CMS Quality Programs Bi-Monthly Forum
August 11, 2022

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

My name is Darrick Hunter from CMS's 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 electronic clinical quality improvement, or eCQI Resource Center FAQ page, the eCQI Resource Center data element repository, the Value Set Authority Center downloadable survey, Quality Reporting Document Architecture or QRDA 1 and 3 updates, Cypress 7.0 updates and upcoming eligible clinician webinar series, Medicare Promoting Interoperability Program, the Merit-based Incentive Payment System, and Alternative Payment Model 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.

And now I will turn it over to Vidya Sellappan and Ian Warmbrodt.

Vidya and Ian, you may begin.

Thank you, Darrick.

Hi, everyone.

First two agenda items for today's forum will pertain to the electronic clinical quality improvement or eCQI Resource Center.

So many of you know, but the eCQI Resource Center provides a centralized one-stop shop for stakeholders engaged in electronic clinical quality improvement.

The team provides a user-friendly website with the most up-to-date information pertaining to the technical requirements of electronic clinical quality measures or eCQMs in CMS Quality programs.

Next slide, please.

I'm going to turn it over to Ian to talk about the latest updates of the FAQ page on the eCQI Resource Center.

Thanks, Vidya.

So, on the Resource Center, we've had – I'm getting a little bit of feedback. Is that on my end? Try again. I think we've corrected it. Thank you. Okay, I'll keep going.

The Resource Center has always had a Frequently Asked Questions page, or pages I should say.

And with this latest update, we've had I think four pages dispersed across the site. We've combined them into a single location to make it a little bit easier for users to find and to navigate.

The four buckets we place these FAQs in are kind of general sitewide questions on the Resource Center.

How do you submit an account? How do you get in contact with the Resource Center – things like that.

We then focus on the measure collaboration workspace or the MCW, if you're familiar with that tooling specifically. Additionally, we have a section for CQL and QDM.

Instead of having four separate pages dispersed across the site, we've combined those to a single location.

If you go to the next page, you'll see from our top menu item underneath Learn More About, there's a single FAQ option now, and that takes you directly to an FAQ page with those four kinds of buckets, now expandable and collapsible for easy navigation, instead of having four different menus across the site.

I think you can travel to the next slide.

So, thank you – I'm sorry, go ahead, Ian. Oh, go ahead, Vidya. I was going to say as Vidya mentioned.

Yeah, so the next part of our presentation will pertain to the data element repository on the eCQI Resource Center.

Next slide, please.

The data element repository, or what we call the DERep, provides information for eCQMs used in CMS quality programs and incentive programs for the calendar year 2023 reporting and performance periods. It includes data elements associated with eCQMs, as well as their definitions. Each data element includes a direct reference code, the quality data model, or QDM datatype, the attributes of the QDM, QDM entities used by that data element. The intent of the eCQM DERep information is to improve clarity for those that are implementing the eCQMs.

Next slide, please.

I'm going to pass it back to Ian to share some updates to the DERep.

Yes, so with the data element repository, the first big update after the annual update, obviously when all the measures get updated for the latest reporting and performance period, is to then do the same thing for the data on that repository.

As you can see here, if you want to get to the data element repository, underneath our top left menu item, eCQMs, you travel to the bottom right to get to the eCQM data element repository, and it will link you to our homepage.

It currently is defaulted to 2022, because that's kind of our active year but if you'd like to navigate to 2023, you simply select that year drop down. 2023 will be available to you now.

So, if you travel to the next slide.

You'll see that you have to hit apply to make any selection. 2023 is now available for the data element repository. You're still able to filter by the data element types so anything you'd like to see from 2023 now available to 2021 is available in the DERep.

And with that, I think I will pass it to Jennifer Seeman.

Thanks, Ian.

Next slide.

CMS is working on collecting some feedback in regards to the use of the VSAC downloadable files.

We have created a really simple survey to try to help us collect some of that information. And so, we wanted to reach out to you folks today to provide that link and let you know that it's available. The link is included in the slides. It is also accessible on the eCQI Resource Center. You can navigate there and find a news item with that survey link.

We will keep the survey open through September 15th.

And if you pop to the next slide – so specifically, what we're looking for is how implementers are using these specific files from the VSAC. And it's called out well in the survey also, so you can specifically see which file in which section the questions are in response to.

