CMS Quality Programs Bi-Monthly Forum
March 28, 2023

>>Darrick Hunter, CMS: 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 2023 CMS QRDA 1 IG Schematron, the May 2023 HL7-FHIR Connectathon, eCQMs for the 2023 and 2024 reporting and performance periods, AU pre-publication document, the Medicare Promoting Interoperability Program, the Merit-Based Incentive Payment System, and alternative payment models. We will have a question and answer portion once our presentations have concluded. Please note, you can either submit your questions in the Q&A box, or you can raise your hand to ask a question via the webinar audio and we will unmute your line. If you're listening through your computer speakers and want to ask a question, you must have a working microphone. Sorry about that. And now I will turn it over to Jennifer Seeman. Jennifer.

>>Jennifer Seeman, ICF, Inc.: Alright. Thank you, Darrick. I'm going to provide a quick update for the 2023 CMS QRDA 1 IG. Next slide.

This IG supports 2023 reporting conformances for hospital IQR programs and Promoting Interoperability, as well as voluntary reporting for the OQR program. Next slide.

This version actually makes a – relaxes a couple of conformance statements that were published in version 1.2 of – or I'm sorry, 1.1 of the IG, and that makes the patient email, patient phone number "should" statements as opposed to "required." We did relax those in this publication. Next slide.

And just for some additional information, if you want access to other standards, eCQMs, related items, you can always go to the eCQI Resource Center. If you have questions about QRDA, the link here will take you to the ONC QRDA Jira project, where you can post questions as well as see any known issues for QRDA for that link. A quick addition, the 2024 CMS QRDA 1 IG is just going out for public comment today, so those notifications are going out as we speak. And so that's just hot off the press. Next slide.

I'll also give a quick update on Connectathon activities. So, next slide.

The eCQM standards team is continuing to support FHIR measure testing at HL7 Connectathons. These are great opportunities to work with subject matter experts, standards developers, measure developers. We will focus testing on FHIR-based eCQMs. We have measures that are in quality reporting. We have gaps-in-care use cases, clinical decision support, and multi-facility reporting use cases to test. Next slide.

I have a few examples of the measures. So, these measures are in alignment with the 2023 program reporting measures. A couple of exceptions. These will be authored in QI-Core supporting version 1.1. And we will – we plan to have exports from the new measure authoring system, the MADiE tool. Next slide.

So this is an in-person event. It will take place May 6 and 7 in New Orleans. There's general information and registration links available in the slides. There is a fee to participate. However, there's an early bird pricing that is available through April 7. And we look for participation from measure developers, application standards developers such as ourselves, EHR vendors and data providers just to list a few. Next slide.

Some upcoming dates. We do have a kickoff meeting planned as well as working and planning sessions. So, if you're interested in participating, you can come there and get some technical help on setting up your system and asking questions about what testing will take place. All of these meeting details can be accessed on the confluence page listed there, and if you have any additional questions, feel free to reach out to us at fhir@icf.com. And thank you very much for your time and I'll hand it off to Michael. Thank you.

>> Michael Kerachsky, Mathematica: Hello, everyone. My name is Michael Kerachsky with Mathematica. Today, my colleague Jamie Lehner and I will present on several topics, updates specific to electronic clinical quality measures for the 2023 and 2024 reporting performance periods. First up is the Known Issues Tracker.

So, this slide provides pertinent information specific to the eCQM Known Issues Tracker. The tracker is located on the Office of the National Coordinator Project Tracking System, or ONC Jira. The purpose of the Known Issues Tracker is to provide information on eligible clinician and eligible hospital eCQMs with no 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 of reporters to accurately report on eCQMs. It is important to distinguish between implementation and technical issues. Implementation issues arise when a measure is implemented in a manner that yields unforeseen results, though the measure logic itself is structured appropriately and as originally intended, whereas technical issues include but are not limited to contradictions between eCQM narrative and logic, value set issues, logic-related issues, or the inconsistent application of standards. Ultimately, the goal of posting known issues is to reduce implementer burden and improve transparency with reporters by identifying and posting known issues that could affect measure implementation or calculation. Next slide, please.

