



MAY 2021 CMS QUALITY PROGRAMS BI- MONTHLY FORUM

May 20, 2021



AGENDA

Topic	Speaker
<ul style="list-style-type: none"> • Electronic Clinical Quality Improvement Resource Center Updates 	<p>Vidya Sellappan Division of Electronic and Clinician Quality, CMS</p> <p>Edna Boone Battelle/ESAC, Inc.</p>
<ul style="list-style-type: none"> • Quality Reporting Document Architecture Updates 	<p>Jennifer Seeman ESAC, Inc.</p>
<ul style="list-style-type: none"> • Electronic Clinical Quality Measures Annual Update Publication for PY2022 	<p>Claudia Hall Mathematica</p>
<ul style="list-style-type: none"> • Medicare Promoting Interoperability Program Hardship Exception Application 	<p>Greg Stark Division of Value-Based Incentives and Quality Reporting, CMS</p>
<ul style="list-style-type: none"> • Medicare Promoting Interoperability Program Updates 	<p>Dylan Podson Division of Value-Based Incentives and Quality Reporting, CMS</p>
<ul style="list-style-type: none"> • Quality Payment Program Updates 	<p>Dan Herrmann Division of Electronic and Clinician Quality, CMS</p>
<ul style="list-style-type: none"> • Alternative Payment Model Performance Pathway Updates 	<p>Corey Henderson Center for Medicare and Medicaid Innovation, CMS</p>



ELECTRONIC CLINICAL QUALITY IMPROVEMENT RESOURCE CENTER UPDATES

Presenter: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Edna Boone, Battelle/ESAC, Inc.



ELECTRONIC CLINICAL QUALITY IMPROVEMENT RESOURCE CENTER

- The Electronic Clinical Quality Improvement (eCQI) Resource Center serves as a one-stop shop for the most current information to support eCQI.
- This website has the most current news, events, and resources related to electronic Clinical Quality Measurement (eCQM) tools and standards and is a place to coordinate people and activities around eCQI.
- The eCQI Resource Center is constantly improving to better meet the needs of users and CMS encourages your feedback on the site.
- Today we will highlight the latest updates based on the our most recent focus groups.
 - New eCQM Standards webpage
 - Main menu highlights and changes



NEW eCQM STANDARDS WEBPAGE

- CMS has a new webpage for [eCQM Standards](#) on the [eCQI Resource Center](#).
- The eCQM Standards webpage provides an overview of key standards for developing and reporting eCQMs. Additionally, the new page provides information on:
 - Transmission standards for electronic exchange of healthcare data
 - Connections between standards and tools used to develop and test eCQMs
 - The eCQM standards update cycle



LOCATING THE eCQM STANDARDS WEBPAGE

eCQI
RESOURCE CENTER



Resources ^
Standards, Tools, &
Resources

About v
eCQI, CDS, FAQs
Engage

Sign In
Manage Your
Account

Enter keywords



Updated eCQM pages and enhanced eCQM Data Element Repository (DERep) navigation Now Available

[Eligible Professional/Clinician >](#)

[Eligible Hospital/CAH >](#)

[eCQM Telehealth Guidance Now Available >](#)

Electronic Clinical Quality Improvement (eCQI)
Resource Center: The eCQM one-stop shop.

RESOURCES AND TOOLS

[eCQI Tools & Resources](#)

[eCQM and eCQI Educational Resources](#)

[eCQM Implementation Checklist](#)

[Measure Collaboration \(MC\) Workspace](#)

ECQI STANDARDS

[Standards Summary](#)

[CQL \(Clinical Quality Language\)](#)

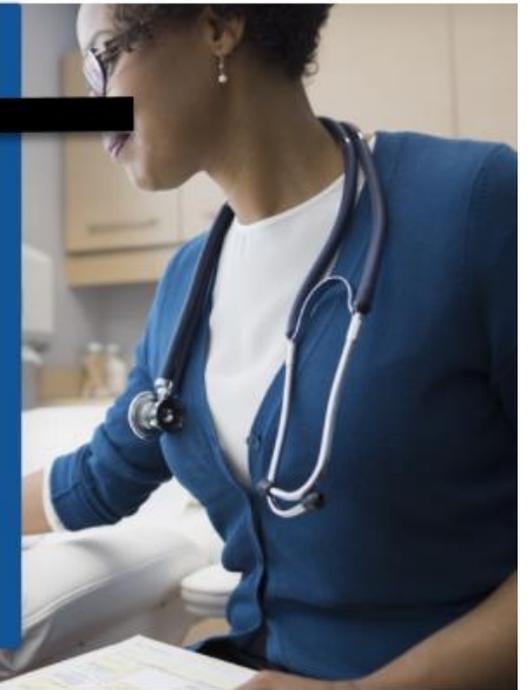
[FHIR® \(Fast Healthcare Interoperability Resources\)](#)

