AGENDA

Topic	Speaker
Updated 2023 CMS QRDA III Implementation Guide for Eligible Clinician Programs Following the Publication of the CY 2023 Physician Fee Schedule Final Rule	• **Vidya Sellappan,** *Division of Electronic and Clinician Quality, CMS* • **Yan Heras,** *ICF, Inc.*
Quality Data Implementation (QDI) User Group	• **Vidya Sellappan,** *Division of Electronic and Clinician Quality, CMS* • **Jennifer Seeman,** *ICF, Inc.*
Updated Measure Files for EH/CAH and EC 2023	• **Michael Kerachsky,** *Mathematica*
Quality Payment Program (QPP) Updates	• **Dan Herrmann,** *Division of Electronic and Clinician Quality, CMS*
Alternative Payment Model (APM) Updates	• **Theresa Doherty,** *Center for Medicare and Medicaid Innovation, CMS*
Medicare Promoting Interoperability Program	• **Jessica Warren,** *Division of Value-Based Incentives and Quality Reporting, CMS*

UPDATED 2023 CMS QRDA III IMPLEMENTATION GUIDE FOR ELIGIBLE CLINICIAN PROGRAMS FOLLOWING THE PUBLICATION OF THE CY 2023 PFS FINAL RULE

Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Yan Heras, ICF, Inc.

UPDATED 2023 CMS QRDA CATEGORY III IG

- The Centers for Medicare & Medicaid Services (CMS) has released an update to the [2023 CMS Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG)](#) and [Sample Files and Schematrons for Eligible Clinician Programs](#) based on the CY 2023 Physician Fee Schedule Final Rule published on November 18, 2022.

- The 2023 CMS QRDA III IG outlines requirements for eligible clinicians to report eCQMs, Improvement Activities, and Promoting Interoperability measures for the calendar year 2023 performance period.

CHANGES TO THE 2023 CMS QRDA III IG

- Updates to support MVP framework and subgroup reporting
  - New section, 4.4 MIPS Value Pathways (MVPs), added to provide guidance for MVP submissions
  - New table for MVP identifiers for the 2023 Performance Period
  - New section, 4.5 Subgroup Reporting through MVP, added to provide guidance for subgroup submissions
  - New CMS program name MIPS_SUBGROUP
  - Moved from V7 to V8 of the document-level template QRDA Category III Report – CMS with an updated template extension
  - Template updates to support MVPs and subgroup reporting
- Removed conformance statements that disallowed APM Entities to report Promoting Interoperability for the Merit-based Incentive Paymnet System (MIPS)
- Table 15: UUID List for MIPS CY 2023 Performance Period eCQM Specifications Eligible Clinicians updated to reflect final rule changes
- Added Table 16: Improvement Activities Identifiers for the MIPS CY 2023 Performance Period
- Added Table 17: Promoting Interoperability Objectives and Measures Identifiers for the MIPS CY 2023 Performance Period

CHANGES TO THE 2023 CMS QRDA III SAMPLE FILES AND SCHEMATRONS

- Changes to the 2023 CMS QRDA III Sample Files
  - Aligned with the updated conformance statements
  - Updated the APM Entity sample file to include Promoting Interoperability
  - Updated to include MVPs and subgroup examples
- Updated Schematrons to incorporate updated conformance statements and new conformance statements added to support MVPs and subgroup reporting

ADDITIONAL QRDA-RELATED RESOURCES

- Electronic Clinical Quality Improvement (eCQI) Resource Center QRDA page.

- For questions related to this guidance, the QRDA IGs, 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.

NEW!
QUALITY DATA IMPLEMENTATION (QDI) USER GROUP

Formerly known as the Quality Data Model (QDM) User Group

Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Jennifer Seeman, ICF, Inc.

WHAT'S CHANGING?

- The User Group is expanding scope and changing its name to accommodate the wider breadth of data models and standards available for expressing quality measures – for example QI-Core.

- Meeting time will be extended to 3:00 to 4:30 p.m. ET.

- All changes will be effective on the February 15, 2023 QDI meeting.
  - **Note the group will not be meeting on 1/18/23**

WHAT'S STAYING THE SAME?

- We will still discuss and provide input on updates and changes to the QDM.

- The user group will still occur on the third Wednesday of each month.

- Continue using qdm@icf.com to reach out to the ICF team supporting the user group meeting.

- Continue using the ONC JIRA QDM tracker for questions related to the QDM: https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-277?filter=allopenissues

RECAP

- The user group name will change to the QDI user group.