So, how does one view the Known Issues Tracker? So, to access ONC Jira eCQM Known Issues Tracker, you may either select the link on this slide or if working within ONC Jira, you would need to navigate to the top ribbon and select the "Projects" dropdown. Then select "View All Projects" and finally, select the eCQM Known Issues project. From there you could select on issues from the left-hand pane as is shown in this screenshot here. The default view displays all open issues or those that correspond to

the current or future reporting periods sorted by EKI number in descending order, and within each known issue, the type field located under each issue distinguishes between issues applicable to eligible clinician and eligible hospital eCQMs. In order to view all issues, one should select the switch filter in blue next to "Open Issues" and then select "All Issues." One thing to note here is that by default, the Jira Known Issues project displays open tickets specific to 2022 and 2023 eCQMs. However, that will change as the 2022 reporting period has concluded. Therefore, those will be moved to sort of marked as done, and therefore we'll only see 2023 and those that are for future performance periods. Next slide, please.

Okay. So known issues are also documented by including a hyperlink to the specific known issue in Jira, in the "Notes" column in the list of eligible clinician or eligible hospital eCQMs located on the eCQI Resource Center. Now, this ensures that when interested parties search and/or consider reporting on specific eCQMs, they are made aware of any possible implementation or technical issues corresponding to a given eCQM as a way to sort of close the loop. Next slide, please.

Okay. So we're going to talk about a few known issues that have been posted for 2023. So EKI-15, which we're looking at here, was posted on May 5, 2022. So, the 2023 version of CMS-127 version 11, "pneumococcal vaccination status for older adults," does not include all relevant coding specific to newly approved formulations of the pneumococcal vaccine, specifically pneumococcal conjugate vaccine for PCV-15 and PCV-20 in order to meet numerator requirements. This is not in alignment with recent updated Advisory Committee on Immunization Practices guidelines. And furthermore, this issue could lead to implementers opting not to report on this measure. So, what's the solution? The measure's CPT value set to capture the procedure of administering the pneumococcal vaccine does not currently contain the specific codes to capture administration of pneumococcal conjugate vaccine 15 valent or 20 valent. Therefore, the solution is to provide direction to support reporting of the measure based on the most recent guidelines that recommend four different formulations of the pneumococcal vaccine for older adults. The measure steward was able to add all formulations of the pneumococcal vaccine PCV-13, PCV-15, PCV-20 and PPSV-23 as CVX codes. The reasoning here is that the equivalent CPT codes cannot be added because the 2022 eCQM annual update used the CPT 2021 version.

Therefore, implementers that would otherwise utilize CPT value set to satisfy the numerator requirements can map to the administration of PCV-15 to CVX code 215 and administration of PCV-20 to CVX code 216 in the adult pneumococcal vaccine value set. Next slide, please.

Okay, so this is EKI-15 – or, sorry – this is EKI-17, I should say, which was posted on February 1, 2023. And it is specific to both the 2022 version of CMS 156 version 10 as well as the 2023 version, version 11. So, CMS-156, or the "use of high-risk medications in older adults," assesses the percentage of patients 65 years of age and older who are ordered at least two high-risk medications from the same drug class broken out into three numerator rates. So, while the numerator composition of version 10 and version 11 differs slightly, the issue we will review is the same across measure versions. So, specific to version 11, which we're focusing on, numerators comprised of the following three rates. One, patients with at least two orders of high-risk medications from the same drug class on different days. This entails at least two orders of high-risk medications from the same drug class on different days or

