

March 2022 CMS Quality Programs Bi-Monthly Forum

March 1, 2022

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

My name is Darrick Hunter from CMS' Division of Value-Based Incentives and Quality Reporting, and I will be moderating today's forum.

This bi-monthly forum aims to provide national stakeholder organizations, specialty societies, health IT organizations, and EHR vendors with information relevant to CMS's Quality Measurement and Value-Based Incentives group.

Next slide, please.

Our program today will include updates on the Medicare Promoting Interoperability Program, the Quality Payment Program, the Measure Compare feature on the eCQI Resource Center, the 2023 eCQM pre-publication document, the 2022 QRDA III Implementation Guide, the May 2022 FHIR Connectathon and the alternative payment models.

We will have a question-and-answer portion once our presentation has concluded.

Please note, to ask a question, you can either submit your question using the chat feature or raise your hand, and CMS will unmute your line.

For those dialed in via phone, you must have your audio PIN entered.

If you're listening through your computer speakers and want to ask a question, you must have a working microphone.

And now I will pass it to Drew Morgan to discuss updates for the Medicare Promoting Interoperability program.

Drew?

-Thanks, Darrick.

Next slide, please.

So, the Medicare Promoting Interoperability program for calendar year 2021 – I'm just doing an attestation reminder.

The deadline to register and attest for calendar year 2021 is March 31st, 2022, at 11:59 p.m. Eastern Standard Time.

Program participants from eligible hospitals, critical access hospitals, are required to attest due to CMS's hospital quality reporting system which was previously known as the QualityNet Secure Portal.

Eligible hospitals and CAHs and dual-eligible hospitals attesting to CMS will be required to report on four objectives.

Those objectives are electronic prescribing, health information exchange, provider-to-patient exchange and public health and critical data exchange.

There have been some changes that were finalized in the fiscal year 2021 IPPS rule as well as the LTCH final rule.

One of those changes is to query to prescription drug monitoring program or PDMP.

A measure will remain optional and are worth five bonus points.

The measure will continue to require a yes/no attestation.

The second change is to support electronic referral loops by receiving and incorporating health information measures, including in the health information exchanging objective.

This has been renamed to support electronic referral loops by receiving and reconciling health information.

The scoring methodology remains the same.

CMS will continue to implement a performance-based scoring methodology to the PI program.

Eligible hospitals in CAHs are required to report on certain measures for each of the four objectives with the performance-based scoring occurring at the individual measure level.

A minimum score of 50 points is required to satisfy the scoring requirement.

The electronic clinical quality measures, or the eCQM requirement, this is the second part of attestation that must be completed in order to be successful.

For the 2021 participants, who will be required to report on two self-selected calendar quarters of eCQM data, on four self-selected eCQMs.

More information can be found on the eCQM Basics page.

You can also find more information on the registration and attestation web page on the Promoting Interoperability Programs website, and that's it on updates that I have.

Next slide, please.

-Next, Vidya Sellappan will present on the quality payment program.

Vidya?

-Thanks, Darrick.

So I'm going to give you some of the latest updates around the quality payment program, particularly around 2022.

Next slide, please.

So first thing is that the submission deadline for the Merit-based Incentive Payment System, or MIPS, is on Thursday, March 31st.

So, clinicians who participate in the 2021 performance year for the quality payment program have until 8 p.m. on Thursday, March 31st, to submit their data.

You could submit data by going to the link on the quality payment program web page.

Sign in with your credentials and submit your data.

If you have any questions about data submissions for the 2021 performance period, there are links to the Data Submission Guide as well as the Opt-In and Voluntary Reporting Election Process Guide to assist you.

Next, the registration for the CAHPS for MIPS Survey opens on April 1st.

So, if you're participating in MIPS as a group, virtual group, or an APM, and you want to report via the CMS Web Interface in 2022 or administer the CAHPS for MIPS Survey, you need to register between April 1st and June 30th of this year.

And more information on registering can be found on the QPP website on the link shown here.

Next slide, please.

So, the 2022 Annual Call for Measures and Activities allows clinicians, professional associations, and other stakeholders to submit suggestions and recommendations for measures and activities for the MIPS program.

So, for 2022, we are currently accepting submissions for measures for the Promoting Interoperability performance category of MIPS and activities for the improvement activities performance category.

The submission period is for performance period 2024.

The deadline to submit suggested measures is July 1st, 2022.

