



JUNE 2023 CMS QUALITY PROGRAMS BI-MONTHLY FORUM

June 20, 2023



AGENDA

Topic	Speaker
USCDI + Quality	<ul style="list-style-type: none"> Ashley Hain, <i>Office of the National Coordinator for Health Information Technology</i>
Digital Quality Measure (dQM) Definition	<ul style="list-style-type: none"> Joel Andress, <i>Quality Measurement and Value-Based Incentives Group, CMS</i>
QRDA Updates	<ul style="list-style-type: none"> Jennifer Seeman, <i>ICF, Inc.</i>
eCQI Resource Center Updates	<ul style="list-style-type: none"> Edna Boone, <i>ICF, Inc./Battelle</i>
FHIR Based Human Readable Output	<ul style="list-style-type: none"> Juliet Rubini, <i>ICF, Inc.</i>
eCQM AU Publication Document	<ul style="list-style-type: none"> Sera Gearhart, <i>Mathematica</i>
Medicare Promoting Interoperability Program Updates	<ul style="list-style-type: none"> Drew Morgan and Jess Warren, <i>Quality Measurement and Value-Based Incentives Group, CMS</i>
Quality Payment Program (QPP) Updates	<ul style="list-style-type: none"> Vidya Sellappan, <i>Quality Measurement and Value-Based Incentives Group, CMS</i>
Alternative Payment Model (APM) Updates	<ul style="list-style-type: none"> Brian Patterson, <i>Center for Medicare and Medicaid Innovation, CMS</i>





Office of the National Coordinator
for Health Information Technology

USCDI+ Quality

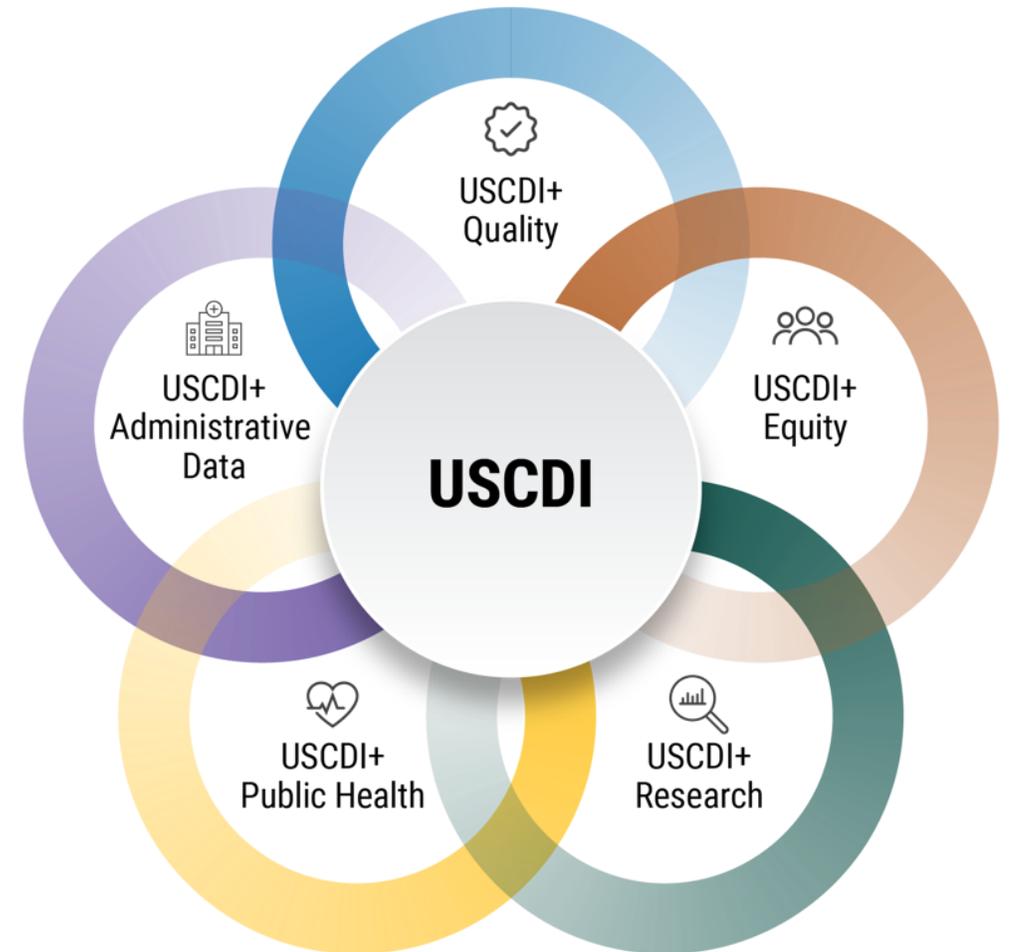
Ashley Hain, Public Health Analyst, Office of Technology, ONC

June 20, 2023



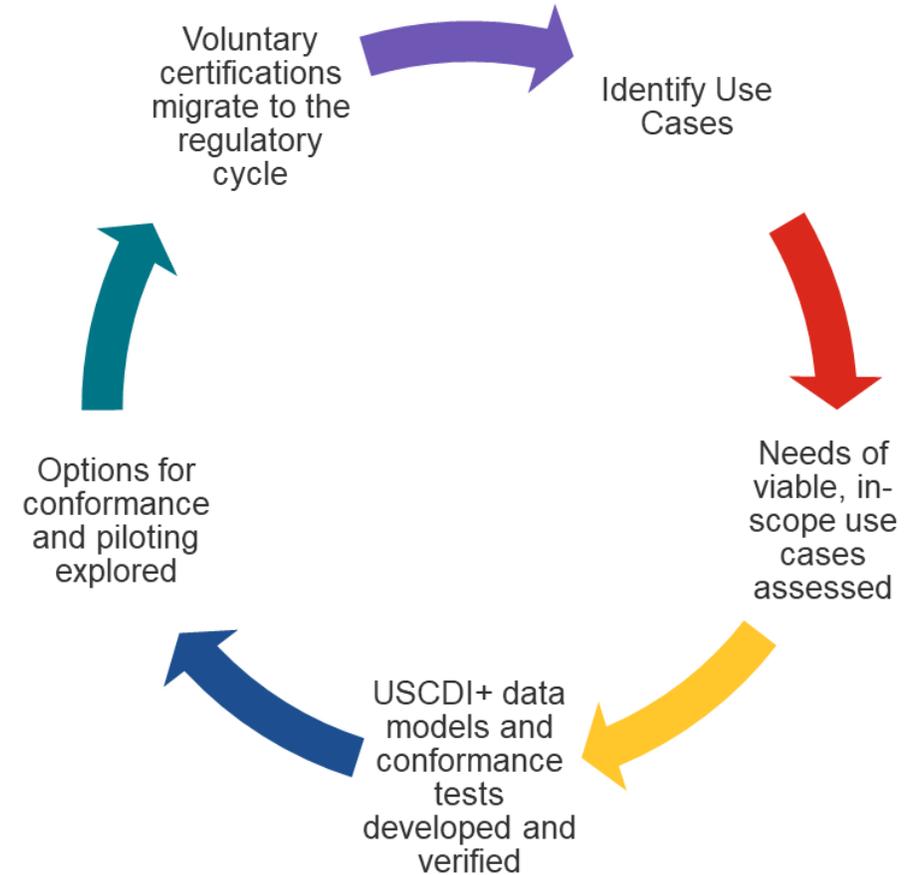
USCDI+: Extending Beyond the USCDI

- Unique program and use case-specific data needs are sometimes not fully met by USCDI.
- Helps government and industry partners build on USCDI to support specific program needs.
- Applies USCDI processes for submission and harmonization while focusing on programmatic priorities.
- Seeks to leverage programs and authorities across HHS to drive adoption.
- USCDI+ for Quality Measurement and Public Health kicked off with CDC, CMS & HRSA.



