



# **DECEMBER 2021 CMS QUALITY PROGRAMS BI- MONTHLY FORUM**

*December 14, 2021*



# AGENDA

Topic	Speaker
• Medicare Promoting Interoperability Program Updates	<b>Drew Morgan</b> Division of Value-Based, Incentives and Quality Reporting, CMS
• Electronic Clinical Quality Improvement (eCQI) Resource Center Measure Compare	<b>Vidya Sellappan</b> Division of Electronic and Clinician Quality, CMS <b>Joe Mester</b> Battelle/ESAC, Inc.
• 2022 CMS Quality Reporting Document Architecture (QRDA) I Update	<b>Yan Heras</b> ESAC, Inc.
• January 2022 Fast Healthcare Interoperability Resources (FHIR) Connectathon	<b>Jennifer Seeman</b> ESAC, Inc.
• Outpatient Quality Reporting Electronic Clinical Quality Measure (eCQM)	<b>Tamara Mohammed</b> Center for Outcomes Research and Evaluation, Yale/Yale New Haven Health
• Quality Payment Program Updates	<b>Julie Johnson</b> Division of Electronic and Clinician Quality, CMS
• Alternative Payment Model Updates	<b>Corey Henderson</b> Center for Medicare and Medicaid Innovation, CMS



# MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

*Presenter: Drew Morgan, Division of Value-Based,  
Incentives and Quality Reporting, CMS*



# 2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA

- In 2020, CMS continued to implement a **performance-based scoring methodology** for eligible hospitals and critical access hospitals (CAHs) that attested to CMS under the Medicare Promoting Interoperability Program.
- Eligible hospitals and CAHs were required to report on measures from the four program objectives, which then contributed to the eligible hospital's or CAH's **total Promoting Interoperability Program score**.
- A minimum of **50 points** was required to satisfy the scoring requirement.



# 2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA

Key highlights of **eligible hospital participation data** during the 2020 Medicare Promoting Interoperability Program reporting year include:

- **3,276 participants** attested to the 2020 Medicare Promoting Interoperability Program
- **86%** of participants scored **≥50 points**
- **72.32/100** was the **average score** among participants

Eligible Hospital Objective Scoring Breakdown	
Total Points	Number of Eligible Hospitals
0-49	32
50-59	250
60-69	764
70-79	1,144
80-89	550
90-99	114
100+	10



# 2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA

Key highlights of **CAH participation data** during the 2020 Medicare Promoting Interoperability Program reporting year include:

- **1,326** participants attested to the 2020 Medicare Promoting Interoperability Program
- **77%** of participants scored **≥50 points**
- **73.35/100** was the average score among participants

CAH Objective Scoring Breakdown	
Total Points	Number of CAHs
0-49	29
50-59	119
60-69	210
70-79	357
80-89	267
90-99	76
100+	10



# ECQI RESOURCE CENTER MEASURE COMPARE

*Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Joe Mester, Battelle/ESAC, Inc.*



# ECQI RESOURCE CENTER WEBSITE

- The Electronic Clinical Quality Improvement (eCQI) Resource Center:
  - Electronic Clinical Quality Measures (eCQM) specifications and implementation materials for Eligible Professionals, Eligible Clinicians, Eligible Hospitals, and Critical Access Hospitals
  - eCQI standards information
  - eCQI tools, resources, and educational materials



# NAVIGATING THE ECQI RESOURCE CENTER - [HTTPS://ECQI.HEALTHIT.GOV](https://ecqi.healthit.gov)

eQMs Electronic Clinical Quality Measures | Resources Standards, Tools, & Resources | About eCQI, CDS, FADs Engage | Log in Manage Your Account |

**Electronic Clinical Quality Improvement (eCQI) Resource Center**  
The "one-stop shop" for stakeholders engaged in electronic quality improvement

[Eligible Professional/Clinician eQMs >](#)  
[Eligible Hospital/CAH eQMs >](#)

**Featured News & Events**  
[View All](#)

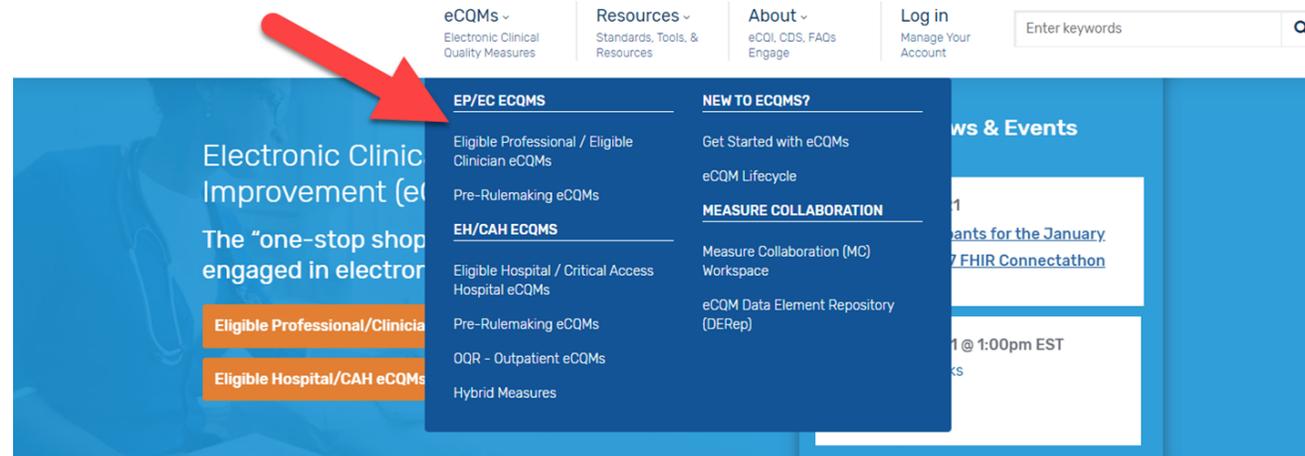
-  Nov 18, 2021  
[Seeking Participants for the January 2022 Virtual HL7 FHIR Connectathon 29...](#)
-  Dec 14, 2021 @ 1:00pm EST  
[Cypress Tech Talks](#)