[HQMF \(Health Quality Measure Format\)](#)

[QDM \(Quality Data Model\)](#)

[QRDA \(Quality Reporting Document Architecture\)](#)

[CDS/eCQM Harmonization](#)



eCQM STANDARDS WEBPAGE

eCQM Standards

[Receive updates on this topic](#)

Electronic clinical quality measure® (eCQM) standards are critical to data consistency, validity, health information technology® (IT), refer to agreed-upon methods and terminology for connecting documents, messages, and related healthcare data elements®. Standards pertain to data transaction codes and terms. See the [Interoperability Standards Advisory](#) for the eCQI® recommended

Key standards for electronic transmission of health information used to support eCQMs are:

- [CQL – Clinical Quality Language](#) – is the expression language used to explicitly communicate the logic needed to evaluate eCQMs. Essential to the operationalization of CQL® is the [Expression Logical Model](#)® (ELM) file. The ELM file is the machine-readable representation of the CQL designed for sharing and implementation applications.
- [HQMF – Health Quality Measure Format](#) – is a standard format to describe eCQM metadata, such as [numerator](#)®, [denominator](#)®, [exclusions](#), and [exceptions](#), as an [XML](#)® document.
- [CQL-based Health Quality Measure Format \(HQMF\)](#) – is a standard implementation guide that describes how to use the [HQMF](#)® base standard using the [QDM](#)® and CQL to author eCQMs.
- [QDM – Quality Data Model](#) – is a standard information model that describes the data to represent information necessary for electronic quality assessment.
- [QRDA – Quality Reporting Document Architecture](#) – is a standard format for reporting eCQM data in a structured, consistent representation. There are two forms of [QRDA](#)® in use, QRDA I for individual patient data and QRDA III for aggregate patient data.

RESOURCES AND TOOLS

[eCQI Tools & Resources](#)

[eCQM and eCQI Educational Resources](#)

[eCQM Implementation Checklist](#)

[eCQM Annual Timeline](#)

ECQI STANDARDS

[Standards Summary](#)

[Standards Harmonization](#)

[CQL \(Clinical Quality Language\)](#)

[FHIR® \(Fast Healthcare Interoperability Resources\)](#)

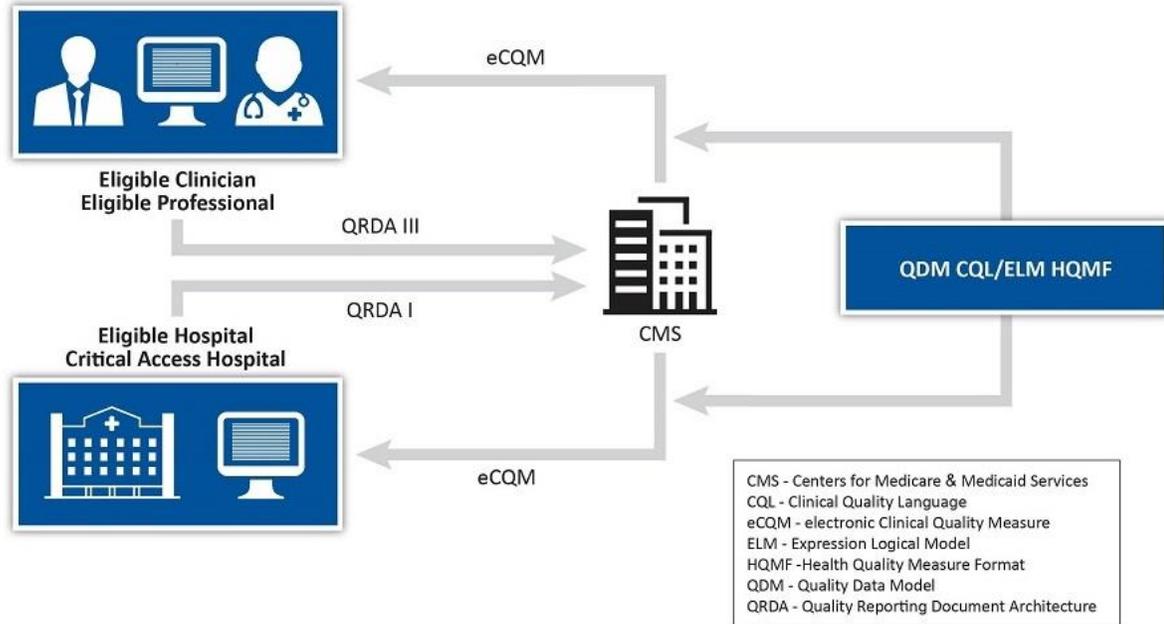
[HQMF \(Health Quality Measure Format\)](#)