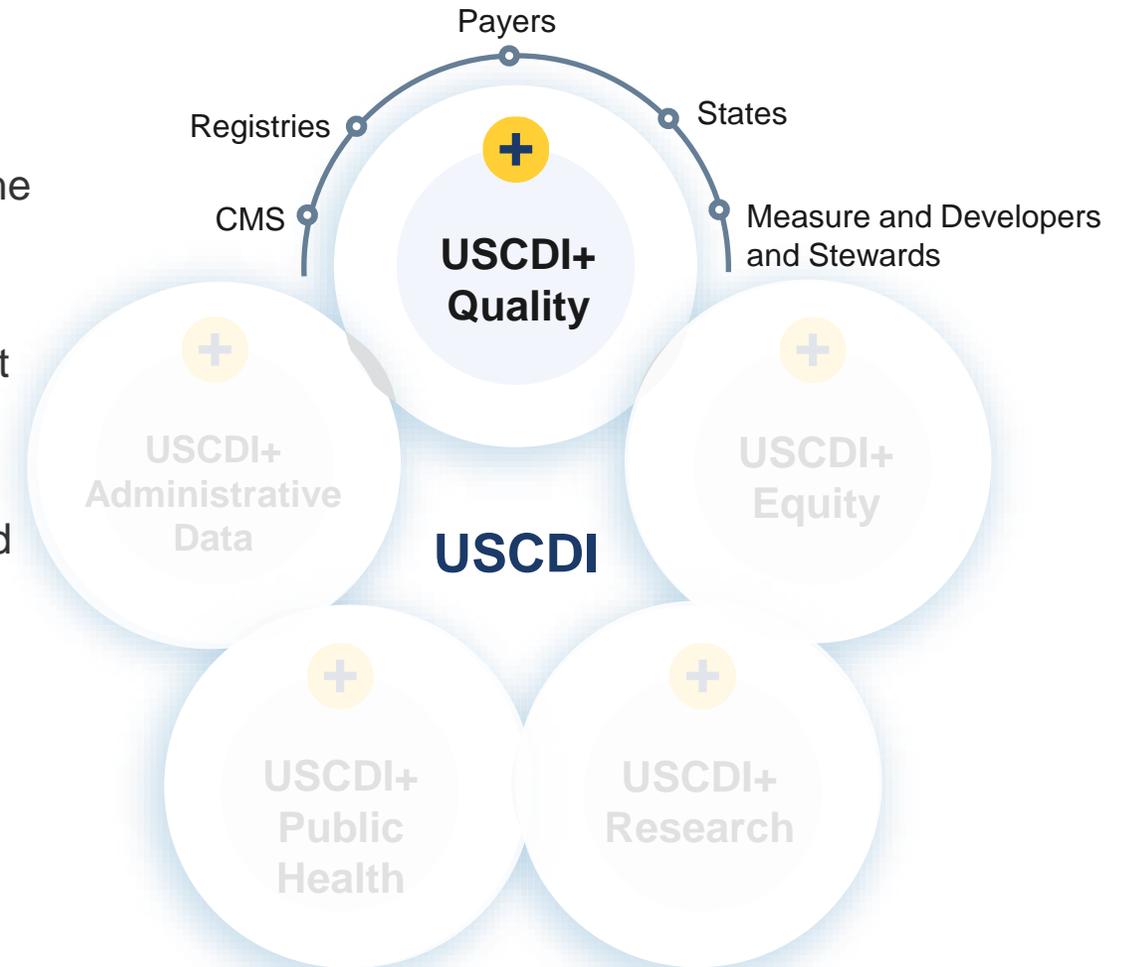
USCDI+: Iterative, Rolling Process

- New use cases build on existing work, but focuses on meeting a need in real-time; coordinated with ONC requirements
- At regular intervals:
 - USCDI+ can be updated with findings shared on public facing platform
 - Pilots help inform both bright spots and barriers to success
 - Data requirements are paired with test kits for conformance (tied to certification)
- Partners across the ecosystem adopt consistent models for data capture and exchange → ensures better treatment, prevention and research for all patients



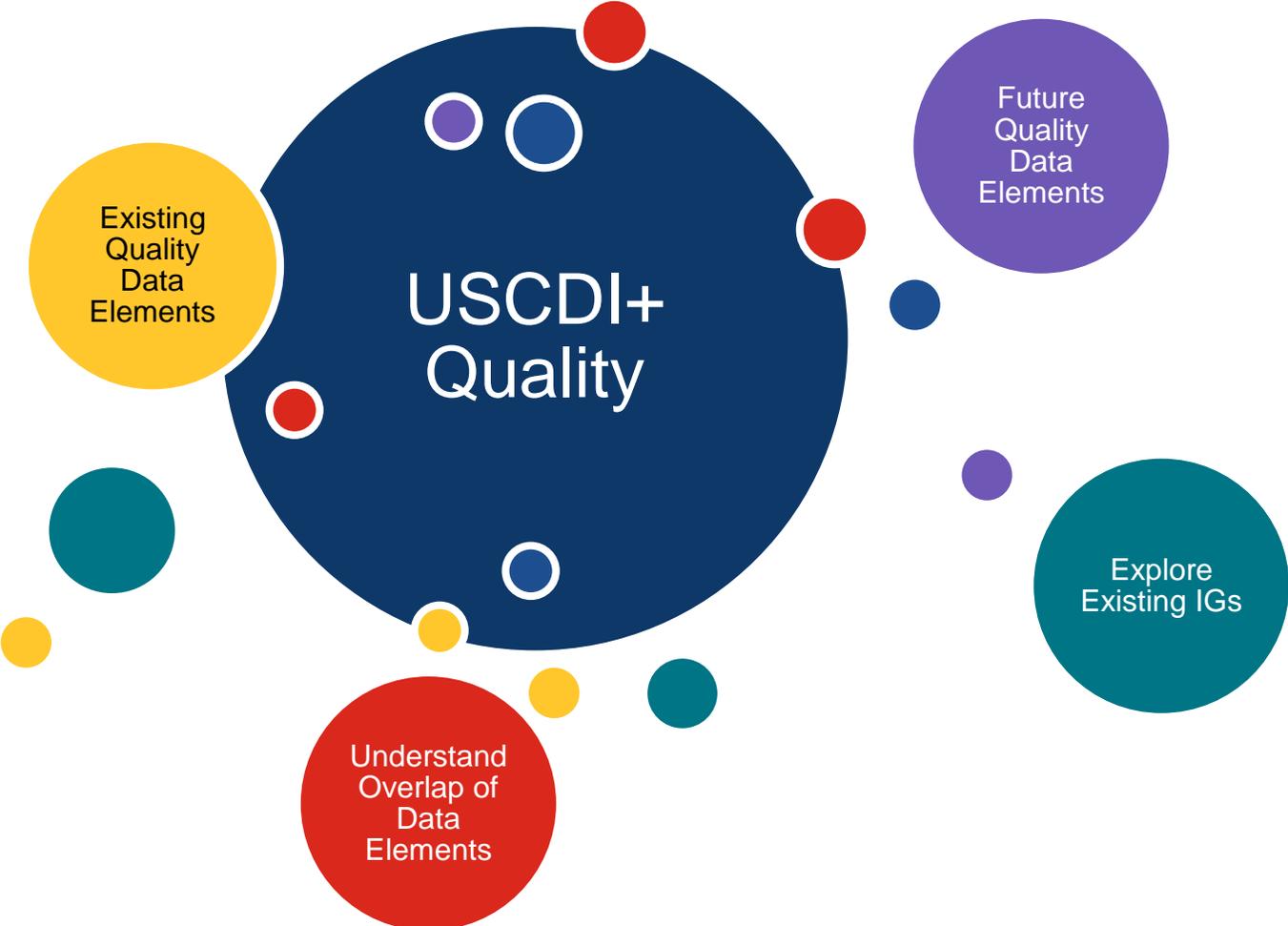
USCDI+ Quality Domain

- Capture the data needs for quality reporting that fall outside the scope of USCDI to support streamlined development and reporting of quality measures.
- Harmonize quality data elements into a common data element list for quality that addresses multiple partner needs.
- Support CMS' Digital Quality Measures (dQM) strategy and development of harmonized data element lists for FHIR-based quality reporting.
- Support HRSA's Uniform Data System (UDS) Modernization Initiative
- Identify opportunities for policy alignment around quality reporting programs under existing authorities across HHS agencies.

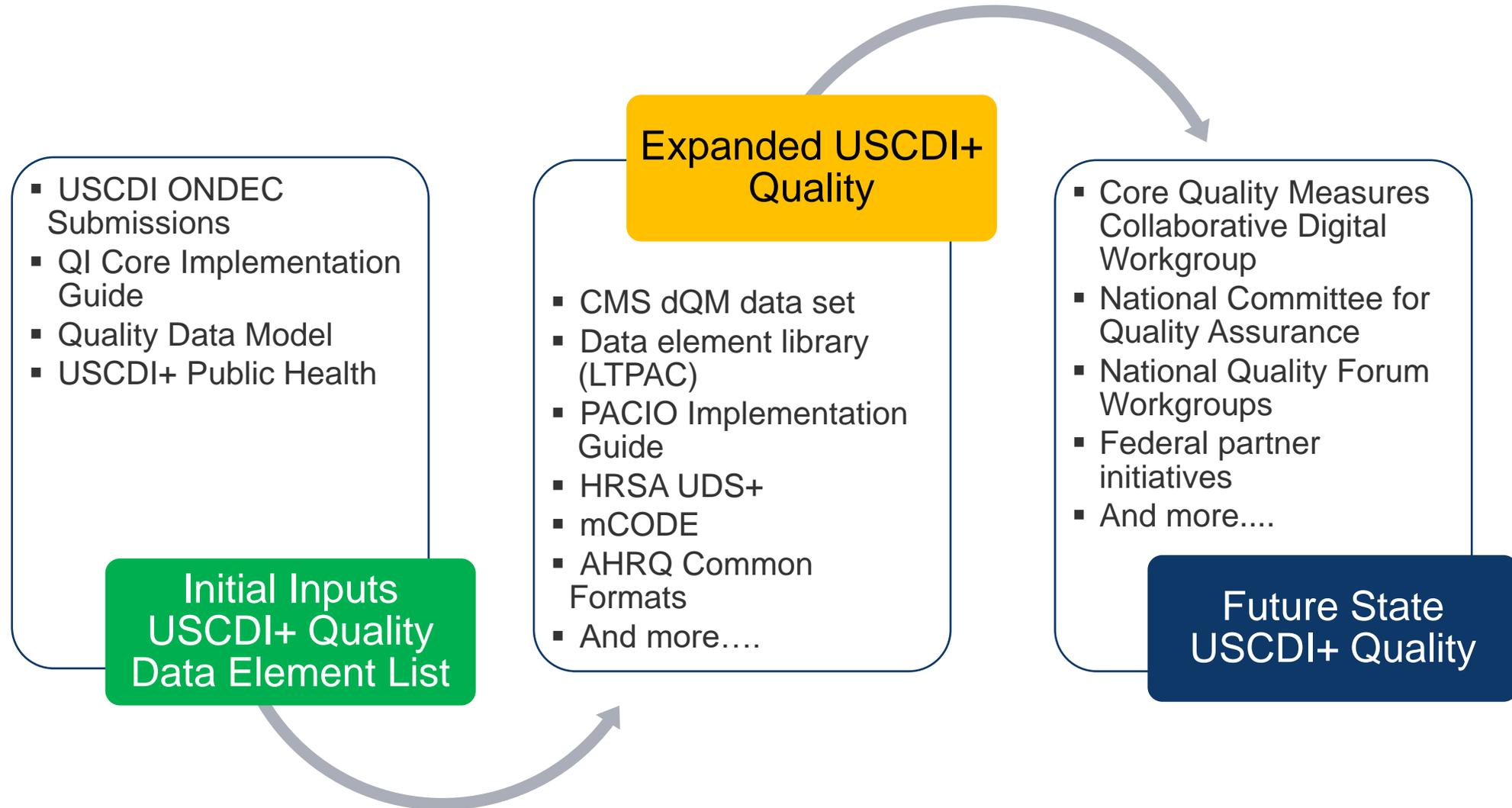




Making the USCDI+ Quality Data Element List



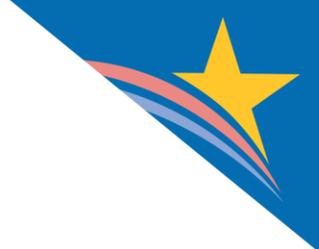
USCDI+ Quality Data Activities



Using USCDI+ Quality

Once established, measure developers and stewards can specify to USCDI and USCDI+ Quality as the basis for measure development.

