



OCTOBER 2022 CMS QUALITY PROGRAMS BI- MONTHLY FORUM

October 18, 2022



AGENDA

Topic	Speaker
eCQI Resource Center InfoTRAC Update	<ul style="list-style-type: none"> • Vidya Sellappan, <i>Division of Electronic and Clinician Quality, CMS</i> • Edna Boone, <i>Battelle/ICF</i>
Teach Me CQL Video Series	<ul style="list-style-type: none"> • Vidya Sellappan, <i>Division of Electronic and Clinician Quality, CMS</i> • Edna Boone, <i>Battelle/ICF</i>
Quality Data Model (QDM) User Group Update	<ul style="list-style-type: none"> • Floyd Eisenburg, <i>ICF</i>
Electronic Clinical Quality Measures (eCQM) Flows	<ul style="list-style-type: none"> • Michael Kerachsky, <i>Mathematica</i>
Medicare Promoting Interoperability Program	<ul style="list-style-type: none"> • Drew Morgan, <i>Division of Value-Based Incentives and Quality Reporting, CMS</i> • Jessica Warren, <i>Division of Value-Based Incentives and Quality Reporting, CMS</i>
SAFER Guides Updates	<ul style="list-style-type: none"> • Jessica Warren, <i>Division of Value-Based Incentives and Quality Reporting, CMS</i>
Quality Payment Program Updates	<ul style="list-style-type: none"> • Vidya Sellappan, <i>Division of Electronic and Clinician Quality, CMS</i>
Alternative Payment Model Updates	<ul style="list-style-type: none"> • Damon Watkins, <i>Center for Medicare and Medicaid Innovation, CMS</i>



eCQI RESOURCE CENTER InfoTRAC UPDATE

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



eCQI RESOURCE CENTER InfoTRAC

- The Centers for Medicare & Medicaid Services (CMS) has updated the [Electronic Clinical Quality Measure \(eCQM\) Tools, Resources, & Collaboration \(InfoTRAC\)](#) on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).
- This interactive tool merges the previous InfoTRAC with the eCQM Tools Library to provide an in-depth overview of the tools, standards, and resources used in the various stages of the eCQM lifecycle.
- There are more than 85 tools and resources related to development, testing, certification, publication, implementation, reporting, and continuous evaluation of quality measures and their improvement listed.
- Stakeholders can filter based on category and role and find references specific to their areas of interest.



eCQM Informational Tools, Resources, & Collaboration



Filter Tools & Resources

BY TITLE

BY CATEGORY

BY ROLE

Apply

Reset

Title	Category	Role	Description
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<https://ecqi.healthit.gov/eqi-tools-key-resources>



eCQM Informational Tools, Resources, & Collaboration



Filter Tools & Resources

BY TITLE

BY CATEGORY

- Any -

- Any -
- Certification
- Continuous Evaluation/Feedback
- Development
- Implementation
- Reporting
- Testing

BY ROLE

- Any -

Apply

Reset

Title

Category

Description

Atom is an open-source text editor that can expand its utility by installing packages. The Language-CQL [?] plug-in package has functionality for Clinical Quality Language (CQL) syntax and semantic (error) highlighting and

<https://ecqi.healthit.gov/ecqi-tools-key-resources>



eCQM Informational Tools, Resources, & Collaboration



Filter Tools & Resources

BY TITLE

BY CATEGORY

- Any -

BY ROLE

- Any -

Apply

Reset

Title	Category	Role
		- Any -
		CDS Developer/Steward
		Consumer
		Eligible Hospital / Critical Access Hospital
		Eligible Clinician
		Health IT Developer/Vendor
		Implementer
		Measure Developer/Steward
		Payer
		Other - User Type

Health IT

<https://ecqi.healthit.gov/ecqi-tools-key-resources>



REFERENCES

- Tell us what you think! Visit the eCQI Resource Center. Join the [eCQI Resource Center User Group](#). Send suggestions for improvement, news, events, and content for posting to ecqi-resource-center@hhs.gov.