[QDM \(Quality Data Model\)](#)

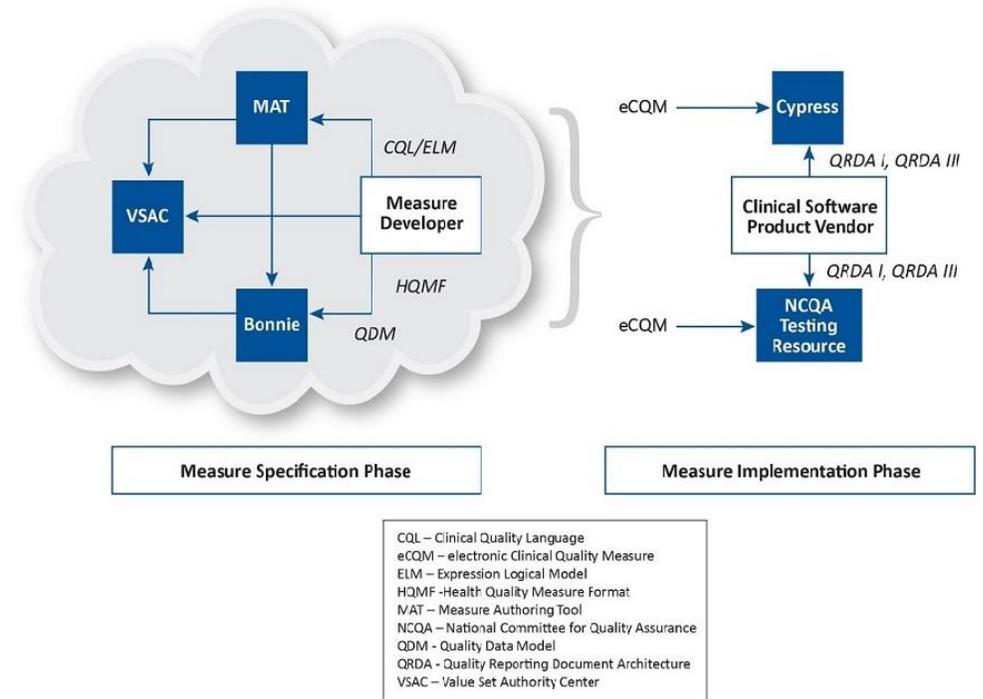
[QRDA \(Quality Reporting Document Architecture\)](#)

eCQM STANDARDS WEBPAGE

Health Terminology Standards



eCQM Standard Tools



eCQM STANDARDS WEBPAGE

Standards Update Cycle



MENU CHANGES

New menu highlights where you are located on the main menu.

The screenshot shows the CMS website interface for eCQMs. At the top right, there are navigation links: eCQMs (Electronic Clinical Quality Measures), Resources (Standards, Tools, & Resources), About (eCQI, CDS, FAQs Engage), and Sign In (Manage Your Account). A dropdown menu is open under 'eCQMs', listing categories: EP/EC ECQMS (Eligible Professional / Eligible Clinician eCQMs, Pre-Rulemaking eCQMs), EH/CAH ECQMS (Eligible Hospital / Critical Access Hospital eCQMs - highlighted with a black arrow), Pre-Rulemaking eCQMs, and Hybrid Measures. Below the dropdown, there are tabs for 'eCQM Resources', 'EH/CAH eCQMs', 'About', and 'Hybrid Measures'. A search bar is present with an 'Apply' button. Below the search bar, a table displays resources for the 2021 reporting period.

For Use	eCQM Implementation Resources	Published
2021 Q1-Q4	Implementation Checklist eCQM Annual Update	

CONTACT US

- CMS invites you to explore the eCQI-centered community of the [eCQI Resource Center](#) and to send us your suggestions about the website at ecqi-resource-center@hhs.gov.



QUALITY REPORTING DOCUMENT ARCHITECTURE UPDATES

Presenter: Jennifer Seeman, ESAC, Inc.



2022 CMS QRDA I IMPLEMENTATION GUIDE, SCHEMATRON, AND SAMPLE FILE PUBLICATION

- CMS published the 2022 CMS Quality Reporting Document Architecture Category I (QRDA I) Implementation Guide (IG), Schematron, and Sample File for Hospital Quality Reporting (HQR).
- The 2022 CMS QRDA I IG contains these high-level changes compared with the 2021 CMS QRDA I IG:
 - Updates to section 5.2.3.2 Reporting “unit” for Result Value
 - Addition of section 6.1 Reporting Result “unit” for Hybrid Measures
- The 2022 CMS QRDA IG uses the same base standard, [Health Level Seven International® Clinical Document Architecture R2 IG: QRDA I, Release 1, Standard for Trial Use Release 5.2](#) with errata, as the 2021 CMS QRDA I IG.
- There are no changes to the 2022 CMS QRDA I Schematron compared with the 2021 CMS QRDA I Schematron.
- The 2022 CMS QRDA I Sample Files include updates to use the 2022 reporting period eCQMs as examples.