And that's really all we wanted to do as we look forward to feedback.

Thank you very much.

And I will hand it to Yan.

Thank you, Jen.

I'm going to give an update on QRDA 1 and 3.

Next slide, please.

CMS published the 2023 CMS QRDA 1 implementation guide for hospital quality reporting, as well as Schematron file and sample files with IT in May this year.

And this slide lists the high-level changes compared with the 2022 CMS QRDA 1 IG.

The 2023 IG is updated to use HL7 QRDA 1 STU 5.3 as the base standard instead of the STU 5.2 that was used for the 2022 IG. And this is to support QDM 5.6.

The QRDA 1 CMS program name table is updated with a couple changes to the program names.

There are also a few changes made to the list of HQR validation rules.

The hybrid measures CCD submission section is updated as well, which includes a list of recommended UCOM units to use for the hybrid measures.

The 2023 CMS QRDA 1 Schematron file has been updated to incorporate updates from the base HL 7 QRDA 1 ST 5.3 Schematrons.

The Schematron has also been updated to support the new versions of the QRDA 1 category one report CMS template and the patient data section QDM CMS template.

The CMS program name bearing set in the supporting vocabulary XML file is also updated to match the updated program names.

Next slide.

The 2023 CMS QRDA 1 sample files have been updated use the 2023 Reporting Period eCQMs as examples, and the files are updated to conform with the 2023 CMS QRDA 1 IG.

Next slide.

The 2023 CMS QRDA 3 IG was also published in July. This version uses HL7 QRDA 3 normative release 1 as a base standard instead of STU 2.1, as comparative with the 2022 IG.

Other high-level changes include updates to language in the primary care first submission section and updates to the eCQM UUID table to list the UUIDs for the 2023 performance period eCQMs for ineligible conditions.

The Schematrons and sample files are also updated to support the changes made in the 2023 QRDA 3 IG.

Next slide.

Additional QRDA related resources, current and past implementation guides can be found on the eCQI Resource Center QRDA page.

If you have any questions related to the QRDA 1 IGs and the supporting materials, please visit ONC Jira to log an issue and enter the QRDA project.

You can also check the QRDA known issues dashboard that is on ONC Jira as well for solutions under development for both QRDA 1 and 3 known technical issues. And these known technical issues supplement the information in QRDA IGs and other supporting documents.

Thank you, everyone.

I will now pass it on to David.

Hello, I'm David Czulada.

I'm a member of the Cypress development team and I'm going to talk about the Cypress 7.0 updates.

Next slide, please.

Cypress is the official testing tool for the EHR certification programs supported by ONC. Cypress is used specifically with the four certification criteria related to clinical quality measures.

The most recent versions of Cypress is Cypress version 7, which was initially made available on June 23rd, 2022 and it supports testing the EH and eCQMs for calendar year 2022, as well as 2023.

We made version 7.02 update available on August 4th to include the recently published 2023 CMS implementation guide for QRDA category three.

If you'd like to learn a little bit more about Cypress, you can go to our website and you'll see our user guides, information on downloading and using Cypress, as well as a link to all of our tech talks.

We also have a Jira tracker where you can log any issues or bugs that you have when using Cypress.

Now I will pass the mic over to Mike.

Thank you.

Yeah, good afternoon. My name is Michael Kerachsky with Mathematica. I'll provide an overview of the eligible clinician eCQM Education Outreach Webinar Series.

Next slide, please.

Okay, so CMS conducted this webinar series titled Performance Period 2022 Eligible Clinician Electronic Clinical Quality Measure Education Outreach Webinar Series – quite a mouthful.

The purpose and goals, as indicated here, were really, upon setting out, were to increase the measure-specific education and outreach. Obviously, we were using examples from the performance period 2022 clinician level eCQM.

Wewe wanted to also promote the use of the published resources, both resources that are available currently whether that be measure flows or introductory PowerPoints. These resources, meaning these webinars slides, are now on the eCQI Resource Center.

Specific webinar themes included – so number one, we conducted those three separate webinars.

One was the introduction to eligible clinician eCQMs. We reviewed the eCQM basics, you know, some CQL, some operators, how to read basic, you know, the header, the logic itself, and just kind of like getting their palates wet a little bit. We also learn how to – taught them how to locate and utilize the specifications, tools and resources, as well as how to, you know, at a very basic level, interpret measure logic.

