October 2020 CMS Quality Programs Bi-Monthly Forum
October 14, 2020

Hello, all, and thank you for joining us today. My name is Darrick Hunter from CMS's Division of Value-Based Incentives and Quality Reporting. I will be moderating today's forum. This bi-monthly forum replaces the previous CMS Quality Partner and Vendor Workgroup Calls and 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. We anticipate holding this forum on the second Wednesday of every other month. Next slide, please.

Our program today will include the following topics: Medicare Promoting Interoperability Program updates, 2021 QRDA I and III Implementation Guide updates, guidance for representing telehealth encounters in QRDA I format with electronic clinical quality measures for eligible professionals, electronic clinical quality measure strategy project resources, an announcement about the Measure Collaboration Workspace, an electronic clinical quality measure annual update announcement for the change review process, and Quality Payment Program updates. We will have a question-and-answer portion once all presentations have 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. Andrew Morgan, I will now turn it over to you for your presentation.

Thanks, Darrick. Good afternoon or good morning, depending on where you are today. I'm going to just speak about the upcoming deadline for critical access hospitals for filing a 2019 program year hardship exception. So, that deals with the 2019 downward payment adjustment for them, if they were not meaningful users in the Promoting Interoperability Program. Next slide, please.

So, critical access hospitals, they may be exempt from the downward payment adjustment if they showed that they meet requirements for being a meaningful user of EHR health records, and that they can show if the payment adjustment would result in a significant hardship for them. To be considered for an exception, CAHs do have to submit an online application that can be found on the QNet. There is a link on the CMS website for hardships and reconsiderations where they can access that online form. If they cannot submit a form electronically, they can call the QualityNet Help Desk at 866-288-8912. The deadline for submitting the 2019 hardship exception request is November 30th at 11:59 p.m. Eastern Standard Time of 2020. Just as a side note, the hardship exception process for eligible hospitals, that ended on September 1st of 2020. Hospitals will be being notified in the next few weeks if they're going to have a downward payment adjustment for 2021. Next slide. I believe I'll hand it over to Dylan who will talk about program updates.

Thank you, Drew. Yes. Hi, my name is Dylan Podson. Over the next few slides, I'll briefly be going over the most pertinent aspects to the FY2021 IPPS final rule changes, and that will be specific to the Medicare Promoting Interoperability Program. Next slide.

Oh, sorry. Yeah, we're okay there. So, yes, this slide, as you'll see at the top, sort of indicates the foundational pillars of the program, of the Promoting Interoperability Program, which are required in order to be considered a meaningful EHR user and, importantly, to avoid a Medicare payment reduction, or you might also hear it referred to as a downward adjustment. These key elements align with the program goals advancing the utilization of CEHRT, reducing provider burden, advancing interoperability in the healthcare setting, and improving patient access to their personal health information. As a clarification, these reminders that are presented here in the bullets are current for the 2020 program year and were finalized in either the FY2020 final rule or previous years' final rules. So, they've remained unchanged and should actually seem fairly familiar to program participants by now. Now, moving on, we'll actually address the FY2021 or future updates later in this presentation. Next slide.

So, before we actually get to those changes, this slide just continues on to highlight the additional key aspects to the Promoting Interoperability Program. Just as a brief reminder, links here are included under the third bullet, which have further details on the reporting requirements. But the various measure objectives to report on, the attestations, minimum score of 50 points, these have remained unchanged. Next slide.

Lastly, before we get to those changes -- I want to keep you all in great suspense - you'll see here that, as many of you already know, the FY2021 IPPS final rule was published to the Federal Register just early last month, on September 2nd, and is now publicly available for review, which include all of the upcoming policy changes that you'll hear about today on the next slide. Next.