PERFORMANCE/REPORTING  FIND AN eCQM

## Featured Resources



# NAVIGATING THE ECQI RESOURCE CENTER



The screenshot shows the top navigation bar of the ECQI Resource Center. A red arrow points to the 'eCQMs' dropdown menu, which is open. The menu is divided into three sections: 'EP/EC ECQMS', 'EH/CAH ECQMS', and 'NEW TO ECQMS?'. The 'EP/EC ECQMS' section includes links for 'Eligible Professional / Eligible Clinician eCQMs' and 'Pre-Rulemaking eCQMs'. The 'EH/CAH ECQMS' section includes links for 'Eligible Hospital / Critical Access Hospital eCQMs', 'Pre-Rulemaking eCQMs', 'OQR - Outpatient eCQMs', and 'Hybrid Measures'. The 'NEW TO ECQMS?' section includes links for 'Get Started with eCQMs' and 'eCQM Lifecycle'. To the right of the menu, there are links for 'Log in', 'Manage Your Account', and a search bar with the placeholder text 'Enter keywords'.



The screenshot shows the 'FIND AN eCQM' search bar. A red arrow points to the dropdown menu on the left, which is currently set to '- Any -'. The search bar itself contains the placeholder text 'Enter a Measure Title or CMS ID to find a specific measure' and a green 'Find an eCQM' button.

## Featured Resources



The screenshot shows three featured resource cards. The first card on the left has a blue circular icon with a white 'i' and a magnifying glass over a document. The middle card has an orange icon of a graduation cap. The third card on the right has a green icon of a clipboard with a checklist and a ruler.

# NAVIGATING THE ECQI RESOURCE CENTER

eCQMs Electronic Clinical Quality Measures | Resources Standards, Tools, & Resources | About eCQI, CDS, FAQs Engage | Log in Manage Your Account |

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 Eligible Professional / Eligible Clinician eCQMs

[Receive updates on this topic](#)

Select Performance Period:    
Find older eCQM specifications in the [eCQM Standard](#) and [Tools Version](#) table.

**eCQM Resources** | EP/EC eCQMs | About

2021 Performance Period Eligible Professional / Eligible Clinician Resources

**Search Resources**

For Use <input type="button" value="v"/>	eCQM Implementation Resources	Published <input type="button" value="v"/>
Jan 1 - Dec 31 2021	<a href="#">Implementation Checklist eCQM Annual Update</a> <input type="button" value="i"/>	
Jan 1 - Dec 31 2021	<a href="#">*NEW* Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2021 Quality Reporting (PDF)</a> <input type="button" value="i"/>	Sep 2020
Jan 1 - Dec 31 2021	<a href="#">Guide for Reading eCQMs v6.0 (PDF)</a> <input type="button" value="i"/>	May 2020
Jan 1 - Dec 31 2021	<a href="#">Eligible Clinicians and Eligible Professionals Table of eCQMs v2 (PDF)</a> <input type="button" value="i"/>	Jun 2020



# NAVIGATING THE ECQI RESOURCE CENTER

eCQMs - Electronic Clinical Quality Measures | Resources - Standards, Tools, & Resources | About - eCQI, CDS, FAQs, Engage | Log in - Manage Your Account

Enter keywords

## Eligible Professional / Eligible Clinician eCQMs

[Receive updates on this topic](#)

Select Performance Period:  

Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.

Search eCQMs

**2021** Performance Period Eligible Professional / Eligible Clinician eCQMs  
Total number of EP/EC eCQMs: 47

Measure Name	CMS eCQM ID	Quality Domain	NQF ID	MIPS Quality ID	Meaningful Measure Area	Notes	Telehealth Eligible*
<a href="#">Adult Major Depressive Disorder (MDD); Suicide Risk Assessment</a>	CMS161v9	Effective Clinical Care	0104	107	Prevention, Treatment, and Management of Mental Health		Yes



# NAVIGATING THE ECQI RESOURCE CENTER

eCQMs Electronic Clinical Quality Measures | Resources Standards, Tools, & Resources | About eCQI, CDS, FAQs Engage | Log in Manage Your Account |

PERFORMANCE/REPORTING PERIOD:  FIND AN eCQM - Click a list item to view a new eCQM:

 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

[Receive updates on this topic](#)

**Measure Information** | Specifications and Data Elements | Release Notes

SELECT eCQM YEARS TO COMPARE:   

Measure Information	2021 Performance Period
<b>CMS Measure ID</b>	CMS161v9
<b>NQF Number</b>	0104e
<b>Measure Description</b>	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit



# NAVIGATING THE ECQI RESOURCE CENTER

## Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

[Receive updates on this topic](#)

Measure Information
Specifications and Data Elements
Release Notes

### Compare eCQM Versions

SELECT eCQM YEARS TO COMPARE: 2022 vs 2021 Compare >

FILTER MEASURE BY: Measure Differences Filter Reset

DOWNLOAD ↘  
 Download ▾  
 CSV  
 PDF  
 XML

The Compare function compares two consecutive years (2020-2021 and 2021-2022) of the measure specifications found in the HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Data Sets.

