CMS Quality Programs Bi-Monthly Forum
October 18, 2022

Hello, everyone, and thank you for joining us today.

My name is Darrick Hunter from CMS 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 the eCQI resource center update for the InfoTRAC, Teach Me Clinical Quality Language, or CQL Video Series, a Quality Data Model or QDM User Group Update, eCQM flows, the Medicare Promoting Interoperability Program, SAFER Guides requirements, the Merit-based Incentive Payment System, and Alternative Payment Model updates. We will have a question and answer portion once all presentations have concluded.

Please note, to ask a question, you can either submit your question using the chat feature or raise your hand and CMS will unmute your line. For those dialed in via phone, you must have your audio pin entered. If you're listening through your computer speakers and want to ask a question, you must have a working microphone.

And now, I will turn it over to Vidya Sellappan and Edna Boone.

Vidya and Edna, you may begin.

Thank you, Darrick.

Hi, my name is Vidya Sellappan and I'm in the Division of Electronic and Clinician Quality here at CMS.

I'll be joined by Edna Boone of Battelle.

And we are going to share a couple of updates to the eCQI Resource Center.

Next slide, please.

So, the first update is the InfoTRAC.

So, we have updated the electronic clinical quality measure or eCQM tools, resources, and collaboration, which we call InfoTRAC, on the eCQI Resource Center. It's an interactive tool, it merges the previous InfoTRAC with the eCQM tools library to provide an in-depth overview of the tools, standards, and resources used in the various stages of the eCQM life cycle.

There are more than 85 tools and resources related to the development, testing, certification, publication, implementation, reporting, and continuous evaluation of quality measures, and their improvement listed.

Stakeholders can filter based on category and role and find references specific to their areas of interest.

Next slide, please.

So, here is a screenshot of the InfoTRAC tool.

I am going to turn it over to Edna Boone to go through some of its features.

Thank you, Vidya.

So, first of all, to locate InfoTRAC on the eCQI Resource Center, you would navigate from the main menu to resources, and then eCQI tools and resources, and you will be presented with InfoTRAC.

Next slide, please.

So, InfoTRAC has a series of filters to assist you in finding the tools that suit your needs.

If you know the name of the tool or resource, you can look for that by using the first filter and just search by title. A user may also search by category which highlights the tools and resources by key aspects of the measure life cycle.

So, you're seeing that in a drop-down here on the screen.

You would select the category that you're interested in, and the orange apply button. The tools and resources for the category selected will display.

Next slide, please.

Additionally, a user can search by role which highlights available tools and resources by user role. Here you would select a role, the orange apply button.

Lastly but not shown on the slide, you have the ability to narrow your search by selecting both the category and the role.

Next slide, please.

So, we are always interested in you sharing your experience with the eCQI Resource Center and invite you to consider joining the bi-monthly eCQI Resource Center User Group. Your suggestions for improvement, news, events, content, all contribute in making the site better for all.

Thank you.

Next slide, please.

So, next Edna and I are going to share with you information about the Teach Me CQL Video Series.

Next slide, please.

So, as part of continuing education and outreach for eCQM standards we've developed a four-part video series entitled Teach Me Clinical Quality Language or CQL.

There are four videos and they're located on the eCQI Resource Center CQL education page, and they are intended to support healthcare quality leaders, health information technology vendors, and measure developers explore the use of CQL.

Next slide, please.

So, I'm going to turn it over to Edna to talk a little bit about the four videos. Edna?

Thank you, Vidya.

So, this video series, just a bit of background, it was a direct result of a request from end users, specifically those that were implementing eCQMs in hospitals and health systems.

So, definitely applaud CMS for providing these.

Although very technical, these videos range from four to six minutes long and cover a series of several topics. So, I'm seeing two of these on the screen here but there are four videos, NormalizeInterval, Time Zone Considerations, Latest, LatestOf, Earliest, EarliestOf, HasStart, HasEnd, and Coalesce. So, again, a series of four videos. And each of the videos examines the key CQL functions used across CMS eCQMs.

Next slide, please.

And next slide.

To locate the Teach Me Series, navigate to the eCQI standards section of the Resource Center to the eCQL pages and the education tab. The videos are located under the CQL for eCQM developers and implementors heading on the CQL education page.

Next slide, please.