That was really for 101, for new implementers.

The second webinar was overview of performance period 2022 eCQMs. Here we reviewed broad changes across eCQMs for performance period 2022.

There was one new eCQM, CMS 646.

We also reviewed measures that underwent significant changes from performance period 2021 to 2022, and specifically what those entailed.

The third webinar was trends in high use eCQMs.

We reviewed some of the ticket trends that we had noted in a past FAQ report or Jira issues, and based on issue types, and the number of tickets, etc. We also reviewed how to effectively submit inquiries, because we're having some issues of lack of specificity when tickets are submitted, leading to some triage issues.

We reviewed the specifics and, you know, how to identify the correct version of the measure, etc.

Finally, we reviewed three high use eCQMs – CMS 165, CMS 122, and CMS 130.

Can we go to the next slide, please?

Thank you.

The target, as I indicated, of this webinar series are obviously implementers, current, and soon to be.

We disseminated listserv announcements targeted to implementers, as well as other stakeholders.

And we also, as part of this effort, we work closely with folks at the eCQI Resource Center and CMS to ensure that we had both provided the PDF by way compliant as well as the entire mp4 recording, which includes closed captioning.

So, it was a lift, but I think the idea is that these resources that we're looking at right now, including the YouTube video and a PDF, will be a really good resource moving forward, hopefully.

That's all I have.

Next, Jessica Warren and Drew Morgan will present a few Medicare Promoting Interoperability Program updates.

Thanks, Darrick.

This is Jessica Warren from Medicare Promoting Interoperability Program for eligible hospitals and CAHs. And we'll be presenting a few policy and timeline updates for you.

With the Fiscal Year 2023 IPPS final rule, the Medicare Promoting Interoperability Program finalized several proposed policies. We do refer listeners to the published rule for a complete list, but for a few of the policies, we have them listed here.

So, these include making the Query of Prescription Drug Monitoring Program measure required, worth 10 points, and we finalized an additional third exclusion.

We added the Enabling Exchange under the Trusted Exchange Framework and Common Agreement measures, TEFCA, as the third option to complete the Health Information Exchange objective.

We added the Antimicrobial Use and Antimicrobial Resistance Surveillance measure under the Public Health and Clinical Data Exchange Objective.

We also modified the point distribution within our scoring methodology.

We finalized the point reduction for the Health Information Exchange Objective, a point increase for the Public Health and Clinical Data Exchange Objective, and a point reduction for the Provide Patients Electronic Access to Their Health Information measure.

Next slide, please.

We would like to remind listeners that Monday, October 3rd is the last possible start date for the final 90-day reporting period for calendar year 2022 for those eligible hospitals and CAHs who failed to demonstrate that they are a meaningful user for a continuous 90-day period. We also want to remind you that you'll receive a downward payment adjustment.

And that's it for me.

Up next is Drew Morgan, also from the Hospital Promoting Interoperability Program, and he will be speaking to the hardship exception application for PI programs.

Thank you.

Good afternoon.

As Jessica said, I'm Drew Morgan. I'm here today to talk about the hardship exception application that is currently open for – it was for program year 2021, where you came in and beginning of this year reported your measures.

For those hospitals or CAH hospitals that did not meet the requirements, they will be placed on the payment adjustment list. What that means for CAH hospitals, they will get a payment reduction in their cost reimbursement reporting for program year 21. And for eligible hospitals, they receive a reduction in their payments on their Part B claims for the calendar year 2023.

Currently, at the end of the reporting period, we had 274 eligible hospitals land on the payment adjustment lists that were not successful. We had since then about 69 – we've received about 69 applications as of 7/28.

For CAH hospitals, we had 241 hospitals land on the payment adjustment list. We've only had about 53 applications so far.

The hardship application process opened on May 1st, and it will go until September 1st. There's only a few weeks left to come in and apply for an exception.

To be considered for an exception, participants must complete and submit a hardship application, citing one of the following reasons.

One is they were using a decertified EHR technology.

You could have had insufficient internet connectivity, or there's extreme and uncontrollable circumstances such as national disasters.

You had an exception because of issues related around the pandemic.

If approved, a hardship exception is valid for only one payment adjustment year. Also, to note that a hospital or CAH can only receive up to five hardships in the lifetime of the program.

So next slide, please.

I will now take it over to Kati Moore in the Division of Electronic and Clinician Quality.