from the same drug class, with some days greater than 90 days, or the same drug class each exceeding average daily dose criteria. Second, rate is patients with at least two orders of high-risk medications from the same drug class, (i.e., antipsychotics and benzodiazepines), on different days except for appropriate diagnoses. And the third rate is the total rate or the sum of the two previous numerators deduplicated. The total rate numerator three is constructed such that most scenarios are accurately accounted for, including patients who only meet numerator one or numerator two, patients who meet both numerator one and numerator two, and patients who meet numerator two and numerator two exclusions. However, the following scenario is not accurately accounted for in the logic, meaning it's expected to be met, but the logic return is not met. Patients who meet both numerator one, otherwise – So, this has two orders of an antithrombotic drug, for example, and numerator two, say two orders of benzodiazepines, but also meet a numerator exclusion for numerator two, for example, they experienced seizures. This outcome does not align with measure intent because these patients are not being included in the total rate, although they were included in numerator one and therefore should be included in the total rate. This issue has the effect of lowering, hence artificially improving the performance rate for this inverse proportion measure. As an inverse measure, a lower performance rate benefits the provider. Ultimately, patients who meet the numerator one and numerator two criteria as well as the numerator two exclusions should be added back in the calculation to accurately reflect the performance rate. Please note that this issue solely impacts the eCQM version of the measure as eCQM version quality ID-238 does not include a third performance rate. This issue also does not impact CMS MIPS 2022 nor 2023 benchmarking, as rate one is used for benchmarking. And finally, the measure developer plans to address this issue during the current public – the upcoming publication for performance period 2024. So, what is the solution? So, the known issue was created for the 2022 and 2023 versions of CMS-156 implementations to provide guidance on implementing performance rate three specifically to determine the deduplicated sum of numerators rates one and two. Implementers will need to manually perform the calculation to assess quality improvement needs. In this solution, we note that this issue does not impact the CMS MIPS benchmarking for 2022 and 2023, as again, rate one is used for benchmarking. Next slide, please.

Alright. I'll now review eligible clinician eCQM education outreach webinar for performance period 2023. Next slide.

Okay. CMS, in conjunction with Mathematica, developed webinar content for the performance period 2023 eligible clinician eCQM education and outreach webinar, and this took place on – was presented on February 2, 2023. Purpose and goals is "increase measure-specific education outreach through identification and exemplification of specific 2023 clinician-level eCQM, update themes, and promote the use of published resources available in the eCQI Resource Center." For example, technical release notes, which provides a summary of all changes to eCQMs. So, the webinar topics include three – 2023 eCQM global changes, so where we review annual updates to the measure header and logic, including providing the rationale for each change and exemplifying how each change has been implemented and to which eCQMs' global change applies to. Second, eCQMs that underwent significant changes from performance period 2022 to 2023. So, we reviewed significant updates to the header and/or logic or the following measures listed out here – CMS-69, CMS-156, and CMS-144. And finally, we reviewed the

new eCQM for performance period 2023, which is National Kidney Foundation CMS-951 version 1, Kidney Health Evaluation. Okay, finally, the webinar materials can be found by navigating to the eCQI Resource Center's "Get Started with eCQMs" page. Then you would need to select the "Education" tab. Under the header "Implementing eCQMs Eligible Clinicians," you will find links to the PDF slides as well as to the YouTube recording of the presentation. And we strongly encourage interested parties review these webinar materials. I will now hand things over to Jamie.

>>Jamie Lehner, Mathematica: Hi. Thank you, Mike. I'm Jamie Lehner with Mathematica's eCQM team and I'm going to review the eCQM Annual Update Pre-Publication Document with you all. Next slide, please.

The eCQM Annual Update Pre-Publication Document for the 2024 reporting and performance period was posted to the eCQI Resource Center in February of this year. The Annual Update Pre-Publication Document describes changes in the anticipated standards and code systems used in eCQMs for potential inclusion in CMS quality reporting programs for performance year 2024. Please visit the eCQI Resource Center at https://ecqi.healthIT.gov to find the most current information on those standards and code systems. You can find the pre-publication document on the eligible clinicians eCQMs or eligible hospitals/critical access hospital eCQMs tabs. But be sure to filter to 2024 in the performance period dropdown. Next slide.

On this slide, we've extracted the information from the pre-publication document to highlight the anticipated standards for use in the 2024 reporting and performance period. For example, in this list, we have the quality data model noted as being version 5.6. That is the same version that was used in the last publication with no anticipated changes. Please note that these are anticipated standards and CMS may update the eCQM specifications and supporting materials during the performance year to accommodate code system changes, clinical guidelines and standards enhancements. Within the slide deck here as well as within the pre-publication document, you'll be able to click the hyperlinks to access each of the standards. Next slide, please.

And on this one, we've extracted the list of anticipated code system versions and code systems for use in the 2024 reporting and performance period. Updates to this list are informed by the National Library of Medicine, or NLM, and the Value Set Authority Center will post a final list of the code systems and value sets used within the eCQM specifications for the 2024 reporting period later in the spring. You'll note here it is a comprehensive list of the various code systems that we will find within the eCQMs across the various CMS programs. And the relevant year or code system version is also indicated. Next slide, please.