All right. So, this really gets into the meat and potatoes. So, what you'll see in this rule, the Promoting Interoperability Program hasn't included too many new substantial policy changes. So, the majority of it should, again, sound familiar from previous years. Going through them, the topics that we'd like to draw attention to, sort of the key main policy points are as follows: the adoption of an EHR reporting period consisting of a minimum of any continuous 90-day period in calendar year 2022. Moving on, maintaining the Electronic Prescribing objective's Query of Prescription Drug Monitoring Program measure as optional and worth five bonus points in calendar year 2021. Next is a slight name change, real brief actually, to the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure. The "incorporating" word there will be switched to "reconciling" so that its title more closely aligns with the intended real-world function of the measure. However, just to be clear on that one point, no other aspect, besides the measure title, will be impacted.

Before we move on to the final two points that are on this slide, I just wanted to say it's important to note, as a friendly reminder, that the first two topics listed there for the EHR reporting period and the Query of PDMP would more or less act an extension of the Promoting Interoperability policies from the FY2020 final rule. In other words, it could be said that the self-selected continuous 90-day period and the optional bonus PDMP measure are one-year continuations of the current finalized policy that's already in place. No new changes there, just a continuation. As you'll see, wrapping up, now that we've concluded Promoting Interoperability's unique proposals, I will mention here just a little briefly that there are two eCQM changes which were finalized in parallel to align with CMS's Hospital IQR program, such that the eCQM reporting updates listed here are

programmatically the same as those in the Hospital IQR Program that you've either seen or heard about. Progressively increasing the number of quarters, hospitals are required to report eCQM data. And lastly, publicly reporting of this performance data was included in the final rule with the intention to produce more comprehensive and reliable quality measure data for both the patients and providers. I believe that's everything we have with the latest FY2021 final rule updates. And I will be passing it over to the next presenters. Thank you.

Thank you, Dylan. And thank you, Drew. Next, we have a presentation from Yan Heras and Shanna Hartman.

Thanks. This is Shanna Hartman from CMS. We will be presenting on the 2021 QRDA Implementation Guide updates and the guidance for representing telehealth encounters in QRDA I format for the electronic clinical quality measures. Next slide, please.

In May 2020, CMS published the 2021 CMS QRDA Category I Implementation Guide, Schematron, and Sample File for the Hospital Quality Reporting. The 2021 CMS QRDA I Implementation Guide outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for calendar year 2021 reporting period for the Hospital Inpatient Quality Reporting Program and the Medicare and Medicaid Promoting Interoperability Programs for eligible hospitals and critical access hospitals. Next slide, please.

The 2021 CMS QRDA I IG contains these high-level changes compared with the 2020 version. There is now alignment with the Health Level Seven International, or HL7, Clinical Document Architecture (CDA) Release Two Implementation Guide. And this supports the Quality Data Model Version 5.5. There's also guidance for submitting the voluntary Hybrid Hospital-Wide Readmission measure for the July 1st, 2021 through June 30th, 2022 measurement period. Next slide, please.

The 2021 CMS QRDA I Schematron updates include the QRDA Category I Report, CMS Version Seven. There was an updated extension to 2020-02-01, and updated to contain Patient Data Section QDM CMS Version Seven. And the Patient Data Section QDM CMS Version Seven updated the extension to 2020-02-01 as well. And we incorporated Schematron updates from the base HL7 QRDA I STU Release 5.2 with errata Schematron. Changes to the 2021 CMS QRDA I Sample Files include updated according to the 2021 Implementation Guide updates. Next slide, please.

In July of 2020, CMS published the 2021 QRDA Category III Implementation Guide, Schematron, and Sample Files for Eligible Clinicians and Eligible Professional Programs. This outlines requirements for eligible clinicians and eligible professionals to report eCQMs, improvement activities, and Promoting Interoperability measures for calendar year 2021 performance period for the following programs: the Quality Payment Program: Merit-based Incentive Payment System and Advanced Alternative Payment Models; the Comprehensive Primary Care Plus, CPC+; the Primary Care First, PCF; and Medicaid Promoting Interoperability Program. Next slide, please.