Awesome, thanks, Drew.

Good afternoon, everyone. And good morning if you're the folks on from the West coast. So, thanks for sticking with us. I know it's a lot of information today.

So, what I'm going to do some updates about are related to the Quality Payment Program.

And as you'll see in this slide, I'm going to cover updates that are related to three different years of the program.

I'll try and begin each slide with that kind of orientation about what program or what performance year we're speaking about so everybody stays on the same page.

Next slide, please.

Okay, so our first updates are related to our 2021 performance year.

So, this will be participation that happened last year and be submitted in clinician submitted data at the beginning of 2022.

Now we're moving into our performance feedback part of 2021. In about May, I believe we opened up our final score preview period. This allowed us to display final scores for clinicians and you could log into feedback and do those.

But they didn't include payment adjustment information.

So that is one update that will be coming soon this month, so we'll be able to have our payment adjustment information as well as our final score data out for everyone to view.

Related to that is our target review process and so once those payment adjustments are issued with final performance feedback, that kicks off our targeted review period.

It is a period of 60 days where clinicians have a chance to look at their scores and their payment adjustments. If they see something that doesn't look quite right, you can submit a target review through this formal process. And it's a request to CMS for us to take a second look and make sure there weren't any errors, or something didn't get calculated correctly.

We definitely want to make sure everybody is getting the accurate payment adjustment that they should be receiving. More information to come later this month related to that process, as well as a demo video and a user guide that walks folks through the steps for that process. But it's not too difficult.

But one thing, we did want to flag that additional piece of feedback that was issued last week were our patient level reports. These are available now in feedback.

If clinicians or their representatives that have access log in to their QPP account, you'll be able to see these patient level reports for administrative claims measures, so for cost and quality.

Our CAHPS for MIPS Survey detail reports will also be available in feedback.

So just a couple reminders, clinicians and groups weren't scored on cost for 2021.

We did reweigh that entire performance category, but we will have that patient level report for any cost measures for which they met a case minimum.

We have heard that feedback from clinicians that they're just really looking to get any feedback we can provide them on how they're doing in that cost performance category. For future years when it is scored – because we won't have as great of an impact on the measures due to COVID – we will be scoring that performance category.

Clinicians' groups and APM entities will have patient level reports for any administrative claims quality measures that they were scored on. And groups and APM entities that administer the CAHPS for MIPS survey will also have those detailed reports available.

I encourage folks to go check out all of that information. If you haven't done so already, please sign up for our QPP listserv.

That is our main method of communication to notify clinicians when we make these updates to the program or to feedback and let people know that information is available. Because there will be, as I said that 60-day timeline for submitting a targeted view.

We don't want folks to miss out on that deadline if they need to take advantage of that opportunity.

Okay, next slide, please.

And again, similar to what you heard from Jessica, this final 90-day performance period for Promoting Interoperability, this is the Promoting Interoperability performance category, so we do have that 90-day deadline coming up here soon. So, October 3rd, for QPP for our Promoting Interoperability performance category.

Our last day to start that 90-day performance period for those measures is October 3rd. And for improvement activities as well, most require a minimum of a continuous 90-day performance period, unless otherwise stated in the activity description. Some of them are a full calendar year, it just depends on the activity. Please keep in mind that is coming up in October.

Next slide, please.

Okay, so the last update I just made was related to 2022 performance periods, so the participation year we are currently in.

And now we're going to shift gears a little bit and look forward to our 2023 performance year, so beginning in January.

As most of you probably have heard, in July we issued our 2023 Medicare Physician Fee Schedule proposed rule and within that rule is all of our proposed QPP policies for 2023.

I have probably three, maybe four slides here that we're going to just hit the main highlights of our QPP proposed policies, but really encourage folks to check out the actual rule and read through for all the detail that our rule writers have put into that regulation.

And I think I probably have it in a later slide, but I'll say it a couple times that the formal comment period does end September 6th, or the day after Labor Day.

In all of our public presentations, you know, we're listening and hearing feedback from folks, but we really need people to submit through that formal process so that it can be captured through the technical process and in the rule and get folks responses to their questions.

Okay, so first I just want to flag on MVPs.

If you don't know what that is, it stands for MIPS Merit-based Incentive Payment System, the MIPS Value Pathways.