Finally, please submit any questions or comments you have to the eCQM Standards and Code Systems in the ONC eCQM Issue Tracker. The link is here in this slide, but it can also be used if you go to that ONC Jira project that Michael actually recently referred to. You can find the known issues and the eCQM Issue Tracker in the same location. You can also visit the eCQI Resource Center to find published eCQM specifications and related resources, both for the current implementation for 2023 as well as

the information once it's available for reporting and performance period 2024. As I noted, they are not yet available, but they will be in the coming months. Thank you very much for your time.

>>Darrick Hunter, CMS: Drew Morgan will now present.

>>Andrew Morgan, CMS: Good afternoon or good morning, depending on where you are. My name is Drew Morgan. I'm with the Division of Value-Based Incentive and Quality Reporting. I'm also the hardship lead. Next slide, please.

So, with the Medicare Promoting Interoperability Program, participants that can be exempt from the Medicare downward payment adjustment for eligible hospitals, it's off the 2024 IPPS rate increase, and for critical-access hospitals, it would be on their cost reporting for 2022. If they show that they are compliant with the requirement of being a meaningful user, they can apply for a hardship so they would not be – have the payment reductions. So as I said before, for 2022 reporting period, we have about 332 critical-access hospitals that will be receiving a payment adjustment for their 2022 cost reporting, and then about 360 eligible hospitals will receive a payment adjustment on their 2024 payments. Next slide, please.

Hardship exception applications for the program for calendar year 2022 reporting will be available on May 1st of 2023. The hardship [exception] application will be due by July 1, 2023, for eligible hospitals and on September 1 for the critical-access hospitals. Please note that applications will be available online. Links will be available on our website, and if electronic submission is not possible, you can contact the CCSQ help desk and work with a representative to verbally submit that application, and the number is listed here. Next slide, please.

A reminder, the application must cite one of the following specified reasons for review and approval by CMS. One, the facility was using a decertified EHR technology, or they had insignificant Internet connectivity, extreme and uncontrollable circumstances. That can include natural disasters and/or issues still related to COVID. I think this year will be the last year that you can cite COVID as an extreme and uncontrollable circumstance, as the Biden Administration has declared that the pandemic will officially end on May 11. Also, you have lack of control over your certified EHR product. If approved, a hardship exception is valid for only one payment adjustment year and participants need to submit new applications for any following years that they are unable to meet the requirements of Promoting Interoperability. As a side note, facilities are only granted five exceptions. "Lifetime exceptions." So anything more than five years will not be granted an approval. If the hospital comes in and they have more than five, their application will be denied. Next slide, please.

>>Darrick Hunter, CMS: Next, Dan Herrmann will present on the Quality Payment program.

>>Dan Hermann, CMS: Thanks. My name is Dan Herrmann and I'm in the division of Electronic and Clinician Quality. Next slide, please.

For 2022 MIPS data submission, a reminder that MIPS-eligible clinicians who participated in QPP for the 2022 performance year have until 8:00 p.m. ET this Friday, March 31 to submit their data, and their data can be submitted through the QPP website using your QPP success credentials. To sign in and submit data, you will need to register in the HARP system – and actually, its access credentials. You can submit your data or view the data that has been submitted by a third party on your behalf. To find more information on data submission and find answers to frequently asked questions around data submissions, please visit the QPP website. Again, you have until this Friday, March 31 at 8:00 p.m. ET to submit your data for the 2022 performance year. Next slide, please.

The 2023 Call for MIPS Measures and Activities. We recently launched our annual MIPS call measures and – call for measures and activities submission period. This annual process allows for you to identify and submit measures and activities for the Cost, Quality, and Promoting Interoperability performance categories, as well as for Improvement Activities performance category for future years of MIPS. Proposals for the Cost and Quality measures can be submitted until May 19, 2023. Proposals for Promoting Interoperability measures and Improvement Activities can be submitted until July 1, 2023. To find out more on the Call for Measures and Activities submission period and to learn how to submit measures and activities, please visit the QPP Resource Library.