- Specialties redesigning measures to meet changing clinical guidelines can leverage the data element list to define clinical concepts that can be assessed from data created through clinical care rather than from subsequent administrative documentation and abstraction.
- Quality improvement organizations working with clinicians, researchers and the public health community can build measures to help define a set of core clinical concepts to aggregate and analyze across the full scope of different systems, settings, and programs.
- Utilizing the data element list for measure specification can drive further identification of gaps and activities to address those gaps.



Review of USCDI+ Quality and Moving Toward Implementation



USCDI+ Quality Data Element List Review

- In May 2023, ONC released a data element list for input on:
 - Specified data elements that can be added to the data element list now
 - Opportunities for harmonization
 - Future priorities for expanding the data element list
- Ongoing input over time into the data element list will ensure that we are maintaining an updated data element list with the same transparency as with the regular USCDI process.

Snapshot of Draft USCDI+ Quality Data Element List

Draft USCDI+QM Data Class	Draft USCDI+QM Data Element	USCDI+ Level	Source
Advance Directives	Care Experience Preference	Level 2	Proposed for USCDI+ Quality
Cancer Care	Cancer Stage Group (non- TNM staging classification systems)	Comment	mCode
Clinical Notes	Cause of death	Comment	AHRQ Common Format for Event Reporting
Clinical Tests	Clinical Test	USCDI v3	existing CMS eCQM element
Clinical Tests	Clinical Test Result / Report	USCDI v3	existing CMS eCQM element
Medications	Medication Administration	Level 2	Proposed for USCDI+ Quality, existing CMS eCQM element
Medications	Medication Discharge	Level 2	Proposed for USCDI+ Quality, existing CMS eCQM element
Medications	Medications	USCDI v3	Proposed for USCDI+ Quality, existing CMS eCQM element
Medications	Days Supply	Comment	existing CMS eCQM element
Newborn Delivery Information	Birth Outcomes	Comment	Draft Maternal Health Data Set
Patient Demographics/Information	Zip Code	Level 2	HRSA UDS+
Problems	Date of Onset	Level 2	Proposed for USCDI+ Quality, existing CMS eCQM element
Problems	Date of Diagnosis	USCDI v2	Proposed for USCDI+ Quality, existing CMS eCQM element

Summary of New Data Classes/Data Elements in USCDI+ Quality

- Several proposed data classes
 - Care Experience and Outcomes
 - Communications
- Approximately 100 data elements not currently in a finalized version of USCDI
 - Data elements incorporated from USCDI Level 2 and important for quality
 - Medication Administration
 - Date of Onset
 - Several deemed USCDI+ “Comment” level while ONC seeks feedback on importance and adoption
 - Multiple Birth Order
 - Cancer Stage Group



USCDI+ Quality Data Element List: Feedback Requested

- **Feedback Sought:**

- **Level of Completeness:** To what extent does the data element list contain a comprehensive list of data elements relevant to measuring quality for important health processes and outcomes? Are there additional data classes or elements ONC should consider for inclusion?
- **Level of Specificity:** Are the data classes and data elements listed in sufficient detail to result in adoption in electronic systems that would make data available for use in quality measures? Does this data element list provide clear guidance about data priorities that would incentivize capture of data elements relevant to quality measurement within electronic systems?
- **Usefulness of companion guidance:** ONC published the data element list with a complementary crosswalk specific to the CMS quality reporting use case. How useful is this information to individuals who develop and implement measures and FHIR IG's? What companion guidance about the relationship between data classes and data elements, and their potential expression in FHIR would be useful in future publications?
- **Frequency of updates:** ONC's updates to the USCDI and standards advisories typically occur once a year. One goal for USCDI+ is to help stakeholders with tailored needs to establish standardized data sets in a more flexible manner. What frequency of updates to USCDI+ Quality would be useful for achieving this objective?



USCDI+ Quality: Next Steps & Timeframes

- Request and analyze feedback on the draft USCDI+ Quality data element list from government and industry partners: <https://ecqi.healthit.gov/uscdi-quality>
- Harmonize identified data elements with other USCDI+ initiatives (e.g. public health use cases, UDS+ reporting).
- Understand remaining standards gaps and priorities and identify ways to address gaps; next focus on safety, NCQA HEDIS measure, and behavioral health, among others.
- Seek input from additional partners and request additional data elements to include in the USCDI+ Quality data element list: <https://ecqi.healthit.gov/uscdi-quality>.
 - **Deadline for Initial Feedback: Friday, June 30, 2023**
- Release an updated data element list later in 2023 to reflect initial comments and add to the list of quality measure needs.



Office of the National Coordinator
for Health Information Technology

Thank you!

Questions? Email: USCDI.Plus@hhs.gov

Stay Informed! Resources

- [Health IT Buzz | The Latest on Health Information Technology from ONC](#)
- [United States Core Data for Interoperability \(USCDI\) | Interoperability Standards Advisory \(ISA\) \(healthit.gov\)](#)
- [Standards Version Advancement Process | Interoperability Standards Advisory \(ISA\) \(healthit.gov\)](#)
- [USCDI+ | HealthIT.gov](#)

HealthIT.gov



DEFINING DIGITAL QUALITY MEASUREMENT

*Joel Andress, Quality Measurement and
Value-Based Incentives Group, CMS*



OBJECTIVES

- Share updates CMS made to the dQMs webpage on the eCQI Resource Center
 - Namely, CMS published the dQM definition
- Present the dQM definition



CMS HAS SET THE CRITICAL GOAL OF TRANSITIONING TO DIGITAL QUALITY MEASUREMENT

- CMS has set a new course for quality measurement aimed at contributing to a learning health system (LHS) to optimize patient safety, outcomes, and experience



Enable a future in which **care quality is entirely measured digitally**, using standardized, interoperable data



Reduce the burden of electronic health record (EHR) data mapping and reporting workflows by leveraging **Fast Healthcare Interoperability Resources (FHIR®) application programming interface (API) technology that is already required for interoperability**



Provide usable, timely data from multiple sources to support delivery of high quality of care and quality improvement, health equity, and patient use



Produce reliable and valid measurement results common across multiple programs and payers

Note: In 2021, CMS had announced a goal to transition to full digital quality measurement by 2025. At this time, CMS does not have an official targeted date for the full transition to digital quality measurement. The transition is dependent on system and stakeholder readiness.



CMS PUBLISHED THE dQM DEFINITION ON THE dQMs WEBPAGE ON THE eCQI RESOURCE CENTER

- Navigate to “dQMs” page, then to the “About dQMs” tab

Webpage link: https://ecqi.healthit.gov/dqm?qt-tabs_dqm=1

The screenshot shows the eCQI Resource Center website. The top navigation bar includes 'eCQI RESOURCE CENTER', 'eQMs', 'dQMs', 'Resources', 'About', and 'Log in'. A search box is located on the right. The 'dQMs' menu item is highlighted with a yellow arrow. Below the navigation, the page title is 'dQMs - Digital Quality Measures'. A sub-navigation bar contains 'dQM Strategic Roadmap', 'About dQMs', 'Tools & Resources', and 'Education'. The 'About dQMs' tab is highlighted with a yellow arrow. The main content area has the heading 'Digital Quality Measurement in a Learning Health System' and a paragraph of text. Below the text is a bulleted list of activities.

Digital Quality Measurement in a Learning Health System

Data standardization and interoperability support digital quality measurement. In digital quality measurement, the data used are digital, standardized, and a seamless outgrowth of data generated from routine workflows. Data sharing is standards-based to maximize interoperability, minimize burden, and facilitate the development and use of common tooling across use cases. This approach supports data analysis, rapid-cycle feedback, and quality measurement that are aligned for continuous improvement in patient-centered care. As interoperability standards and technology evolve, quality information could become available in near real-time, aiding in rapid improvement to patient care.

Once digital data can be captured, validated, shared, and merged for analysis, CMS will be poised to contribute to the promise of a learning health system that supports improved quality of patient care. In a learning health system, data are leveraged to inform multiple use cases, including quality measurement, improvement, and public health. The graphic shows the data cycle includes

- surveillance activities to derive evidence from the data
- translating evidence to clinical guidelines and clinical decision support
- using data and guidelines to transform clinical care
- conducting quality improvement activities
- interpreting and applying the data to support measurement and analytics



CMS PUBLISHED THE DEFINITION ON THE dQMs PAGE ON THE eCQI RESOURCE CENTER

The “About dQMs” tab contains:

- The definition of a dQM
 - CMS’ goal for digital quality measurement: CMS’ goal for digital quality measurement including contributing knowledge and insights to a learning health system
 - CMS digital quality measures: digital quality measurement hinges on standards and software solutions for interoperability
 - Digital data sources: possible digital data sources
 - The FHIR standard for eCQMs: how CMS is taking initial steps to go digital, starting with eCQMs that use the FHIR standard
- dQM reference briefs
 - These briefs explain concepts related to dQMs



DIGITAL QUALITY MEASUREMENT DEFINED

- Uses **standardized, digital data** from one or more sources of health information that is captured and **exchanged via interoperable systems**
- Applies quality measure **specifications that are standards-based** and use code packages
- **Is computed** in an integrated environment **without additional effort**. The solution enables:
 - Data queries from standards-based application programming interfaces (such as FHIR® APIs)
 - Measure score calculation
 - Generation of outputs necessary for quality reporting
- **Works as part of the LHS** to improve patient care and experiences by ensuring patient and provider access to necessary information in a timely manner (**rapid-cycle feedback**)