- QDM will still be discussed in addition to other FHIR based data model questions.

- Meeting time will be extended to 3:00 to 4:30 pm ET.

- All changes will be effective on the February 15, 2023 meeting.

FOR MORE INFORMATION

- Visit the eCQI Resource Center events page for call information https://ecqi.healthit.gov/calendar

- Continue using qdm@icf.com to reach out to the ICF team supporting the user group meeting

- Continue using the ONC JIRA QDM tracker for questions related to the QDM: https://oncprojectracking.healthit.gov/support/projects/QDM/issues/QDM-277?filter=allopenissues

REVISED ECQM MEASURE PACKAGE FOR CMS334V4 (CESAREAN BIRTH) FOR EH/CAH

- HQMF file contained in the original May 2022 published eCQM zip included misaligned naming conventions applied to the eCQM measure files and those contained within the ELM file

ELM file

```
<relatedDocument typeCode="COMP">
  - <expressionDocument>
      <id root="08C6D74C-8508-4750-9574-3CF9274870D9"/>
    - <text mediaType="text/cql">
        <reference value="https://emeasuretool.cms.gov/libraries/fc52d0de-b53d-4ccf-816e-1e527748d2d9/CMS334-v4-0-000-QDM-5-6.cql"/>
      - <translation mediaType="application/elm+xml">
          <reference value="https://emeasuretool.cms.gov/libraries/fc52d0de-b53d-4ccf-816e-1e527748d2d9/CMS334-v4-0-000-QDM-5-6.xml"/>
        </translation>
      - <translation mediaType="application/elm+json">
          <reference value="https://emeasuretool.cms.gov/libraries/fc52d0de-b53d-4ccf-816e-1e527748d2d9/CMS334-v4-0-000-QDM-5-6.json"/>
        </translation>
      </text>
      <setId root="https://emeasuretool.cms.gov/libraries" extension="fc52d0de-b53d-4ccf-816e-1e527748d2d9" identifierName="CesareanBirth"/>
      <versionNumber value="4.0.000"/>
    </expressionDocument>
</relatedDocument>
```

CMS334-v4-0-QDM-5-6	CQL File
CMS334-v4-0-QDM-5-6	JSON File
CMS334-v4-0-QDM-5-6	XML Document

CMS334-v4-0-000-QDM-5-6.cql	CQL File
CMS334-v4-0-000-QDM-5-6.json	JSON File
CMS334-v4-0-000-QDM-5-6.xml	XML Document

HQMF file: May 2022 publication

HQMF file: November 2022 v2 publication

14

REVISED eCQM MEASURE PACKAGE FOR CMS334v4 (CESAREAN BIRTH) FOR EH/CAH *(CONT)*

- Re-published package for CMS334v4 can be found on the eCQI Resource Center in two locations:
  - eCQI Resource Center eCQM Resources Tab for Eligible Hospital/Critical Access Hospital eCQMs

eCQM Resources	EH/CAH eCQMs	About	Hybrid Measures

2023 Reporting Period Eligible Hospital / Critical Access Hospital Resources

Filter Resources by

(– Any –) (Implementation Guidance) (Reporting References) (Standards References) (Technical Specifications)

eCQM Resources	Short Description	Published ⬍
eCQM Specifications for Hospital Quality Reporting (ZIP)	eCQM technical specifications ⓘ	Nov 2022

15

REVISED eCQM MEASURE PACKAGE FOR CMS334v4 (CESAREAN BIRTH) FOR EH/CAH *(CONT)*

- Measure-specific page for CMS334v4

Specifications

Attachment
CMS334v4.html
CMS334v4-v2.zip (ZIP)

REVISED eCQM MEASURE FILES AND MEASURES TABLE FOR ELIGIBLE CLINICIANS (EC) 2023 PERFORMANCE PERIOD

- In the [CY 2023 Physician Fee Schedule (PFS) Final Rule](#) CMS finalized removal of two eligible clinician eCQMs and added one eligible clinician eCQM for 2023 performance period in the MIPS program

- **Removed**
  1. CMS66v11 (QID375): *Functional Status Assessment for Total Knee Replacement*
     - Removed because it is duplicative to measure QID470: *Functional Status After Primary Total Knee Replacement*
     - ***NOTE****: No eCQM equivalent to QID470 exists*
  2. CMS134v11 (QID119): *Diabetes: Medical Attention and Nephropathy*
     - Removed because it is duplicative to new measure CMS951v1 (QID488)

