



AUGUST 2022 CMS QUALITY PROGRAMS BI-MONTHLY FORUM

August 11, 2022



AGENDA

Topic	Speaker
eCQI Resource Center FAQ Page	<ul style="list-style-type: none"> • Vidya Sellappan, <i>Division of Electronic and Clinician Quality, CMS; Ian Warmbrodt, Battelle/ICF</i> • Ian Warmbrodt, <i>Battelle/ICF</i>
eCQI Resource Center DERep	<ul style="list-style-type: none"> • Vidya Sellappan, <i>Division of Electronic and Clinician Quality, CMS; Ian Warmbrodt, Battelle/ICF</i> • Ian Warmbrodt, <i>Battelle/ICF</i>
VSAC Downloadable Files	<ul style="list-style-type: none"> • Jennifer Seeman, <i>ICF</i>
QRDA I & III Updates	<ul style="list-style-type: none"> • Yan Heras, <i>ICF</i>
Cypress 7.0 Updates	<ul style="list-style-type: none"> • David Czulada, <i>MITRE</i>
EC Webinar Series	<ul style="list-style-type: none"> • Mike Kerachsky, <i>Mathematica</i>
Medicare Promoting Interoperability Program	<ul style="list-style-type: none"> • Jessica Warren, <i>Division of Value-Based Incentives and Quality Reporting, CMS</i> • Drew Morgan, <i>Division of Value-Based Incentives and Quality Reporting, CMS</i>
Quality Payment Program Updates	<ul style="list-style-type: none"> • Kati Moore, <i>Division of Electronic and Clinician Quality, CMS</i>
CMMI Updates	<ul style="list-style-type: none"> • Theresa Doherty, <i>Center for Medicare and Medicaid Innovation, CMS</i>



ELECTRONIC CLINICAL QUALITY IMPROVEMENT(eCQI) RESOURCE CENTER FAQ PAGE

*Presenters: Vidya Sellappan Division of Electronic
and Clinician Quality, CMS; Ian Warmbrodt, Battelle/ICF*



eCQI RESOURCE CENTER FAQ PAGE

- <https://ecqi.healthit.gov/faq-page>
- FAQs on the eCQI Resource Center include information on
 - Ways to engage with the site and answers to common website questions;
 - How to use the Measure Collaboration (MC) Workspace;
 - Answers to common Clinical Quality Language (CQL) and Quality Data Model (QDM) questions.



Frequently Asked Questions

+ Electronic Clinical Quality Improvement

+ Measure Collaboration (MC) Workspace

+ Clinical Quality Language (CQL)

+ Quality Data Model (QDM)

LEARN MORE ABOUT

About eCQI

CDS (Clinical Decision Support)

FAQs (Frequently Asked Questions)

Glossary

ENGAGE

eCQI Resource Center User Group

Upcoming Events

Engage in eCQI

Contact Us



ELECTRONIC CLINICAL QUALITY IMPROVEMENT (eCQI) RESOURCE CENTER DERep

*Presenters: Vidya Sellappan Division of Electronic
and Clinician Quality, CMS; Ian Warmbrodt, Battelle/ICF*



eCQI RESOURCE CENTER DERep

- The Centers for Medicare & Medicaid Services (CMS) has updated the [Electronic Clinical Quality Measure \(eCQM\) Data Element Repository \(DERep\)](#) to provide information for eCQMs used in CMS quality reporting and incentive programs for the calendar year (CY) 2023 reporting and performance periods.
- The eCQM DERep provides information on the data elements associated with eCQMs and their definitions.
- Each data element also includes:
 - The Associated value set or the direct reference code (DRC);
 - The Quality Data Model (QDM) datatype;
 - The QDM attributes;
 - QDM entities used by that data element (eCQMs for 2023 reporting and performance period use [QDM v5.6](#)).
- The intent of the eCQM DERep information is to improve clarity for those implementing eCQMs.



EC ECQMS

- Eligible Clinician eCQMs
- EC Pre-Rulemaking eCQMs

EH/CAH ECQMS

- Eligible Hospital / Critical Access
Hospital eCQMs
- EH/CAH Pre-Rulemaking eCQMs
- QOR - Outpatient eCQMs
- Hybrid Measures

NEW TO ECQMS?