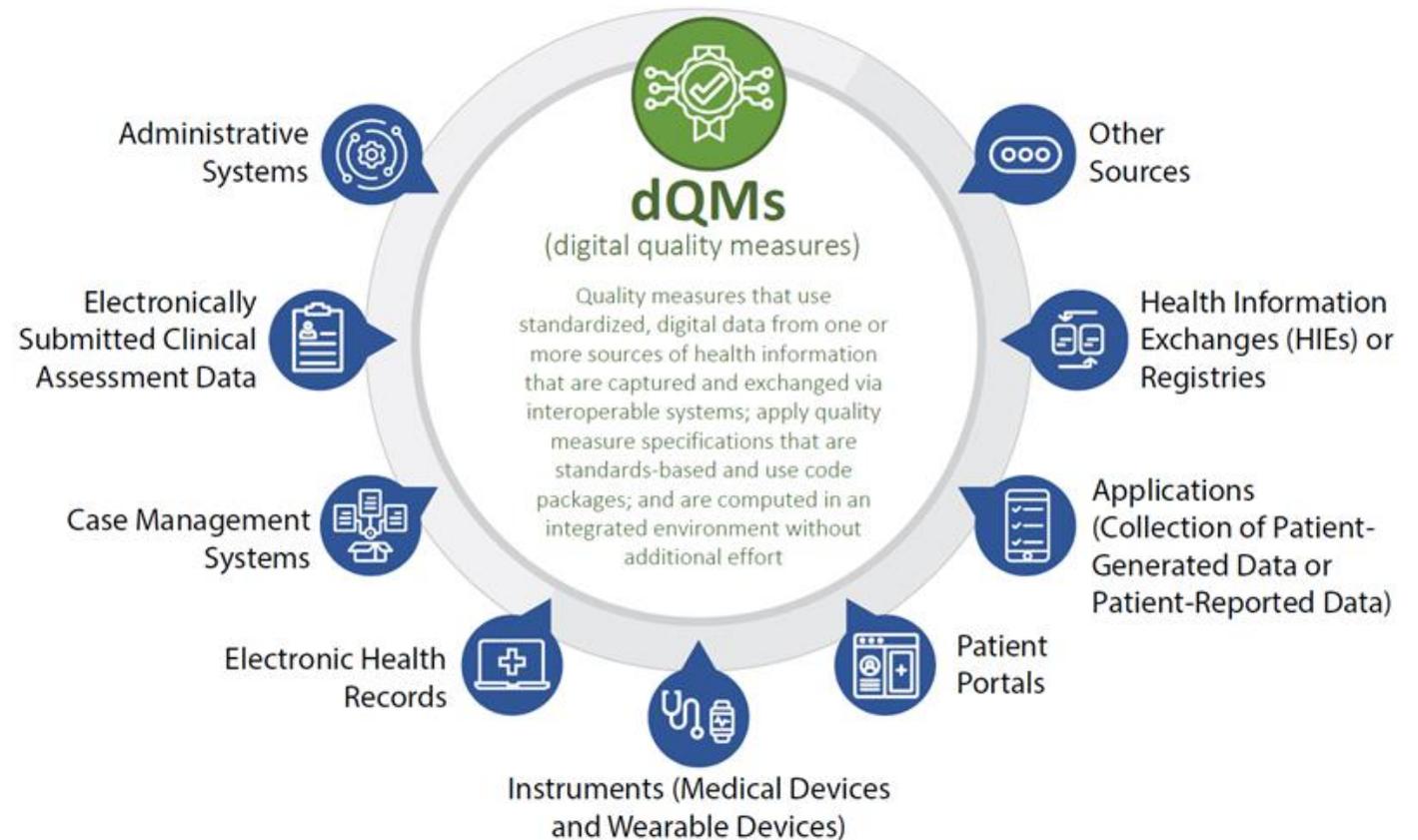
Digital quality measures (dQMs) therefore are quality measures that meet these needs for digital quality measurement.



EXAMPLES OF DIGITAL DATA SOURCES FOR DIGITAL QUALITY MEASUREMENT

Digital data

- Are seamless outgrowths, generated from routine workflows
- Can be used independently or in combination
- Are not dQM use-case specific (i.e., can be leveraged to inform other use cases such as public health)

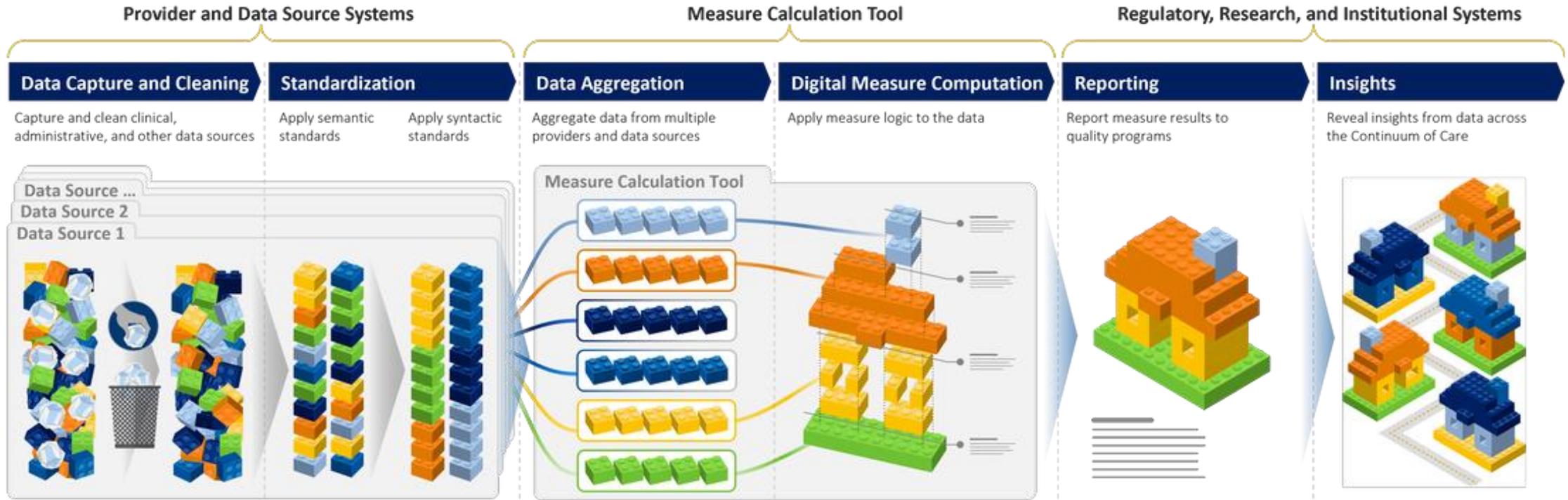


THE FIRST STEP IN CMS' TRANSITION TO DIGITAL QUALITY MEASUREMENT IS TO USE FHIR[®]-BASED eCQMS

- CMS is converting its current Quality Data Model (QDM)-eCQMs to FHIR[®]-based eCQMs
- FHIR eCQM reporting will leverage standardized data and the development of a FHIR model for eCQMs
- FHIR eCQM reporting can serve as a model for future dQM reporting



SHARING STANDARDIZED, DIGITAL DATA SUPPORTS ADVANCED DATA ANALYSIS, RAPID-CYCLE FEEDBACK, AND QUALITY MEASUREMENT THAT ARE ALIGNED FOR CONTINUOUS IMPROVEMENT IN PATIENT-CENTERED CARE



Data points are captured at the source, cleaned, and standardized in preparation for exchange across systems.
Raw data points are captured in their source systems, cleaned for usable data, and standardized to fit in the shared language across systems.

Aggregated data are shared via FHIR APIs and processed for digital quality measure computation.
Data in a FHIR standard can be easily shared across systems and can be processed for digital quality measure calculation, in addition to other use cases, such as patient care, clinical decision support, and quality improvement, to name a few.

Timely reporting of digital quality measures helps provide insights into the health of a population, gauge the quality of care in the ecosystem, and inform the learning health system.
dQMs improve patient care and experiences by ensuring patient and provider access to necessary information, improving the quality of care, improving the health of populations, and reducing costs due to the rapid-cycle nature of digital health data and dQM calculation.



QUESTIONS?

- Joel Andress, Joel.Andress@cms.hhs.gov
- Bridget Calvert, Bridget.Calvert@cms.hhs.gov
- Yale-CORE, dqmstrategicroadmap@yale.edu



**NOW AVAILABLE: THE 2024 CMS
QUALITY REPORTING DOCUMENT
ARCHITECTURE (QRDA) I IMPLEMENTATION
GUIDE (IG), SCHEMATRON, AND SAMPLE FILES
FOR HOSPITAL QUALITY REPORTING (HQR)**

Presenter: Jennifer Seeman, ICF, Inc.



PUBLICATION OF THE 2024 CMS QRDA I IG, SCHEMATRON, AND SAMPLE FILES FOR HQR

- The Centers for Medicare & Medicaid Services (CMS) has published the 2024 CMS Quality Reporting Document Architecture (QRDA) Category I [Implementation Guide \(IG\)](#), [Schematron](#), and [Sample Files](#) for Hospital Quality Reporting (HQR).
- The 2024 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals (CAHs) to report electronic clinical quality measures (eCQMs) for the calendar year 2024 reporting period for these programs:
 - Hospital Inpatient Quality Reporting (IQR)
 - Medicare Promoting Interoperability
 - Outpatient Quality Reporting (OQR)



2024 CMS QRDA I IG, SCHEMATRON, AND SAMPLE FILES FOR HQR (CONT'D)

- The [2024 CMS QRDA I IG](#) contains these high-level changes compared with the 2023 CMS QRDA I IG:
 - Updated eCQM information to align with the updated versions for the 2024 reporting period
 - Removed documentationOf/serviceEvent section, as it was optional for HQR
- The [2024 CMS QRDA I Sample Files](#) updates include:
 - Updated eCQM information to align with the updated versions for the 2024 reporting period

ADDITIONAL QRDA-RELATED RESOURCES

- To find out more about QRDA and eCQMs, visit the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).
- For questions related to the QRDA IGs and/or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).
- See the [QRDA Known Issues Dashboard](#) for solutions under development for both QRDA I and III known technical issues. These known issues supplement the information in QRDA IGs and other supporting documents.