- **Added**
  - CMS951v1 (QID488): *Kidney Health Evaluation*
    - Measure added due to focus on two gaps within MIPS quality measures (and priorities for future measures) – nephrology and critical care of diabetes
    - Replaces and improves upon CMS134v11 (QID119), as it requires multiple tests - estimated glomerular filtration rate (eGFR) and urine albumin creatinine ratio (uACR) - to assess a patient's kidney health

REVISED eCQM MEASURE FILES AND MEASURES TABLE FOR ELIGIBLE CLINICIANS (EC) 2023 PERFORMANCE PERIOD *(CONT)*

- Re-published documentation as a result of final [CY 2023 PFS Final Rule](#)
  - Telehealth Guidance for eCQMs for Eligible Clinician 2023 Quality Reporting (PDF)
  - Eligible Clinicians Table of eCQMs (PDF)
  - eCQM Specifications for Eligible Clinicians (ZIP)
  - Technical Release Notes (PDF and ZIP)
  - eCQM Flows (ZIP)

QUALITY PAYMENT PROGRAM (QPP) UPDATE

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

30-DAY MVP CANDIDATE FEEDBACK PERIOD

- As described in the CY 2023 PFS Final Rule, beginning in 2023 CMS has broadened the opportunities for the public to provide feedback on draft MVP candidates.

- The following 5 MVP candidates are posted on the QPP website and available for public feedback for a **30-day period from January 9, 2023 to February 8, 2023:**
  - Quality Care in Mental Health and Substance Use Disorder; Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV; Musculoskeletal Care and Rehabilitative Support; Quality Care for Otolaryngology; and Focusing on Women's Health.

- MVP candidate feedback should be submitted to PIMMSMVPSupport@gdit.com for CMS's consideration by **11:59 p.m. ET on February 8, 2023.** Please include the following information in the email:
  - **Subject Line:** Draft 2024 MVP Candidate Comment
  - **Email Body:** Feedback for consideration and public posting. Please indicate the MVP to which your comment relates.

- Visit the MVP Candidate Feedback webpage for more information.

MIPS EUC APPLICATION DEADLINE

- For the 2022 performance year, CMS has **extended** the MIPS Extreme and Uncontrollable Circumstances (EUC) Exception application deadline only for **individuals, groups, virtual groups, and APM Entities** citing COVID-19 as the triggering event through **8 p.m. ET on Friday, March 3, 2023**.
  - o Please note: applications received between January 3, 2023, and March 3, 2023, won't override submitted data for individuals, groups, and virtual groups.

- **APM Entities** participating in MIPS APMs can submit a MIPS EUC application (see below for differences from our existing policy for individuals, groups, and virtual groups):
  - o APM Entities are required to request reweighting for all performance categories.
  - o At least 75% of the MIPS eligible clinicians in the APM Entity will need to qualify for reweighting in the Promoting Interoperability performance category.
  - o Data submission for an APM Entity won't override performance category reweighting from an approved application.

Additional Resources
- Quality Payment Program COVID-19 Response Fact Sheet (PDF)
- 2022 MIPS Extreme and Uncontrollable Circumstances Exception Application Guide (PDF)
- 2022 Data Submission FAQS (PDF)
- For more information, please see the QPP COVID-19 Response webpage.

2022 PERFORMANCE YEAR DATA SUBMISSION PERIOD

- The 2022 performance year data submission window opened on **January 3, 2023,** and will close at **8 p.m. EDT** on **March 31, 2023**.

- You must sign in to QPP to view data submitted on your behalf or to submit data on behalf of:
  - Yourself (solo practitioners)
  - Individual clinicians or the group (practice representatives)
  - Your virtual group (virtual group representatives)
  - Your APM Entity (APM Entity representatives submitting quality data)

- For more information, download the 2022 Data Submission User Guide (PDF) or view the QPP Data Submission Demo Videos.

UPCOMING WEBINARS

- **MVP Maintenance Public Feedback Webinar:** On **February 15, 2023,** CMS will hold the first MVP Maintenance Public Feedback Webinar. More information, including how to register, will be shared via the QPP Listserv.

- **CMS Web Interface Support Calls:** CMS is hosting a series of support calls for groups, virtual groups, and APM Entities that are reporting data for the quality performance category through the CMS Web Interface for the 2022 performance period:
  - To register: January 25 Support Call; February 8 Support Call; February 22 Support Call; March 8 Support Call; March 22 Support Call.