Measure Information	2022 Performance Period	2021 Performance Period
<b>CMS Measure ID</b>	CMS161V10	CMS161V9
<b>NQF Number</b>	0104e	0104e
<b>Measure Description</b>	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit
<b>Initial Population</b>	Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified	Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified

# CONTACT THE ECQI RESOURCE CENTER

- We encourage you to visit and provide feedback on the eCQI Resource Center by emailing comments, suggestions, questions, and requests to post events and news to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov).
- Visit the [eCQI Resource Center Frequently Asked Questions](#)



# UPDATED 2022 QRDA I IMPLEMENTATION GUIDE AND HYBRID MEASURE SAMPLE FILE FOR HOSPITAL QUALITY REPORTING

*Presenter: Yan Heras, ESAC, Inc.*



# 2022 QRDA I IG, SCHEMATRONS AND SAMPLE FILES

- CMS has posted updates to the 2022 CMS Quality Reporting Document Architecture (QRDA) Category I [Implementation Guide \(IG\)](#) and [Schematrons and Sample Files](#) for Hospital Quality Reporting (HQR).
- The 2022 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the calendar year 2022 reporting period.



# CHANGES TO THE 2022 QRDA I IG

- Updated Table 3: recordTarget Constraints Overview to display all applicable rows in the correct order.
- Added guidance to section 5.3.1 Validation Rules for Encounter Performed to document the assertion rule enforcing the allowance of only ONE “Encounter Diagnosis QDM” template with a rank attribute equal to 1.
- Added two new conformance statements to Table 14: Other Validation Rules for HQR Programs. These validation rules are not part of the CMS schematrons.
  - CMS\_0087: Low date is after high date.
  - CMS\_0088: Invalid DateTime has been provided.



# CHANGES TO THE 2022 QRDA I SCHEMATRONS AND SAMPLE FILES

- Updated the sample file previously named: “2022-CMS-QRDA-I-v1.0\_HWR-Hybrid-CCDE-Sample-File-05052021”.
  - Updated the sample file to include the Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (HWM) measure and the additional Core Clinical Data Element, platelet count, specified for HWM.
  - Renamed the sample file to: “2022-CMS-QRDA-I-v1.1-Hybrid-CCDE-Sample-File”.
- No changes to the schematrons.

# ADDITIONAL QRDA-RELATED RESOURCES

- Find additional QRDA-related resources, as well as current and past IGs, on the [eCQI Resource Center QRDA page](#).
- For questions related to the QRDA IGs and/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.

# JANUARY 2022 HL7® FHIR® CONNECTATHON 29

*Presenter: Jennifer Seeman, ESAC, Inc.*



# HL7® FHIR® CONNECTATHON 29 JANUARY 2022

- Virtual Event Date: January 10-12, 2022 (Time: Central)
- <https://www.hl7.org/events/fhir/connectathon/2022/01>
- 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. Some of the planned activities include:
  - Test Measure specifications, content and capabilities
  - Test Measure Repository capabilities, including \$data-requirements
  - Test Measure Terminology Service capabilities, including version-specific expansion
- For more details on the Clinical Reasoning Track, visit:  
<https://confluence.hl7.org/display/FHIR/2022-01+Clinical+Reasoning>
- If you have any questions, feel free to email us at [fhir@icf.com](mailto:fhir@icf.com)



# OUTPATIENT QUALITY REPORTING ELECTRONIC CLINICAL QUALITY MEASURE

*Presenter: Tamara Mohammed, Center for Outcomes  
Research and Evaluation, Yale/Yale New Haven Health*



# MEASURE ADDED TO THE OPPTS RULE

- The ST-Segment Elevation Myocardial Infarction (STEMI) eCQM (OP-40) been finalized for use in the Outpatient Quality Reporting (OQR) program
  - First eCQM in the OQR program
- Finalized for:
  - Voluntary Reporting: CY 2023 data for CY 2025 payment determination
  - Mandatory Reporting: beginning with CY 2024 data for CY 2026 payment determination
- Replaces 2 chart-abstracted measures:
  - OP-2 (Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department (ED) Arrival), and
  - OP-3 (Median Time to Transfer to Another Facility for Acute Coronary Intervention)
- OP-2 and OP-3 were finalized for removal from the OQR program beginning with CY 2023 reporting period/CY 2025 payment determination



# MEASURE SPECIFICATIONS

- Electronic process measure that includes the populations of OP-2 and OP-3
- Measures the percentage of ED patients (aged 18 or older) diagnosed with STEMI that received timely fibrinolytic therapy (within 30 minutes) or timely transfer to a percutaneous coronary intervention (PCI)-capable facility (within 45 minutes).
- Has been submitted to the National Quality Forum (NQF) for endorsement.