Again, just a reminder that we invite you to share your experience with the Resource Center. It's really your suggestions that contribute to the site's improvement.

Thank you.

I will point out one more item is there are specific issues on CQL, there is the ONC Jira eCQL – I'm sorry – CQL Issue Tracker, and there is a link here on the presentation.

Next presentation, please.

Next, we have a presentation from Floyd Eisenberg.

Thank you very much.

Next slide.

Okay.

This slide.

So, just as a refresher, the QDM User Group is a group of volunteers which include measure developers, EHR vendors, implementors who are running the measures and use the QDM for measure development implementation, and alignment and standards.

The QDM defines the elements that the CQL expresses.

So, you just heard about CQL which is the expression, one thing relates to another. The QDM is the thing that you're relating.

So, let's go to the next slide.

The reason we're coming here is our – next slide.

Thank you.

So, CMS is moving quality measurement to FHIR-based measures. And the QDM User Group has been continuing to talk about any questions about QDM, understand it, does it need to change, but they've also been discussing how QDM elements would be expressed in FHIR. We call that QI-Core, that part of FHIR.

And as we look at that, we've been spending more and more time looking at – I can explain this in QDM, and here's how I explain it in FHIR.

So, as we start to look at other ways to deal with data models and our measures moving to FHIR, we would like to move our user group to ensure collaboration with the data models they are and will be using for guidance, development, or the measures, maintenance, and harmonization of their value sets so that the content can be used for measures and for improving care in real-time with clinical decision support standards.

So, our plan is we are updating the user group charter and reviewing it tomorrow with our user group and supporting the incorporation of new additional HL7 standards.

If we go to the next slide, I'll give you a bit of the timeline.

So, tomorrow we have a user group meeting for QDM. It will be in addition to looking at data model issues, reviewing the updated charter with the members, and provide a voting option for a new name. So, instead of just the QDM User Group, it will be a more data model encompassing name.

I don't have an answer for what it will be yet. We're waiting for input.

On October 25th, next week, we'll talk with the governance meeting to talk about the charter and the renaming, and then in November, provide CMS with draft communications for approval along with the list of targeted forums for communication. And once approved, distribute communications as defined.

And in December, we'll call the User Group under a new name and a new charter.

A big part of the reason for this is also to refresh membership and get more people who are doing measures to come and join us, to give us feedback on if we make this change and use this element, will we get the information we're looking for.

So, more vendors and implementors we have in the User Group to participate, the better we'll be able to advise on how to use the data model.

Next slide.

So, the next is talking about how to get more information.

You can get information on the Quality Data Model from the eCQI Resource Center. You can review the charter and user group meeting notes there.

And if there are any questions or concerns about the use of the Quality Data Model, the ONC Jira QDM Issue Tracker is an area where we take in new questions and bring them to the user group and respond.

So, thank you. And I will hand it off to the next presenter.

All right. Thank you.

Michael Kerachsky will present next.

Thanks.

Next slide, please.

All right.

I'm going to present today on the eCQM measure flows.

So, these flows as high-level are intended to be used as an additional resource to help eligible clinicians and hospitals implement eCQMs, certainly not intended to replace the eCQM specifications for the purposes of reporting.

As we see in the bullets here, measure flow diagrams present the visual depiction of the measures population criteria where I highlight relevant data criteria specifications organized to help interpret the logic and understand how performance rates are calculated.

So, the eCQM flows are published typically in late summer, usually August after the annual update publication. So, this year, the 2023 flows were published in August 2022, obviously.

We had 49 eligible clinician eCQMs and we published 11 eligible hospitals/critical access hospital eCQMs.

So, these two new additions include CMS 816 (severe hypoglycemia) and CMS 871 (severe hyperglycemia).

In addition, eCQI Resource Center, CMS plans to publish around late October, October 25th two additional eligible hospital eCQM flows. And these include CMS 334, Cesarean birth or PCO2, and CMS 1028, severe obstetric complications or PCO7.

So, that would be a total of 13 EH eCQM flows up from nine last year.

And as the final bullet indicates, these eCQM flows can be found on the eCQI Resource Center under the eCQM resources tab, which we'll display in the next slide.

Next slide, please.

Thank you.

All right.