TEACH ME CQL VIDEO SERIES

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



TEACH ME CQL VIDEO SERIES

- As part of continuing education and outreach for electronic clinical quality measure (eCQM) standards, the Centers for Medicare & Medicaid Services (CMS) has developed a four-part video short series entitled “Teach Me Clinical Quality Language (CQL).”
- These four videos are located on the [eCQI Resource Center CQL education page](#) and intended to support healthcare quality leaders, health information technology vendors, and measure developers explore the use of CQL.



TEACH ME CQL VIDEO SERIES SESSIONS

The Teach Me CQL series covers these topics:

- [Video #1: NormalizeInterval](#)
 - Examines the usage of the NormalizeInterval function found in the Global Common Library used across CMS quality programs that use eCQMs.
- [Video #2: Time Zone Considerations](#)
 - Highlights express time zone considerations in eCQMs and the difference between the DayOf, ToDate, and precision operators.



TEACH ME CQL VIDEO SERIES

SESSIONS

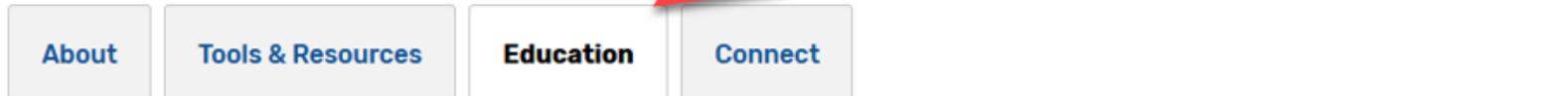
- [Video #3: Latest, LatestOf, Earliest, EarliestOf, HasStart, HasEnd](#)
 - Explores the Global Common Library and why eCQM developers should use the Global Common Library. Viewers will also learn to define how the LatestOf and EarliestOf functions contained in the Global Common Library and additional functions called within each.
- [Video #4: Coalesce](#)
 - Delves into how to use the coalesce function in eCQM logic.



TEACH ME CQL VIDEO SERIES LOCATION

CQL – Clinical Quality Language

[Receive updates on this topic](#)



Introduction to Clinical Quality Language (CQL)

- [Pioneers in Quality \(PIQ\) Video Short - Electronic Clinical Quality Measure \(eCQM\) Basics Series 1 - January 7, 2021](#)
 - [CQL Basics \(excerpt from 2019 Expert to Expert Webinar\)](#)
 - [CQL Basics Webinar - PIQ](#) (You must obtain a free registration to view the video)
 - [CQL Basics Transcript - PIQ](#)
- [Getting Started with CQL](#) - January 2020 CMS Connectathon

CQL for eCQM Developers and Implementers

• Teach Me CQL Video Series

- [Normalize Interval](#) (YouTube) - Video Short - July 2022
- [Time Zone Considerations](#) (YouTube) - Video Short - July 2022
- [Latest, LatestOf, Earliest, EarliestOf, HasStart, HasEnd](#) (YouTube) - Video Short - August 2022
- [Coalesce](#) (YouTube) - Video Short - August 2022



https://ecqi.healthit.gov/cql?qt-tabs_cql=2



REFERENCES

- Submit general information questions about CQL to ecqm@icf.com.
- Submit feedback on CQL issues, comments, and technical questions to the [ONC Jira CQL Issue Tracker](#).



QUALITY DATA MODEL (QDM) USER GROUP UPDATE

Presenter: Floyd Eisenberg, ICF



QDM USER GROUP UPDATE

- The [QDM](#) User Group is a group of volunteer members who use the QDM for measure development, measure implementation, [alignment](#) with related standards, and more.



QDM USER GROUP – RENAMING

- With the CMS direction to move quality measurement to FHIR based standards, the QDM User Group will be renaming over the next two months to reflect the coming transition to FHIR based standards.
- The group will still review and consider changes to the QDM as needed until it is no longer in use during the Annual Update cycles.
- A new focus
 - The User Group will continue to ensure collaboration in the data model guidance, development, maintenance, and harmonization with quality and clinical decision support (CDS) standards.
 - The User Group charter will be updated to support the incorporation of additional HL7 standards.