JUNE 2023 ECQI RESOURCE CENTER UPDATES

Presenter: Edna Boone, ICF, Inc./Battelle



VALUE SET INFORMATION UPDATE



NEW UPDATES ON THE ECQI RESOURCE CENTER: UPDATES TO VALUE SET AND HARMONIZATION CONTENT

- The Centers for Medicare & Medicaid Services (CMS) has updated the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center Value Set Information](#).
- **Updates to Value Set Content**
 - CMS has posted new Value Set Harmonization Guidance on the [Value Set Information](#) page. The Guidance provides the goals of harmonization along with use cases for achieving value set harmonization.

The screenshot shows the eCQI Resource Center website. The navigation bar includes links for eCQI, eQMs, dQMs, Resources, About, and Log in. A search box is located in the top right corner. The main heading is "Value Set Information" with a sub-link "Receive updates on this topic". Below the heading are four tabs: "About", "Value Set Development", "Value Set Guidance", and "Connect". The "Value Set Guidance" tab is selected. The content area contains text explaining value sets, their relationship to clinical vocabularies, and the role of the Value Set Authority Center (VSAC) and the VSAC Support Center.

eCQI
RESOURCE CENTER

eQMs
Electronic Clinical Quality Measures

dQMs
Digital Quality Measures

Resources
Standards, Tools, & Resources

About
eCQI, CDS, FAQs Engage

Log in
Manage Your Account

Search

Value Set Information

[Receive updates on this topic](#)

About | Value Set Development | Value Set Guidance | Connect

Value sets are a subset of concepts (each concept represented by a code) drawn from one or more code systems, where the concepts included in the subset share a common scope of use. The codes and corresponding terms come from standard [clinical vocabularies](#) (such as Current Procedural Terminology [CPT], SNOMED CT, RxNorm, and Logical Observation Identifiers Names and Codes [LOINC]) and define clinical concepts to support effective and interoperable health information exchange. Value set authors use value sets in [quality measures](#) and [clinical decision support](#) to collect all the coded concepts that can occur in the clinical record (or administrative data), represent patients or encounters that should be in the same population for analysis, and provide condition-specific diagnostic support and order sets.

Value sets have a [life cycle](#) similar to many persistent objects. The [Value Set Authority Center \(VSAC\)](#) is a tool suite developed by the National Library of Medicine to support the creation, maintenance, and retrieval of value sets. The VSAC serves as the central repository for the CMS electronic clinical quality measure value sets. However, other value set repositories are available, such as the [Public Health Information Vocabulary Access and Distribution System](#).

The [VSAC Support Center](#) provides online information about VSAC access, value set lifecycles and workflow, measure developer and steward roles, and best practices for value set development. In addition, the VSAC Support Center offers archived users' forums and release notes and provides links to VSAC publications.

UPDATES TO VALUE SET CONTENT (CONT'D)

- To consolidate value set information, CMS has migrated the value set content from the Codes, Code Systems, and Value Sets supplemental material on [CMS Measures Management System \(MMS\) Hub](#) to the eCQI Resource Center Value Set Information page.
- The Codes and Code Systems content remains on the MMS Hub and is integrated into the Measure Specification section under [Specify the Code](#).
- Value Set Information provides value set users and authors information on the history of value set development, guidance on best practices, and ways to connect.

REFERENCES

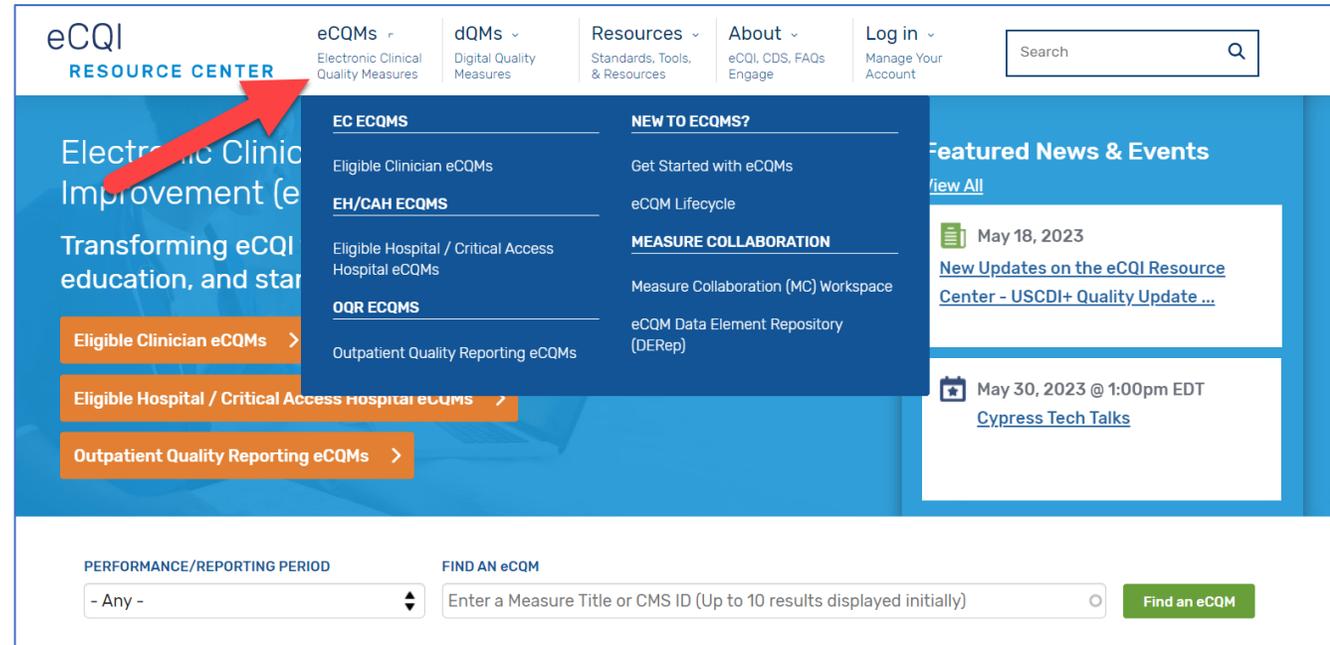
- Find more information about value sets on the [Value Set Authority Center \(VSAC\)](#).
- Tell us what you think! Visit the eCQI Resource Center. Join the [eCQI Resource Center User Group](#). Send any suggestions for improvement, news, events, and content for posting to ecqi-resource-center@hhs.gov.

**NEW ECQM MENU & FILTERS ON
MEASURE PAGES AND
MEASURE COMPARE YEARS
DROPDOWN/SELECTION**



ECQM MENUS, PAGES, AND DEFINITION

- **Electronic Clinical Quality Measure (eCQM) Menu and Page Updates:**
 - New eCQM menu navigation and filters for Eligible Clinician (EC), Eligible Hospital (EH)/Critical Access Hospital (CAH), and Outpatient Quality Reporting (OQR) eCQM pages for reporting/performance period.



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

ECQM MENUS, PAGES, AND DEFINITION (CONT'D)

New filters for hybrid, pre-rulemaking measures, and pre-rulemaking hybrid measures on the 2024 Eligible Hospital eCQMs page:

https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0&globalyearfilter=2024

The screenshot shows the eCQI Resource Center interface. At the top, there are navigation menus for eCQMs (Electronic Clinical Quality Measures), dQMs (Digital Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs, Engage), and Log in (Manage Your Account). A search bar is located on the right. The main heading is 'Eligible Hospital / Critical Access Hospital eCQMs'. Below the heading, there is a filter section with 'Select Period' set to 2024 and 'Filter By' set to eCQMs. A dropdown menu is open under 'Filter By', showing options: eCQMs, Hybrid Measures, Pre-Rulemaking eCQMs, and Pre-Rulemaking Hybrid Measures. A red arrow points to the 'Apply Filters' button. Below the filter section, there are tabs for 'eCQM Resources', 'EH/CAH eCQMs', and 'About'. The main content area displays '2024 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs' with a total of 12 eCQMs. A table lists two eCQMs:

Title	Short Name	CMS eCQM ID	NQF Number	Notes
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK-3	CMS71v13	Not Applicable	
Antithrombotic Therapy By End of Hospital Day 2	STK-5	CMS72v12	Not Applicable	

ECQM MENUS, PAGES, AND DEFINITION (CONT'D)

New filters for eCQMs and pre-rulemaking measures on the 2024 Eligible Clinician eCQMs page:
https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1

The screenshot shows the eCQI Resource Center interface. At the top, there is a navigation menu with links for eCQMs, dQMs, Resources, About, and Log in. A search bar is located on the right. The main content area is titled 'Eligible Clinician eCQMs' and includes a sub-header 'Receive updates on this topic'. Below this, there is a filter section with a 'Select Period' dropdown set to '2023' and a 'Filter By' dropdown set to 'eCQMs'. A red arrow points to the 'Apply Filters' button. Below the filter is a search bar for eCQMs. The main content area displays a table of eCQMs for the 2023 performance period, with a total of 47 EC eCQMs. The table has columns for Title, CMS eCQM ID, NQF Number, MIPS Quality ID, Telehealth Eligible, and Notes.

Title	CMS eCQM ID	NQF Number	MIPS Quality ID	Telehealth Eligible*	Notes
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	CMS161v11	0104e	107	Yes	

ECQM MENUS, PAGES, AND DEFINITION (CONT'D)

New filters for eCQMs and pre-rulemaking measures on the 2024 Outpatient Quality Reporting eCQMs page:

https://ecqi.healthit.gov/oqr?qt-tabs_ep=0&globalyearfilter=2024

The screenshot shows the eCQI Resource Center website. The navigation menu includes eCQMs (Electronic Clinical Quality Measures), dQMs (Digital Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs, Engage), and Log in (Manage Your Account). A search bar is located in the top right corner. The main heading is "Outpatient Quality Reporting eCQMs". Below the heading is a link to "Receive updates on this topic". The filter section includes a "Select Period" dropdown set to "2024", a "Filter By" dropdown set to "eCQMs", and an "Apply Filters" button. A red arrow points to the "Apply Filters" button. The filter dropdown menu is open, showing options for "eCQMs", "Pre-Rulemaking eCQMs", and "About". Below the filter section is a table titled "2023 Reporting Period Outpatient Quality Reporting eCQMs".