# MEASURE SPECIFICATIONS

- Denominator includes all emergency department (ED) encounters for patients 18 years and older with a diagnosis of ST-segment elevation myocardial infarction (STEMI)
- Numerator includes ED-based STEMI patients:
  - Patients whose time from ED arrival to fibrinolytic therapy is 30 minutes or fewer
  - Who arrive at a PCI-capable facility (without being transferred) and received PCI within 90 minutes of arrival
  - Who arrive at a non-PCI-capable facility and were transferred to a PCI-capable facility with 45 minutes of arrival

# STEMI ECQM REPORTING

- Hospitals need to report:

Reporting Period	Data Period	Payment Determination
Voluntary Reporting	At least 1 quarter from CY 2023	N/A
Mandatory Reporting	At least 1 quarter from CY 2024	CY 2026
	At least 2 quarters from CY 2025	CY 2027
	At least 3 quarters from CY 2026	CY 2028
	All 4 quarters from CY 2027	CY 2029+



# RESOURCES

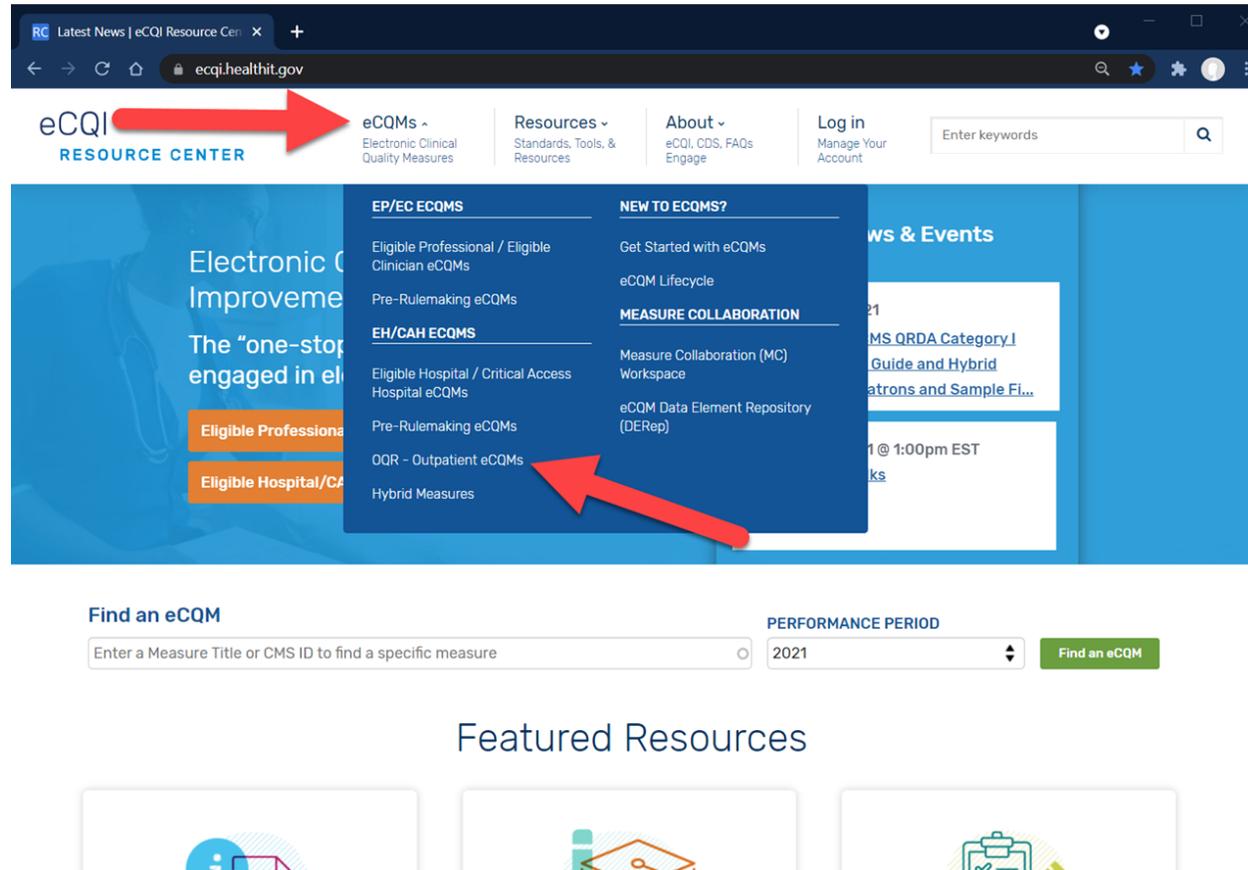
- For information on the STEMI measure see:
  - Final [Calendar Year 2023 Rule for the Outpatient Quality Reporting Program](#)
  - eCQI Resource Center for information and resources related to the electronic specifications of the STEMI eCQM measure
- Submit technical and implementation questions in the ONC Project Tracking System (Jira) [eCQM Tracker](#)

# NAVIGATING THE ECQI RESOURCE CENTER - [HTTPS://ECQI.HEALTHIT.GOV](https://ecqi.healthit.gov)

The screenshot shows the eCQI Resource Center website. At the top, there is a navigation bar with the eCQI logo, menu items for eCQMs, Resources, About, and Log in, and a search bar. The main content area features a large blue banner with the text "Electronic Clinical Quality Improvement (eCQI) Resource Center" and "The 'one-stop shop' for stakeholders engaged in electronic quality improvement". Below this banner are two orange buttons: "Eligible Professional/Clinician eCQMs" and "Eligible Hospital/CAH eCQMs". To the right of the banner is a "Featured News & Events" section with a "View All" link and two news items: "Updated 2022 CMS QRDA Category I Implementation Guide and Hybrid Measure Schematrons and Sample Fi..." dated Nov 04, 2021, and "Cypress Tech Talks" dated Nov 16, 2021 @ 1:00pm EST. Below the banner is a "Find an eCQM" section with a search input field, a "PERFORMANCE PERIOD" dropdown menu set to "2021", and a "Find an eCQM" button. At the bottom, there is a "Featured Resources" section with three placeholder cards, each containing an icon representing a different resource category.