UPDATED 2021 CMS QRDA III IG

- CMS re-published the 2021 QRDA Category III IG, Schematron, and Sample Files for eligible clinicians and eligible professionals programs. The 2021 CMS QRDA III IG includes updates for the Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) Performance Pathway (APP).
- This publication also includes relevant updates made for the Comprehensive Primary Care Plus (CPC+) and Primary Care First (PCF) Model.
- The updated 2021 CMS QRDA III IG includes these changes:
 - Addition of a new section to provide APM APP information
 - Updates for Section 4.1 CPC+ Submissions and Section 4.2 PCF Submissions
 - Correction to PI_LVITC_2 Measure Exclusion Language as described in the [ONC Project Tracking System \(Jira\) QRDA project](#) - QRDA Known Issue [QKI-3](#)



UPDATED 2021 CMS QRDA III SCHEMATRON AND SAMPLE FILES

- Updates to the 2021 CMS QRDA III Schematron:
 - Updates to support conformance statement updates for APP reporting.
 - Updates to disallow the PI Section for APP at the APM Entity Level, CPC+, and PCF reporting
- Update to the 2021 CMS QRDA III Sample Files:
 - Added sample file with an example for APP



ADDITIONAL QRDA-RELATED RESOURCES

- To find out more about QRDA and eCQMs, visit the [eCQI Resource Center](#).
- For questions related to the QRDA IGs and/or Schematron, 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.



ELECTRONIC CLINICAL QUALITY MEASURES ANNUAL UPDATE PUBLICATION FOR PY2022

Presenter: Claudia Hall, Mathematica



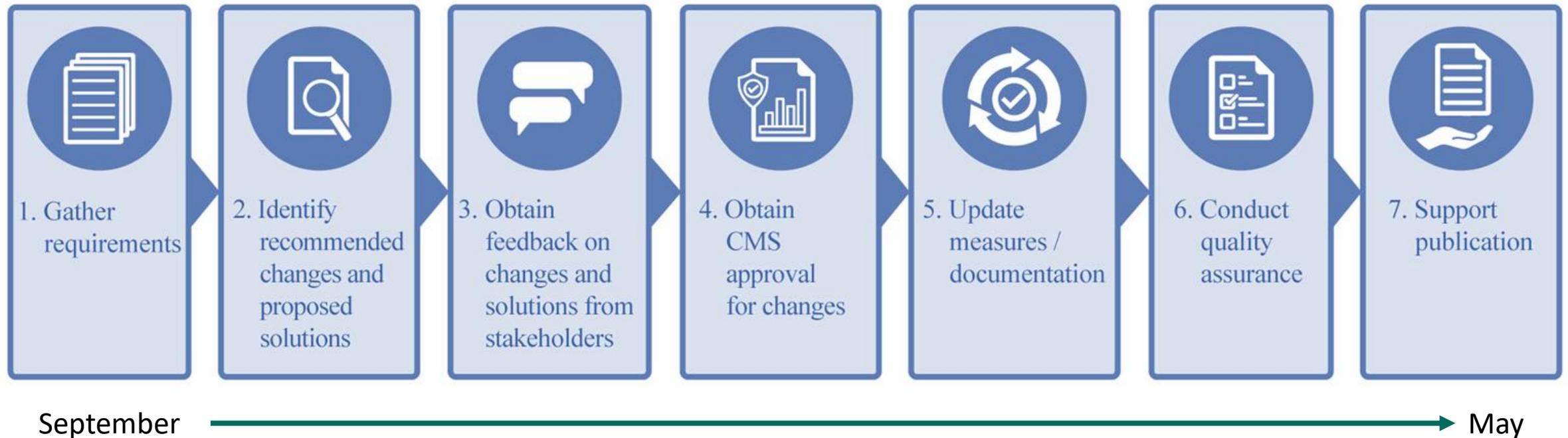
NOW AVAILABLE: eCQM MATERIALS FOR 2022 REPORTING

- CMS has posted the eCQM specifications for the 2022 reporting period for eligible hospitals and critical access hospitals (CAHs), and the 2022 performance period for eligible professionals and eligible clinicians.
- CMS updates the specifications annually to align with current clinical guidelines, technical specifications and code systems, so they remain relevant and actionable within the clinical care setting.
- These updated eCQMs are to be used to electronically report 2022 clinical quality measure data for CMS quality reporting programs.
 - Measures will not be eligible for 2022 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program



eCQM ANNUAL UPDATE PROCESS AND GENERAL TIMELINE

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



KEY ANNUAL UPDATE STAKEHOLDERS AND ROLES

Government partners

- CMS: Quality reporting program owners
- ONC: Sets certification criteria for Health IT eCQM capabilities; sponsors Jira projects used for public question and answer on eCQMs
- NLM: Sponsors and maintains the Value Set Authority Center