Title	CMS eCQM ID	NQF Number	Telehealth Eligible*
Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)	CMS996v3	3613e	No



ECQM MENUS, PAGES, AND DEFINITION (CONT'D)

- **eCQM Definition Update:** CMS has updated the [eCQM definition](#) in the eCQI Resource Center glossary.

An electronic clinical quality measure (eCQM) is a measure specified in a standard electronic format that uses data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems to measure the quality of health care provided.

MEASURE COMPARE

- The eCQI Resource Center has updated the Measure Compare feature on the [Eligible Clinician \(EC\)](#) and the [Eligible Hospital/Critical Access Hospital \(EH/CAH\)](#) Electronic Clinical Quality Measures (eCQMs) pages.
- Users can access the compare function from individual measure pages.



MEASURE COMPARE (CONT'D)

Eligible Clinician eCQMs
Receive updates on this topic

Select Period: 2024 | Filter By: eCQMs | Apply Filters

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

eCQM Resources | **EC eCQMs** | About

2023 Performance Period Eligible Clinician eCQMs
Total number of EC eCQMs: 47

Search eCQMs
Apply

Title	CMS eCQM ID	NQF Number	MIPS Quality ID	Telehealth Eligible*	Notes
Adult Major Depressive Disorder (MDD); Suicide Risk Assessment	CMS161v11	0104e	107	Yes	
Anti-depressant Medication Management	CMS128v11	Not Applicable	009	Yes	
Appropriate Testing for Pharyngitis	CMS146v11	Not Applicable	066	Yes	

https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1

Anti-depressant Medication Management

Receive updates on this topic

Measure Information | Specifications and Data Elements | Release Notes

SELECT eCQM YEARS TO COMPARE

2023 vs 2024 | Compare >

2023 vs 2024
2022 vs 2024
2021 vs 2024

2022 vs 2023
2021 vs 2023

2021 vs 2022

Measure Information

2023 Performance Period

CMS128v11

Not Applicable

NQF Number

009

MIPS Quality ID

Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a

https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1

MEASURE COMPARE (CONT'D)

Anti-depressant Medication Management

[Receive updates on this topic](#)

[Measure Information](#)
[Specifications and Data Elements](#)
[Release Notes](#)

Compare eCQM Versions

The Compare function compares two years of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

Strikethrough text highlighted in red indicates information changed from the previous version. Text highlighted in green indicates information updated in the new eCQM version.

SELECT eCQM YEARS TO COMPARE: 2023 vs 2024

FILTER MEASURE BY: All Information

Measure Information	2023 Performance Period	2024 Performance Period
Title	Anti-depressant Medication Management	Anti-depressant Medication Management
CMS eCQM ID	CMS128v11	CMS128v11 CMS128v12
NQF Number	Not Applicable	Not Applicable
Description	Percentage of patients 18 years of age and older who	Percentage of patients 18 years of age and older who

https://ecqi.healthit.gov/e-cqm/ec/2023/cms128v11?sort_order=2023vs2024

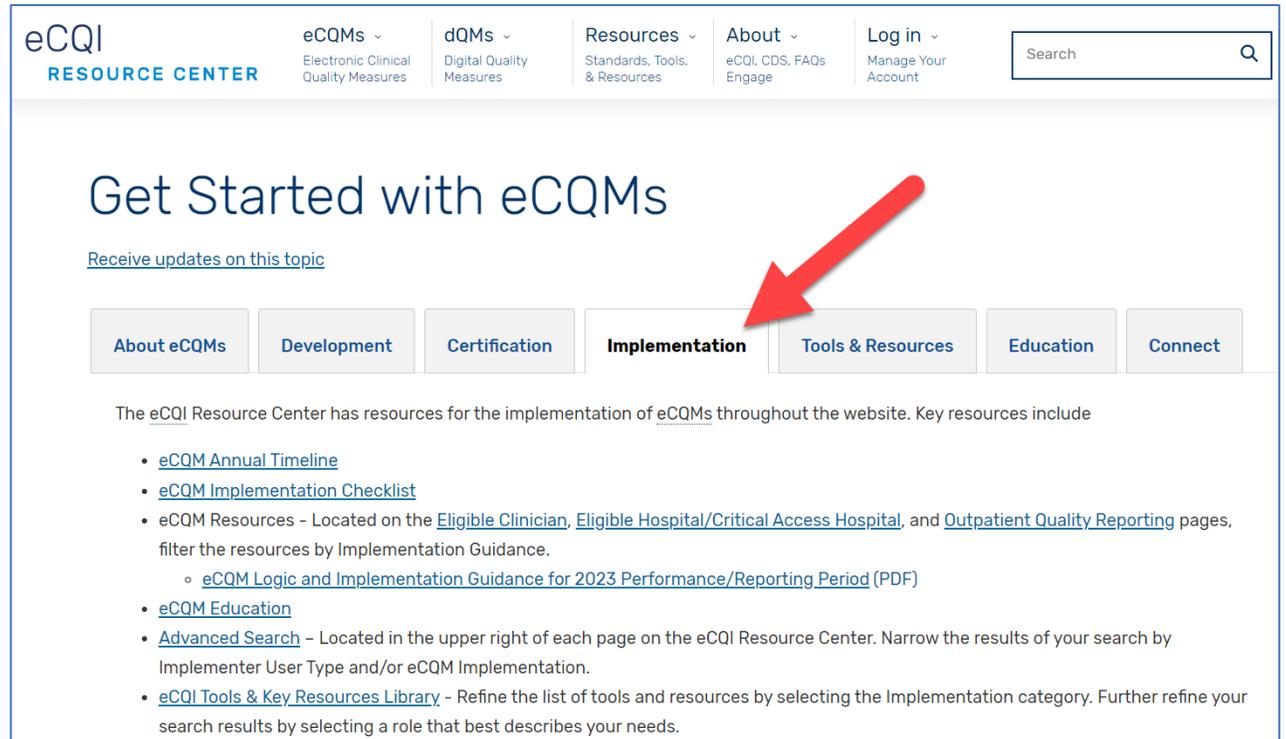


IMPLEMENTATION TAB ON GETTING STARTED WEBPAGE



NEW IMPLEMENTATION CONTENT

- Find key resources for the implementation of eCQMs on the Get Started with eCQMs → Implementation webpage:
https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=3



The screenshot shows the eCQI Resource Center website. The navigation bar includes links for eCQMs (Electronic Clinical Quality Measures), dQMs (Digital Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs, Engage), and Log in (Manage Your Account). A search bar is located in the top right corner. The main heading is "Get Started with eCQMs". Below this, there is a link to "Receive updates on this topic". A horizontal menu contains several tabs: "About eCQMs", "Development", "Certification", "Implementation" (highlighted with a red arrow), "Tools & Resources", "Education", and "Connect". Below the menu, a paragraph states: "The eCQI Resource Center has resources for the implementation of eCQMs throughout the website. Key resources include". This is followed by a bulleted list of resources: "eCQM Annual Timeline", "eCQM Implementation Checklist", "eCQM Resources - Located on the Eligible Clinician, Eligible Hospital/Critical Access Hospital, and Outpatient Quality Reporting pages, filter the resources by Implementation Guidance." (with a sub-item "eCQM Logic and Implementation Guidance for 2023 Performance/Reporting Period (PDF)"), "eCQM Education", "Advanced Search - Located in the upper right of each page on the eCQI Resource Center. Narrow the results of your search by Implementer User Type and/or eCQM Implementation.", and "eCQI Tools & Key Resources Library - Refine the list of tools and resources by selecting the Implementation category. Further refine your search results by selecting a role that best describes your needs."

NAVIGATING TO NEW IMPLEMENTATION CONTENT

The image displays two screenshots of the eCQI Resource Center website, illustrating the navigation path to implementation content.

Left Screenshot: Shows the eCQI Resource Center navigation menu. The menu is open, showing categories like EC ECQMS, EH/CAH ECQMS, and OQR ECQMS. A red arrow points to the 'EC ECQMS' category. Another red arrow points to the 'Get Started with eCQMs' link under the 'NEW TO ECQMS?' section.

Right Screenshot: Shows the 'Get Started with eCQMs' page. The navigation bar at the top has tabs for 'About eCQMs', 'Development', 'Certification', 'Implementation', 'Tools & Resources', 'Education', and 'Connect'. A red arrow points to the 'Implementation' tab, which is highlighted.

ADDITIONAL RESOURCES

Tell us what you think! Visit the [eCQI Resource Center](#).

- Join the [eCQI Resource Center User Group](#).
- Send any suggestions for improvement, news, events, and content for posting to ecqi-resource-center@hhs.gov.



FHIR BASED eCQMS: HUMAN READABLE OUTPUT

Presenter: Juliet Rubini, ICF



FHIR BASED ECQMS: HUMAN READABLE OUTPUT

- The look and feel of the human readable output will change once CMS eCQMs move to the FHIR standard.
- Will show a side by side of current QDM output versus draft FHIR output to solicit feedback from measure implementers.
- Please email [fhir@icf.com](mailto:.fhir@icf.com) with any additional feedback after this meeting – we will provide a Word document so comments can be provided in track changes.

CURRENT HUMAN READABLE

eCQM Title	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment		
eCQM Identifier (Measure Authoring Tool)	161	eCQM Version Number	11.0.000
NQF Number	0104e	GUID	60176fbf-bfdc-4892-9c9e-604f206553c8
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Mathematica		
Measure Developer	Mathematica		
Measure Developer	American Medical Association (AMA)		
Measure Developer	PCPI(R) Foundation (PCPI[R])		
Endorsed By	National Quality Forum		
Description	Percentage of all patient visits for those patients that turn 18 or older during the measurement period in which a new or recurrent diagnosis of major depressive disorder (MDD) was identified and a suicide risk assessment was completed during the visit		
Copyright	Copyright 2022 Mathematica Inc. All Rights Reserved. The PCPI and AMA's significant past efforts and contributions to the development and updating of the Measure is acknowledged.		