# NAVIGATING TO THE OQR OUTPATIENT ECQM PAGE



From the homepage select “Outpatient Quality Reporting eCQMs”

# OQR OUTPATIENT ECQM PAGE - [HTTPS://ECQI.HEALTHIT.GOV/EH-OQR-ECQMS](https://ecqi.healthit.gov/eh-oqr-ecqms)

Outpatient Quality Reporting eCQMs

Receive updates on this topic

CMS outpatient quality reporting [electronic clinical quality measure](#) (eCQM) is developed and [specifications](#) are finalized for use in the [CMS Outpatient Quality Reporting program](#) beginning with the calendar year 2023 reporting period. The measure will be used for voluntary reporting for calendar year 2023 and mandatory reporting beginning with the calendar year 2024 reporting period.

Questions about the use of this eCQM in the CMS Outpatient Quality Reporting (OQR) program can be submitted to the [QualityNet Question Answer Site](#)

Questions related to the OQR eCQM specifications, logic, [data elements](#), standards, or resources can be submitted in the eCQM Tracker - [ONC Project Tracking System \(Jira\)](#)

Measure Name	Short Name	CMS eCQM ID	NQF ID	Meaningful Measure Area
<a href="#">Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)</a>	STEMI	CMS996v2	03613e	Management of Chronic Conditions

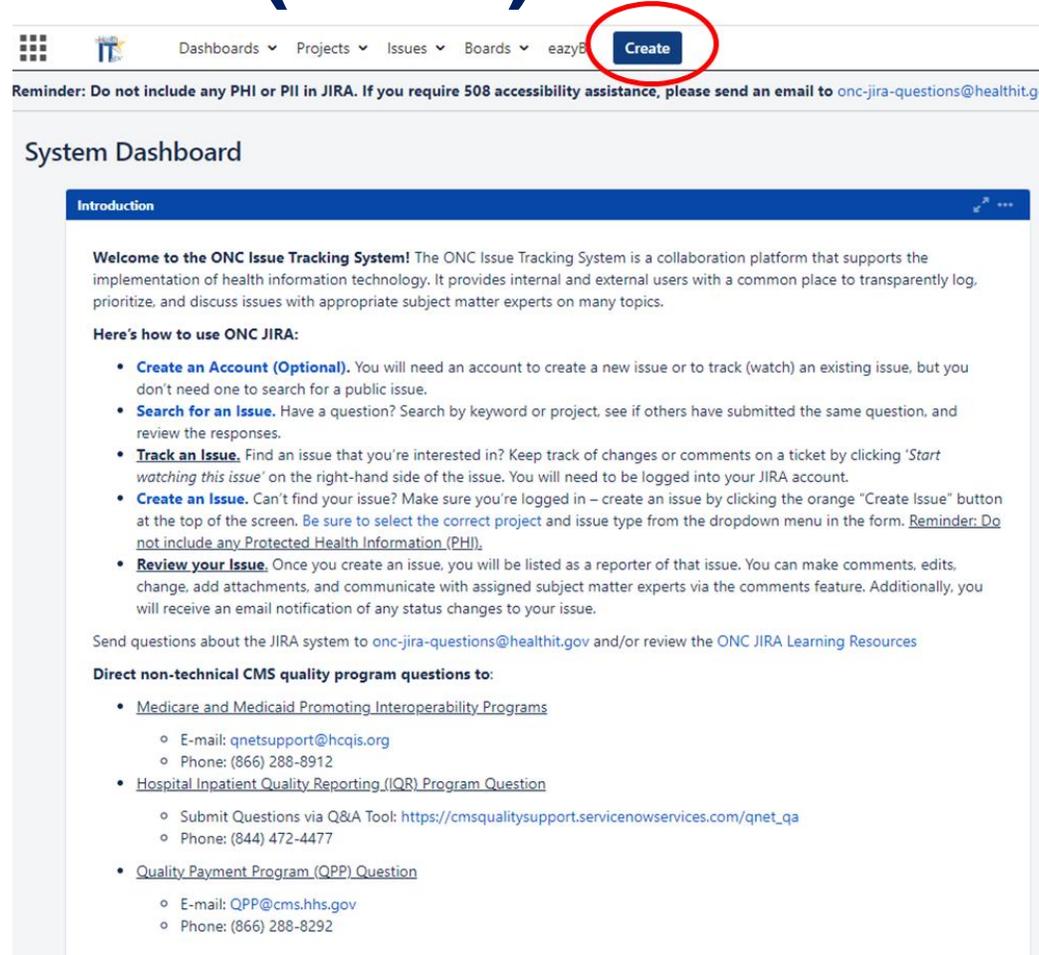
  

eCQM Implementation Resources	Published
<a href="#">STEMI OQR eCQM Value Sets (Excel)</a>	Jul 2021

