



JULY 2021 CMS QUALITY PROGRAMS BI- MONTHLY FORUM

July 27, 2021



AGENDA

Topic	Speaker
<ul style="list-style-type: none">• Medicare Promoting Interoperability Program Updates	Drew Morgan Division of Value-Based, Incentives and Quality Reporting, CMS
<ul style="list-style-type: none">• Electronic Clinical Quality Improvement Resource Center Updates	Vidya Sellappan Division of Electronic and Clinician Quality, CMS Edna Boone Battelle/ESAC, Inc.
<ul style="list-style-type: none">• Final 2022 CMS Quality Reporting Document Architecture III Implementation Guide Publication• September 2021 FHIR Connectathon Update	Jennifer Seeman ESAC, Inc.
<ul style="list-style-type: none">• Outpatient Quality Reporting STEMI Electronic Clinical Quality Measure Webpage	Tamara Mohammed Yale
<ul style="list-style-type: none">• Quality Payment Program Updates	Kati Moore Division of Electronic and Clinician Quality, CMS
<ul style="list-style-type: none">• Alternative Payment Model Updates	Corey Henderson Center for Medicare and Medicaid Innovation, CMS



MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

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



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION

- The deadline for eligible hospitals and critical access hospitals (CAHs) to submit a Medicare Promoting Interoperability Program hardship exception application for reporting year 2020 is **September 1, 2021**.
- To be considered for an exemption, applicants must submit hardship applications electronically [here](#).
 - If an electronic submission is not possible, applicants may verbally submit their application over the phone by calling the QualityNet Help Desk at (866) 288-8912.



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION RESOURCES

- For more information, review the following resources:
 - [Scoring, Payment Adjustment, and Hardship Information Webpage](#)
 - [Medicare Promoting Interoperability Program Hardship Exception Fact Sheet](#)
 - [Payment Adjustment and Hardship Information Tipsheet](#)
 - [Payment Adjustment and Hardship Exceptions Table](#)



ELECTRONIC CLINICAL QUALITY IMPROVEMENT RESOURCE CENTER UPDATES

Presenter: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Edna Boone, Battelle/ESAC, Inc.



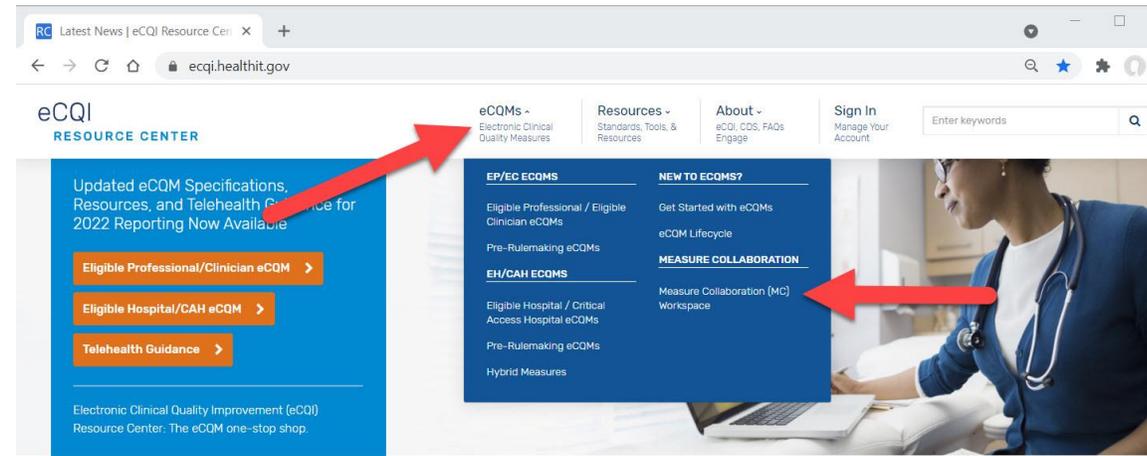
eCQM DERep UPDATE

- The Measure Collaboration Workspace (MCW) is a collaborative portal that supports quality and IT staff at hospital and provider organizations and health IT vendors to more easily implement and use electronic clinical quality measures (eCQMs).
- The eCQM data element repository (DERep) is a module of the MCW which provides data element definitions to aid in measure implementation and data mapping.
- CMS has updated the eCQM DERep for calendar year (CY) 2022 reporting and performance periods.

eCQM DERep UPDATE

- The eCQM DERep provides information on the data elements associated with eCQMs and their definitions.
- Each data element also includes the associated value set or the direct reference code (DRC), the Quality Data Model (QDM) datatype, the QDM attributes, and QDM entities used by that data element.
- The intent of the eCQM DERep information is to improve clarity for those implementing eCQMs.