The 2021 CMS QRDA III IG contains these high-level changes as compared with the 2020 version. There is clarification of the CPC+ QRDA III requirements in section 4.1. There is preliminary QRDA III requirements for PCF. These have been outlined and defined in this IG. And we updated the eCQM universally unique identifiers, or UUIDs, for the 2021 performance period.

And we just want to note that a subsequent publication will follow the publication of the 2021 Physician Fee Schedule Final Rule to update MIPS eCQMs, Promoting Interoperability measures, and improvement activity Identifiers, which are outlined in section seven of the implementation guide. Next slide, please.

One other thing. So, the changes to the 2021 CMS QRDA III Schematron include the addition of conformance statements to support the new PCF requirements and the QRDA Category III Report - CMS Version Five updated the extension to 2020-05-01. And changes to the 2021 QRDA III Sample Files include the addition of a PCF QRDA III sample file. Next slide, please. At this time, I will turn it over to Yan.

Thank you, Shanna. So, CMS has published additional guidance for representing telehealth encounters for the EP and eCQMs in the QRDA I format for the CMS 2020 and the 2021 performance periods. The encounter code element in QRDA encounter performed template is the HL7 Version III CB data type. The representation of telehealth encounter is done by using the optional qualifier attribute of the CB data type. In a QRDA I file, to represent telehealth, eligible CPT and HCPCS code for eCQM, submitters must use the qualifier attribute of the encounter code element to send the telehealth modifier code, and in addition to the primary telehealth eligible CPT or HCPCS encounter code on the eCQM-specified value sets. The qualifier attribute consists of name, value pair, and the qualifier name is set to a fixed code "VR" with a display name of virtual. This code is selected from HL7 ActCode code system. The applicable telehealth modifier, such as the modifier 95, will be placed in as the qualifier value. Next slide, please.

The updated guidance is available on the eCQI Resource Center. You can find updated telehealth guidance for eCQMs for the 2020 Quality Reporting on the Eligible Professionals and Eligible Clinicians page for the 2020 performance period. The updated telehealth guidance for the 2021 performance period can also be found on the similar page for the 2021 quality reporting. The Cypress Validation Utility + Calculation Check has been updated to follow this guidance to filter out telehealth encounters when calculating eCQMs not eligible for telehealth encounters, which are listed in table two referenced in the 2020 and the 2021 telehealth guidance for eCQMs. This update was recently released as a patch to the Cypress version 5.4.2. Next slide.

To find out more about QRDA and eCQMs, please visit the eCQI Resource Center. For questions related to the QRDA Implementation Guide and/or Schematrons, please visit the ONC (Jira) QRDA project. Next slide, please.

This is a reminder that the eCQI Resource Center is the one-stop shop for the most current resources to support electronic clinical quality improvement (eCQI), and contains the most current resources for eCQI, such as eCQM, eCQI standards, and tools and resources. Next slide, please.

We encourage you to visit and provide feedback on eCQI Resource Center by emailing at ecqi-resource-center@hhs.gov. The link to the eCQI Resource Center Frequently Asked Questions is also provided on this slide. Thank you. And I will now pass it over to the next speaker.

Thank you, Yan and Shanna. Debbie Krauss will present next.

Hello everyone. This is Debbie and I work at CMS, in the Division of Electronic and Clinician Quality. Today, I'm going to speak to you about the

Electronic Clinical Quality Measure, or eCQM, Strategy Project Outcomes. Next slide, please.

So, three years ago, CMS started this project to reduce burden related to eCQM development, reporting, implementation, and also we looked at tools for development of reporting. We realized from stakeholders that this process was burdensome, and we also wanted to increase value and increase stakeholder involvement in communicating with CMS about eCQM. So, the problem statement that summarizes our work was the providers participating in CMS quality and value-based purchasing programs shared many challenges that they experienced related to the complexity and high burdens of eCQM implementation, data capture, and reporting. So, the scope of this project, as I briefly mentioned, was to look at measure development, the process from when the measure is a concept until the measure is placed on the measures under consideration or the MUC list. We also looked at eCQM reporting from all the processes and requirements involved in that, from implementation until submission of the files to CMS. The third thing we looked at were the tools that our stakeholder used for development and reporting of the eCQM. Next slide, please.