Last Updated: Nov 03, 2021

Contains information on the measure specifications and value sets

# ECQM TRACKER (JIRA)



The screenshot shows the JIRA system dashboard. At the top, there is a navigation bar with 'Dashboards', 'Projects', 'Issues', and 'Boards' menus, and a 'Create' button circled in red. Below the navigation bar, a reminder states: 'Reminder: Do not include any PHI or PII in JIRA. If you require 508 accessibility assistance, please send an email to [onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov)'. The main content area is titled 'System Dashboard' and contains an 'Introduction' section. The introduction text reads: 'Welcome to the ONC Issue Tracking System! The ONC Issue Tracking System is a collaboration platform that supports the implementation of health information technology. It provides internal and external users with a common place to transparently log, prioritize, and discuss issues with appropriate subject matter experts on many topics. Here's how to use ONC JIRA:'. A bulleted list follows: '• **Create an Account (Optional)**. You will need an account to create a new issue or to track (watch) an existing issue, but you don't need one to search for a public issue. • **Search for an Issue**. Have a question? Search by keyword or project, see if others have submitted the same question, and review the responses. • **Track an Issue**. Find an issue that you're interested in? Keep track of changes or comments on a ticket by clicking 'Start watching this issue' on the right-hand side of the issue. You will need to be logged into your JIRA account. • **Create an Issue**. Can't find your issue? Make sure you're logged in – create an issue by clicking the orange "Create Issue" button at the top of the screen. Be sure to select the correct project and issue type from the dropdown menu in the form. **Reminder: Do not include any Protected Health Information (PHI)**. • **Review your Issue**. Once you create an issue, you will be listed as a reporter of that issue. You can make comments, edits, change, add attachments, and communicate with assigned subject matter experts via the comments feature. Additionally, you will receive an email notification of any status changes to your issue.

Send questions about the JIRA system to [onc-jira-questions@healthit.gov](mailto:onc-jira-questions@healthit.gov) and/or review the ONC JIRA Learning Resources

**Direct non-technical CMS quality program questions to:**

- [Medicare and Medicaid Promoting Interoperability Programs](#)
  - E-mail: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)
  - Phone: (866) 288-8912
- [Hospital Inpatient Quality Reporting \(IQR\) Program Question](#)
  - Submit Questions via Q&A Tool: [https://cmsqualitysupport.servicenow.com/qnet\\_qa](https://cmsqualitysupport.servicenow.com/qnet_qa)
  - Phone: (844) 472-4477
- [Quality Payment Program \(QPP\) Question](#)
  - E-mail: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)
  - Phone: (866) 288-8292

From homepage – select “Create” to create a new issue

<https://oncprojecttracking.healthit.gov>

<https://oncprojecttracking.healthit.gov/support/secure/CreateIssue!default.jspa>



# LOGGING A TICKET FOR OQR ECQM IMPLEMENTATION/TECHNICAL ISSUES

Create Issue Configure Fields

All fields marked with an asterisk (\*) are required

Project\* eCQM Issue Tracker (CQM)

Issue Type\* Value Sets

This issue type has been used in an active issue type. Issues of this type cannot be created. Please choose an issue type that is not currently in use. Governance effecting more than 1 eCQM, Other, and Value Sets

- None
- Annual Update
- EH/CAH eCQMs
- EP/EC eCQMs
- HQMF Standards
- Implementation Problem
- Intent/Governance affecting more than 1 eCQM
- OQR eCQMs
- Other
- Terminology

Create another Create Cancel

- Under Project select “eCQM Issue Tracker”
- Under Issue Type select “OQR eCQMs”



# QUALITY PAYMENT PROGRAM UPDATES

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



# 2022 PFS FINAL RULE

- CMS published the [2022 Physician Fee Schedule \(PFS\) Final Rule](#) on **November 2, 2021**.
- Key QPP policies in the rule include:
  - Revising definition of Merit-based Incentive Payment System (MIPS) eligible clinician types to include **social workers and certified nurse mid-wives**
  - Setting MIPS performance threshold at **75** points and exceptional performance threshold at **89** points
  - Weighting cost and quality performance categories equally (as statutorily required) at **30%**
  - Revising quality scoring policies, including introduction of a floor for new measures (7 points for first year, 5 points for second year) and removal of outcome/high priority measure bonus points and end-to-end electronic reporting bonus points
  - Extending CMS Web Interface in traditional MIPS for the 2022 performance year only



# 2022 PFS FINAL RULE

- The following updates were also included in Final Rule and affect future years of QPP:
  - Finalizing **7** MIPS Value Pathways (MVPs) that will be available, beginning with the 2023 performance year
  - Providing a description of the registration process and timeline for MVP and subgroup registration, beginning with the 2023 performance year
  - Starting with PY 2023, the 3-point floor for quality measures that 1) can be scored against a benchmark, 2) don't have a benchmark, and 3) don't meet case minimum will be removed
- For more information, please review the [recording & slides](#) from the 2022 QPP Final Rule Webinar and the following resources in the [QPP 2022 Final Rule Resources Zip File](#):
  - Overview Fact Sheet
  - Policies Comparison Table
  - MVP Policies Table
  - Frequently Asked Questions (FAQs)
  - MVP Development Template



# QPP EXCEPTION APPLICATIONS

- There are two exception applications available to clinicians in PY 2021:
  - The **Extreme and Uncontrollable Circumstances (EUC) Exception** application
    - Note: If you are MIPS eligible clinician who is eligible to participate in MIPS as an individual, the MIPS automatic EUC policy will be applied to you for PY 2021.
  - The **MIPS Promoting Interoperability Performance Category Hardship Exception** application
- To apply, [sign into QPP](#) with your HCQIS Access Roles and Profile (HARP) credentials and click “Exception Application” on the left-hand navigation.
- The deadline for the EUC Exception Application and MIPS Promoting Interoperability Performance Category Hardship Exception Application for PY 2021 is **December 31, 2021 at 8 p.m. ET.**
- For more information, please review the [2021 MIPS EUC Exception Application Guide](#) and the [2021 MIPS Promoting Interoperability Hardship Exception Application Guide](#).