TIMELINE FOR QDM USER GROUP

- October 19 UG Meeting:
 - Review of updated charter with UG members.
 - Provide voting opportunity for UG members for new UG name.
- October 25 Governance Meeting:
 - ECQM Governance group approval of charter and renaming.
- November:
 - Provide CMS with draft communications for approval along with a list of targeted forums for communication.
 - Once approved distribute communications as defined.
- December:
 - UG will be held under new name with new charter in place.



RESOURCES

- Visit the electronic Clinical Quality Improvement (eCQI) Resource Center [QDM page](#) for more information.
- View the [QDM User Group Charter](#) and past [QDM User Group Meeting Notes](#) for more information about the group.
- Post technical questions and comments related to the development and implementation of QDM to the [ONC Jira QDM Issue Tracker](#).



ELECTRONIC CLINICAL QUALITY MEASURES (eCQM) FLOWS

Presenter: Michael Kerachsky, Mathematica



ELECTRONIC CLINICAL QUALITY MEASURE (eCQM) FLOWS

- **eCQM measure flow diagrams present a visual depiction of the measure's population criteria.**
 - Highlight relevant data criteria
 - Organize the specifications to help interpret the logic
 - Understand how performance rates are calculated
- **eCQM flows are published in late summer after the annual update publication.**
- **eCQM flows can be found on the [eCQI RC](#) under the eCQM Resources tab.**



LOCATING THE 2023 ELIGIBLE PROFESSIONALS/ELIGIBLE CLINICIANS AND ELIGIBLE HOSPITALS/CRITICAL ACCESS HOSPITALS ELECTRONIC CLINICAL QUALITY MEASURE FLOWS

The screenshot shows the eCQI Resource Center website. At the top left is the eCQI Resource Center logo. A red arrow points from the logo to the 'eCQMs' dropdown menu. The navigation bar includes 'eCQMs', 'dQMs', 'Resources', 'About', and 'Log in'. A search bar is on the right. The main content area features a blue sidebar with the text 'Electronic Clinical Improvement (eCQI) The "one-stop shop" for providers and engaged in electronic clinical quality measures'. Below this are two orange buttons: 'Eligible Clinician eCQMs' and 'Eligible Hospital / Critical Access Hospital eCQMs'. The 'eCQMs' dropdown menu is open, showing categories: 'EC ECQMS' (with a red arrow pointing to 'Eligible Clinician eCQMs'), 'EH/CAH ECQMS' (with a red arrow pointing to 'Eligible Hospital / Critical Access Hospital eCQMs'), 'NEW TO ECQMS?' (with 'Get Started with eCQMs' and 'eCQM Lifecycle'), and 'MEASURE COLLABORATION' (with 'Measure Collaboration (MC) Workspace' and 'eCQM Data Element Repository (DERep)').

<https://ecqi.healthit.gov>

LOCATING THE 2023 ELIGIBLE CLINICIANS AND ELIGIBLE HOSPITALS/CRITICAL ACCESS HOSPITALS ELECTRONIC CLINICAL QUALITY MEASURE FLOWS

Select Performance Period:

2023 ▾
2023
2022
2021

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

eCQM Resources

EC eCQMs

About

2023 Performance Period Eligible Clinician Resources

Filter Resources by

- Any -

Implementation Guidance

Reporting References

Standards References

Technical Specifications

https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=0&globalyearfilter=2023

eCQM Logic and Implementation Guidance v6.0 (PDF)	Assists implementers and measured entities with how to use eCQMs and report issues ⓘ	May 2022
Technical Release Notes (PDF)	Year over year changes to eCQM logic and terminology ⓘ	Jun 2022
Technical Release Notes (ZIP)	Year over year changes to eCQM logic and terminology ⓘ	Jun 2022
Standards and tool versions used for performance period	Tools and standards versions measure developers used to create eCQMs and versions of standards and tools used for their reporting ⓘ	May 2022
eCQM Flows (ZIP)	Assists implementers and measured entities with steps to take to calculate an eCQM ⓘ	Aug 2022