- Get Started with eCQMs
- eCQM Lifecycle

MEASURE COLLABORATION

- Measure Collaboration (MC)
Workspace

[eCQM Data Element
Repository \(DERep\)](#)



Meas

About

Electro
(DERep

The eCQM DER

incentive prog

Information within the eCQM DERep is derived from the eCQM specifications, QDM, and the Value Set Authority Center (VSAC). Each eCQM data element includes information about the value set or the direct reference code (DRC), the QDM datatype, and the QDM attribute(s) used by that data element. The QDM information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period.

Year

2022

Select a Filter Option

- Any -

Search

Apply

Select a filter or search by term and click Apply to see results. Filter definitions are:

eCQM Data Elements

The eCQM Data Elements filter provides a listing of all data elements used in eCQMs for the selected CMS quality reporting and performance periods. Each item represents a QDM datatype with information about its value set or direct reference code, and a QDM attribute or attributes, and eCQMs using this data element. The eCQM specification lists the QDM datatypes in its Data Criteria section and the QDM attributes in the Definitions section.



Measure Collaboration (MC) Workspace

- About
- eCQM Concepts
- eCQM Testing Opportunities
- eCQM Data Element Repository**

Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The eCQM DERep provides clarification, definitions, and clinical focus for the data elements associated with eCQMs used in CMS quality reporting and incentive programs. Users can filter information by data element, eCQM, Quality Data Model (QDM) attribute, QDM category, QDM datatype, or QDM entities. See the [MC Workspace User Guide \(PDF\)](#) to learn more about how to use the MC Workspace eCQM DERep Module.

Information within the eCQM DERep is derived from the eCQM specifications, QDM, and the Value Set Authority Center (VSAC). Each eCQM data element includes information about the value set or the direct reference code (DRC), the QDM datatype, and the QDM attribute(s) used by that data element. The QDM information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period.

Year	Select a Filter Option	Search	
<input type="text" value="2023"/>	<input type="text" value="- Any -"/>	<input type="text"/>	<input type="button" value="Apply"/>

Select a filter or search by term and click Apply to see results. Filter definitions are:

eCQM Data Elements

The eCQM Data Elements filter provides a listing of all data elements used in eCQMs for the selected CMS quality reporting and performance periods.



VSAC Downloadable Files

Jennifer Seeman, ICF



UPDATE VALUE SET AUTHORITY CENTER (VSAC) DOWNLOADABLE FILES

- CMS is evaluating implementer needs and use cases for VSAC functionality. You're invited to participate in this information gathering survey too so that CMS can continue to serve implementers in the best possible way.
- The survey can be accessed [here](#) and will be available through **September 15, 2022.**



VSAC DOWNLOADABLE FILES

- [Value Set Authority Center \(nih.gov\)](https://www.valueauthoritycenter.nih.gov/)

Available Downloads	Sorted by CMS ID*	Sorted by Value Set Name*	Sorted by Quality Data Model Category*
eCQM Value Sets for Eligible Hospitals Published May 05, 2022	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Eligible Clinicians Published May 05, 2022	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Hospital Outpatient Quality Reporting Published May 05, 2022	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
All eCQM Value Sets (Eligible Clinicians, Eligible Hospitals and Hospital Outpatient Quality Reporting) Published May 05, 2022	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
Binding Parameter Specification for eCQM Value Sets Published May 05, 2022 ?	Excel (xlsx)		
Retired/Legacy Codes Currently in eCQM Value Sets Published May 05, 2022 ?	Excel (xlsx)		
Code System Versions Currently in eCQM Value Sets Published May 05, 2022 ?	Excel (xlsx)		



QRDA I & III UPDATES

Yan Heras, ICF



2023 CMS QRDA I IG, SCHEMATRON, AND SAMPLE FILES FOR HOSPITAL QUALITY REPORTING (HQR)

The [2023 CMS QRDA I IG](#) contains these high-level changes compared with the 2022 CMS QRDA I IG:

- Updates to support the Health Level Seven International (HL7) IG for Clinical Document Architecture (CDA) Release 2: QRDA Category I, Release 1, Standard for Trial Use (STU) Release 5.3, US Realm as the base standard;
- Updates to Table 6: QRDA I CMS Program Name;
- Updates to Table 14: Other Validation Rules for Hospital Quality Reporting (HQR) Programs;
- Updates to Section 6 Hybrid Measures/Core Clinical Data Element (CCDE) Submission.