# 2021 AUTOMATIC EUC POLICY

- To provide relief where possible to clinicians responding to the 2019 Coronavirus (COVID-19) public health emergency, **CMS is applying MIPS automatic EUC policy to ALL individually eligible clinicians for the 2021 performance year.**
  - The automatic EUC policy only applies to clinicians who are eligible to participate in MIPS as individuals. The automatic EUC policy **doesn't** apply to groups, virtual groups, or Alternative Payment Model (APM) Entities.
  - If you are a clinician who is eligible to participate in MIPS as an individual, you don't need to take any action to have the automatic EUC policy applied to you.
  - You'll be automatically identified and will have all 4 MIPS performance categories reweighted to 0% and receive a neutral payment adjustment for the 2023 MIPS payment year unless you 1) submit data in 2 or more performance categories, or 2) have a higher final score from group or APM Entity participation.
- For more information, please review the [2021 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet](#) and [QPP COVID-19 Response Fact Sheet](#).



# 2020 PREVIEW PERIOD FOR DOCTORS AND CLINICIANS

- The Doctors and Clinicians Preview Period **closes today, December 14, 2021 at 8 p.m. ET.**
- To preview your 2020 QPP performance information before it is publicly reported on clinician and group profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#), [sign in to QPP](#) using your HARP credentials.
- For more information, please refer to the following resources:
  - Preview Period: Performance Information for Doctors and Clinicians [recording](#), [slides](#), and [transcript](#)
  - [Doctors and Clinicians Preview Period User Guide](#)
  - [Care Compare: Doctors and Clinicians Initiative page](#)



# VIRTUAL GROUP ELECTION PERIOD

- The virtual group election period for the 2022 performance year will close at **11:59 p.m. ET on December 31, 2021.**
  - To receive approval to participate as a virtual group for the 2022 performance year, you must submit an election via e-mail to [MIPS\\_VirtualGroups@cms.hhs.gov](mailto:MIPS_VirtualGroups@cms.hhs.gov).
- If your virtual group was approved for the 2021 MIPS performance year and intends to participate in MIPS as a virtual group for the 2022 MIPS performance year, your virtual group is still required to submit an election to CMS for the 2022 MIPS performance year.
- To learn more about virtual groups, please review the resources in the [Virtual Groups Toolkit](#).



# 2021 AND 2022 MIPS ELIGIBILITY

- You can now visit the [QPP Participation Status Tool](#) and review your **final 2021 MIPS eligibility status**.
  - We've updated your eligibility status based on our review of Medicare Part B Claims and [Provider Enrollment, Chain, and Ownership System](#) (PECOS) data from the second segment of the [MIPS Eligibility Determination Period](#) (October 1, 2020 – September 30, 2021).
  - This status is final unless you participate in an Advanced APM and your Qualifying APM Participant (QP) status changes as a result of the 3rd APM Snapshot for performance year 2021.
    - Results from the 3rd APM Snapshot will be available in the coming weeks and will be announced through the QPP listserv.
- You can also check your **initial 2022 MIPS eligibility status** using the QPP Participation Status Tool.
  - Just enter your National Provider Identifier (NPI) to find out whether you need to participate in MIPS during the 2022 performance year.
- For more information, please review the [2021 MIPS Eligibility and Participation Quick Start Guide](#) and [2021 MIPS Eligibility and Participation User Guide](#).



# PY 2020 PAYMENT ADJUSTMENTS

- Payment adjustment information for performance year 2021/payment year 2022 was released in August. The payment adjustments will go into effect on **January 1, 2022**.
- You can currently access your 2020 MIPS performance feedback, 2020 final score, and 2022 payment adjustment information by:
  - Going to [qpp.cms.gov/login](https://qpp.cms.gov/login)
  - Logging in using your HARP system credentials; these are the same credentials that allowed you to submit your 2020 MIPS data
- For more information, please review the [2022 MIPS Payment Year Payment Adjustment User Guide](#) and [2020 MIPS Performance Feedback and 2022 Payment Adjustment FAQs](#).



# PY 2021 DATA SUBMISSION WINDOW

- The data submission window for PY 2021 will open on **January 3, 2022**.
- You must [sign into QPP](#) to view data submitted on your behalf or to submit data on behalf of:
  - Yourself (solo practitioners)
  - Individual clinicians or the group (practice representatives)
  - Your virtual group (virtual group representatives)
  - Your APM Entity (APM Entity representatives submitting quality data)



# QUALITY MEASURE SPECIFICATIONS AND BENCHMARKS

- CMS released the following measure specifications:
  - [2022 Medicare Part B Claims Measure Specifications and Supporting Documents](#)
  - [2022 Qualified Clinical Data Registry \(QCDR\) Measure Specifications](#)
  - [2022 Clinical Quality Measure Specifications and Supporting Documents](#)
  - [2022 CMS Web Interface Measure Specifications and Supporting Documents](#)
  - [2021 Medicare Part B Claims Measure Specifications and Supporting Documents](#)
  - [2021 QCDR Measure Specifications](#)
- We also released the [2021 Quality benchmarks](#) and [PY 2020 benchmarks](#), which are used to assess performance in the quality performance category.