EXAMPLE eCQM FLOW: ELIGIBLE HOSPITAL CRITICAL ACCESS HOSPITAL

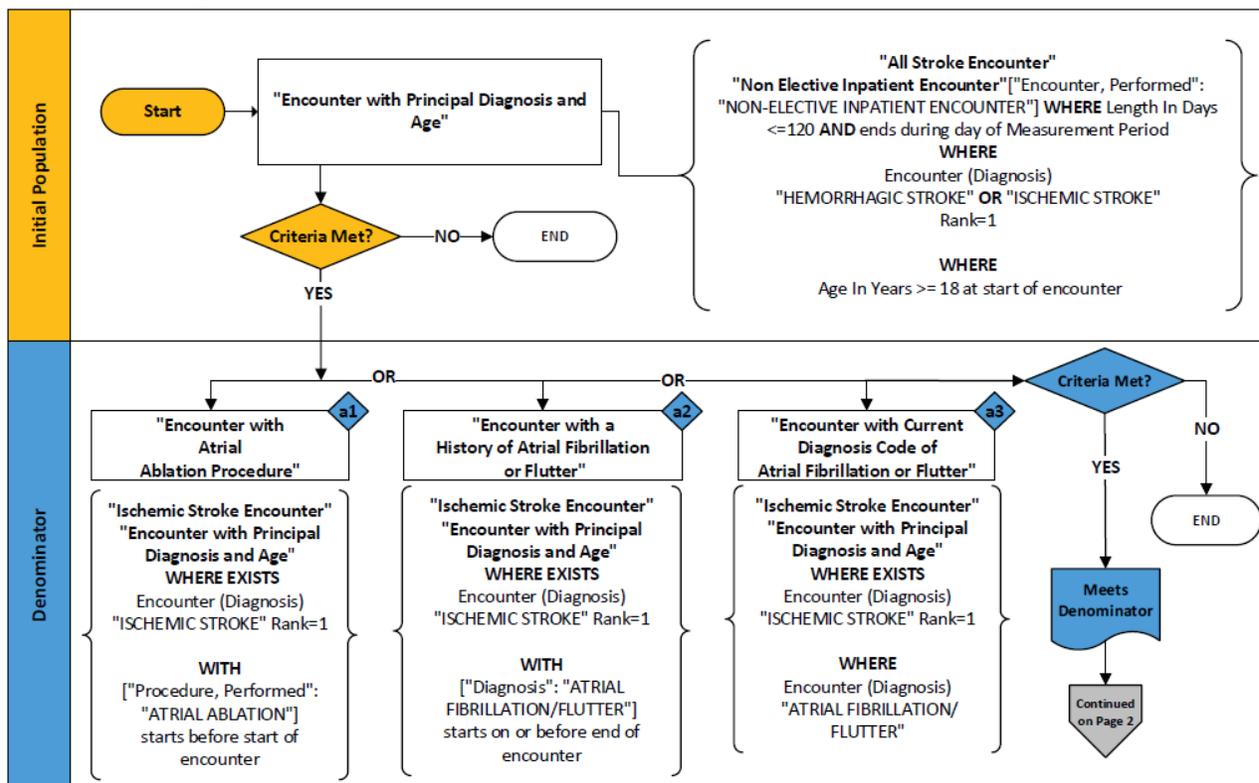
2023 eCQM Flow – CMS71v12: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)*

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

2023 eCQM Flow – CMS71v12: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)*