So, over the course of almost a full year, we interviewed many stakeholders, hundreds of stakeholders at various meetings, personal one-on-one interviews. We visited - did many site visits. And we summarized all of their burdens into six main areas of issues so we could look at them more clearly. And the issues of burden were alignment; value; development; implementation and reporting; certification; and communication, education and outreach. So, under each one of these issues, we came up with recommendations to reduce burden.

So, for alignment, we've worked to have our eCQM reporting requirements be similar across CMS programs and care settings, and align where possible. We aligned eCQM specifications, value sets, and data collection methodologies where possible. To value, we tried to share some of the best practices that multiple stakeholders had in using a dashboard of their quality performance and how they used these eCQMs in the dashboard for internal quality improvement initiatives. We also heard loud and clear that one of the problems was data mapping and data element definitions, and that there were often discrepancies between how data element definitions were interpreted by the implementers and by their vendors. So, we created a workspace that I'll mention in a few slides that clearly defined data element definitions. In the development process, one of the biggest problems is also data mapping. And to go along with the data element definitions, we developed this workspace called the measure collaborative workspace. This workspace lists all the data element definitions in a data element repository. We also have modules that will allow for stakeholder feedback, giving us ideas and input on workflow for new measures and on feasibility of data elements for new measures, and we'll also accept their ideas that they want to share with CMS for possible new measure development. Implementation and reporting issues, folks told us about the problems with a specification, some of the tools and resources, then we worked to improve that and to make the specifications more clear. We are using feasible data elements. And as I mentioned in the workspace, we will allow for stakeholders to give us input about data elements that we're proposing for new measures. We also are using the eCQM standards to support interoperability across the healthcare continuum and we consolidated our pre-submission validation and testing tools. We've implemented 114 of 117 recommendations and we are still working on the three recommendations and the clarification that we have on the subject of

attribution. Right now, we're involved in further research and testing, pilot testing of the attribution recommendations that we have and we hope to come up with some final recommendations in the near future. Under EHR certification, we heard stakeholders' concerns that they wanted to make sure that when their EHR was certified, they were allowed - it would enable supporting reporting to CMS using the files that they were certified to. In this last certification final rule, vendors will now be tested to certify to the CMS QRDA Implementation Guides. So, this has really been a helpful step for successful submission to aid in that when stakeholders are sending files to CMS. Our communication, education, and outreach issues, folks really wanted more plain language, more clarification, and we tried to do that in all of our documents that we publish. We've been having stakeholders review some of these documents to get their feedback to make sure it was clearly understandable. We've had a series of measure-level webinars in which stakeholders are able to ask questions real-time and really understand exactly what that measure specification was involved and was asking for. And that's basically the types of recommendations that we have implemented in the six burden areas. Next slide, please.

So, the biggest body of work that we've done, that I'm most proud of in working with my contractor, MITRE, was that we developed the Measure Collaboration Workspace. And this is posted on the eCQI Resource Center, which, as Yan mentioned, is the one-stop shop for all things related to eCQM. And in this workspace, there are a set of interconnected resources, tools, modules, and processes for eCQM. One of the main purposes is to promote transparency in measures that we're developing to obtain better stakeholder feedback and to hear ideas from you all as far as any new measures you would think would benefit your programs. The first module that we went live with and created was the Data Element Repository. This will help to solve some of the confusion about data element definitions and data mapping. This is a searchable tool on the workspace that provides all the data elements associated with each eCQM that's used in CMS quality reporting programs for MIPS and for IQR and critical access hospitals. Next slide, please.