I'm not going to go into too much detail on what MVPs are. I'll just point you all to our QPP website. On QPP.CMS.gov, we have an entire webpage in there that's dedicated to MVPs. It's really the future of

MIPS and where we're heading with the direction of this part of the program. I encourage folks to learn more about that and read our updated policies in the rule.

What we're doing in these policies that we've recently proposed, we're focusing really on just continuing the development of new MVPs.

In our last final rule, we finalized seven MVPs and, in this rule, we're revising them. We also have introduced five new MVPs. I encourage folks to check those out and submit any comments or suggestions related to those MVPs.

We're calculating administrative claims measures that are affiliated by group TIN, at the tax identification number level, when reporting as a subgroup. We definitely have a lot more information in the rule about reporting through a subgroup with MVPs.

If you haven't had a chance to read through the rule and really want a shorter version, a little bit more digestible, we do have a zip file of resources on the QPP website. If you go to the Resource Library, there is 2023 Proposed Rule Resources. It includes a comparison table of all of our proposed policies versus what was finalized in our last final rule.

And then we have some more information on MVPs as well, and a lot more information that I encourage folks to check out.

Next slide.

Okay, thanks.

As I said, this is super high level, condensed thousands of pages into a few bullets.

I encourage folks too, we will also have available very soon – probably in the next week or so – on our website, we did have a more in-depth webinar on our proposed policies for 2023 that had a lot of our subject matter experts available and answered some questions that folks were having. We will have that available on our webinar library very soon.

For traditional MIPS, we really tried to limit our changes, knowing that the past couple of years have been extremely challenging for clinicians and the country as a whole. But we really wanted to give some continuity and consistency while folks are hopefully trying to gain familiarity with MVPs and really the direction of where the program is headed.

But some changes that we get to, traditional MIPS, we're going to continue to use the mean final score from 2017.

So as folks recall, we were mandated through legislation to set the performance threshold at the mean or median of a previous year. That will remain at 75 points.

We are increasing the data completeness threshold to 75% for 2024 and 2025 performance years.

We're updating some MIPS quality measures to improve activities inventory, expanding definition of high priority measure.

As the agency is working to incorporate health equity where we can, we're trying to do that with our quality measures as well.

Overall, we've reduced the inventory of quality measures from 200 down to 194 with removing 15 and adding nine new measures. And then also standardizing language, again related to health equity.

We're updating our measure reporting requirements for Promoting Interoperability for performance category. We've established a maximum cost improvement score of one percentage point out of 100 for the 2022 performance year.

And then very briefly, again same with Advanced APMs, trying to limit changes to the program. We are removing the 2024 expiration of the 8% minimum on the general applicable nominal risk standard for Advanced APMs. 8% minimum permanent.

So again, I encourage folks to check out our resources for more details on all of those things.

Next slide, please.

Okay, this is the slide I was referencing before.

Again, reminder, comments are due September 6th. Please submit those comments through the formal process.

And the slide just gives you some more details on things you need to reference or how to actually submit. In this slide, there's a link to those QPP proposed rule resources that I have mentioned as well.

Next slide.

Okay, again, one more 2023 update.

We have our self-nomination period for QCDRs to qualified clinical data registries, and qualified registries now open. It opened on July 1st.

And this is really the self-nomination process where QCDRs and registries just basically let CMS know that they would like to be an approved intermediary to collect clinical data on the behalf of clinicians for 2023, so for the next performance year.

We definitely have some more information on our website, as well as form and steps, and what you need to fill out and submit to CMS.

Please take a look at our 2023 self-nomination toolkit. It has all the resources you could possibly need.

And that is due by September 1st, at 8:00 PM.

I believe we did have – I think we just had an office hours – today's the 11th. I will find out that exact information and put that in the chat.

Check out those resources, and we'll have more links and information on our webinar library after that office hours. I believe we had a demonstration video as well. So, I will put those in the chat shortly so that you can have those as well.

Next slide, please.

And just more information here on the self-nomination process including who it is open to, what you need to do. I just encourage folks to check out all of that information.

Next slide.

Okay, one more upcoming deadline for – and again, this is for the 2023 performance period. The virtual group election period, it will be opening October 1st. Typically, it's always October 1st, but it's through the end of the year. Keep in mind that election period will be opening soon.

If you are interested in forming a virtual group, this is basically for 10 or fewer clinicians. One of them has to be a MIPS eligible clinician that come together virtually to participate that way in the program.