NEW RESOURCES AVAILABLE

New and Updated resources are now available on the QPP Resource Library, including:

- 2023 Quick Start Guides
- 5 MVP Candidate Documents
- 2022 APP Data Submission User Guide (PDF)
- 2022 Data Submission User Guide (PDF)
- 2022 Data Submission FAQs (PDF)
- 2023 MIPS Opt-In and Voluntary Reporting Election GuidE (PDF)
- 2023 Improvement Activities Inventory (ZIP)
- 2023 MIPS Quality Measures List
- 2023 Medicare Part B Claims Measure Specifications and Supporting Documents (ZIP)
- 2023 Clinical Quality Measure Specifications and Supporting Documents (ZIP)
- 2023 Qualified Clinical Data Registry (QCDR) Measure Specifications (PDF)
- 2023 Cross Cutting Quality Measures (ZIP)
- 2023 MVP Quality Measure Specifications for Quality IDs 110 and 111 (ZIP)
- 2023 CMS Web Interface Measure Specifications and Supporting Documents (ZIP)
- 2023 Promoting Interoperability Measure Specifications (ZIP)
- 2023 Improvement Activities Inventory and Activity Descriptions (ZIP)
- 2023 Cost Measure Information Forms (ZIP)
- 2023 MIPS Cost Measure Codes Lists (ZIP)

ALTERNATIVE PAYMENT MODEL UPDATES

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

APM INCENTIVE PAYMENT UPDATE

- For performance years 2017 – 2022, eligible clinicians who were Qualifying Alternative Payment Model (APM) Participants (QPs) received a 5% APM Incentive Payment.

- In December, Congress passed its end of year spending package, which extended the value-based care incentive payment through performance year 2023. QPs can now receive a **3.5% APM Incentive Payment for performance year 2023**.

- More information will be shared via the QPP listserv and posted on the QPP Resource Library in the coming weeks.

QP AND MIPS APM PARTICIPATION INFORMATION

Performance Year 2022 3rd Snapshot:

- On December 14, CMS updated its [Quality Payment Program Participation Status Tool](#) with APM data from the third snapshot.
    - The third snapshot includes data with **dates of service between January 1, 2022 and August 31, 2022**.
    - The tool includes 2022 QP status and MIPS APM participation status.

Performance Year 2022 4th Snapshot:

- If you joined a MIPS APM in the last 4 months of the year (between September 1, 2022 and December 31, 2022), you:
    - Will be considered a participant in the MIPS APM, and
    - Will be eligible to report through the APM Performance Pathway (APP)

- To learn more about how CMS determines QP and the APM participation status [for each snapshot](#), please visit the [QPP website](#).

NEW & UPCOMING APP RESOURCES

Recently Posted:

- 2022 and 2023 Comprehensive List of APMs

- 2022 and 2023 MIPS APM IA Assessments

- 2022 APP Data Submission User Guide
  - o Note: The data submission period for performance year 2022 ends on March 31.

Coming Soon:

- 2023 APP Toolkit

- 2023 APP Quality Requirements

2022 ATTESTATION AND REPORTING REMINDER

- The attestation and reporting deadline for the CY 2022 EHR reporting period will close on **February 28, 2023**.

- Participants must report on four scored objectives and their measures. Participants are also required to report on three (out of nine) self-selected eCQMs, plus the Safe Use of Opioids – Concurrent Prescribing measure using three self-selected quarters of data.

- 60 points is required to satisfy the scoring requirement and successfully attest.

- Participants must use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two in order to meet the CEHRT definition, as finalized in the CY 2021 Physician Fee Schedule final rule (85 FR 84818 through 84828).

- Participants must also report a "yes" to the ONC Direct Review Attestation, SAFER Guides, and the Security Risk Analysis measures.

Program participants are required to report through the CMS <u>Hospital Quality Reporting (HQR) System</u> (previously the <u>QualityNet Secure Portal)</u>.

2023 ANNUAL CALL FOR MEASURES

- CMS will be opening its Annual Call for Measures for Medicare Promoting Interoperability Program measures for eligible hospitals and critical access hospitals (CAHs) this spring.

- The Annual Call for Measures process allows eligible hospitals and CAHs, professional organizations, medical societies, and other stakeholders to identify and submit potential measures for future rulemaking.

- More Call for Measures information will be available on the Promoting Interoperability Programs Website soon.

NEW 2023 RESOURCES

- The slide deck, recording, and transcript from the 2023 Medicare Promoting Interoperability Program overview webinar can be found on the [Events page](#) of the Promoting Interoperability Programs website.

- More 2023 resources, including the 2023 specification sheets will be posted to the Promoting Interoperability Programs website soon.

Q&A

THANK YOU