If you have specific questions about new measures and activities for MIPS for the 2022 Call for Measures and Activities, we have a fact sheet as well as the submission forms in a zip file on the link shown here.

Next slide, please.

Next, we had recently developed a Quality Payment Program Small Practices newsletter, which provides information about participating in the Quality Payment Program but particularly focusing on the needs and experience of small practices.

It includes relevant information and resources through the QPP Listserv.

In order to subscribe to the newsletter, you can click [here](#), and you can also, to get more information, visit the QPP Support for Small Practices web page.

Link is [here](#).

For example, some of the new resources that we provide through the newsletter and through the web page, the most recent have been the 2022 MIPS Quick Start Guide for Small Practices as well as the What's New in 2022 for Small Practices.

Next slide, please.

Upcoming webinars, so we still are continuing our web interface support calls.

The next...

[Audio drop]

...using the CMS Web Interface to the quality performance category in MIPS.

You have an opportunity to ask questions of CMS subject matter experts about submitting quality data.

Next slide, please.

Here are some resources we have available.

I know we had a few slides about the CMS Web Interface.

As many of you note, the CMS web interface reporting mechanisms, mission mechanism, rather, is not going to be sunset, so the last year that you can use the CMS Web Interface will be for the 2022 performance year, so we have a few resources around transitioning from the CMS Web Interface.

We have also posted the 2022 quality benchmarks as well as MVP, MIPS Value Pathways Development Resources.

In the latest PFS rule back in the Fall, we talked about the introduction of MVPs, so we have a lot of information here available to get you started.

Upcoming resources also include we're going to have several Quick Start Guides and User Guides for participating for the 2022 performance period.

We will also have Specialty Guides that focus on participation by particular specialties.

Next slide, please.

So next, I am going to switch gears and talk about the eCQI Resource Center, and first we're going to go over the measure compare feature, the updates there.

I will be joined by Kathy Lesh, who is a Healthcare Quality Research Leader at Battelle.

Next slide, please.

So, the eCQI Resource Center is the Electronic Clinical Quality Improvement Resource Center, and it provides a centralized, one-stop shop for stakeholders engaged in Electronic Clinical Quality Improvement.

It is a user-friendly website with the most up-to-date info pertaining to technical requirements of eQMs in various CMS quality reporting programs.

So now we're going to go over updates to the measure compare feature on the Resource Center.

Next slide, please.

I am going to turn it over to Kathy Lesh to give us a demonstration of the measure compare feature.

Kathy?

-Thank you, Vidya.

Now, if we can...

Okay, are you seeing the eCQI Resource Center home page?

-Yes, we can see it, Kathy.

-Great, thank you.

Okay, I'm just going to do a quick overview of some of our updates to the measure compare features.

I believe in the last two meetings Joe Meister has provided some brief demonstrations.

So as before, you can get to the measure compare function through a couple different ways.

One of it is through Find an eQCM, and the other is up here, going to the Eligible Clinicians or Eligible Hospital Critical Access Hospital eQCMs.

Just a reminder, the pre-rulemaking outpatient and eQCM and hybrid measure, there is no compare feature.

So, I'm going to use Find an eQCM, so let's say I'm going to look for something with diabetes.

So, it gives me 10 possibilities as I'm typing.

There's only going to be 10 at any one time.

So, let's say I want to start with the most current of this one.

Just click it, and it takes you to the individual measure page, and that's where you find the compare function, is on the individual eCQM pages.

So, yes, let's compare '22 to '21.

Okay, and the orangey ones are the fields that have changes in them, and then these beige ones have no changes.

Now, what you can do, the default is all information.

You can look for just those fields that have changed or those that have unchanged (not changed).

And then you can go back to All Information.

That's a new thing that we've added.

Before, we didn't have the All Information.

We've also added a couple of different types of downloads.

Let me see.

One thing with the Excel version, it gives you a message noting that the file format and the extension don't match, but that's okay.

My tech guys tell me it's nothing to worry about.

And one thing that's different, the Excel and the CSV provide 3 years of comparison, so it will give you '22, '21, and '20 at this point in time.

The JPEG gives you just a snapshot, as does the PDF, and then an XML gives you all the nitty gritty details.

Now, that's one way to get to the individual measure page.

I want to show you the other way, which is from here.

I know that my diabetes measure is a clinician measure, so I can go this way.

And this second tab here takes me to the list of eCQMs.

Now, I can slide through and do that, but up here, there's a search.