Measure stewards

- A person or organization that owns and is responsible for maintaining a measure

Contractors

- Measure developers and stewards
- Standards contractors who maintain technical standards and review eCQM logic changes
- Measure Authoring Tool (MAT) and Bonnie testing tool contractor

Tools

- Measure Authoring Tool: Generates measure packages and specifications
- Bonnie: Validates measure logic using test cases
- Value Set Authority Center: Maintains and publishes measures' value sets (code lists)
- See more tooling information on the [eCQI RC](#)

End users

- Implementers: Clinical quality improvement and informatics staff/health systems
- EHR vendors: Providers of products for data collection



eCQM MAINTENANCE

- CMS updates eCQM specifications for eligible clinicians/eligible professionals and eligible hospitals/CAHs annually to align with:
 - Current evidence or guideline changes
 - Feedback from the field
 - Evolving technical standards in the data model and logic expression language
 - Coding/terminology updates
 - Harmonization efforts
 - Refinement/clarification of language used in eCQM header/logic for more efficient use/readability
- These updates occur annually so that eCQMs remain relevant and actionable within the clinical care setting.



NOTABLE eCQM UPDATES FOR 2022 REPORTING

- Header
 - Added language to define the episode for episode-based measures
 - Removed “overlaps” to improve clarity and use plain language text
- Logic
 - Added new “Normalize Interval” function to the Logic across measures, to decrease implementer burden related to reporting timing intervals
- Value Sets
 - Added standardized value set purpose statements for all value sets, which capture the clinical focus, data element scope, inclusion criteria, and exclusion criteria for each value set
- Technical Release Notes
 - Continued to provide standardized rationale for value set/coding changes
- Telehealth
 - [Telehealth Guidance for eQMs for Eligible Professional/Eligible Clinician 2022 Quality Reporting](#)
 - Added clarifying language and rationale in eCQM header for measures not telehealth eligible
 - Neutralized telehealth language used in eCQM header, logic, and value sets
 - Removed specific references to setting of care (face-to-face) or added references to telehealth if indicated



PUBLISHED eCQMS ARE AVAILABLE ON THE eCQI RESOURCE CENTER [HTTPS://ECQI.HEALTHIT.GOV/](https://ecqi.healthit.gov/)

eCQI
RESOURCE CENTER

eCQMs 
Electronic Clinical
Quality Measures

Resources 
Standards, Tools, &
Resources

About 
eCQI, CDS, FAQs
Engage

My account 
Manage Your
Account

Enter keywords



Updated eCQM Specifications,
Resources, and Telehealth Guidance for
2022 Reporting Now Available

Eligible Professional/Clinician eCQM 

Eligible Hospital/CAH eCQM 

Telehealth Guidance 

Electronic Clinical Quality Improvement (eCQI)
Resource Center: The eCQM one-stop shop.



ELIGIBLE PROFESSIONAL/ELIGIBLE CLINICIAN eCQM PAGE

The screenshot displays the eCQI Resource Center website. At the top left is the logo "eCQI RESOURCE CENTER". A large black arrow points from the logo to the "eCQMs" menu item in the top navigation bar. The navigation bar includes "eCQMs" (with a sub-menu icon), "Resources", "About", and "My account". A search bar is located on the right side of the navigation bar.

Below the navigation bar, a blue sidebar on the left contains the text "Updated eCQM Specifications, Resources, and Telehealth Guidance for 2022 Reporting Now Available". Three orange buttons are visible: "Eligible Professional/Clinician eCQM", "Eligible Hospital/CAH eCQM", and "Telehealth Guidance". A black arrow points from the first button to the "EP/EC ECQMS" section in the main content area.

The main content area features a dark blue sidebar with the following sections:

- EP/EC ECQMS**
 - Eligible Professional / Eligible Clinician eCQMs
 - Pre-Rulemaking eCQMs
- EH/CAH ECQMS**
 - Eligible Hospital / Critical Access Hospital eCQMs
 - Pre-Rulemaking eCQMs
 - Hybrid Measures
- ABOUT**
 - About eCQMs
 - eCQM Annual Timeline
 - eCQM Lifecycle
 - Certification
- MEASURE COLLABORATION**
 - Measure Collaboration (MC) Workspace

The background of the main content area shows a photograph of a healthcare professional in a blue lab coat with a stethoscope, sitting at a desk with a laptop.

https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1&globalyearfilter=2022



ELIGIBLE PROFESSIONAL/ELIGIBLE CLINICIAN eCQM PAGE



Eligible Professional / Eligible Clinician eCQMs

[Receive updates on this topic](#)