LOCATING THE MCW AND eCQM DERep



Featured Resources



<https://ecqi.healthit.gov>



MCW AND eCQM DERep

ACE CENTER

eCQMs -
Electronic Clinical
Quality Measures

Resources -
Standards, Tools, &
Resources

About -
eCQ, CDS, FHIR,
Engage

Sign In
Manage your
Account

MC Workspace

Measure Collaboration (MC) Workspace

About eCQM Concepts eCQM Clinical Workflows eCQM Test Results **eCQM Data Element Repository**

MC Workspace

The MC Workspace brings together a set of interconnected resources, tools, and processes to promote transparency and better interactions across stakeholder communities that develop, implement, and report electronic clinical quality measures (eCQM).

Links to Measure Concept Resources
Meaningful Measures Areas
CMS Measures Inventory Tool (CMT)
Measures Under Consideration (MUC) List

Propose and share feedback on new measure concepts
Assess alignment with Meaningful Measures Areas
Check the CMS Measures Inventory for similar measures

Access eCQM data elements
Find value sets
Access use cases related to a data element(s)
See data element test results
Comment on a data element(s) for measures under development

Access the shared development workspace
Search measure workflow documentation
Provide comments on evolving eCQMs

Access test results
See all important test attributes
Participate in measure testing activities

- MCW:
 - eCQM Concepts
 - New eCQM Clinical Workflow
 - eCQM Test Results
 - eCQM Data Element Repository

<https://ecqi.healthit.gov/mc-workspace-2>

Measure Collaboration (MC) Workspace

About eCQM Concepts eCQM Clinical Workflows eCQM Test Results **eCQM Data Element Repository**

Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The eCQM Data Element Repository (DERep) provides additional clarification for all the data elements associated with published eCQMs used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, Quality Data Model (QDM) attribute, QDM category, or QDM datatype data element.

The data elements provided are for use in eCQMs for 2019, 2020, and 2021 performance and reporting periods. Information contained within the eCQM DERep is derived from the eCQM specifications, QDM, and the Value Set Authority Center (VSAC). Each eCQM data element includes information about the value set or the direct reference code (DRC), along with the QDM datatype, and the QDM attributes used by that data element. The QDM information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period. For the 2019 performance and reporting period, QDM Version 5.3 information is displayed. For 2020, QDM Version 5.4 information is displayed, and for 2021, QDM Version 5.5 Guidance Update information is displayed.

Review the [MC Workspace User Guide \(PDF\)](#) and [view past education sessions](#) on the [MC Workspace](#).

Year	Select a Filter Option	Search	Sort by	Order		
2022	- All Data Elements -	<input type="text"/>	Title	Asc	Apply	Reset

QDM Attributes

The QDM Attributes filter provides a listing of all the QDM attributes, i.e., metadata/information available for use with each QDM datatype in eCQMs for CMS quality reporting. Each attribute allows measure expressions for specific details about QDM data elements such as information

eCQM DERep- <https://ecqi.healthit.gov/mc-workspace-2/data-element-repository>



CONTACT THE eCQI RESOURCE CENTER AND MCW

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



eCQM IMPLEMENTATION CHECKLIST LOCATION



Eligible Professional / Eligible Clinician
eCQMs

[Receive updates on this topic](#)