I briefly mentioned some of the modules of the workspace. This is just a graphic that shows when you are on the Resource Center and you go to the Measure Collaborative Workspace, there are four main modules. The top module, which is written in blue or represented in blue, is the eCQM Concepts where stakeholders can submit their ideas to CMS for possible development of an eCQM. The pink module that's represented is the new eCQM Clinical Workflow. Right now, we have proposed workflow for a couple new eCQMs that are under development. One of the biggest issues CMS has heard over the years about workflow is that we did not consider a clinician's workflow when we developed the measure. So, this module will have proposed workflows for new measures under development and gives any stakeholder that registers on the website the ability to comment on that workflow, on any part of the workflow. We certainly encourage you coming here to this workspace and commenting on anything that you see here in the workflow area. As well as in the third module, the eCQM Test Results, where we list data elements. If you and your EHR still has difficulty in reporting in a structured field on a data element and we're posting it in a new measure, that's where we want to hear from you. We want to hear that this is a difficult measure or difficult data element to capture, and please give us your feedback. The fourth module that we have represented on the left is the eCQM Data Element Repository. This has been live now for a year-and-a-half and we have heard a lot of positive feedback from the folks who have used

it. They're very pleased that all the information is in one location about the data elements. The issue or the problem is that I don't think enough people have gotten the word yet, and we're really trying to share this information. So, if you know any implementers who are not on this call, please make sure you share these links and this information about the data element repository and the other modules. I think it could really benefit submitters. Next slide, please.

So, as part of the strategy projects, since the majority of it is over, what we will continue to do is we've distributed the outcomes report that gives you the details and the awareness of all the recommendations that we've implemented and how it can benefit you. We are continuing our work with FHIR. As CMS moves to FHIR, we've been working on a lot of background with the eCQMs, getting them converted to FHIR and starting the testing processes, and working with clinical decision support teams and how we can align all of our measures for interoperable data exchange. Again, we're working with stakeholders to engage in the strategy to achieve this digital transformation across CMS with our Quality Reporting Program and participating in the National Health Quality Roadmap Initiative. We're continuing, as I mentioned earlier, to research and understand provider attribution challenges, to test them, and then to come up with recommendations in the upcoming months to improve reporting and identify feasible solutions for provider attributions. I've been assured by the FHIR experts that that new standard will help greatly to improve how we capture provider attribution. So, we're looking forward to that and to more testing with that as that standard moves forward in development. Next slide, please. And that's it for now. And I'll turn the next section over to Claudia from Mathematica. Thank you.

Thank you, Debbie. Hi everyone. This is Claudia Hall. Today, I'm going to talk about eCQM, the change review process. Next slide.

So, what is the change review process? The purpose of the change review process is to provide eCQM users the opportunity to review and comment on draft changes to the eCQM specifications and supporting resources under consideration by the measure steward. The goal of CRP is for eCQM implementers to comment on the potential impact of the draft changes to eCQMs so that CMS and measure stewards can make improvements to meet CMS's intent of minimizing provider and vendor burden in the collection, capture, calculation, and reporting of eCQMs. These draft changes may be technical or clinical in nature. The CRP uses the ONC Project Tracking System, the eCQM Issue Tracker, to post CRP issues for public review and comment. For this year, the CRP process started on September 18th and is going to run through early November. Next slide.

This diagram is a circular flow that really outlines how CRP integrates into the annual update process. So, the first step is that measure developers respond to public feedback via Jira tickets throughout the year. Then, in early fall, they identify changes in clinical updates for the eCQMs. Then these proposed changes are presented to CRP for public comment. CMS reviews and vets the CRP recommendations, and the changes are implemented during the annual update based on feedback. Lastly, the measure specifications are published. Next slide.

This diagram is a process flowchart and starts with identifying an issue or potential change by opening a Jira CQM ticket flag with a CRP label. This issue is open for a two-week public comment period. At that point, the Jira

ticket can be closed, or it could cycle back for more comment. Then, after the public comment is complete, the measure developers in CMS review the comments and recommendations. CMS can send the issue back to the public comment stage, restarting the cycle, or if the issue is approved, the Jira ticket is updated with a CRP outcome and closed after the change is implemented in the annual update. Next slide.