Select Performance Period: 2022

eCQM Resources

EP/EC eCQMs

About

Search eCQMs

Apply

2022 Performance Period Eligible Professional / Eligible Clinician eCQMs

Total number of EP/EC eCQMs: 48

Measure Name	CMS eCQM ID	Quality Domain	NQF ID	MIPS Quality ID	Meaningful Measure Area	Telehealth Eligible*
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	CMS161v10	Effective Clinical Care	0104e	107	Prevention, Treatment, and Management of Mental Health	Yes



https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1&globalyearfilter=2022



INDIVIDUAL eCQM MEASURE DETAILS

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

[Receive updates on this topic](#)

eCQMs for 2022
Performance Period

Measure Information

Specifications and Data Elements

Release Notes

CMS eCQM ID or Title

Apply

[CMS2v11](#) ⓘ
[CMS22v10](#) ⓘ
[CMS50v10](#) ⓘ
[CMS56v10](#) ⓘ
[CMS66v10](#) ⓘ
[CMS68v11](#) ⓘ
[CMS69v10](#) ⓘ
[CMS74v11](#) ⓘ
[CMS75v10](#) ⓘ
[CMS90v11](#) ⓘ
[CMS117v10](#) ⓘ
[CMS122v10](#) ⓘ
[CMS124v10](#) ⓘ
[CMS125v10](#) ⓘ
[CMS127v10](#) ⓘ

General eCQM Information

CMS Measure ID	CMS161v10
NQF Number	0104e
Measure Description	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit
Initial Population	Patient visits during which a new diagnosis of MDD, single or recurrent episode, was identified
Denominator Statement	Equals Initial Population
Denominator Exclusions	None

Overview of
eCQM
specification

<https://ecqi.healthit.gov/ecqm/ep/2022/cms161v9>



eCQM MEASURE SPECIFICATION & INDIVIDUAL eCQM CHANGES (TECHNICAL RELEASE NOTES)



Specifications

Attachment	Size
CMS161v10.html	67.14 KB
CMS161v10.zip (ZIP)	65.62 KB
CMS161v10-TRN.xlsx (Excel)	18.79 KB

Human Readable eCQM Specification

Release Notes

[CMS161v10-TRN.xlsx \(Excel\)](#)

Technical Release Notes Download File

Header

- Updated the [eCQM](#) version number.

Measure Section: eCQM Version Number

Source of Change: Annual Update

- Updated [Measure Steward](#).

Measure Section: Measure Steward

Overview of Technical Release Notes

<https://ecqi.healthit.gov/ecqm/ep/2022/cms161v9>



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION

*Presenter: Greg Stark, Division of Value-Based Incentives
and Quality Reporting, CMS*



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION

- For performance year (PY) 2020, eligible hospitals and CAHs may be exempt from Medicare penalties if they can show that compliance with the meaningful EHR user requirement would result in a significant hardship.
- To be considered for an exemption, applicants must submit hardship applications electronically [here](#).
 - If an electronic submission is not possible, applicants may verbally submit their application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- The deadline for eligible hospitals and CAHs to submit an application is **September 1, 2021**.



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION RESOURCES

- For more information, review the following resources:
 - [Scoring, Payment Adjustment, and Hardship Information page](#)
 - [Medicare Promoting Interoperability Program Hardship Exception Fact Sheet](#)
 - [Payment Adjustment and Hardship Information Tipsheet](#)
 - [Payment Adjustment and Hardship Exceptions Table](#)



MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

*Presenter: Dylan Podson, Division of Value-Based Incentives
and Quality Reporting, CMS*



FY 2022 IPPS AND LTCH PPS PROPOSED RULE

- On April 27, 2021, CMS issued the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS) and Long-term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule.
- For more information, please review:
 - [Proposed rule \(CMS-1752-P\)](#)
 - [Press release](#)
 - [Fact Sheet](#)



MEDICARE PROMOTING INTEROPERABILITY PROGRAM PROPOSED CHANGES

- Proposed changes to the Medicare Promoting Interoperability Program include:
 - Maintaining a continuous 90-day EHR reporting period for new and returning participants (eligible hospitals and CAHs) in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
 - Increasing the available bonus points for the Electronic Prescribing Objective's Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
 - Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;
 - Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;



MEDICARE PROMOTING INTEROPERABILITY PROGRAM PROPOSED CHANGES

- Proposed changes to the Medicare Promoting Interoperability Program include:
 - Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;
 - The Public Health Registry Reporting and Clinical Data Registry Reporting measures would remain optional and available for a total of 5 bonus points.
 - Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a Safety Assurance Factors for EHR Resilience (SAFER) Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
 - Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program's prevention of information blocking requirement;
 - We believe that the similarities between the practices described under statements 2 and 3 and the ONC's definition of information blocking will create confusion for stakeholders.