Select Performance Period: 2022 ▾

eCQM Resources EP/EC eCQMs About

2022 Performance Period Eligible Professional / Eligible Clinician Resources

Search Resources

Apply

For Use ▾	eCQM Implementation Resources	Published ▾
Jan 1 - Dec 31 2022	Implementation Checklist eCQM Annual Update ⓘ	
Jan 1 - Dec 31 2022	Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2022 Quality Reporting (PDF) ⓘ	May 2021
Jan 1 - Dec 31 2022	Guide for Reading eCQMs v7.0 (PDF) ⓘ	May 2021
Jan 1 - Dec 31 2022	Eligible Clinicians and Eligible Professionals Table of eCQMs (PDF) ⓘ	May 2021
Jan 1 - Dec 31 2022	eCQM Specifications for Eligible Clinicians and Eligible Professionals (ZIP) ⓘ	May 2021
Jan 1 - Dec 31 2022	eCQM Value Sets ⓘ	May 2021
Jan 1 - Dec 31 2022	eCQM Direct Reference Codes List ⓘ	May 2021
Jan 1 - Dec 31 2022	Binding Parameter Specification (BPS) ⓘ	May 2021



eCQMs ▾
Electronic Clinical
Quality Measures

Resources ▾
Standards, Tools, &
Resources

About ▾
eCQI, CDS, FADs
Engage

Sign In
Manage Your
Account

Enter keywords

RESOURCES AND TOOLS

- [eCQI Tools & Resources](#)
- [eCQM and eCQI Educational Resources](#)
- [eCQM Implementation Checklist](#)
- [eCQM Annual Timeline](#)

ECQI STANDARDS

- [Standards Summary](#)
- [Standards Harmonization](#)
- [CQL \(Clinical Quality Language\)](#)
- [FHIR® \(Fast Healthcare Interoperability Resources\)](#)
- [HQMF \(Health Quality Measure Format\)](#)
- [QDM \(Quality Data Model\)](#)
- [QRDA \(Quality Reporting Document Architecture\)](#)



eCQM IMPLEMENTATION CHECKLIST

eCQM Implementation Checklist

[Receive updates on this topic](#)

The Centers for Medicare & Medicaid Services (CMS) requires an [eligible professional](#) (EP), [eligible clinician](#), [eligible hospital](#) (EH) or [critical access hospital](#) (CAH) to use the most current version of the [eCQMs](#) for quality reporting programs.

The [Preparation and Implementation Checklists](#) (PDF) assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps [health information technology](#) (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting.

Preparation Checklist

- 1) [Sign up for a Unified Medical Language System](#) (UMLS) account
- 2) [Sign up for an ONC Project Tracking Jira account](#)
- 3) [Sign up for eCQM page change notifications on the eCQI Resource Center](#)
- 4) [Review the code system versions used in the eCQM specification for the upcoming reporting/performance year](#)
- 5) [Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year](#)

Implementation Checklist

- 1) [Access the appropriate eCQM Annual Update](#)
- 2) [Secure detailed information about each measure](#)



USING THE CHECKLIST

Preparation Checklist

1) [Sign up for a Unified Medical Language System® \(UMLS\) account](#)

[This account](#) will allow you to access the National Library of Medicine's (NLM) [Value Set® Authority Center \(VSAC®\)](#) to view all codes included in eCQM value sets.

2) [Sign up for an ONC Project Tracking Jira account](#)

Create an account by going to the [ONC Project Tracking System \(Jira\)](#) website and selecting the link in the upper right hand of the website to [Create an Account](#). Once you have an account, the [ONC Project Tracking System](#) allows you to use your account to obtain feedback on eCQM implementation questions by creating an issue ticket in the [ONC Project Tracking System](#). Key topic areas include the eCQM Issue Tracker, eCQM Known Issues Tracker, [Quality Data Model® \(QDM\) Issue Tracker](#), [Clinical Quality Language® \(CQL\) Issue Tracker](#), [Quality Reporting Document Architecture® \(QRDA\) Issue Tracker](#), [QRDA Known Issue Tracker](#), [Bonnie and MAT Issue Tracker](#), and [Cypress Issue Tracker](#).

3) [Sign up for eCQM page change notifications on the eCQI Resource Center®](#)

Sign up for an [eCQI Resource Center account](#) and subscribe to the [Eligible Professional/Eligible Clinician](#) and/or [Eligible Hospital/Critical Access Hospital](#) pages by selecting 'Receive updates on this topic' at the top of the page. This will provide you with an email alert when the EP/EC or EH/CAH pages have been updated.