And in this case, I do have to hit the apply button, so it shows me those measures that are diabetes.

And here we are again, back to where we were.

And it works the same way for the hospital measures.

And I think with that we'll send it back to the slides.

-So, thank you, Kathy.

So, if you have any questions or want to provide feedback about the eCQI Resource Center, please e-mail the address listed on the slide.

You can also visit our eCQI Resource Center Frequently Asked Questions page on the site.

Next slide, please.

Next, we are going to continue talking about the eCQI Resource Center, particularly the Measure Collaboration Workspace page on the site, and we going to go over two of the three modules, an eCQM Concepts module and the Testing Opportunities module.

Next slide, please.

So, the Measure Collaboration Workspace is a web-based tool that brings together a set of interconnected resources, tools, and processes to promote transparency and better interaction across stakeholder communities that develop, implement, and report eCQMs.

The Measure Collaboration Workspace was developed in response to stakeholder feedback.

The first module was created or hosted on, December 2019.

The remaining modules were put on the site by Fall of 2020.

Next slide, please.

So, the Measure Collaboration Workspace is broken up into three modules designed to engage stakeholders in different stages of the measure life cycle.

The eCQM Concepts Model gives users the ability to search for eCQM concepts suggested by others and comment on those concepts that have already been suggested and posted.

The eCQM testing opportunity module enables stakeholders, gives stakeholders the opportunity to participate in testing of eCQMs.

And then the eCQM Data Element Repository provides detailed information about data elements used in eCQMs in CMS programs.

Next slide, please.

So again, the eCQM concept module gives users the ability to comment on Suggested eCQM Concepts or suggest new eCQM concepts.

The author of a suggested eCQM concept can also request that the concept is shared with CMS for feedback and review.

Next slide, please.

The testing module on the MC Workspace allows developers to announce opportunities to test eCQMs, so eCQM developers can seek out volunteers to test at different stages of the measure life cycle.

If eCQM developers are interested, they may use the announcement template that we've provided here to make an announcement about testing opportunities and send it to the e-mail address listed here.

Next slide, please.

So next, I'm going to turn it back over to Kathy to talk about these two modules in the MC workspace.

Kathy?

-Thank you.

So back to the home screen of the eCQI Resource Center. The way to get to the Measure Collaboration Workspace is from this left farthest drop-down, and you'll see Measure Collaboration Workspace.

Now, you hit on the About tab, which, you'll see the same graphic that Vidya just showed describing the different modules.

Let's first go to eCQM concepts.

Now, this module allows authenticated users, and by authenticated users, I mean somebody who has applied for, if you want to call it that, and received credentials to log into the resource center, you know, through this way.

So, you get a username and password.

And they can, whoever an authenticated user is, they can suggest an eCQM concept.

So, we give you some instructions here, and I'm signed in already, so I can suggest an eCQM concept.

There are four required fields, and they're all marked with this red asterisk.

And then when you get to Place of Care, there's a drop-down to select your setting, and there is Other, should you need that.

Now, you have to have content in all four required areas to Continue Later or Request Public Viewing.

Now, Continue Later just means that you don't want it to go public just yet, but you want to keep working on it.

So, in either one, you're going to get an email notification confirming your submission, and a site moderator also gets an email.

If you hit the Continue Later button, the site moderator will review your entry just to make sure it's not spam.

And then when you're ready to request public viewing, you come back to your account, which you'll get to up here, and you'll have a My eCQM Concept when you submit something.

You click this.

Of course, mine is empty right now, so we have to go back to where we were.

So, Request Public Viewing, because you'll get the screen again, and that means it goes to the site moderator for the site moderator to look to make sure whether, again, it's not spam, there's not anything inappropriate in there, vulgar, you know, PII, anything like that.

The site moderator may do some minor editing such as correcting any spelling errors or grammar, but they will not change the intent of your measure concept.

So once the site moderator reviews it and deems it ready for public viewing, that person, the site moderator, has a button to click it, and then it shows up down here in your Suggested eCQM Concepts.

Now, once it's published, you will see a screen when you're logged in, you go to My eCQM Concepts, that has a button that says Request CMS Review.

And what we ask you to do in addition to the four required fields, we also ask you to fill in the populations box.

It's not required for everybody, and it's something we prefer, and if you don't do it, I'll probably send you an email, or the site moderator will send you an email, saying, "Please give us this information so we can forward it on to CMS."