The [2023 CMS QRDA I schematron file](#) contains these high-level changes compared with the 2022 CMS QRDA I schematron:

- Updates to incorporate schematron updates from the base HL7 QRDA I STU Release 5.3 schematron;
- Updates to support the updated templates QRDA Category I Report – CMS (V8) and Patient Data Section Quality Data Model (QDM) – CMS (V8);
- Updates to the QRDA I CMS Program Name value set in the supporting voc.xml to match the updated Table 6: QRDA I CMS Program Name.



2023 CMS QRDA I IG, SCHEMATRON, AND SAMPLE FILES FOR HOSPITAL QUALITY REPORTING (HQR)

The [2023 CMS QRDA I Sample Files](#) updates include:

- Sample files updated to use the 2023 reporting period eCQMs as examples;
- Sample files updated to conform with the 2023 CMS QRDA I IG.



2023 CMS QRDA III IMPLEMENTATION GUIDE, SCHEMATRON, AND SAMPLE FILES

- The [2023 CMS QRDA III IG](#) contains these high-level changes, as compared with the 2022 CMS QRDA III IG:
 - Updates to support HL7 CDA R2 IG: QRDA III, Release 1 as the base standard;
 - Updates to language in Section 4.1 Primary Care First (PCF) Submissions;
 - Updates to Table 14 to include Universally Unique Identifier (UUID) list for the MIPS CY 2023 performance period eCQM specifications for Eligible Clinicians.
- Changes to the [2023 CMS QRDA III Schematron](#):
 - The schematron has been updated to support conformance statement updates as outlined in this version of the IG.
- Changes to the [2023 CMS QRDA III Sample Files](#):
 - Sample files have been updated to support updates as outlined in this version of the IG.



ADDITIONAL QRDA-RELATED RESOURCES

- Find QRDA-related resources, current and past implementation guides on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).
- For questions related to this guidance, the QRDA Implementation Guides, 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.



CYPRESS 7.0 UPDATES

David Czulada, MITRE



CYPRESS 7.0

- Cypress™ is an official testing tool for the EHR Certification program supported by the Office of the National Coordinator for Health IT. Cypress tests four certification criteria:
 - §170.315(c)(1) - Clinical quality measures (CQMs) - Record and Export
 - §170.315(c)(2) - Clinical quality measures (CQMs) - Import and Calculate
 - §170.315(c)(3) - Clinical quality measures (CQMs) - Report
 - §170.315(c)(4) - Clinical quality measures (CQMs) - Filter
- Version 7.0.0 was made available on June 23, 2022.
 - Supports testing the Eligible Hospital/Critical Access Hospital eCQMs and the Eligible Clinician eCQMs for calendar year 2022 and 2023 reporting.
- Version 7.0.2 update will be made available on August 4, 2022 and include support of the 2023 CMS Implementation Guide for Quality Reporting Document Architecture Category III - Implementation Guide.
- Locate Cypress at <https://www.healthit.gov/cypress/index.html>.
- Provide feedback and/or questions through the Cypress Issue Tracker <https://oncprojecttracking.healthit.gov/support/projects/CYPRESS/summary>.



EC WEBINAR SERIES

Mike Kerachsky, Mathematica



OVERVIEW OF WEBINAR SERIES

Purpose/Goals

- Increase measure-specific education and outreach through:
 - Identification and exemplification of specific 2022 clinician-level eCQM update themes.
 - Promote the use of published resources, available on the [eCQI Resource Center](#).

Webinar Themes

1. Introduction to Eligible Clinician eCQMs
 - Review eCQM basics, learn how to locate and use specifications, tools, and resources, interpret measure logic.
2. Overview of Performance Period 2022 eCQMs
 - Review broad changes, newly added eCQM CMS646, and eCQMs that underwent significant changes from Performance Period 2021 to 2022.
3. Trends and High Use eCQMs
 - Submitting Jira inquiries about eCQMs, ticket trends, and review of high use eCQMs.