4) [Review the code system® versions used in the eCQM specification® for the upcoming reporting/performance year](#)



SUGGESTED PREPARATION CHECKLIST ITEMS

Preparation Checklist

- 1) [Sign up for a Unified Medical Language System® \(UMLS\) account](#)
- 2) [Sign up for an ONC Project Tracking Jira account](#)
- 3) [Sign up for eCQM page change notifications on the eCQI Resource Center®](#)
- 4) [Review the code system® versions used in the eCQM specification® for the upcoming reporting/performance year](#)
- 5) [Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year](#)



SUGGESTED IMPLEMENTATION CHECKLIST ITEMS

Implementation Checklist

- 1) Access the appropriate eCQM Annual Update
- 2) Secure detailed information about each measure
- 3) Download value sets
- 4) Prepare to implement the updates by understanding changes to the eCQM
- 5) Prepare to report the updated eCQMs
- 6) Reach out for help



CHECKLIST IN PDF FORMAT

Electronic Clinical Quality Measure (eCQM) Annual Update Implementation Checklist

The Centers for Medicare & Medicaid Services (CMS) requires an eligible professional (EP), eligible clinician, eligible hospital (EH) or critical access hospital (CAH) to use the most current version of the eCQMs for quality reporting programs.

The Preparation and Implementation Checklists assume that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in CMS electronic quality reporting.

Preparation Checklist

- 1) Sign up for a Unified Medical Language System (UMLS) account

[This account](#) will allow you to access the National Library of Medicine's (NLM) Value Set Authority Center (VSAC) to view all codes included in eCQM value sets.

- 2) Sign up for an ONC Project Tracking Jira account

Create an account by going to the [ONC Project Tracking System \(Jira\)](#) website and selecting the link in the upper right hand of the website to [Create an Account](#). Once you have an account, the ONC Project Tracking System allows you to use your account to obtain feedback on eCQM implementation questions by creating an issue ticket in the ONC Project Tracking System. Key topic areas include the eCQM Issue Tracker, eCQM Known Issues Tracker, Quality Data Model (QDM) Issue Tracker, Clinical Quality Language (CQL) Issue Tracker, Quality Reporting Document Architecture (QRDA) Issue Tracker, QRDA Known Issue Tracker, Bonnie and MAT Issue Tracker, and Cypress Issue Tracker.

- 3) Sign up for eCQM page change notifications on the eCQI Resource Center

Sign up for an [eCQI Resource Center account](#) and subscribe to the [Eligible Professional/Eligible Clinician](#) and/or [Eligible Hospital/Critical Access Hospital](#) pages by selecting 'Receive updates on this topic' at the top of the page. This will provide you with an email alert when the EP/EC or EH/CAH pages have been updated.



CHECKLIST LOCATIONS

- Eligible Hospital/CAH Measure Page: <https://ecqi.healthit.gov/eh-cah>
- Eligible Professional/Eligible Clinician Measure Page: <https://ecqi.healthit.gov/ep-ec>
- Direct URL: <https://ecqi.healthit.gov/ecqm-implementation-checklist>



FEEDBACK

- Send feedback and suggestions regarding the eCQM Implementation Checklist to ecqi-resource-center@hhs.gov.



FINAL 2022 CMS QRDA III IG PUBLICATION AND SEPTEMBER 2021 FHIR CONNECTATHON UPDATE

Presenter: Jennifer Seeman, ESAC, Inc.



2022 CMS QRDA CATEGORY III IG, SCHEMATRON, AND SAMPLE FILES

- CMS has published the 2022 CMS Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG), Schematron, and Sample Files for Eligible Clinicians and Eligible Professionals Programs.
- The 2022 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report eCQMs for CY 2022 performance period.
- The 2022 CMS QRDA III IG contains these high-level changes, as compared with the 2021 CMS QRDA III IG:
 - Guidance and conformance statements related to the Comprehensive Primary Care Plus (CPC+) quality reporting has been removed.
 - Updates to Table 14 to include UUID list for the MIPS CY 2022 performance period eCQM specifications for Eligible Clinicians and Eligible Professionals.



2022 CMS QRDA III SCHEMATRON AND SAMPLE FILES

- Changes to the 2022 CMS QRDA III Schematron:
 - The schematron has been updated to support conformance statement updates as outlined in this version of the IG.
- Changes to the 2022 CMS QRDA III Sample Files:
 - Sample files have been updated to support updates as outlined in this version of the IG.
- **Please note:** A subsequent publication will be released based on the publication of the 2022 Physician Fee Schedule Final Rule in the Fall 2021. Updated measure tables and other content may change in the IG based on the publication of the Final Rule.



