.m. ET on May 20, 2022**.

- To propose new measures for MIPS, please review the resources available in the 2022 Call for Measures and Activities Toolkit and visit the CMS Pre-Rulemaking website.

2022 MIPS ANNUAL CALL FOR MEASURES AND ACTIVITIES

- The 2022 MIPS Annual Call for Measures and Activities is **now open and will close on July 1, 2022**.

- You can submit Promoting Interoperability measures and improvement activities for consideration for future years of MIPS. Currently, CMS is accepting submissions for:
  - Measures for the **Promoting Interoperability** performance category
  - Activities for the **improvement activities** performance category

- To propose new measures and activities for MIPS, please review, fill out, and submit the forms from the 2022 Call for Measures and Activities Toolkit.

2022 EXCEPTION APPLICATION PERIOD

Extreme and Uncontrollable Circumstances Exception Application Period

- MIPS eligible clinicians, groups, and virtual groups may **submit an application** **to reweight any or all MIPS performance categories if they've been affected by extreme and uncontrollable circumstances (EUC)**.
    - For the 2022 performance year, CMS will be using our EUC policy to allow MIPS eligible clinicians, groups, and virtual groups to submit an application requesting reweighting of one or more MIPS performance categories to 0% due to the COVID-19 public health emergency.
    - Alternative Payment Model (APM) Entities may submit an application, but please note the following differences from the existing policy:
        - APM Entities are required to request reweighting for all performance categories
        - At least 75% of the MIPS eligible clinicians in the APM Entity will need to qualify for reweighting in the Promoting Interoperability performance category
        - Data submission for an APM Entity won't override performance category reweighting
- The EUC Exception application period **will close at 8 p.m. ET on December 31, 2022.**
- For more information, including how to apply, visit the Exception Applications webpage or download the 2022 MIPS EUC Exception Application Guide.

2022 EXCEPTION APPLICATION PERIOD (CONTINUED)

MIPS Promoting Interoperability Hardship Exceptions

- MIPS eligible clinicians, groups, and virtual groups may qualify for a re-weighting of the Promoting Interoperability performance category to 0% if they:
  - Are a small practice;
  - Have decertified EHR technology;
  - Have insufficient Internet connectivity;
  - Face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress, or vendor issues; **OR**
  - Lack control over the availability of CEHRT (simply lacking the required CEHRT doesn't qualify you for reweighting).

- The Promoting Interoperability Hardship Exception application period **will close at 8 p.m. ET on December 31, 2022.** For more information, including on how to apply, visit the Exception Applications webpage or download the 2022 MIPS Promoting Interoperability Hardship Exception Application Guide.

Note: *If you're already exempt from reporting Promoting Interoperability data, you don't need to apply.*

2022 RESOURCES AVAILABLE

- New 2022 QPP resources are now available on the QPP Resource Library, including:
  - 2022 Registration Guide for the CMS Web Interface and the CAHPS for MIPS Survey
  - 2022 CAHPS for MIPS Overview Fact Sheet
  - 2022 MIPS Group Participation Guide
  - 2022 MIPS Measures and Activities Specialty Guides
  - 2022 MIPS Data Validation Criteria
  - 2022 MIPS Improvement Activities User Guide
  - 2022 MIPS Promoting Interoperability User Guide
  - 2022 MIPS Eligibility and Participation User Guide
  - 2022 MIPS Cost User Guide

ALTERNATIVE PAYMENT MODEL (APM) UPDATES

Presenter: Corey Henderson, Center for Medicare and Medicaid Innovation, CMS

APM INCENTIVE PAYMENT UPDATES

- **2020 Payments-** Eligible clinicians who were Qualifying Advanced Alternative Payment Models (APM) Participants (QPs) based on their 2020 performance will begin receiving incentive payments this summer.

- **2022 QP Determinations-** CMS will publish QP determinations and MIPS APM participation information based on 2022 performance on the QPP Participation Status Tool, with the first snapshot being in July 2022.
  - **Note: PY 2022 is the last year to earn a 5% APM Incentive Payment**, as there will be no QP determinations beyond March 2023.

For more information, visit the Advanced APMs webpage on the QPP website.

NEW 2022 RESOURCES AVAILABLE

New 2022 APM resources will soon be available on the QPP Resource Library, including:

- **PY 2022 APM Performance Pathway (APP) Quality Requirements *(*Coming soon)*** – Contains details around the APP quality data submission options, APP quality measure set, and APP quality measure specifications for the following:
  - Shared Savings Program Accountable Care Organizations Only
  - PY 2022 APP Quality Requirements (All Participants)
- **2023 Learning Resources for All-Payer Zip File *(*Coming soon)*** – Includes resources related to the all-payer combination option, which is one way that eligible clinicians can become QPs.
- **2022 APP Zip File *(*Coming soon)* –** Contains resources related to the APP, including who can participate, reporting requirements, the scoring methodology, and frequently asked questions.

Q&A

THANK YOU