WEBINAR SERIES DOCUMENTATION

Presentation materials posted to eCQI Resource Center's [Get Started with eCQMs](#):

Implementing eCQMs Eligible Clinicians

- [Performance Period 2022 Eligible Clinician eCQM Webinar Series #1: Introduction to Eligible Clinician eCQMs for Performance Period 2022 \(PDF\)](#) - April 14, 2022
- [Performance Period 2022 Eligible Clinician eCQM Webinar Series #1: Introduction to Eligible Clinician eCQMs for Performance Period 2022](#) [🔗](#) (YouTube) - April 14, 2022
- [Performance Period 2022 Eligible Clinician eCQM Webinar Series #2: Overview of Performance Period 2022](#) (PDF) - April 21, 2022
- [Performance Period 2022 Eligible Clinician eCQM Webinar Series #2: Overview of Performance Period 2022](#) [🔗](#) (YouTube) - April 21, 2022
- [Performance Period 2022 Eligible Clinician eCQM Webinar Series #3: Trends and High Use eCQMs](#) (PDF) - April 28, 2022
- [Performance Period 2022 Eligible Clinician eCQM Webinar Series #3: Trends and High Use eCQMs](#) [🔗](#) (YouTube) - April 28, 2022



MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

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



FISCAL YEAR (FY) 2023 IPPS FINAL RULE

- On August 1, 2022, the Centers for Medicare & Medicaid Services (CMS) published the [*Fiscal Year 2023 Inpatient Prospective Payment Systems \(IPPS\) for Acute Care Hospitals and the Long-Term Care Hospital \(LTCH\) Prospective Payment System \(PPS\) Final Rule*](#).
- Finalized changes to the Medicare Promoting Interoperability Program include, but are not limited to:
 - **Requirement of the Query of Prescription Drug Monitoring Program measure** under the Electronic Prescribing Objective
 - Adding an option for the Health Information Exchange Objective: **Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA) measure**
 - **Addition of a new measure, Antimicrobial Use and Antimicrobial Resistance Surveillance** measure under the Public Health and Clinical Data Exchange Objective
 - **Modification of the scoring methodology: Reduction** in the points associated with the Health Information Exchange Objective measures from **40 points to 30 points**; **Increase** in the points allocated to the Public Health and Clinical Data Exchange Objective from **10 points to 25 points**; **Reduction** in the points associated with the Provide Patients Electronic Access to Their Health Information measure from the **40 points to 25 points**

FINAL 90-DAY EHR REPORTING PERIOD

Electronic Health Record (EHR) Reporting Period in 2022

- The EHR reporting period in calendar year (CY) 2022 for participants attesting to CMS is a minimum of any continuous, self-selected, 90-day period, from January 1, 2022, through December 31, 2022.
- **Monday, October 3**, is the last possible start date for the 90-day EHR reporting period for eligible hospitals and critical access hospitals (CAHs) for CY 2022. Failure to demonstrate that an eligible hospital or CAH is a meaningful EHR user for a continuous 90 days will result in a downward payment adjustment.



HARDSHIP EXCEPTION APPLICATION

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

To be considered for an exception, participants must complete and submit a [hardship application](#), citing one of the following reasons for review and approval by CMS:

- Using decertified EHR technology;
- Insufficient internet connectivity; and
- Extreme and uncontrollable circumstances.

If approved, the hardship exception will be valid for only **one** payment adjustment year.

The deadline for participants to submit a hardship exception [application](#) for the CY 2021 reporting period is September 1, 2022. If an electronic submission is not possible, you may contact the CCSQ Help Desk at 1 (866) 288-8912 and work with a representative to verbally apply.



QUALITY PAYMENT PROGRAM (QPP) UPDATE

*Presenter: Kati Moore, Division of
Electronic and Clinician Quality, CMS*



PY 2021 PERFORMANCE FEEDBACK UPDATE

Patient –Level Reports Now Available

- Patient level reports for administrative claims measures (cost and quality) and the CAHPS for MIPS Survey detail reports are available in feedback.