ADDITIONAL QRDA-RELATED RESOURCES

- To find out more about QRDA and eCQMs, visit the [eCQI Resource Center](#).
- 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.

HL7® FHIR® CONNECTATHON

- Virtual Event - September 13-15, 2021.
- Opportunity to work directly with other FHIR developers and senior members of the FHIR standards development team.
- The CMS eCQM Standards Team will continue to participate in the Clinical Reasoning Track with a focus on Quality Measurement and Clinical Decision Support Use Cases and are seeking participants to fulfill roles in various electronic quality measure testing and data exchange scenarios.
- <https://confluence.hl7.org/display/FHIR/Connectathons>
- If you have any questions, feel free to email us at fhir@esacinc.com.



OUTPATIENT QUALITY REPORTING STEMI ELECTRONIC CLINICAL QUALITY MEASURE WEBPAGE

Presenter: Tamara Mohammed, Yale

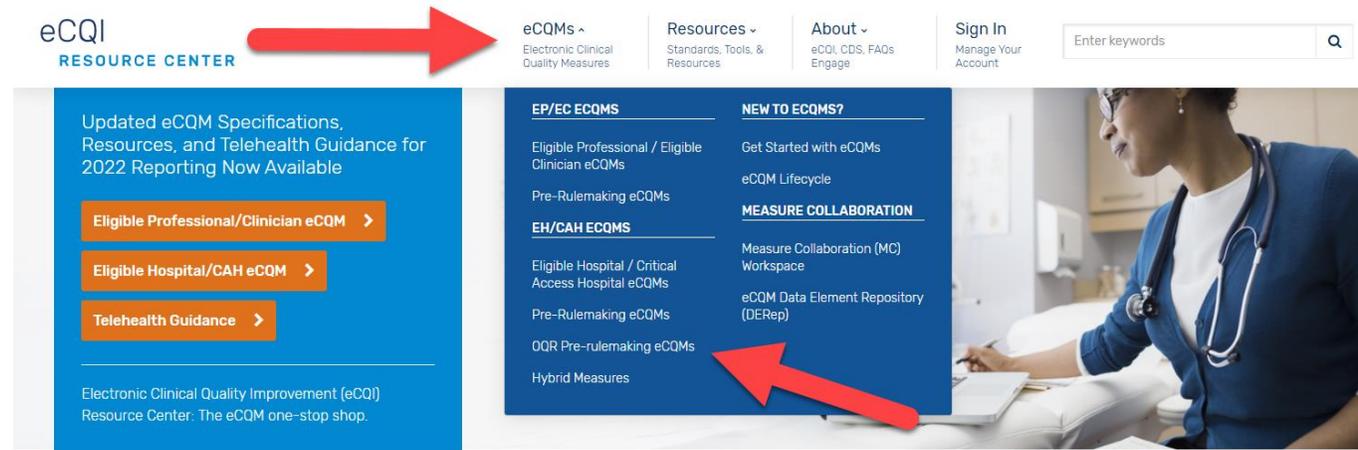


eCQI RESOURCE CENTER UPDATE - HOSPITAL OQR PROGRAM

- CMS has updated the eCQI Resource Center to include a page on an eCQM proposed for the Hospital Outpatient Quality Reporting (OQR) Program.
 - Visit the eCQI Resource Center website at: <https://ecqi.healthit.gov/pre-rulemaking-eh-oqr-ecqms>
- Currently, the webpage includes specifications for the eCQM CMS is proposing for the Hospital OQR program in the CY 2022 OPPTS/ASC proposed rule:
 - Name: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)
 - Description:
 - Measures the percentage of ED patients 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). Also captures transfer and non-transfer patients at a PCI-capable facility who receive PCI (within 90 minutes).
 - Calculated using electronic health record (EHR) data.
 - Type: Process



LOCATING THE PRE-RULEMAKING OUTPATIENT QUALITY REPORTING eCQMS PAGE



Featured Resources



<https://ecqi.healthit.gov/>

LOCATING THE ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) MEASURE

Pre-rulemaking Outpatient Quality Reporting eCQMs

[Receive updates on this topic](#)

CMS pre-rulemaking outpatient quality reporting [electronic clinical quality measure \(eCQM\)](#) is developed, but [specifications](#) are not finalized for use in the [CMS Outpatient Quality Reporting program](#). This measure will not be eligible for CMS quality reporting until it is proposed and finalized through notice-and-comment rulemaking for each applicable program.