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

Measure Flow Diagram



Measure Flow Narrative

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Measure Description	This measure assesses ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge
Initial Population	Start by identifying the initial population criteria as inpatient hospitalizations with: <ul style="list-style-type: none"> patients age 18 and older discharged from inpatient care (non-elective admissions) a principal diagnosis of ischemic or hemorrhagic stroke a length of stay less than or equal to 120 days that ends during the measurement period
Denominator	The denominator criteria further constrains the initial population by inpatient hospitalizations for patients: <ul style="list-style-type: none"> with a principal diagnosis of ischemic stroke who have one of the following: <ul style="list-style-type: none"> a history of atrial ablation a current diagnosis of atrial fibrillation/flutter a history of atrial fibrillation/flutter
Denominator Exclusions	The denominator exclusions criteria are used to identify a subset of the denominator population by excluding inpatient hospitalizations with any of the following: <ul style="list-style-type: none"> patients admitted for elective carotid intervention (implicitly modeled by inclusion of only non-elective hospitalizations) a documented discharge disposition of: <ul style="list-style-type: none"> discharged to another hospital; or left against medical advice; or expired; or discharged to either a health care facility or home, for hospice care have comfort measures documented



EXAMPLE OF eCQM FLOW: ELIGIBLE CLINICIAN

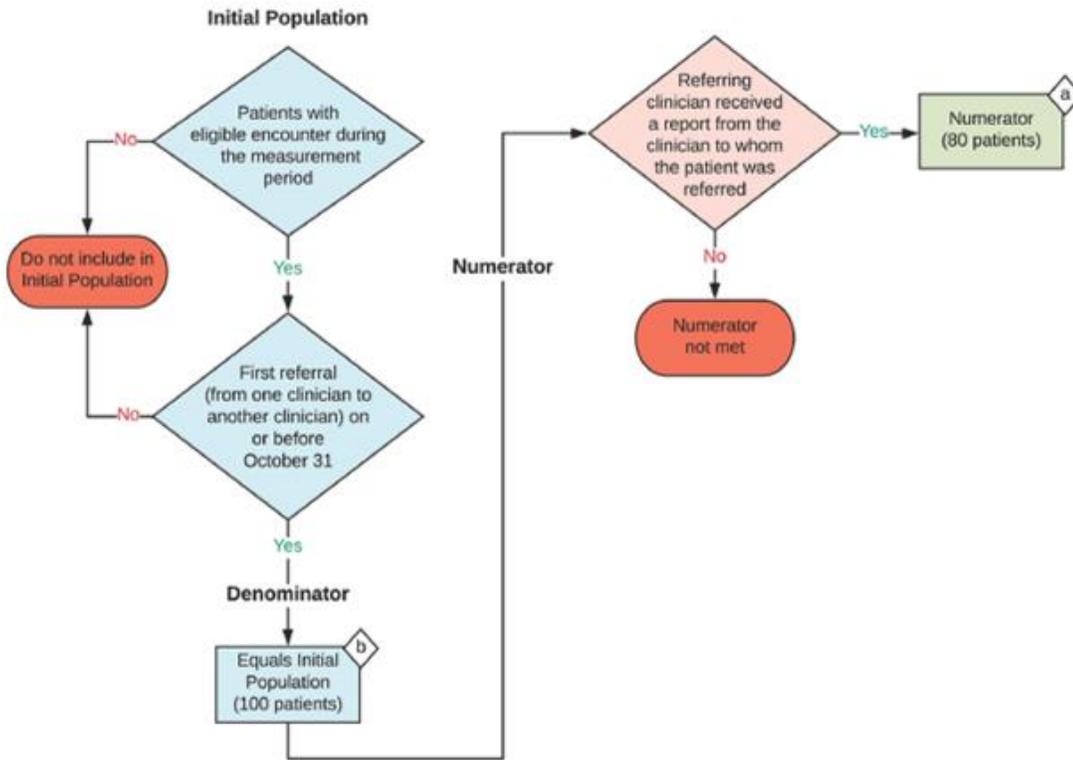
2023 eCQM Flow
eCQM Identifier: CMS50v11

NOTE: This flow diagram represents an overview of population criteria requirements. Refer to the eCQM specification for a complete list of data elements included in this measure and required for submission.