There's a process for letting CMS know that that is how you would like to participate in the program for 2023. There's a virtual – I don't believe it's posted just yet, but I'll check on that as well. But if it is not, it will definitely be up before October 1st. We typically have it out, I think, in September.

We have a virtual group toolkit available that provides all of the steps and instructions, what needs to be submitted to CMS to let us know that that is how you would like to participate in 2023.

Next slide, please.

Here's just a list of some newer resources or ones that we've updated recently we just wanted to flag for folks.

So, we definitely want to highlight that our 2020 QPP Experience Report, including our public use files and all that information, is available now on our QPP Resource Library. I encourage all of our data folks who want to look at that information, that is available for you now, as well as information on that final score preview period that we're in right now until final score. Human adjustments are available, as well as some other resources that will be helpful for participation.

And then just one more thing I wanted to flag. I forgot to add a slide about this.

We also have our 2022 Extreme and Uncontrollable Circumstances application, as well as our Promoting Interoperability hardship application available. This is a different PI exception, separate from the hospital program. This is specifically for the MIPS Promoting Interoperability performance category.

I just wanted to take the opportunity to flag that that is available for folks who need it for 2022 and it will be open through the end of the year.

I'm sure we'll have another update at a future forum.

Thank you all so much.

I'm going to turn it over to Theresa Doherty, who's going to talk through some APM updates.

Thanks, Kati.

Hi, everyone.

I'm Theresa Doherty, and I'm presenting updates on behalf of the CMS Innovation Center regarding the Advanced Alternative Payment Model or APM track of the Quality Payment Program.

Next slide, please.

Our first update is about the 2022 qualifying APM participant or QP snapshot.

On July 8th, CMS updated the QPP participation status tool to reflect the first snapshot of APM data. This first QP snapshot includes data from Medicare Part B claims for services between January 1st and March 31st of 2022.

Specifically, the Participation Status Tool includes information about QP status and MIPS APM participation status.

You can visit the QPP website to learn more about QP and APM participation status and to view your specific participation status through the lookup tool.

Next slide, please.

We also want to highlight the APM incentive payment for QPs.

Earlier this summer, we released the 5% APM incentive payment which was based on the 2020 performance year for most eligible clinicians. In some cases, we were unable to complete payment.

On June 27th, we published a list of unpaid QPs, which is available on our website, along with a forum to collect billing information. November 1st is the last day to submit the billing information collection forms on the QPP Help Desk, and we have the email address up on the slide.

If you think you should have received payment but weren't included in the list, you can submit a form.

For performance year 2022 QPs, they will be the last to receive the 5% APM incentive payment which will be sent in 2024. QPs will still be excluded from MIPS, and starting in performance year 2024, QPs will receive a higher conversion factor update.

We encourage you to visit the Advanced APM webpage on the QPP website if you have any questions.

We also have the QPP Resource Library that houses the most up-to-date versions of all APM resources.

I also want to echo what Kati said earlier about signing up for the QPP listserv so you can receive all the APM updates through email as well. You can subscribe to that on the QPP website homepage scrolling all the way down to the bottom. There's a little subscribe button there.

This concludes the APM updates, and I'll pass it back to Ketchum for the Q&A session.

Okay, thanks, Theresa.

Thank you to all of today's presenters. We will now turn it over to the Q&A session. We just have a couple of moments left for a couple of questions that came in. Please note that if your question does not get answered, we will forward it to the correct speaker so that your question will be seen. If you would like to ask a question, you can either submit your question using the chat feature, or you can raise your hand and we will unmute your line. For those of you dialed in via phone, you must have your audio PIN entered, and it's under the audio tab of your side panel there. If you're listening through your computer speakers and you would like to ask a question, you must have a working microphone.

For our first question, I believe the question is for Jess Warren.

This question is, when attesting for the SAFER Guide for the PI program for hospitals for 2022, will each guide have a yes/no question?

Or will the question be inclusive of all nine guides?

All right, so thanks for the question.

And the answer is yes, it's for all nine guides. For 2022, we do ask that you respond yes, you reviewed the guides or, no, you did not review the guides. We don't specify to what degree you review them, only that you did or didn't do it. And whether you "pass or fail" or do it to completion or have everything finished – that's not important to us, only whether you did it or not. I hope that helps answer the question.