Feedback on the potential use of this eCQM in the CMS Outpatient Quality Reporting program is to be submitted during formal CMS public comment periods associated with the relevant proposed rules.

Measure Name ▼	Short Name ◆	CMS eCQM ID ◆	NQF ID	Meaningful Measure Area ◆
Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)	STEMI	CMS996v2	3613e	Management of Chronic Conditions

eCQM Implementation Resources	Published ◆
STEMI OQR Pre-rulemaking eCQM Value Sets (Excel) ⓘ	Jul 2021

<https://ecqi.healthit.gov/pre-rulemaking-eh-oqr-ecqms>



ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) MEASURE SPECIFICATIONS

Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)

[Receive updates on this topic](#)

Pre-Rulemaking eCQMs

[CMS816v1 - HH-01](#) ⓘ

[CMS844v2 - Hybrid HWM](#) ⓘ

[CMS871v1 - HH-02](#) ⓘ

[CMS996v2 - STEMI](#)

Measure Information

Specifications and Data Elements

Specifications

Attachment	Size
 CMS996v2.html	68.55 KB
 CMS996v2.zip (ZIP)	90.34 KB

https://ecqi.healthit.gov/ecqm/eh/pre-rulemaking/1/cms996v2?qt-tabs_pre_rule_measure=1

OPPS/ASC PROPOSED RULE

- CMS is seeking comments on various potential changes in the proposed rule. You can submit your comments in one of the following ways:
 - Electronically, through [Regulations.gov](https://www.regulations.gov)
 - Regular mail
 - Express or overnight mail
 - Hand or courier
- The comment period for the CY 2022 OPPS/ASC proposed rule closes on **September 17, 2021.**



QUALITY PAYMENT PROGRAM UPDATES

*Presenter: Kati Moore, Division of Electronic and Clinician
Quality, CMS*



PY 2021 EXCEPTION APPLICATIONS

- There are 2 exception applications available to clinicians in performance year (PY) 2021:
 1. [Extreme and Uncontrollable Circumstances \(EUC\) Exception](#) **application** allows clinicians to request reweighting for any or all performance categories if they encounter an EUC or public health emergency, such as COVID-19, that is outside of their control.
 2. [Merit-based Incentive Payment System \(MIPS\) Promoting Interoperability Performance Category Hardship Exception](#) **application** allows clinicians to request reweighting specifically for the Promoting Interoperability performance category.
- The deadline for the PY 2021 Quality Payment Program (QPP) exception applications is **8 p.m. ET on December 31, 2021.**



2022 PFS PROPOSED RULE – QPP PROPOSALS

- CMS issued its proposed QPP policies for PY 2022 via the Medicare Physician Fee Schedule (PFS) Notice of Proposed Rulemaking (NPRM) on **July 13**.
- The following are key policies that have been proposed:
 - MIPS Value Pathways (MVPs) to begin in 2023 with 7 options for the first year
 - The CMS Web Interface extends as a collection type and submission type for quality measure reporting into the 2022 and 2023 performance years for Shared Savings Program Accountable Care Organizations (ACOs)
 - Updates to cost measures and improvement activities inventory
 - Revisions to Promoting Interoperability performance category reporting requirements



2022 PFS PROPOSED RULE – QPP REQUESTS FOR INFORMATION

- CMS is seeking comment on a variety of proposals in the NPRM, including:
 - Traditional MIPS sunsets after the end of the 2027 performance and data submission periods;
 - The development of new cost measures by stakeholders;
 - The appropriate number of procedures done or conditions treated at the facility types for which CMS is proposing to add affiliation; and
 - The types of utilization data that could be added to Care Compare to inform patients' healthcare decisions.