So, as we see here in the screenshot, so when we're locating the flows on the eCQI Resource Center, first you would like to click on, there's a link, yeah, at the bottom of the page there. But we can click on eCQMs, that first red arrow. And then you either select the eligible clinician or the eligible hospital/critical access hospital eCQMs. And then depending on which one you select.

Next page, please.

Or the next slide rather.

It's important when you land on this page here, you want to select the correct performance period.

I think – it's sometimes – it ought to be 2022 I think is the default if I'm not mistaken so you can select 2023 in this case. And then along the top there, we have eCQM resources, and underneath there it's actually a little further down than it looks here, but is eCQM flows.

So, again, you've got the eligible clinician and eligible hospital pillars, and each includes the eCQM flows zip.

Next slide, please.

Okay.

Great.

So, here first we're looking at an example from the eligible hospital side.

And on the left – I mean, in general, these flows, these diagrams represent an overview of the population criteria.

So, as noted, we refer to the specifications as the source of truth for a complete list of definitions, direct reference codes, etc.

So, the measure flow diagram displays the steps that determine the population criteria for each eCQM. So, this includes data criteria to satisfy the initial population, denominator, numerator, and then also denominator exclusions and/or exceptions.

Typically for the eligible hospital flows, we see the CQL definitions are included in the rectangular boxes which I understand is not easy to see here. And then within the brackets, we include more in-depth details from the CQL logic and this includes such as nested definitions, value sets, data types, timing elements, etc.

On the right-hand portion of the screen, so for each portion of the measure flow diagram and it also coincides with the measure flow narrative and as we see here, it's just more of a listing out of the criteria as opposed to representing through the flow.

So, they kind of go hand in hand here.

The next slide, please.

And for the eligible clinician flows, I mean, obviously, there is a difference in terms of the look and feel a little bit but it's the same, you know, the same story here essentially is that we're just identifying the criteria necessary to meet the data criteria for each measure and we've included the sample calculation, included down the bottom and that's further described in the eCQM flow narrative, which again is similar to the eligible clinician – or sorry, eligible hospital flows is located toward the end of the measure flow itself.

So, next slide, please.

So, in terms of if you need to contact the Resource Center about these flows we included the email here as well as a link to the frequently asked questions. But otherwise, feel free to reach out with any questions on the flows you may have.

Thank you.

Next, Jessica Warren and Drew Morgan will present the Medicare Promoting Interoperability Program, and SAFER Guide Updates.

Thanks, Darrick.

Next slide, please.

So, I'm going to report on just give people an update that Hardship Reconsideration, or the PI program for hospitals and critical hospitals will be opening soon.

Letters will be going out short in the next coming days from the MACs notifying those hospitals that have landed on either the 2023 eligible hospital payment adjustment list or the 2021 critical access hospital list.

If you're an eligible hospital or a CAH and feel that they are not subject to the payment adjustment list, you must complete and submit a hardship reconsideration application.

The hardship reconsideration application will open in late October, probably the last week of October, and will close in early December of 2022.

Next slide, please.

The applications will be found on the Scoring, Payment Adjustment, and Hardship Information webpage of the Promoting Interoperability Program. Applications must be attached to an email and sent to qnetsupport@cms.hhs.gov, with the subject line Hospital or CAH with their name and their CCN and reconsideration request.

If a hospital has issues with electronic submission and it's not possible, you can submit the application via fax at the following number 845-559-6370.

And just a reminder, the applications will run for approximately 30 days and must be submitted in early December once the date has been identified.

Thank you.

Next slide.

Thanks, Drew.

This is Jessica, also from the Medicare Promoting Interoperability Program for eligible hospitals and CAHs.

So, just a few key dates for everybody. December 31st is the end of the 2022 EHR reporting period – reporting year. January 1st is the start of the 2023 EHR reporting year. And February 28 is the deadline to register and attest for the 2022 Medicare Promoting Interoperability Program.

Next slide, please.

So, next up, I'm going to talk about SAFER guides for eligible hospitals, CAHs, and eligible clinicians under MIPS.

Next slide, please.

So, on the ONC webpage, you will find all nine SAFER guides, their self-assessment checklists, worksheets, and recommended best practices if you guys want to follow along.

CMS recently introduced the measures to both the Medicare Promoting Interoperability Program and the Promoting Interoperability performance category under MIPS.