Final Performance Feedback Coming Soon

- We anticipate that final performance feedback, including your final score and MIPS payment adjustment, will be available this month.

Targeted Review

- Targeted Review is the process through which QPP participants can request that CMS review the calculation of their 2023 MIPS payment adjustment factor(s) and, if applicable, their additional MIPS payment adjustment factor for exceptional performance.
- Once 2023 MIPS payment adjustment factor(s) are released, participants have 60 days to request a targeted review for the 2021 performance year.



UPCOMING DEADLINE: FINAL 90-DAY PIIA PERFORMANCE PERIOD

PI Performance Period in 2022

- For the Promoting Interoperability performance category, MIPS eligible clinicians must submit collected data for certain measures from each of the 4 objectives measures (unless an exclusion is claimed) for the same 90 continuous days (or more) during 2022.

IA Performance Period in 2022

- For the Improvement Activities performance category, MIPS eligible clinicians have a minimum of a continuous 90-day performance period (during calendar year (CY) 2022) unless otherwise stated in the activity description.

October 3, 2022 is the last day to start a 90-day performance period for the Promoting Interoperability performance category.



2023 QUALITY PAYMENT PROGRAM PROPOSED RULE POLICIES

On July 29, CMS issued proposed policies for QPP via the [2023 Medicare Physician Fee Schedule \(PFS\) Proposed Rule](#).

MVPs

- We're focusing our proposals on continuing to **develop new MVPs and refining the subgroup participation option**.
 - Introducing 5 new MVPs and proposed revising 7 previously established MVPs for reporting, beginning with the 2023 performance year.
 - Calculating administrative claims measures at the affiliated group Taxpayer Identification Number (TIN) level when reporting as a subgroup.



2023 QUALITY PAYMENT PROGRAM PROPOSED RULE POLICIES

Traditional MIPS

We're proposing **limited changes to traditional MIPS** to provide clinicians continuity and consistency while they gain familiarity with MVPs.

- Continuing to use the mean final score from 2017 performance year (PY) to establish the performance threshold for the 2023 performance year (the performance threshold would be 75 points);
- Increasing the data completeness threshold to 75% for 2024 and 2025 performance years;
- Updating MIPS quality measures and the improvement activities inventory by:
- Expanding the definition of “high-priority measure” to include health equity-related quality measures;
- Reducing the inventory of quality measures from 200 to 194 (remove 15 and add 9 measures); and
- Standardizing language related to equity.
- Updating the measure reporting requirements for the Promoting Interoperability performance category.
- Retroactively establishing a maximum cost improvement score of 1 percentage point out of 100 percentage points for the cost performance category starting with 2022.

Advanced APMs

- Removing the 2024 expiration of the 8% minimum on the Generally Applicable Nominal Risk standard for Advanced APMs and make the 8% minimum permanent.



2023 QUALITY PAYMENT PROGRAM PROPOSED RULE POLICIES

- See [proposed rule](#) for information on submitting comments by close of 60-day comment period on **September 6, 2022** (when commenting refer to file code **CMS-1770-P**).
- Instructions for submitting comments can be found in proposed rule; FAX transmissions won't be accepted.
- You must officially submit your comments in one of following ways:
 - Electronically through [Regulations.gov](https://www.regulations.gov)
 - By regular mail
 - By express or overnight mail
- For additional information, please go to the Quality Payment Program (QPP) website: qpp.cms.gov. The proposed rule Regulatory Resources can be found here [2023 Quality Payment Program Proposed Rule Resources](#).