# UPCOMING WEBINARS

- **CMS Web Interface Transition Webinars**

- For groups, virtual groups, and APM Entities that have been reporting data for the quality performance category through the CMS Web Interface and are required to transition to a different submission mechanism during future years of MIPS
- [January 19, 2022](#) and [February 16, 2022](#)

- **CMS Web Interface 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 2021 performance period
- [January 26, 2022](#), [February 9, 2022](#), [February 23, 2022](#), [March 9, 2022](#), and [March 23, 2022](#)



# NEW RESOURCES

- [2022 QPP Final Rule Resources](#)
  - Includes the 2022 QPP final rule overview fact sheet, a policy comparison table, a MVPs policy table, an MVP development standardized template, and a set of frequently asked questions.
- [2019 QPP Experience Report](#)
  - Provides insights into participation and performance in the MIPS and Advanced APMs tracks during the 2019 performance year
- [2021 Web Interface Excel Template](#), [Excel Template with Sample Data](#), and [Data Dictionary](#)
  - Helps users understand and input submission data for the CMS Web Interface



# UPCOMING RESOURCES

- CMS is developing several resources that will be available on the [QPP Resource Library](#) in the coming months:
  - 2022 Quick Start Guides
  - 2022 Specialty Guides
  - 2022 Data Submission Videos
  - 2022 Group Participation Guide
  - 2021 Data Submission FAQs
  - 2021 Data Submission User Guide
  - 2021 CMS Web Interface Submission Guide
  - 2021 Opt-in Toolkit
  - 2021 Web Interface Videos
  - QPP Access Guides



# ALTERNATIVE PAYMENT MODEL UPDATES

*Presenter: Corey Henderson, Center for Medicare &  
Medicaid Innovation, CMS*



# 2022 PFS FINAL RULE

- In the 2022 PFS Final Rule, CMS finalized that subgroups will be a participation option for reporting the APM Performance Pathway (APP) beginning with the 2023 performance year.
- We also finalized the following changes related to the Medicare Shared Savings Program:
  - Extending the CMS Web Interface as an option for 3 years (through the 2024 performance year) to provide a longer transition for eCQMs/MIPS CQMs measure reporting for Shared Savings Program Accountable Care Organizations (ACOs) reporting the APP
  - For PY 2022 and 2023, an ACO will meet the quality performance standard if it:
    - Achieves a quality performance score that is equivalent to or higher than the 30<sup>th</sup> percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring, or
    - If the ACO reports the 3 eCQMs/MIPS CQMs (meeting data completeness and case minimum requirements for all 3 measures) and achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the 5 remaining measures in the APP measure set



# 2022 PFS FINAL RULE

- CMS also finalized a policy to extend the current Qualifying APM Participant (QP) Incentive Payment processing hierarchy to include billing TINs that are active only during the payment year.
  - Adding this step to the processing hierarchy will make it easier for CMS to complete payments to more QPs in the first round of QP Incentive Payments.
  - This will enable CMS to look for payee TINs that are active in the base year or the payment year for each step of the hierarchy.
- For more information, please review the [QPP 2022 Final Rule Resources Zip File](#).

# QP AND MIPS APM PARTICIPATION INFORMATION

- In the coming weeks, CMS will update its [Quality Payment Program Participation Status Tool](#) based on the third snapshot of data from APM Entities.
  - The third snapshot includes data from Medicare Part B claims with dates of service between **January 1, 2021 – August 31, 2021**.
  - The tool includes 2021 QP and MIPS APM participation status.
- If you join a MIPS APM in the last 4 months of the year (from the end of snapshot 3 until the end of the performance year), you:
  - Will be considered a participant in the MIPS APM, and
  - Will be eligible to voluntarily report through the APP
- To learn more about how CMS determines QP and the APM participation status for each snapshot, please visit the [Advanced APMs webpage](#) on the [QPP website](#).



# NEW RESOURCES

- [PY 2021 APP Quality Requirements \(All Participants\)](#)
  - Contains the APP Quality Data Submission Options, APP Quality Measure Set for All Participants, and APP Quality Measure Specifications
- [PY 2021 APP Quality Requirements \(Shared Savings Program ACOs Only\)](#)
  - Contains the APP Quality Data Submission Options, APP Quality Measure Set for Shared Savings Program ACOs Only, and APP Quality Measure Specifications
- [2022 Learning Resources for All-Payer](#)
  - Includes resources to help QPs participating under the All-Payer Combination Option during PY 2022
- [2021 and 2022 Comprehensive List of APMs](#)
  - Displays the comprehensive list of APMs for the 2021 and 2022 performance period



# QUESTIONS?

[CMSQualityTeam@Ketchum.com](mailto:CMSQualityTeam@Ketchum.com)



# THANK YOU!

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for February 2022. CMS will share more information when it becomes available.