<https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS161v11.html>



FUTURE STATE

Url:	http://ecqi.healthit.gov/ecqms/Measure/AdultMajorDepressiveDisorderMDDSuicideRiskAssessmentFHIR
Version:	0.0.004
Abbreviated Name	CMS161FHIR
Version dependent GUID	urn:uuid:9e056df9-6c0c-4847-a88e-bc9932dd69bd
Version specific ID	urn:uuid:6385047a4ba3d47c885c02c5
CBE ID	0104e
Publisher ID	161FHIR
Name:	AdultMajorDepressiveDisorderMDDSuicideRiskAssessmentFHIR
Title:	Adult Major Depressive Disorder (MDD): Suicide Risk AssessmentFHIR
Status:	draft
Experimental:	false
Date:	2023-04-06T12:23:48+00:00



ELECTRONIC CLINICAL QUALITY MEASURES (eCQM) ANNUAL UPDATE PUBLICATION FOR THE 2024 REPORTING/ PERFORMANCE PERIOD

Sera Gearhart, Mathematica



AGENDA

- Annual Update Publication Announcement for the 2024 eCQM Reporting/Performance Period.
- Brief overview of the eCQM Annual Update Cycle.
- Opportunities to engage in the eCQM Annual Update via the ONC Project Tracking System [eCQM Issue Tracker](#).
- Overview of the [eCQM Known Issues Tracker](#).

NOW AVAILABLE: ECQM MATERIALS FOR THE 2024 REPORTING/PERFORMANCE PERIOD

- CMS has posted the 2024 reporting/performance period electronic clinical quality measure (eCQM) specifications on the electronic clinical quality improvement (eCQI) Resource Center for:
 - **Eligible Hospitals (EH) and Critical Access Hospitals (CAHs)**
 - **Hospital Hybrid**
 - **Outpatient Quality Reporting (OQR)**
 - **Eligible Clinician**
- The updated eCQMs are to be used to electronically report 2024 clinical quality measure data for CMS quality reporting programs.
- **Measures will not be eligible for 2024 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.**

Visit the **eCQI Resource Center** at <https://ecqi.healthit.gov/>



THE ANNUAL UPDATE PUBLICATION INCLUDES:

- **EH/CAH, OQR, and Eligible Clinician Measure Information**
 - Quality measures that are developed for use in a CMS quality reporting program.
- **Hospital Hybrid Measure Information**
 - Quality measures that use both claims data and clinical data from electronic health records (EHRs) for calculating the measure.
- **Pre-Rulemaking Measure Information for EH/CAH, Hospital Hybrid, OQR, and Eligible Clinicians eCQMs:**
 - Quality measures that are developed, but not yet finalized for reporting in a CMS program. These measures will not be eligible for CMS quality reporting until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.



ANNUAL UPDATE REFERENCE MATERIALS

- **eCQM Resources:**

- Guide for Reading eCQMs
- eCQM Logic and Implementation Guidance
- Table of eCQMs
- Telehealth Guidance for eCQMs for Eligible Clinicians

- **eCQM Technical Release Notes (TRNs):**

- Identifies individual header, logic, and value set changes associated with each measure

- **eCQM Value Sets, Direct Reference Codes, and Terminology:**

- The 2024 reporting/performance period eCQM value sets are available through the National Library of Medicine's [Value Set Authority Center](#) (VSAC) via the download tab.



BRIEF OVERVIEW OF THE eCQM ANNUAL UPDATE CYCLE



ECQM MAINTENANCE

- **CMS updates eCQM specifications for eligible clinicians and eligible hospitals/critical access hospitals annually to align with:**
 - Current evidence or guideline changes
 - Feedback from the field
 - Evolving technical standards in the data model (QDM) and logic expression language (CQL)
 - Coding/terminology updates
 - Harmonization efforts



OVERVIEW OF THE ECQM ANNUAL UPDATE CYCLE

The eCQM annual update includes several steps that occur from fall to spring each year

August  May

Information Gathering

- Measure update/review

Change Review Process

- *Measure update/review*

CMS Approval of Changes

- Measure update/review

Review of Draft eCQM Specifications

- *Measure Finalization*

eCQM Annual Update Publication

- eCQI Resource Center and VSAC

<https://ecqi.healthit.gov/>
<https://vsac.nlm.nih.gov/download/ecqm>

OPPORTUNITIES TO ENGAGE IN THE ECQM ANNUAL UPDATE PROCESS VIA JIRA

Engage using the web-based public comment tools on the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#).

- New users can [create an account](#) via the ONC Project Tracking System website.

Year-Round: Submit eCQM-specific questions

Fall: Participate in the Change Review Process (CRP)

- Provides eCQM users the opportunity to review and comment on draft changes to the eCQM specifications under consideration by the measure steward.

Winter: Review Draft Measure Specifications

- CMS invites vendors and other interested parties to review and provide feedback on draft eCQM specifications that include logic and header changes for eCQMs under consideration for CMS quality reporting and payment programs.



eCQM RESOURCES

- **For more information** about eCQMs visit the [eCQI Resource Center](#).
- **For questions regarding eCQMs** visit the [eCQM Issue Tracker](#). Note that an [ONC Project Tracking System \(Jira\) account](#) is required to ask a question or comment.



eCQM KNOWN ISSUES (EKI) TRACKER



OVERVIEW: eCQM KNOWN ISSUES TRACKER

- **Location:**

- The electronic clinical quality measure [\(eCQM\) Known Issues Tracker](#) is located on the Office of the National Coordinator Project Tracking System ([ONC Jira](#))

- **Purpose:**

- The eCQM Known Issues Tracker provides information on eligible clinician and eligible hospital eCQMs with known implementation-related or technical issues, for which a solution is under development, but not yet available in a published eCQM specification. Known issues may impact the ability to accurately report on the eCQMs.

- **Goal:**

- Reduce implementer burden and improve transparency with reporters by identifying and posting CMS-approved known issues that could affect measure implementation or calculation.

VIEWING KNOWN ISSUES

- Navigate to the [eCQM Known Issues Tracker](#) and select “Issues” in the left-hand pane
 - Default view displays all open issues (i.e., those correspond to the current reporting or future reporting periods), sorted by EKI number, in descending order
 - The “Type” field, located under each issue, distinguishes between issues applicable to eligible clinician (“EP/EC”) and eligible hospital (“EH/CAH”) eCQMs

The screenshot displays the 'eCQM Known Issues' interface. On the left is a navigation sidebar with 'Issues' selected. The main content area is titled 'Open issues' and includes a 'Switch filter' dropdown and an 'Order by Priority' dropdown. A list of issues is shown, with 'EKI-20 CMS506v5' selected. To the right, the details for this issue are shown, including 'Add vote', 'Watch issue', and 'To Do' buttons, and a 'Details' section with 'Type: EH/CAH' and 'Priority: Moderate'.

- To view all issues
 - Click the “Switch filter” drop-down and select “All issues”

LOCATE KNOWN ISSUES ON eCQI RESOURCE CENTER

Select Period Filter By

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

eCQM Resources

EH/CAH eQMs

About

2023 Reporting Period Eligible Hospital / Critical Access Hospital eQMs

Total number of EH/CAH eQMs: 13

Title	Short Name	CMS eCQM ID	NQF Number	Notes
Hospital Harm - Severe Hyperglycemia	HH-02	CMS871v2	3533e	*Note: There are known issues on CMS871v2. See issue EKI-18 and EKI-19 on the ONC eCQM Known Issues Dashboard for details.



CMS APPROVED eCQM KNOWN ISSUE

Key	Summary	Description	Solution	Year	Links
EKI-18	CMS871v2	<p>eCQM Impacted – CMS871v2 Hospital Harm – Severe Hyperglycemia</p> <p>Issue – Measure does not include logic that appropriately constrains the denominator exclusion to the specific qualifying encounter. If a patient has multiple admissions during the measurement period, then the results of that first denominator exclusion are carried forward to all subsequent inpatient hospitalization encounters for the patient. This would lead to incorrect measure performance rates.</p>	There is not currently a solution to this known issue for CMS871v2	2023	CQM-5756 CQM-5379



CMS APPROVED eCQM KNOWN ISSUE

Key	Summary	Description	Solution	Year	Links
EKI-19	CMS871v2	<p>eCQM Impacted – CMS871v2 Hospital Harm – Severe Hyperglycemia</p> <p>Issue – The cqm-execution processing of a ratio measure does not align with the HQMF implementation guide. The cqm-execution engine processes a single initial population ratio measure like a proportion measure.</p>	There is not currently a solution to this known issue for CMS871v2	2023	BONNIEMAT-1106 BONNIEMAT-1291



CMS APPROVED eCQM KNOWN ISSUE

Key	Summary	Description	Solution	Year	Links
EKI-20	CMS506v5	eCQM Impacted – CMS506v5 Safe Use Opioids – Concurrent Prescribing Issue – Denominator exclusion logic can be interpreted and implemented two different ways which might result in inaccurate measure performance rates.	Implementors should evaluate each encounter independently and apply denominator exclusions only to the encounter in which they occur.	2023	CQM-5965



MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

*Drew Morgan and Jess Warren, Quality
Measurement and Value-Based Incentives
Group, CMS*



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION

Participants of the Medicare Promoting Interoperability Program may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful electronic health record user would result in a significant hardship.

For the 2022 EHR Reporting Period, 332 CAHs will be receiving Payment Adjustments in 2022, and 360 eligible hospitals will be receiving Payment Adjustments in 2024.

MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION, CONT.

- Hardship Exception Applications for the Medicare Promoting Interoperability Program for the CY 2022 reporting period are now available.
- Hardship Exception [applications](#) must be submitted electronically by **July 31, 2023 for eligible hospitals and September 30, 2023 for CAHs.**
 - *Note:* If an electronic submission is not possible, you may contact the CCSQ Help Desk and work with a representative to verbally submit an application at 1 (866) 288-8912.
- For more information, please view the [Hardship Exception overview fact sheet](#).



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION, CONT.

- Reminder: the application must cite one of the following specified reasons for review and approval by CMS:
 - Using decertified EHR technology
 - Insufficient internet connectivity
 - Extreme and uncontrollable circumstances
 - Lack of control over the availability of CEHRT
- If approved, the Hardship Exception will be valid for only **one** payment adjustment year and participants need to submit a new application for any following years.
 - **Note:** *in no circumstance may exception be granted for more than 5 years.*



MEDICARE PROMOTING INTEROPERABILITY PROGRAM ANNUAL CALL FOR MEASURES

- Allows eligible hospitals, critical access hospitals (CAHs), professional associations, medical societies, and other stakeholders such as researchers and consumer groups to be involved in the evolution of the Medicare Promoting Interoperability Program measures.
- CMS is currently accepting proposals to be considered for future rulemaking.