Next slide, please. For the 2021 QPP performance information for doctors and clinicians, CMS is required to report MIPS-eligible clinicians' final scores, MIPS-eligible clinicians' performance under each MIPS performance category, and the names of eligible clinicians in advanced APMs, and the names of performance of such APMs to the extent feasible. Also, the categories of performance information publicly reported on profile pages include Quality, Promoting Interoperability, and Improvement Activities. This performance information, as well as some additional performance and general information not selected for reporting on profile pages, are publicly reported in a downloadable format in the PDC. Performance information for doctors and clinicians is displayed using measure-level Star Ratings, percent performance scores, and checkmarks. This year, CMS added a new indicator that is displayed on profile pages for clinicians who provide some services via telehealth. Three other indicators that continue to be publicly reported include one for clinicians or groups who attested negatively to one or more of the 2021 Prevention of Information Blocking attestations, an indicator for clinicians and groups who successfully reported the Promoting Interoperability performance category by achieving a 2021 Promoting Interoperability performance category score above zero. And another indicator that displays if a clinician or group participated in selected APMs in 2021. As background, Medicare patients and caregivers can use the compare tool to search for and compare doctors, clinicians and groups who are enrolled in Medicare. If you have questions, you can contact the QPP Service Center at 1-866-288-8292 or by email at QPP@cms.hhs.gov. And to receive assistance more quickly, we suggest calling during non-peak hours, which are before 10:00 a.m. [ET] and after 2:00 p.m. [ET], and customers who are hard of hearing can dial 711 to be connected to a TRS communications assistant. Next slide, please.

For our upcoming dates to remember, there are two upcoming dates to make note of. First, registration for the CAHPS for MIPS Survey opens next Monday, April 3, and will close on June 30. The

CAHPS for MIPS Survey evaluates patients' experiences of care within a group, virtual group or APM Entity, including shared savings program ACOs. Groups, virtual groups and APM Entities with two or more clinicians are able to register to administer the CAHPS for MIPS Survey under traditional MIPS or the APM Performance Pathway, also known as the APP You can learn more about the CAHPS for MIPS Survey on the QPP website and as a reminder, the CAHPS for MIPS Survey will open next Monday, April 3, and close at 8:00 p.m. ET on June 30. Next slide, please.

And second, to report an MVP for the 2023 performance year, registration will also begin next Monday, April 3, and close on November 30, 2023. You can select to submit as a subgroup during the registration process. And if you'd like to report the CAHPS for MIPS Survey associated with an MVP, you'll need to complete the MVP registration and the CAHPS for MIPS Survey separately by June 30. And you can learn more about the MVP registration on the QPP website. As a reminder, MVP registration will open next Monday, April 3, and close on November 30. Next slide, please.

For our new resources available, we have several that have recently been posted to the QPP Resource Library and cover the topics just addressed during today's presentation. These include the 2023 Small Practice Action Planning Tool and video. These are resources for small practices that are interested in examining their 2021 final score to identify opportunities to improve performance for 2023. We also have the 2022 Data Submission User Guide, a guide to help you complete your data submission for the 2022 performance year and address any questions you may have. The 2023 MVP Registration Form and fact sheet is a zip file that includes an overview of the MVP registration process as well as the MVP registration form and instructions. There's also the 2023 MIPS Measures and Activity Specialty Guides, which highlight measures and activities for each of the MIPS performance categories that apply to MIPS-eligible clinicians. We also have the 2023 MVPs Implementation Guide, which provides details on how to participate in 2023 through MIPS MVP. And there's also the 2023 MVPs Development Resources, which is a zip file that provides instructions on how to submit a MIPS MVP candidate for CMS's consideration. Next slide, please.

And for our upcoming webinars, we'll be hosting a webinar series beginning in late April to highlight traditional MIPS during the 2023 performance year. More information will be coming, but we encourage you to sign up for one or all of the following webinars. First, a 2023 MIPS Overview webinar, which will be held on April 26 at 1:30 p.m. ET, followed by the 2023 Improvement Activities and Promoting Interoperability Performance Category webinar, which will be held two weeks later on May 10 at 1:30 p.m. ET, and last, the 2023 Cost and Performance Category webinar will be held on May 24 at 1:30 p.m. ET. More information will be coming soon, and we encourage you to subscribe to the QPP listserv to be sure you're receiving up-to-date information. And you can sign up to the QPP listserv by scrolling to the bottom of CMS.QPP.gov, where you can find the sign-up box at the bottom of your screen. Next, Brian Patterson will discuss APM updates.