Closing the Referral Loop: Receipt of Specialist Report

Percentage of patients with referrals, regardless of age, for which the referring clinician receives a report from the clinician to whom the patient was referred

This eCQM is a patient-based measure



Sample Calculation

Performance Rate =

$$\frac{\text{Numerator (a = 80 patients)}}{\text{Denominator (b = 100 patients)}} = \frac{80}{100} = 80\%$$

eCQM Identifier: CMS50v11

eCQM Title: Closing the Referral Loop: Receipt of Specialist Report

NOTE: This flow diagram represents an overview of population criteria requirements. Refer to the eCQM specification for a complete list of data elements included in this measure and required for submission.

Description: Percentage of patients with referrals, regardless of age, for which the referring clinician receives a report from the clinician to whom the patient was referred.

This eCQM is a patient-based measure.

eCQM Flow Narrative

Initial Population

Start by identifying the Initial Population, which includes patients who had an eligible encounter during the measurement period and were referred by one clinician to another clinician on or before October 31.

Denominator

The Denominator equals the Initial Population. In the sample calculation provided at the end of the eCQM flow, the Denominator is equal to 100 patients.

Numerator

The Numerator criteria identify a subset of the Denominator population by including patients whose referring clinician received a report from the clinician to whom the patient was referred. In the sample calculation provided at the end of the eCQM flow, the Numerator is equal to 80 patients.

Sample Calculation

A sample calculation is provided to help determine how the measure performance rate is derived. The measure performance rate is calculated by dividing the Numerator (total equals 80 patients) by the Denominator (total equals 100 patients), which is equal to a score of 80 percent.



CONTACT THE eCQI RESOURCE CENTER

- Email comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov.
- Visit the [eCQI Resource Center Frequently Asked Questions](#).



MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

Presenters: Drew Morgan, Division of Value-Based Incentives and Quality Reporting, CMS; Jessica Warren, Division of Value-Based Incentives and Quality Reporting, CMS



HARDSHIP RECONSIDERATION

- Eligible hospitals and critical access hospitals (CAHs) may submit a request for hardship reconsideration if CMS determines the eligible hospital or CAH did not meet the Medicare Promoting Interoperability Program requirements for the annual payment determination.
- If an eligible hospital or CAH feels that they are subject to the payment adjustment for Medicare, they must complete and submit a hardship reconsideration application. The hardship reconsideration applications for eligible hospitals and CAHs will open in late **October 2022** and will close in early **December 2022**.



HARDSHIP RECONSIDERATION

- The applications can be found on the Scoring, Payment Adjustment, and Hardship Information webpage of the Promoting Interoperability Programs webpage.
- Applications must be attached to an email and sent to qnetsupport@cms.hhs.gov with the subject line “(Hospital or CAH Name and CCN) Reconsideration Request”.
- If an electronic submission is not possible, submit the application via fax to 845-559-6370.

Reminder: Applications must be submitted early December



UPCOMING MEDICARE PROMOTING INTEROPERABILITY PROGRAM DEADLINES

- **December 31, 2022:** The end of the 2022 EHR reporting year.
- **January 1, 2023:** The start of the 2023 EHR reporting year.
- **February 28, 2023 at 11:59 p.m. ET:** The deadline to register and attest for the **CY 2022** Medicare Promoting Interoperability Program.



SAFER GUIDES REQUIREMENTS FOR THE MEDICARE PROMOTING INTEROPERABILITY PROGRAM AND THE MIPS PERFORMANCE CATEGORY

*Presenter: Jessica Warren, Division of Value-
Based Incentives and Quality Reporting, CMS*



SAFER GUIDES REQUIREMENTS

- CMS recently added the Safety Assurance Factors for EHR Resilience (SAFER) Guides measure to the Protect Patient Health Information objective across the Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability performance category.
- The SAFER Guides are a set of self-assessment tools aimed at helping healthcare organizations evaluate their EHR safety practices, identify potential risks, and mitigate those risks.
- Each SAFER Guide includes a self-assessment checklist, action- based worksheets, and recommended best practices that are designed to help your organization reduce EHR-related patient safety risk, optimize safe use of EHRs, and create a “culture of safety”.