Thanks, Jess.

We have another question for the PI program. I'm thinking this is more geared towards Drew.

Drew, can you clarify for hardship exceptions as an EHR upgrade, does that count as one of the exceptions?

Upgrade to the EHR?

Yes.

So, if you've upgraded to a new EHR and it hasn't been certified, that could constitute an exception. Or if you weren't ready to – if you didn't have enough time to collect data for reporting.

Okay, thanks, Drew.

Jess, a couple more questions for you on your update.

Going back to your IPPS update for 2023, can you talk about the new AUR Public Health Reporting measure? Is it required or optional in 2023?

Actually, for any on the AUR our SME for that is not on the call. So, if you wouldn't mind submitting the question, then we can have it answered for you.

Absolutely. Thanks, Jess.

Another question for you.

For calendar year 2023 for the reporting period, what is the minimum points that will be required for hospitals?

I believe it's 60. Yes. The minimum points required to be passing on the objective is 60 points. It's going to be 60.

Thanks, Drew.

Okay, thank you both.

Kati, I believe this question may be geared towards you.

But can small and large practices whose CEHRT does not do the Electronic Case Reporting claim an exclusion?

Sorry, could you repeat that?

Yeah, sure thing, Kati.

Let me just pull it up here.

Can a small and/or large practice whose CEHRT does not do the Electronic Case Reporting claim an exclusion?

So, I think they're asking about if they can submit a PI hardship for that reason. I believe the answer is yes. But it should have more information on the exception application when you go to submit.

Okay, thanks, Kati.

And then this question may also be for you.

If a hardship application is submitted citing the pandemic as the extreme uncontrollable circumstance, can you provide examples of supportive documentation that they should retain when they're submitting their claim?

So, we don't have any specific documentation that's required right now for that, and we haven't for the previous years.

Okay, thanks, Kati.

Let me check to see if we have any phone questions at the moment.

We do not.

I'm going to give it one more minute for a couple of additional questions.

Kati, a couple more questions about small practice PI hardship.

Is that still available in 2023? We got a couple of questions on that.

Is there automatically reweighting?

I think that's what it is.

Do they still get automatic reweighting for small practices for PI for 2023?

Yeah, sorry. Yes. The answer is yes. Sorry if I was confusing that.

No, perfect.

Thank you.

Yeah, there weren't any policy changes there for 2023.

Okay, perfect.

And then for those of you asking, copies of the slides and the recording for today's session will be posted on a couple of different CMS websites in about one to two weeks, including the PI website for hospitals and the QPP website as well in the Resource Library.

One last question, Jess.

If you're able just to go back over the SAFER Guides requirements, a couple of different questions.

Like does yes/no still satisfy the SAFER Guides measure for performance year 2023? And will you still receive your appropriate points even if you attest "no" to all nine measures on that guide?

Right, that's correct. We haven't made any adjustments in the 2023 policy. So "yes" and "no" both satisfy the requirements. There's no penalty. We don't go into detail about how much of it is or to what degree you've completed the assessments. We just want to know, did you do it or did you not? So, both "yes" and "no" are fine. There is no penalty for "no" and no extra points for "yes." It's just a "yes" or "no."

Thanks, Jess.

One more question for you.

Okay.

For hospitals, are narcotic prescriptions a required part of e-prescribing? If you need me to go get more information, I can.

Yeah, I think maybe more information just so that I can answer. If they're referring to the query of PDMP, it is true that we have expanded from only schedule 2 opioids to schedule 2 opioids, schedule 3 and 4 drugs. And we do have in the final rule some links if you want if you're curious as to which drugs fall under which category. But schedule 2 opioids, 3 and 4 drugs.

Okay, thank you.

One last question, Kati. A couple questions.

Is there a maximum number of hardship permissions you can apply for on MIPS? I think that means years, like back-to-back years.

Oh no, there's no limit. I mean, yes, if that's the question, if they want to know, you know, how many years are they allowed to submit for MIPS, we don't have a limitation on that. As long as, you know, if you really need it, it's available for you.

Thanks, Kati.

Okay.

Well, I know we're just about at time. Again, if your question was not answered, we will make sure it gets to the right presenter. And again, thank you to all of our presenters.

I will pass it back to Darrick to close out our call today.

Thank you, 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 October 2022.

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

Have a good afternoon.