MEDICARE PROMOTING INTEROPERABILITY PROGRAM PROPOSED CHANGES

- Proposed changes to the Medicare Promoting Interoperability Program include:
 - Increasing the minimum scoring threshold from 50 points to 60 points;
 - Adopting 2 new eCQMs beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
 - Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review [ONC's 21st Century Cures Act final rule](#).



FY 2022 IPPS AND LTCH PPS PROPOSED RULE COMMENTS

- CMS is soliciting feedback on the proposed changes. The deadline for submitting comments on the proposed rule is no later than **11:59 p.m. ET on June 28, 2021.**
- The public can submit comments by one of several ways:
 - By regular mail
 - By express or overnight mail
 - Electronically: Through the “submit a comment” instructions on the Federal Register



MEDICARE PROMOTING INTEROPERABILITY PROGRAM ANNUAL CALL FOR MEASURES

- The Annual Call for Measures period for the Medicare Promoting Interoperability Program closes on **June 30, 2021**, at **11:59 p.m. ET**.
 - Proposals submitted by the deadline will be considered for inclusion in future rulemaking.
 - You must send in all of the required information for CMS to consider your proposal. Any information not applicable to the measure proposal must state “N/A” or “not applicable.” Incomplete applications will not be reviewed.
- Proposals must be sent to CMSPICallforMeasures@ketchum.com. Applicants will receive email confirmations of their submission.
- For more information, please review:
 - [Annual Call for Measures page](#)
 - [Submission Form](#)
 - [Fact Sheet](#)



QUALITY PAYMENT PROGRAM UPDATES

*Presenter: Dan Herrmann, Division of Electronic and Clinician
Quality, CMS*



CALL FOR PROMOTING INTEROPERABILITY MEASURES AND IMPROVEMENT ACTIVITIES

- The MIPS Annual Call for Promoting Interoperability Measures and Improvement Activities submission period closes on **July 1, 2021**.
 - The Annual Call for Call for Measures and Activities allows clinicians and organizations to identify and submit measures for the **Promoting Interoperability performance category** and activities for the **improvement activities performance category**.
- The Annual Call for Quality Measures has a different submission process and deadline.
- To propose new measures and activities for MIPS, review the 2021 Call for Measures and Activities [resources](#) on the [Quality Payment Program \(QPP\) Resource Library](#).



CMS WEB INTERFACE AND CAHPS FOR MIPS SURVEY REGISTRATION

- Registration for groups, virtual groups, and APM Entities that intend to submit PY 2021 data via the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey closes at **8 p.m. ET on June 30, 2021**.
- If your group or virtual group submitted data for the quality performance category via the CMS Web Interface for PY 2020, you're automatically registered for PY 2021.
 - Shared Savings Program Accountable Care Organizations (ACOs) and ACOs participating in the Next Generation ACO Model are also automatically registered.
- Only Shared Savings Program ACOs are automatically registered for the CAHPS for MIPS Survey. Other groups and virtual groups who registered in PY 2020 will need to register again for PY 2021.
- To register, [sign into QPP](#), go to the Manage Access page, and click "Edit Registration."



EXCEPTION APPLICATIONS

- There are 2 exception applications available to clinicians in PY 2021:
 - **Extreme and Uncontrollable Circumstances (EUC) Exception application** allows clinicians to request reweighting for any or all performance categories if they encounter an EUC or public health emergency, such as COVID-19, that is outside of their control.
 - **MIPS Promoting Interoperability Performance Category Hardship Exception application** allows clinicians to request reweighting specifically for the Promoting Interoperability performance category.
- The deadline for the PY 2021 QPP exception applications is **8 p.m. ET on December 31, 2021.**



QPP POLICY UPDATES

- CMS is extending the EUC policy to MIPS eligible clinicians identified as located in a CMS-designated region affected by an EUC event (such as a [Federal Emergency Management Agency \(FEMA\)-designated major disaster](#)) during the 2021 performance year.
 - MIPS eligible clinicians who are automatically identified and subject to MIPS will have all 4 performance categories weighted at 0%.
 - The automatic EUC policy won't apply if the clinician submits data as an individual for 2 or more MIPS performance categories.
 - The automatic EUC policy doesn't apply to group, virtual group, or APM Entity participation.
- For more information, review the [2021 MIPS Automatic EUC Policy fact sheet](#).