Who can participate in a change review process? So, CRP participation is open to all ONC Project Tracking System (Jira) eCQM Issue Tracker project users, which includes CMS, ONC, measure developers, measure stewards, eligible clinicians, eligible hospitals, EHR vendors, and vendors of certified technology. Next slide.

So, this image depicts a screenshot of the eCQM Issue Tracker. The issue is flagged with a label that reads "CRP." Next slide.

To be notified of new CRP issues, you can sign up for the weekly CRP digest. This digest email includes a summary of issues available for public comment with links. To subscribe, you can email crp@mathematica-mpr.com to be added to the list. CRP announcements are also posted on the ONC Project Tracking System (Jira) eCQM Issue Tracker summary page and the eCQI Resource Center. Next slide.

To participate in the public comment period, you would need to log into Jira using your Jira account, and there is a link here for new users to create an account. Then proceed to the eCQM Issue Tracker summary page and review the relevant CRP issue, potential solution, and any additional materials that may be posted. Again, the tickets will be open for public comment for two weeks, and comments can be posted by using the comment button at the top of the ticket. Next slide.

Here are the CRP resources with links to the eCQM Issue Tracker and links to the eCQI Resource Center. Next slide.

If you have questions, please do email us at the CRP email address listed on this slide. Thank you very much.

Thank you, Claudia. Finally, Julie Johnson will provide a few updates on the Quality Payment Program. Julie, you may begin.

Hi, I'm Julie Johnson, and I work for the Division of Electronic and Clinician Quality at CMS. Next slide, please.

Yes, first of all, let's talk about the virtual group election period for payment year 2021. If you want to be a part of a virtual group for the next performance period, which is in 2021, that period was opened on October 1st and it will close on December 31st, 2020. The following people are those who can elect to participate in MIPS as a virtual group: solo practitioners who are eligible for participation in MIPS, or groups with ten or fewer clinicians and you have to have at least one clinician who is eligible to participate in MIPS to join as a group. In order to participate, you must submit your election to CMS via email, and the email address is there -- that's an underscore, MIPS_VirtualGroups@cms.hhs.gov -- by December 31st, 2020. Next slide, please.

The next slide is about the application for Hardship and Extreme and Uncontrollable Circumstances for the performance period 2020. There are two

QPP exception applications available for this year, that is the Extreme and Uncontrollable Circumstances Exception and the MIPS Promoting Interoperability Performance Category Hardship Exception. Clinicians, groups, and virtual groups who believe they are eligible for exceptions may apply and, if approved, will qualify for a reweighting of one or more MIPS performance categories. I just want to point out that we have proposed to allow APM entities to submit Extreme and Uncontrollable Circumstances applications as a result of COVID-19 in addition to MIPS-eligible clinicians. And all of these applications must be submitted by December 31st, 2020. So, if you are a third-party intermediary or a vendor, I just want you to take note that we are asking for people who are submitting on the basis of COVID-19 to pay attention. We are closing the application December 31st, 2020. So, we'd appreciate it if you get the word out in case people haven't heard this yet. Next slide, please.

Okay. We are at the final slide. So, I'll turn it over to Ketchum to lead the question-and-answer portion of the presentation. Thank you.

Great. Thank you, Julie. As a reminder, 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.

Okay. So, our first question reads: "We were told by TMHP that Medicaid Promoting Interoperability Programs will be sunsetted in 2021. Will another similar incentive program take its place?"

This is Dylan Podson from the Medicare Promoting Interoperability Program. All I can probably say to answer this is that I have not heard of any development that an ensuing or follow-up program would be taking its place. So, I think, at this time, it's fairly safe to say that, once it ends, that will be the conclusion of the Medicaid portion for incentivizing Promoting Interoperability. Thank you.