But this page gives you an idea of what we're trying to do. But, before you suggest an eCQM concept, we suggest you go to the Seen It tool to the Quality Positioning to see if your concept is already being worked on, just that or down here.

Now, if there is a Suggested eCQM Concept, and it's not yours, an authenticated user can comment on that Suggested eCQM Concept.

There is a capability that says Click Here to Comment.

And again, before it goes public, the site moderator reviews the comment to make sure that it's not vulgar, spam, so on and so forth before they click the Publish button.

Hopefully the idea of that is that people will comment on your concept, and you can refine it that way based on the feedback that you get.

So next, we'll go up to the Testing Opportunities.

What this is is a place for eCQM measure developers to announce any opportunities for testing, and we're hoping that all different kind of people can get involved in this, as measure developers know that testing can occur at any stage of the measure life cycle.

So as Vidya mentioned, we have a template, and we ask that, if you are a CMS measure developer, to please run it through your contracting officer representative corps before you send it on to us to make sure it's cleared.

If you're not a CMS measure developer, we will go through our processes here to get it cleared by CMS.

And then we actually do have some testing opportunities right now, and what we have, and this will give you an idea of what the template looks like. We just ask for dates, an overview of the project, what kind of feedback you're looking for, because it may not be the sitting on your computer and doing that.

They may just ask questions on, what do you think of this concept?

What do you think?

Can you capture this?

Is it feasible? That kind of thing.

It doesn't have to be, you know, real heavy-duty.

This particular one has a survey, and you don't go through us if you want to volunteer.

There's always going to be a contact person that you contact to volunteer to do your feedback to test.

So, any measure developer can advertise here or announce here.

We're not restricting it to just CMS measure developers.

So, we suggest or hope that you will check back frequently for testing opportunities and volunteer for those that interest you.

With that, can we go back to our slides, please?

-Hi, thanks, Kathy.

Again, we encourage you to visit the eCQI Resource Center, provide feedback and learn more.

And with that, I am going to turn it back over to Darrick.

Next slide, please.

-Thank you, Vidya.

Stephanie Parver will present next.

Stephanie?

-Hi, thank you.

We can get started? Okay.

My name is Stephanie Parver, and I'm with the Mathematica eCQM team, and I'm going to review the eCQM Pre-Publication document.

The eCQM Annual Update Pre-Publication document for 2023 reporting and performance period is now available on the eCQI Resource Center.

The Annual Update Pre-Publication document describes changes in the updated standards and code systems used eCQMs for potential inclusion in CMS quality reporting programs for performance year 2023.

You can visit the eCQI Resource Center at ecqi.healthit.gov to find most current information on standards and code systems for eCQMs.

Next slide.

On this slide, we highlight the anticipated standards for use in the 2023 reporting performance period.

Of note, the quality data model for use in this annual update for 2023 reporting is version 5.6.

Last year, it was 5.5.

Also, important to note is that these are anticipated standards, and CMS may update the eCQM specifications and supporting materials during the performance year to accommodate changes related to code system updates, clinical guidelines, and standards enhancements.

Next slide.

On this slide, you can see the anticipated code systems for us in the 2023 reporting period.

Here, you can see the introduction of a new code system, the HL7 ACT code system that is new this year.

Updates on this list are informed by the NLM, and the Value Set Authority Center will post a final list of finalized code systems and value sets used within the eCQM specifications for 2023 reporting later in the spring.

Next slide.

Please submit questions and comments on the eCQM standards and code systems through the ONC eCQM Issue Tracker, which is linked or should be linked, and visit the eCQI Resource Center to find published eCQM specifications and related resources.

And that's it.

Any questions?

-Thank you, Stephanie.

Yan Heras will present next.

Yan?

-Thank you, Darrick.

Next, please.

Yeah, so CMS has published an update to the 2022 CMS QRDA Category III Implementation Guide and Sample Files.

The 2022 CMS QRDA III IG outlines requirements for eligible clinicians to report eCQMs for the calendar year 2022 performance period.

Next, please.

This slide highlights the updates made to the 2022 CMS QRDA III IG.

Table 14 is the table that contains the UUID List for MIPS calendar year 2022 performance period eCQMs for eligible clinicians.

So, before this update, the measure CMS646 version 2 was missing from this table.

This measure has now been added.

Also added to the table 14 is the missing UUID of operation 2 numerator exclusion for CMS156 version 10, and this issue was previously reported as a known issue in the QRDA known issue tracker.