QPP POLICY UPDATES

- CMS is **reweighting the cost performance category from 15% to 0% for the 2020 performance period** for all MIPS eligible clinicians regardless of participation as an individual, group, virtual group, or APM Entity.
 - The 15% cost performance category weight will be redistributed to other performance categories.
 - If a MIPS eligible clinician is scored on fewer than 2 performance categories, they will receive a final score equal to the performance threshold and a neutral MIPS payment adjustment for the 2022 MIPS payment year.
 - The reweighting of the cost performance category applies in addition to the EUC policy. Clinicians who aren't covered by the automatic EUC policy or who didn't request reweighting under the EUC will still have their cost performance category weighted to 0%.
- For more information, review the cost performance category materials on the [QPP Resource Library](#).



UPCOMING WEBINARS AND AVAILABLE RESOURCES

- [Overview of Improvement Activities and Promoting Interoperability Performance Categories for 2021 Performance Year Webinar](#)
 - June 9, 2021 from 1-2:30 p.m. ET
 - Provides information on improvement activities and Promoting Interoperability performance category basics for 2021 participation, reporting and scoring requirements, and resources and support.
- 2021 MIPS User Guides
 - Detail MIPS [eligibility and participation](#) in 2021, as well as how to participate in the [quality](#), [Promoting Interoperability](#), [improvement activities](#), and [cost](#) performance categories.



APM PERFORMANCE PATHWAY UPDATES

*Presenter: Corey Henderson, Center for Medicare and
Medicaid Innovation, CMS*



APP

- CMS has finalized the **APP** as a new reporting framework beginning with the 2021 performance year.
- The APP is designed to:
 - Reduce reporting burden
 - Create new scoring opportunities for participants in MIPS APMs
 - Encourage participation in APMs



APP

The APP is:

- Only available to **MIPS APMs participants**
 - **Participation is optional:** MIPS APM participants may choose to participate under traditional MIPS reporting and scoring if they'd prefer.
- **Required** for all Medicare Shared Savings Program ACOs
 - Please note: ACOs report quality measures on behalf of their MIPS eligible clinicians
- Available for reporting by the individual eligible clinician, group (TIN), or APM Entity
- Complementary to MVPs
- Composed of a fixed set of measures for each performance category



APM Performance Pathway for MIPS APM Participants in 2021

Beginning with the 2021 performance year, [MIPS APM](#) participants have the option to participate in MIPS via the **APM Performance Pathway (APP)**, a single, pre-determined measure set similar to the [MIPS Value Pathways \(MVPs\)](#).

What Are the Features of the APP?



CMS designed the APP measure set to reflect the diversity of practice types that exist among APM participants, even within the same APM Entity.



The APP provides predictable and consistent MIPS reporting requirements.



Participation is optional.¹ MIPS APM participants may choose to participate under [traditional MIPS](#) reporting and scoring if they'd prefer.



Participants may report the APP at the individual, group, or APM Entity level.



CMS will award the highest available score. For example, if your APM Entity reports on the APP and your group reports under traditional MIPS, you will receive whichever of the 2 scores is higher.²



What Are the Reporting Requirements Under the APP?



Quality →
50% of MIPS Final Score



Promoting Interoperability
30% of MIPS Final Score
Same reporting as traditional MIPS



Improvement Activities
20% of MIPS Final Score
Automatic full credit in 2021



Cost
0% of MIPS Final Score
No requirements

APP participants will be scored on the following quality measure set:

- CAHPS for MIPS (Quality ID: 321)
- Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups (Quality ID: 479)
- Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs (Quality ID: 480)
- Diabetes: Hemoglobin A1c (HbA1c) Poor Control (Quality ID: 001)*
- Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID: 134)*
- Controlling High Blood Pressure (Quality ID: 236)*

* Note: For the 2021 performance year only, Medicare Shared Savings Program ACOs have the option to report the 10 CMS Web Interface measures in place of these 3 measures (001, 134, 236) in the APP.

1 Beginning in 2021, the APP will be required for all Medicare Shared Savings Program ACOs. All quality data reported via the APP will be used to calculate Medicare Shared Savings Program scores, and quality measure scores between the 2 programs will be identical.

2 Please note: If you participate in a virtual group, you will receive a final score based on the performance of the virtual group, even if you have a higher score through another means of participation.



APP

We modified the quality measures set for the APP to add the CMS Web Interface as an additional collection type for ACO Entities to use to report on behalf of their clinicians for the 2021 performance period.

The APP's quality measure set is finalized as:

- CAHPS for MIPS survey measure
- 2 administrative claims measures
- 3 quality measures (reported as eCQMs, MIPS CQMs, or Medicare Part B claims measures)
 - For 2021 performance period, Medicare Shared Savings Program ACOs have option to report 10 CMS Web Interface measures in lieu of these 3 measures



APP RESOURCES

For more information:

- Visit the [APP page](#) on the QPP website
- [2021 APP Infographic](#)
- [2021 APP for MIPS APM Participants Fact Sheet](#)
- More resources coming soon



QUESTIONS?

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THANK YOU!

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for July 2021. CMS will share more information when it becomes available.