SAFER GUIDES REQUIREMENTS

Medicare Promoting Interoperability Program		MIPS Promoting Interoperability Performance Category
Eligible hospitals and CAHs are required to attest “yes” or “no” to completing an annual self-assessment using all nine SAFER Guides to satisfy the program requirement.	Requirements	MIPS eligible clinicians must report “yes” or “no” to completing an annual self-assessment using only the High Priority Practices SAFER Guide to satisfy the requirement.
The SAFER Guides self-assessment for eligible hospitals and CAHs needs to be completed by the final day of the EHR reporting period (Dec. 31) for the designated program year.	Reporting	The SAFER Guides self-assessment for MIPS eligible clinicians needs to be completed by the final day of the performance year.
Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program.	Participants	MIPS Eligible Clinicians.
Attesting “yes” signifies a participant has completed the annual self-assessment. Attesting “no” signifies a participant has not completed the annual self-assessment. Both answers are acceptable, and neither will result in a failure to attest or a penalty.	Attestation/Data Submission	Reporting “yes” signifies a participant has completed the annual self-assessment. Reporting “no” signifies a participant has not completed the annual self-assessment. Both answers are acceptable, and neither will result in a penalty.



SAFER GUIDES: ADDITIONAL RESOURCES

- [ONC SAFER Guides Overview](#)
- Medicare Promoting Interoperability Program:
 - [Security Risk Analysis Measure, SAFER Guides Measure, and Prevention of Information Blocking Attestation Fact Sheet](#)
- MIPS
 - [2022 MIPS Specification Sheet](#)
 - [MIPS SAFER Guides Fact Sheet](#)



QUALITY PAYMENT PROGRAM (QPP) UPDATE

Presenter: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS



TARGETED REVIEW

- If you participated in the Merit-based Incentive Payment System (MIPS) in 2021 and believe an error has been made in the calculation of your MIPS payment adjustment, you can request a targeted review until **October 21, 2022**.
- You can request a targeted review by:
 - Going to the [Quality Payment Program website](#)
 - Logging in using your HCQIS Access Roles and Profile System (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data.
 - Click "Targeted Review" on the left-hand navigation
- For more information, please refer to the [2021 Targeted Review User Guide](#) and [2021 Targeted Review Demonstration](#).



VIRTUAL GROUP ELECTION PERIOD

- The virtual group election period for the 2023 performance year opened on **October 3, 2022** and will close at **11:59 p.m. ET on December 31, 2022**.
 - To receive approval to participate as a virtual group for the 2023 performance year, you must submit an election via e-mail to MIPS_VirtualGroups@cms.hhs.gov.
- Before forming a virtual group, please consider the following:
 - TINs participating in MIPS at the virtual group level must meet the definition of a virtual group at all times during the performance period.
 - If a group chooses to join a virtual group, all of the clinicians in the group are part of the virtual group.
 - A virtual group might include clinicians who are also participating in Advanced Alternative Payment Models (APMs). Advanced APM participants who achieve Qualifying APM Participant (QP) status will be excluded from MIPS.
- To learn more about virtual groups, please review the resources in the [2023 Virtual Groups Toolkit](#).



QPP EXCEPTION APPLICATIONS

- There are two exception applications available to clinicians in PY 2022:
 - **Extreme and Uncontrollable Circumstances (EUC) Exception application**
 - Note: If you are MIPS eligible clinician who is eligible to participate in MIPS as an individual, the MIPS automatic EUC policy will be applied to you for PY 2022.
 - **MIPS Promoting Interoperability Performance Category Hardship Exception application**
- To apply, [sign into QPP](#) with your HARP credentials and click “Exception Application” on the left-hand navigation.
- The deadline for the EUC Exception Application and MIPS Promoting Interoperability Performance Category Hardship Exception Application for PY 2022 is January 3, 2023 at 8 p.m. ET.
- For more information, please review the [2022 MIPS EUC Exception Application Guide](#) and the [2022 MIPS Promoting Interoperability Hardship Exception Application Guide](#).