Thank you, Dylan. The next question reads, "For the 2020/2021 Telehealth QRDA I Guidance, is the expectation that vendors exclude non-eligible telehealth encounters in the QRDA I file? That is not something we capture in our QRDA I file currently since CQM logic does not capture telehealth modifier to indicate the encounter with a telehealth visit."

Yan or Shanna, if you're speaking, you're on mute.

Yeah. Sorry. I was muted. So, yeah, I was wondering, Claudia, would you like to speak from the measures perspective first? Then I can go from the QRDA perspective.

Hi. This is Claudia. Yan, can you frame the question for me, please?

Yeah, I think they are asking that - so, right now, the measure actually does not account for the -

The telehealth eligible -

Yeah.

I can reread the question as well.

Okay. Thank you.

So, it says, "For the 2020/2021 Telehealth QRDA I Guidance, is the expectation that vendors exclude non-eligible telehealth encounters in the QRDA I file? That is not something we capture in our QRDA I files currently since eCQM logic does not capture a telehealth modifier to indicate the encounter with a telehealth visit."

Right. Okay. Yan, I'll start this and you can finish it. So, based on the telehealth guidance that was put out for the 2020 and 2021 eCQM specifications for the eCQMs, there are certain measures that are not eligible for telehealth. For those measures, it might be an option to try to distinguish which encounters are telehealth, to not include those for those measures. So, only if you're reporting on those measures would it be an option to use that QRDA I format, which Yan can clarify isn't using the optional QRDA I template. So, Yan, I'll turn it to you now.

Yes. Thank you. So, this is driven by, as Claudia mentioned, it's driven by measures that - by measuring intent and what is allowed eligible for telehealth encounters. So, from QRDA I perspective, if you are submitting telehealth-eligible encounters, so you would be following the guidance provided in the updated guidance to send that - using that qualifier with a VR code to serve as the flag, to flag that encounter. It's really a telehealth encounter. So, that's how you express that in QRDA. But exactly how you determine which one is the telehealth-eligible encounter is really up to how you have been captured in your EHR. We have been getting some QRDA Jira tickets. And if you would like to, you can go in ONC (Jira) QRDA projects, there's several tickets being submitted on that. I think there is also another one that's under the CMS eCQM project as well. So, there are some questions being answered there, how you report that and how you identify. There was the question actually asked that some EHRs, they mentioned they don't currently document that in their EHR, but they have a way to identify that in their own system to know that it's telehealth. So, they're able to kind of capture it that way. I hope it helps.

Just to add to Yan's response, it is not required to use that template. It is an option that's put forth specifically for those measures that are not telehealth-eligible as a way to distinguish those encounters. For the measures that are telehealth-eligible based on the guidance documents, there really isn't a need to distinguish telehealth-eligible encounters.

Okay. Great. Thank you. The next question asks, "When are eCQMs moving to a FHIR format?"

So, this is Debbie. Since I mentioned FHIR, I'll just respond. We're working on an implementation timeline. We have shared - Shanna and I shared the roadmap to FHIR at one of our recent presentations on FHIR, which you can find on the eCQI Resource Center. Basically, what we said was that the move to FHIR is dependent on testing results and how the standard evolves. Right now, we have done some basic Connectathon testing and a small pilot testing that we did about six months ago where we transmitted some eCQM data that was converted to the FHIR format. So, with that said, we are very early in the testing of the FHIR standard and we're working on evolution of the standard to support quality measures, and we're working on - we're in the final stages of UAT for the Bonnie and the MAT tools, as they're also being converted to FHIR-based tools. But the existing Bonnie and MAT in the QDM

tools are still in production and they're not going to go anywhere, but we're developing the tools in FHIR to continue testing. So, we don't really have a date yet. It's all dependent on testing results, vendor readiness, community readiness, et cetera. So, there's a lot of factors, but that's the basic information as to where we are right now in that move and exploration of FHIR.