>>Brian Patterson, CMS: Thanks, Dan. My name is Brian Patterson. I'm with the Center for Medicare and Medicaid Innovation. Next slide, please.

An update on the Participation Status Tool. CMS will update its Quality Payment Program Participation Status Tool in March 2023, based on the fourth snapshot performance of year 2022 data from APM entities. The fourth snapshot includes data from Medicare Part B claims with dates of service between January 1, 2022, and December 31, 2022. The tool includes 2022 qualifying APM Participant and MIPS APM participation status. If you join a MIPS APM in the last four months of the year, you'll be considered a participant in the MIPS APM and will be eligible to voluntarily report through the APP. Next slide, please.

As a reminder, the Advanced Alternative Payment Model incentive payment has been extended for one additional year under the advanced APM Consolidated Appropriations Act. However, 2022 is the last time eligible clinicians can qualify for the 5% incentive payment, as QPs will receive a 3.5% APM incentive payment for the 2023 performance year. If you meet the requirements to be QP in the 2023 performance period, you will not need to do anything to receive your payments in 2025 unless CMS is unable to verify your Medicare billing information. If you do not receive your payment after initial payments are made, a public notice will be posted with a list of names which indicates that you will need to verify your Medicare billing information. If you do not verify your Medicare billing information by the date in the notice, then CMS will not be able to issue your APM incentive payment. Additionally, the act continued to freeze the QP payment amount and patient count thresholds for participation in Advanced APMs at 50% and 35% respectively. For additional information on the legislative changes,   you can see Section 4111 of the Consolidated Appropriations Act. Next slide, please.

CMS will publish new resources on the QPP Resource Library in the coming weeks, which include the 2023 Learning Resources for QP Status and APM Incentive Payment zip file, which provides resources related to APM incentive payments for the 2023 payment year as well as guidance documents for APM participants who may be QPs for the 2023 performance year. Also, the 2023 Learning Resources for All Payers zip file, which provides details around QP determinations under the All-Payment Combination option. And finally, the 2023 APP Measures zip file, which contains details around the APP quality data submission options, APP quality measure set, and the APP quality measure specifications.

And next slide. Takes us to the Q&A.

>>Ketchum: Okay. Thank you, Brian, and thank you to all of today's presenters. I know that the speakers are working through the Q&A box to address all of your questions, but we will now move into the Q&A portion of today's webinar.

As a reminder, if you would like to ask a question, I know a lot of you are using the Q&A box, but please submit your question in the Q&A box. You can also use the hand-raising feature to ask a question via the webinar audio and we will unmute your line. If you are listening through your computer speakers and want to ask a question, please just be sure that you have a working microphone.

And we did get one question that was flagged by Drew Morgan. Drew, the question was, "Is there a list of hospitals that will be receiving payment adjustment?"

>>Andrew Morgan, CMS: So, yeah, so the hospitals will be receiving a letter from their MACs, the Medicare contractor, in mid – probably mid-April time frame. They'll get notified that they're on the payment adjustment list and it will instruct them on how to go in and apply for a hardship.

>>Ketchum: Okay. Thanks, Drew. We do have one question via audio. David Tedder, your line is unmuted. You may go ahead and ask your question.

And, David, you may need to unmute on your end. Well,

okay. We'll try to go back to David.

Our next question on the phone line comes from Lixin. Lixin, you are unmuted. Go ahead and ask your question. You may need to unmute on your end.

>>Attendee: Can you guys hear me?

>>Ketchum: Yes, we can.

>>Attendee: Okay. Sorry. I'm new to the program, but I just want to ask, like, you know, I recently submitted the traditional MIPS quality, the requirement. But then can I ask, like, when do we need a notice? Do we get a notice saying that our score is out or, you know, when will we receive the adjustment if available?

>>Ketchum: I'm sorry. Can you go ahead and repeat your question? I just want to make sure we have the right speaker on to address your question.

>>Attendee: Oh, yeah. My question was that I recently submitted the traditional MIPS required, the documents, and then I wanted to ask when will I receive the score or notification, that we will receive some kind of adjustment or when will the adjustment be announced? Sorry, I'm new to this because I was just asked to work on this, this year.