MEDICARE PROMOTING INTEROPERABILITY PROGRAM ANNUAL CALL FOR MEASURES, CONT.

- CMS requests that stakeholders consider the following priority areas when submitting measures.
 - Build on the advanced use of CEHRT using the 2015 Edition Cures Update Certification Standards and Criteria;
 - Promote interoperability and health information exchange;
 - Improve program efficiency, effectiveness, and flexibility;
 - Provide patients access to their health information;
 - Reduce clinician and administrative burden; and
 - Align with the Promoting Interoperability Performance Category for eligible clinicians participating in the Merit-based Incentive Payment System, as applicable.



SUBMIT PROPOSED MEASURES BY JULY 1

- To propose new measures, please reference the Medicare Promoting Interoperability Program Annual Call for Measures [Fact Sheet](#) and [Submission Form](#).
- Completed submission forms must be sent to CMSPICallForMeasures@ketchum.com by **July 1, 2023** to be considered for rulemaking.



HALFWAY THROUGH 2023: MEDICARE PROMOTING INTEROPERABILITY PROGRAM CHANGES

Query of PDMP Measure

The Query of PDMP measure is now required and includes Schedule II drugs as well as Schedules III and IV drugs

Health Information Exchange Objective

Enabling Exchange under TECCA measure is now a third option to completing the measure requirements

Public Health and Clinical Data Exchange Objective

Must submit your level of Active Engagement.
Modifications to the levels of Active Engagement:
Option 1: Pre-Production and Validation (combination of existing options 1 and 2); Option 2: Validated Data Production (existing Option 3, renamed).

Scoring

Reduction from 40 points to 30 points for the HIE Objective
Reduction from 40 to 25 points for the Provider to Patient Exchange Objective
Increase from 10 to 25 points for the Public Health and Clinical Data Exchange Objective
Increase from 10 to 20 points for the Electronic Prescribing Objective

eQMs

Addition of Severe Obstetric Complications and Cesarean Birth eQMs for voluntary reporting
Must now use 4 quarters of 2023 data when reporting eQMs



HALFWAY THROUGH 2023: MEDICARE PROMOTING INTEROPERABILITY PROGRAM REQUIREMENTS REMINDERS

- Participating eligible hospitals and CAHs need to meet the following **requirements for calendar year (CY) 2023** to avoid a downward Medicare payment adjustment:
 - A minimum of any continuous 90 days for the electronic health record (EHR) reporting period
 - A requirement to use the [2015 Edition Cures Update](#) to meet the Certified EHR Technology (CEHRT) requirement
 - A minimum total score of **60 points**
 - Report **4 eCQMs** (*3 self-selected eCQMs of the 11 available and the Safe Use of Opioids eCQM*) using **4** quarters of data
 - Complete activities for the measures under the Protect Patient Health Information objective, including the Security Risk Analysis and the annual self-assessment on all 9 SAFER guides.



MEDICARE PROMOTING INTEROPERABILITY PROGRAM 2023 CEHRT REQUIREMENTS

- To be considered a meaningful user and avoid a downward payment adjustment, participants are required to only use certified health IT that has been updated consistent with the [2015 Edition Cures Update](#) criteria.
- 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during the EHR reporting period chosen by the eligible hospital or CAH (a minimum of any continuous 90 days in 2023).
- In some situations, product updates may be deployed during the chosen EHR reporting period, pending certification. In such cases, the product must be updated to the 2015 Edition Cures Update criteria by the last day of the chosen EHR reporting period.
- Eligible hospitals and CAHs must provide their EHR's CMS Identification code from the [Certified Health IT Product List \(CHPL\)](#), available on HealthIT.gov, when submitting their data.
 - **Note:** CMS will begin publicly reporting Medicare Promoting Interoperability Program final scores and CHPL ID numbers, beginning with CY 2023 EHR reporting period data in CY 2024.



IPPS & LTCH NPRM

- On April 10, 2023, CMS issued the [*Fiscal Year \(FY\) 2024 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) proposed rule*](#). Proposed changes include:
 - An electronic health record (EHR) reporting period for a minimum of any continuous 180-day period in calendar years (CY) 2025;
 - Requiring program participants to attest “yes” for the completion of the self-assessment for **all** nine SAFER guides at any point during the calendar year in which the EHR reporting period occurs;
 - Adopting three new electronic clinical quality measures (eCQMs) for the Medicare Promoting Interoperability Program, beginning with the **CY 2025** reporting period, as one of program participant’s three self-selected eCQMs, in alignment with the Hospital IQR Program:
 - Hospital Harm – Pressure Injury eCQM (CBE #3498e)
 - Hospital Harm – Acute Kidney Injury eCQM (CBE #3713e)
 - Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient) eCQM (CBE #3663e).
- For more information, review this [fact sheet](#) on the proposed rule.



QUALITY PAYMENT PROGRAM UPDATES

*Vidya Sellappan, Quality Measurement
and Value-Based Incentives Group, CMS*



PRELIMINARY FEEDBACK

- MVP performance feedback will be shared in three phases:
 - Preliminary Feedback
 - Final Score Preview
 - Final Score + MVP Comparative Feedback
- As soon as your data is received during the submission period, you can access preliminary performance feedback on the measures and activities you reported on the QPP website.
- Preliminary feedback offers preliminary scoring information at the measure and category level based on the data you submitted (or was submitted on your behalf). Preliminary feedback remains accessible after submission closes.
- For more information, reference the 2021 Preliminary Feedback [fact sheet](#).
- Questions? Contact the QPP Service Center at 1-866-288-8292 or QPP@cms.hhs.gov.



2021 QPP EXPERIENCE REPORT

- CMS released the 2021 Quality Payment Program (QPP) [Experience Report](#) to provide insights into QPP participation for the 2021 performance year.
- The report includes data regarding participation and performance in the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) tracks of QPP during the 2021 performance year 2021.
- This report along with the public use files helps to illustrate the successes and challenges in 2021, while noting progress from performance year 2020.
- The report and public use file can be found in the [Resource Library](#).



MIPS EUC EXCEPTION APPLICATION

- You can now apply for a MIPS Extreme and Uncontrollable Circumstances (EUC) Exception (any or all performance categories) or a Hardship Exception for the Promoting Interoperability performance category.
 - To apply, [sign into QPP](#) with your HARP credentials and click “Exception Application” on the left-hand navigation.
- Individual clinicians, groups, virtual groups, and APM Entities can submit a MIPS EUC Exception (any or all performance categories) if:
 - You experience an extreme and uncontrollable circumstance outside of your control, such as a natural disaster, ransomware attack or public health emergency (PHE) that prevents you from collecting data for an extended period of time or that could impact your performance on cost measures.
- The deadline for the MIPS EUC Exception Hardship Exception Application for PY 2023 is **January 2, 2024 at 8 p.m. ET.**
- For more information, please review the [2023 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide](#).



MIPS PROMOTING INTEROPERABILITY HARDSHIP EXCEPTION APPLICATION

- Individual clinicians, groups, and virtual groups reporting via traditional MIPS, MIPS Value Pathways (MVPs) or the APM Performance Pathway (APP) can submit a Hardship Exception for the Promoting Interoperability performance category if:
 - You have insufficient Internet connectivity;
 - You have decertified electronic health record (EHR) technology;
 - You lack control over the availability of certified EHR technology (CEHRT)
 - *Lacking 2015 Edition CEHRT doesn't qualify as a reason to submit an exception application*
 - You face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress or vendor issues
- The deadline for the MIPS Promoting Interoperability Performance Category Hardship Exception Application for PY 2023 is **January 2, 2024 at 8 p.m. ET.**
- For more information, please review the [2023 MIPS Promoting Interoperability Hardship Exception Application Guide](#).



ARCHIVED QPP MATERIALS

Historical webpages, resources, webinars, and reports on the [QPP website](#) were archived on June 15, 2023.

We've retired webpages, resources, webinars, and reports from performance years 2017-2020 to be in alignment with best practices in information technology data storage and reduced security risk by having less data publicly available. Additionally, these updates will improve user experience; removing outdated materials will allow users to more easily find current, applicable information.

The following resources and reports are no longer be publicly accessible:

- Performance Year 2017-2020 QPP website pages, resources in the [Resource Library](#), and webinars in the [Webinar Library](#).
- Detailed performance feedback and submission information for performance years 2017-2020.
- Detailed eligibility information, including Alternative Payment Models (APM) Participant Lists for performance years 2017-2020.



ALTERNATIVE PAYMENT MODELS (APM) UPDATES

*Presenter: Brian Patterson, Center for
Medicare and Medicaid Innovation, CMS*



FIRST SNAPSHOT OF 2023 QP STATUS AND APM PARTICIPATION DATA COMING SOON

- The First Snapshot of 2023 Qualifying APM Participant (QP) Status and Alternative Payment Model (APM) Participation Data will be available in the [QPP Participation Status Tool](#) in July 2023.
 - This first snapshot includes data from Medicare Part B claims with dates of service between **January 1, 2023 through March 1, 2023.**
 - The data is used to: 1) Determine QP Status and 2) Update APM participation for each entity
 - To view your QPP or APM participation status:
 1. Visit the QPP Participation Status Tool
 2. Enter your 10-digit National Provider Identifier
- To learn more about how CMS determines QP and the APM participation status for each snapshot, please visit the [QPP website](#).



NEW AND UPDATED APP RESOURCES

New and updated resources are available on the [QPP Resource Library](#)

- [2023 Learning Resources for QP Status & APM Incentive Payment Zip File](#)
- [Performance Year 2023 APM Performance Pathway: CMS Web Interface Measure Specifications and Supporting Documents for ACOs](#)
- [2022 and 2023 Comprehensive List of APMs](#)
- [2023 Learning Resources for All-Payer](#)



THANK YOU!