Great. Thank you, Debbie. The next question raised, "When will the database open for the submission of hospital 2020 eCQM data?"

Just to repeat that, it's "When will the database open for the submission of hospital 2020 eCQM data?"

So, this is Shanna. I don't know if we have anyone that knows that answer on the question or not - I mean, knows the answer to that question on the call or not, but I do know it's planned to open this fall. I don't know the exact date, though.

Yep.

Okay. Thank you, Shanna. The next question says, "Is the notification of PCPs a requirement for the 2021 Promoting Interoperability Program?"

Hi, this is Dylan Podson. I might have missed it, but could the questioner please clarify what PPP would be, in terms of the Promoting Interoperability Program? I'm not sure if they can type in.

Sure. So, while we wait for an update, just to reread the question, it says, "Is the notification of PCPs a requirement for the 2021 Promoting Interoperability Program?" Just as a reminder, to ask a question, you can either submit your question using the chat feature, or raise your hand and we will unmute your line.

So, we just got a clarification, Dylan, that PCPs is primary care providers.

No, there's been no changes or addition to that in terms of the program reporting requirements. So, no, if they were to go back to slide six and seven where the kind of reminders are, I would just refer that looking at that is kind of the best representation of what the major requirements would be and have been. So, there has not been - especially at least in 2021, there's not been any finalized proposal to make some additional requirement for that specific aspect.

Okay. Thank you, Dylan. And we do have a couple minutes left on this webinar, so if you'd like to ask a question, please submit a question either to the Questions box or raise your hand and we can unmute your line. Okay. We just received another question. It says, "Where can we find the QRDA I example file with telehealth modifier qualifier elements?"

Okay. So, this is Yan. In the updated telehealth guidance document, you can see an example snippet that shows you how you represent that.

And that is located on the eCQI Resource Center, under the Eligible Clinician page. So, if you look for the 2020, there's a PDF of the Telehealth Guidance in the Resources section.

The slide that - the slide for telehealth guidance has a link that takes you to that document.

Great. Thank you. And we did receive a question on the phone line. So, Bobbie Strouse, your line is unmuted. You can ask your question.

Hi. Yes, I'm the one who asked the question about the PCPs notification. And there was a - on the final rule in May, at the end of May, it talked about that we needed to start - as hospitals, we needed to start notifying primary care physicians of patient admissions, transfers, and discharges, and they were moving it out from the six months to a year, which would put it in May of 2021. And it says in the CMS website that they aren't going to enforce it until 2021 July 1st. So, it appears like there is a requirement and I'm wanting to know more information.

So, this is Dylan. I think the only thing I can probably speak to that is that, to my knowledge, I have not seen that or written it up with the IPPS LTCH final rule for this year. If it was included in another CMS rule or memorandum or fact sheet that did go out perhaps from another program or from another center, we, of course, always adhere and uphold to supplemental general program requirements, just for participating hospitals and providers in Medicare and Medicaid. Unfortunately, I probably couldn't elaborate too much further, not being aware of this, especially given that this sounds like it might be a different rule since the IPPS FY2021 rule was just released September 2nd. So, I'm not as clear. Again, I apologize, but I'm not as clear as to what might have come out from another division in May.

Okay. This is from the Health Informatics Office, CMS Interoperability and Patient Access Final Rule.

Yes, so I suppose I think the clearest thing I'd probably say is that this would have to be followed if it's a requirement that's coming out from CMS, and that we would honor that. But that, at this point in time, is not a specific requirement of the Medicare Promoting Interoperability Program. It would not have an effect on the scoring performance given the specific objectives and measures that we request from providers and eligible hospitals and CAHs.

Okay. Thank you.

Thank you.

Okay. Thank you, Dylan. And that takes us to the end of the Q&A session, so I'll pass it back to Darrick to close the webinar.

Thank you all for joining us today. CMS will share the slides from today's forum in the coming days. 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 December. CMS will share more information on the next forum when it becomes available. Have a great afternoon everyone. Goodbye.