>>Ketchum: Dan, are you able to address her question or do you want us to get her information so you can follow up with her afterwards?

>>Dan Hermann, CMS: If you could get the information and follow up afterwards, that'd be good.

>>Ketchum: Okay, we'll follow up with you. We'll forward your information along to Dan and the correct folks who can address your question.

>>Attendee: Oh, sure. Thank you.

>>Ketchum: Thank you.

Okay, David, we'll try to go back to you. David Tedder, do you have a question? Your line is unmuted. You just may need to unmute on your end.

Okay, if you do have a question, maybe you want to try to put it in the chat box.

Okay, as a reminder, if you do have a question, I know the speakers are working to go through the chat box to address questions, but as a reminder, please submit your question through the Q&A box and use the hand-raising feature if you'd like to ask your question via the webinar audio. And we'll give it one more minute to see if any additional questions come through here.

I see a couple more hands raised. Douglas Dotan, your line is unmuted.

>>Attendee: Hi. Thanks. The chat box seems to be not working, but I did put something in the questions there. My question – "is there a cap on the amount a hospital will be paid under the NTAPP?" The new technology add-on payment program when implementing software as a medical device or BDD technology?

>>Ketchum: Is someone on the line able to answer his question? We may need to come back to you on that one as well. Sorry about that.

>>Attendee: Okay. Alright. Thanks.

>>Ketchum: Okay, we'll forward your information along to make sure that it's properly addressed. Okay,

Karen Woods, your line is unmuted.

>>Attendee: Can you hear me okay?

>>Ketchum: We can.

>>Attendee: Okay. I don't know if you can answer this question or not, but we are in an ACO, and we are a provider-based clinic with a critical-access hospital. We have a person on the hospital side that submits for the interoperability. And when he went on to QPP to submit the information, it said that there was zero points in the quality section of last year, 2021, and that we could be subject to a decrease in payment. Am I correct to understand that if we're in the ACO, the ACO was the one that's reporting so because they have the higher number, that that's the number that actually goes for our quality score?

>>Ketchum: Dan, are you able to address this question as well?

>>Dan Hermann, CMS: Could you repeat that again, please?

>>Attendee: Yes. So, we're in an ACO, so the ACO takes care of reporting our quality data. However, when the person on the hospital side went to submit the information on to the QPP about the interoperability for 2021, it said that there was no quality score reported and that it was at a 0%, which would result in a reduction of payment. I'm just assuming that because we're in the ACO, and that that has the higher number that that's the number that CMS goes with.

>>Dan Hermann, CMS: And, Ketchum, could you make note of that and send us an email on that?

>>Ketchum: Yes, we will do that.

>>Dan Hermann, CMS: Thank you.

>>Attendee: Thanks.

>>Ketchum: Okay, our next question comes from Khadjiha MIller. Your line is unmuted. You may need to

unmute on your end.

>>Attendee: Can you hear me?

>>Ketchum: Yes.

>>Attendee: Okay.

Good morning. So sorry. I have a question in regards to reporting eCQMs. We will be reporting traditional MIPS for this performance period? And the organization that I'm with is a multispecialty organization where we have several specialty groups as well as primary care. And so, we have six quality measures that are applicable across our groups. And I wanted to know for submitting the eCQMs, is there an option when submitting to state that these are the six measures that as a tax identification number or a group that we reported on?

>>Ketchum: Dan, I think – would you like us to get her information for this question as well?

>>Dan Hermann, CMS: Yes, please.

>>Ketchum: Okay, sorry about that. We'll forward your information and your question along and make sure that it gets properly addressed.

>>Attendee: Thank you. Appreciate it.

>>Ketchum: Of course.

Okay, I'm just taking one more look through the chat box here to see if any other questions have come in. I'm not seeing any other questions. So, I think, Darrick, at this time, we can go ahead and close out today's session.

>>Darrick Hunter, CMS: Thanks, Alle. Thank you all for joining us today. We will share the slides and recording from today's forum in the coming weeks. In the meantime, if you have any specific questions, please email CMSQualityTeam@ketchum.com. The next CMS Quality Programs Bi-monthly Forum is tentatively scheduled for May 2023. CMS will share more information on the next forum when it becomes available. Have a great afternoon.