CMS also added to the IT the following tables based on the CY 2022 Medicare Physician Fee Schedule Final Rule. Table 15, Improvement Activities Identifiers for the MIPS CY 2022 performance period. Table 16, Promoting Interoperability Objectives and Measure Identifiers for the MIPS CY 2022 performance period. And also, table 17, Promoting Interoperability Attestation Statements Identifiers.

The 2022 CMS QRDA III sample files were also updated, but the changes include minor edits to the header comments only, and there are no changes to the XML content.

Next slide, please.

To find the additional QRDA-related resources as well as current and past IGs, you may visit eCQI Resource Center QRDA page.

And for questions related to the QRDA IGs or Schematrons, please visit the ONC Jira QRDA project.

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

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

Thank you.

Now, I'll pass it back to you, Darrick.

-Thank you, Yan.

Next, we have Jen Seeman.

-Thank you, Darrick.

Next slide.

Just a note that this is actually Connectathon 30 coming up in May of this year.

I'm Jen Seeman with CMS eCQM Standards Contract, and I just wanted to put a call out for participation in this Connectathon.

It is a virtual event occurring in May, the 2nd through the 4th.

Registration is open.

The link has been provided there, and if you register prior to April 4th, you can take advantage of the early bird savings.

These events are a great opportunity to work directly with FHIR developers, test upcoming and draft FHIR measures and implementations, a lot of learning from the subject matter experts in the FHIR world.

We'll continue to support the use of or test the use of FHIR-based measures including CMS program measures, gaps in care scenarios and clinical decisions to support use cases.

In particular, we're very interested in hearing from anybody who may have gaps in care implementation setup.

We'd like to test some functionality there.

If you have a system set up or you have questions or would like any details about participation, you can feel free to email us at fhir@icf.com.

And that is all I have.

Back to you, Darrick.

Thank you much.

-Thank you, Jen.

Last, Corey Henderson will provide us an update on alternative payment models.

-Oh, hi, everyone.

I'm sorry.

Thanks, Darrick.

Corey is actually having a couple of technical difficulties today with his computer, so I will quickly go over his slides.

Next slide, please.

Okay, so our first update here is just that CMS updated the QPP Participation Status Tool in January of 2022, which is based on the third snapshot of data from APM Entities.

This third snapshot includes data from Part B claims with dates of service between January 1st, 2021, and August 31st, 2021.

The tool includes 2021 QP or Qualifying APM Participant and MIPS APM participation status.

If you join a MIPS APM in the last 4 months of the year from the end of snapshot three until the end of the performance year, you will be considered a participant in the MIPS APM, and you will be eligible to voluntarily report through the APP.

And just noting that the fourth snapshot will be released in March of 2022, this month, for MIPS APM.

Next slide.

Okay, and then we just have a couple of new resources listed here.

Currently posted on the CMS Resource Library are the 2021 APP Data Submission Guide, and then we recently just posted the 2021 APP Data Submission Videos.

Those can also be found on YouTube in a playlist for data submission.

And then we are working on finalizing a couple of additional APP resources, which can be listed here, and those will be coming soon.

And that is it for the CMI updates if we can go to the next slide.

At this time, we'll move into the Q and A portion of today's call.

I do want to note that I am seeing a couple of QPP-related questions in the chat box. Unfortunately, Vidya did have to hop off our call to hop on another call, so we will forward your questions to her to make sure that she sees them, and we'll make sure that you get a follow-up response.

At this time, if you do have a question you'd like to ask, please either use the chat feature, and we will read your questions, or use the hand-raising feature.

If you do want to use the hand-raising feature and ask your question verbally, you must have a working microphone, or if you are dialed in via phone, you must have your audio PIN entered.

We will stand by for our first question.

And just as a reminder, Vidya did have to hop off the call today, so we cannot ask any QPP questions, as we don't have another subject matter expert on the call for QPP, but we will get any MIPS or APM-related questions over to Vidya, and we will follow-up.

So, we'll give it another minute or two to see if there's any other questions.

Okay, Darrick, at this time I'm not seeing any questions, so I'll pass it back to you to close out the call.

-Thanks, Alle.

Thank you all for joining us today.

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

In the meantime, if you have any specific questions, please email CMSQualityTeam@Ketchum.com.

The next CMS Quality Programs Bi-monthly Forum is tentatively scheduled for May 2022.

CMS will share more information on the next forum when it becomes available.

Have a great afternoon.

Thank you.