2022 PFS PROPOSED RULE – QPP

- All comments must be received **by September 13, 2021**.
- You can submit your comments in one of the following ways:
 - Electronically, through [Regulations.gov](https://www.regulations.gov)
 - Regular mail
 - Express or overnight mail
 - Hand or courier



2022 PFS PROPOSED RULE – QPP RESOURCES

- For more information, review the following resources:
 - [Overview fact sheet](#) – Offers an overview of QPP’s proposed policies for 2022
 - [Comparison table](#) – Compares 2022 NPRM proposals to the current policies in 2021
 - [MVP proposals table](#) – Provides an overview of the proposed policies in the 2022 NPRM related to MVPs
 - [MVP transition timeline](#) – Provides a visual display of a timeline transitioning from traditional MIPS to MVPs that CMS is seeking comment on in the 2022 PFS proposed rule

SELF-NOMINATION INFORMATION

- Qualified Clinical Data Registries (QCDRs) and Qualified Registries are CMS-approved third party intermediaries that collect clinical data on behalf of clinicians for data submission.
 - Only entities wishing to become (and who meet the requirements of) a Qualified Registry and/or QCDR entity need to complete the self-nomination form.
 - MIPS eligible clinicians wishing to report for the 2022 PY of MIPS via a Qualified Registry or QCDR reporting mechanism do **not** need to self-nominate.
- For more information, please review the [2022 Self-Nomination Toolkit for QCDRs & Qualified Registries](#) and 2022 Self-Nomination Demonstration [recording](#) and [slides](#).



UPCOMING WEBINARS AND NEW RESOURCES AVAILABLE

- [Draft COVID-19 Vaccination Measure Specifications](#)
 - Provides details on potential measure specifications for a COVID-19 Vaccination by Clinicians measure.
 - This quality measure is not being proposed for inclusion within MIPS, but it is included in the 2022 Physician Fee Schedule proposed rule as part of a Request for Information.
- [2021 QP Notice for APM Incentive Payment Zip File](#)
 - Includes a list of Qualifying APM Participants (QPs) for whom CMS was unable to verify banking information when disbursing 2021 APM Incentive Payments.
- [2021 Learning Resources for QP Status and APM Incentive Payment](#)
 - Includes details about the 2019 QP criteria and 2021 APM Incentive Payments.

[Register for 2022 Self-Nomination Virtual Office Hours](#)

Date/Time: August 19, 2021 from 1-2:30 p.m. ET

Details: Provides an opportunity for participants to ask questions about the Qualified Registry and QCDR self-nomination processes for PY 2022 of MIPS.



ALTERNATIVE PAYMENT MODEL UPDATES

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



APM INCENTIVE PAYMENT ANNOUNCEMENT

- CMS published 2021 Alternative Payment Model (APM) Incentive Payment details on the QPP website on June 25.
 - To access this information, clinicians and surrogates can now log in to the [QPP website](#) using [their HARP credentials](#).
- You will not need to do anything to receive your payment, unless CMS is unable to verify your Medicare billing information.
 - If you do not receive your payment, you should find your name on [this public notice](#), which indicates that you will need to verify your Medicare billing information.
 - If you do not verify your Medicare billing information **by November 1, 2021**, then CMS will not be able to issue your APM Incentive Payment.
 - For instructions on how to verify your Medicare billing information, review the public notice on the QPP Resource Library.



APM PARTICIPATION SNAPSHOT RELEASE

- This month, CMS updated its [QPP Participation Status Tool](#) based on the first snapshot of data from APM entities.
 - The first snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2021 and March 31, 2021.**
 - The tool includes 2021 QP and MIPS APM participation status.
- 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](#).



APP TOOLKIT

- The [APM Performance Pathway \(APP\) Toolkit](#) contains resources to help MIPS eligible clinicians successfully participate in the APP, including:
 - APP for Shared Savings Program ACOs User Guide
 - 2021 APM Performance Pathway for MIPS APM Participants Fact Sheet
 - APM Performance Pathway for MIPS APM Participants in 2021 Infographic
 - 2021 APM Performance Pathway Quick Start Guide
 - 2021 APM Performance Pathway Reporting Scenarios



QUESTIONS?

CMSQualityTeam@Ketchum.com



THANK YOU!

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for September 2021. CMS will share more information when it becomes available.