AUTOMATIC EUC POLICY UPDATE

- In response to the Federal Emergency Management Agency (FEMA) designation of Hurricanes Ian and Fiona as national disasters, CMS has determined that the automatic EUC policy will apply to MIPS eligible clinicians in FEMA-identified areas of [Florida](#) and [Puerto Rico](#).
 - MIPS eligible clinicians in these areas will be automatically identified and receive a neutral payment adjustment for the 2024 MIPS payment year.
 - If MIPS eligible clinicians in these areas choose to submit data on 2 or more performance categories, they will be scored on those categories and receive a 2024 MIPS payment adjustment based on their 2022 MIPS final score.
 - The automatic extreme and uncontrollable circumstances policy won't apply to MIPS eligible clinicians participating in MIPS as a group, virtual group, or APM Entity.
- For more information, please review the [2022 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet](#).



NEW RESOURCES AVAILABLE

New and Updated QPP resources are now available on the [QPP Resource Library](#), including:

- [2021 MIPS Performance Feedback FAQs](#)
- [2021 Targeted Review Demo](#)
- [2021 Targeted Review User Guide](#)
- [2023 MIPS Payment Year Payment Adjustment User Guide](#)
- [2023 Virtual Groups Toolkit](#)
- [2023 MIPS Payment Year Payment Adjustment User Guide](#)
- [2022 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet](#)
- [2022 MIPS EUC Exception Application Guide](#)
- [2022 MIPS Promoting Interoperability Hardship Exception Application Guide](#)



2021 PREVIEW PERIOD FOR DOCTORS AND CLINICIANS

- The Doctors and Clinicians Preview Period **opens on November 21, 2022** and **closes on December 20, 2022**.
- The Preview Period is an opportunity for doctors and clinicians to preview their 2021 QPP performance information before it is publicly reported on clinician and group profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog \(PDC\)](#).
- To preview data during the Preview Period, doctors and clinicians must [sign into QPP](#) using HARP credentials.
- More information will be available soon on the [Care Compare: Doctors and Clinicians Initiative page](#).
- Contact the QPP Service Center at QPP@cms.hhs.gov with questions about the Doctors and Clinicians Preview Period.



ALTERNATIVE PAYMENT MODEL UPDATES

*Presenter: Damon Watkins, Center for
Medicare and Medicaid Innovation,
CMS*



APM PARTICIPATION SNAPSHOT RELEASE

- In October, CMS updated its [Quality Payment Program \(QPP\) Participation \(QP\) Status Tool](#) based on the second snapshot of data from Alternative Payment Model (APM) entities.
 - The second snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2022, and June 30, 2022.**
 - The tool includes 2022 Qualifying APM Participant (QP) and MIPS APM participation status.
- To learn more about how CMS determines QP status and APM participation for each snapshot, please visit the [Advanced APMs webpage](#) on the [QPP website](#).



APM INCENTIVE PAYMENT

- CMS published 2022 APM Incentive Payment details on the QPP website in June.
 - Eligible clinicians who were Qualifying APM Participants (QPs) based on their 2020 performance should have received their 2022 5% APM Incentive Payments earlier this summer.
 - To access this information, log in to the [QPP website](#) using your [HCQIS Access Roles and Profile System \(HARP\) credentials](#).
- If you do not receive your APM Incentive Payment and your name is on [this public notice](#), you must verify your Medicare billing information by **November 1, 2022** to receive your payment.
 - For instructions on how to verify your Medicare billing information, review the public notice on the QPP Resource Library.
- Updated APM resources are also available on the [QPP Resource Library](#).



Q&A



THANK YOU