Reminder: Comments due by September 6, 2022



UPCOMING DEADLINE: CLOSE OF SELF-NOMINATION PERIOD

The 2023 MIPS Self-Nomination for QCDRs and Qualified Registries is Now Open

- As of **July 1, 2022**, the MIPS Self-Nomination for Qualified Clinical Data Registries (QCDRs) and Qualified Registries is now open. QCDRs and Qualified Registries are CMS-approved intermediaries that collect clinical data on behalf of clinicians for data submission.
- The Self-Nomination form is available on the [Quality Payment Program \(QPP\) website](#) until **September 1, 2022 at 8 p.m. ET**.
- Additional Resources: [2023 Self-Nomination Toolkit for QCDRs and Registries](#)



UPCOMING DEADLINE: CLOSE OF SELF-NOMINATION PERIOD, (CONTINUED)

2023 MIPS Self-Nomination Forms

- Eligible clinicians, groups, virtual groups, subgroups, and Alternative Payment Model (APM) Entities wishing to report for the 2023 MIPS performance period via the QCDR or Qualified Registry reporting mechanism **DON'T** need to nominate themselves. Only intermediaries wishing to participate (and who meet the requirements) as a QCDR and/or Qualified Registry need to complete the Self-Nomination form.
- Two Self-Nomination forms are available to QCDRs and Qualified Registries:
 - The 2023 Self-Nomination form is for new or existing approved intermediaries who have had remedial action taken against them.
 - The 2023 simplified Self-Nomination form is for existing approved QCDRs and Qualified Registries in good program standing.



UPCOMING DEADLINE: VIRTUAL GROUP ELECTION PERIOD OPENING

Virtual Group Election Opening Soon

- A virtual group election is a two-step process for solo practitioners and groups with 10 or fewer clinicians (including at least one MIPS eligible clinician) who want to form a virtual group.
- Virtual groups can submit an election during the election period beginning **October 1, 2022** through **December 31, 2022 at 11:59 p.m. ET.**



NEW RESOURCES AVAILABLE

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

- [2020 Quality Payment Program Experience Report](#)
- [2020 QPP Experience Report Use File \(PUF\) Methodology](#)
- [2020 QPP Experience Report Public Use File \(PUF\) Data Dictionary](#)
- [2022 Traditional MIPS Scoring Guide](#)
- [2021 MIPS Final Score Preview Demo](#)
- [2021 MIPS Final Score Preview Fact Sheet](#)
- [2022 MIPS Data Validation Criteria](#)
- [2022 Improvement Activities Inventory](#)
- [2021 Performance Period Benchmarks](#)



ALTERNATIVE PAYMENT MODEL UPDATES

*Presenter: Theresa Doherty, Center for
Medicare and Medicaid Innovation,
CMS*



FIRST 2022 QP SNAPSHOT

First Snapshot of 2022 Qualifying APM Participant (QP) Status and APM Participation Data Now Available in QPP Participation Status Tool

- On **July 8**, the Centers for Medicare & Medicaid Services (CMS) updated its [Quality Payment Program Participation Status Tool](#) based on the first snapshot of Alternative Payment Model (APM) data. **The first snapshot includes data from Medicare Part B claims with dates of service between January 1, 2022 and March 31, 2022.**
- The tool includes 2022 Qualifying APM Participant (QP) status and Merit-based Incentive Payment System (MIPS) APM participation status.
- To learn more about how CMS determines QP and the APM participation status for each snapshot, please visit the [QPP website](#).



APM INCENTIVE PAYMENT

2020 Qualifying APM Participant (QP) Status

- Most eligible clinicians who were Qualifying Alternative Payment Models (APM) Participants based on their 2020 performance should have received their 2022 5% APM Incentive Payment in June or July 2022.
- On **June 27, 2022**, we published the list of unpaid QPs to whom we have been unable to complete payments. Names are available in the [2022 QP Notice for APM Incentive Payment zip file](#).
- **November 1, 2022** is the last day to submit the 2022 Billing Information Collection Form to the QPP Help Desk at QualityPaymentProgramAPMHelpdesk@cms.hhs.gov. Payment processing for all respondents occurs after this date. You may submit a form if you did not receive a payment, even if you are not on the list.
- Under MACRA, QPs for **performance year 2022** are the last ones who will receive the 5% APM Incentive Payment (in payment year 2024). After that, QPs will continue to be excluded from MIPS, and starting with performance year 2024 (payment year 2026), QPs also will receive a higher conversion factor update than non-QPs.
- For more information, visit the [Advanced APMs webpage](#) on the QPP website.
- New 2022 APM resources are now available on the [QPP Resource Library](#).



Q&A



THANK YOU