So, SAFER guides act as a tool to self-assess EHR safety practices, identify potential risks, and to mitigate those risks. The guides are designed to reduce a patient's safety risk, optimize the safe use of EHRs, and ultimately create a culture of safety.

Next slide, please.

So, quickly I will run through some of the key differences between the requirements for both of the programs.

So, although they do differ between the PI program for eligible hospitals and CAHs and the PI performance category for eligible clinicians, the guides themselves, they're exactly the same for both.

There are nine guides on the ONC webpage, all nine of these guides are required for the hospital programs and only one of the guides is required for eligible clinicians.

So, eligible hospitals and CAHs are asked to attest yes or no to having completed an annual self-assessment on all nine of the SAFER guides while MIPS-eligible clinicians are asked to do the same but only for the high-priority practices SAFER guide.

The measure itself for both programs is simply asking did you do a self-assessment, yes or no. We don't ask to what degree the self-assessment was completed, how you performed on your self-assessment – it's just a simple did you do it, yes or no?

Both answers fulfill the measure requirement without penalty because, again, we're just asking did you do it. We do note that leaving the SAFER guides measure application blank such as an N/A, that's how you will fail the measure requirements and ultimately the PI program or PI performance category.

We don't allow a score of zero for either category, so that's the only way that you would fail.

With regards to the reporting of the – I'm sorry, with regards to the reporting period or a performance period, the self-assessment can be completed outside of the normal 90-day reporting window for the other PI or performance category requirements.

So, you can complete the assessment whenever you like. You can take as long as you like. You can work on it all year. You can do it one time only and then be done with it. So, this is separate from other requirements.

Next slide, please.

So again, the ONC webpage hosts the SAFER guides so you can find all of them there. We have a link here to the Medicare Promoting Interoperability Program. This is our fact sheet for the SAFER guide that's for eligible hospitals and CAHs. And then for MIPS, we have links to the specs sheet and the fact sheet.

And then, of course, if anybody has any problems, you can reach out directly to the respective help desk for the PI program or for the performance category for MIPS.

They can direct you or if there's something that needs a little bit higher level of expertise, then they'll direct us right to the program leads.

So, that's it for the SAFER guides.

Next up is Vidya Sellappan and she'll be discussing QPP updates.

Thank you.

Thanks, Jessica.

So, I'm just going to go over some of the latest and greatest on the QPP program.

Next slide, please.

So, the first thing I wanted to talk about was a targeted review.

If you participated in MIPS or the Merit-based Incentive Payments System in 2021 and you received your MIPS payment adjustment calculation and you've got some questions or concerns, you can request a targeted review until this Friday, October 21st.

To request a targeted review, you'll need to go to the Quality Payment Program website, you'll need to log in with your HARP credentials which are the same credentials you used when you submitted your MIPS data. And you will click targeted review on the left-hand navigation.

For more information, please refer to the 2021 targeted review user guide and 2021 targeted review demonstration that are available on the Resource Library on the Quality Payment Program website.

Next slide, please.

Next up, virtual group election.

So, the election period for virtual groups for the 2023 performance year opened on October 3rd and will close at 11:59 p.m. Eastern Time on December 31st, 2022.

You need to receive approval to participate as a virtual group, and you must submit an election via email using the email address MIPS_VirtualGroups@cms.hhs.gov.

Before forming a virtual group, you may want to consider the following. TINs participating in MIPS at the virtual group level must meet the definition of virtual group at all times during the performance period. If a group chooses to join a virtual group, all of the clinicians in the group are part of that virtual group. And a virtual group might include clinicians who are also participating in Advanced Alternative Payment Models or APMs. Advanced APM participants who achieve qualifying APM participant status or QP status will be excluded from MIPS.

To learn more about virtual groups, please review the resources in the 2023 Virtual Groups Toolkit which is also located on the Resource Library on the QPP website.

Next slide, please.

QPP exception applications. There are two exception applications available for the performance year 2022.

The Extreme and Uncontrollable Circumstances or EUC exception application, and the MIPS Promoting Interoperability Performance Category Hardship Exception application.

To apply, you need to sign into QPP with your HARP credentials and click Exception application on the left-hand navigation.

The deadline for the EUC Exception application and the MIPS Promoting Interoperability Performance Category Exception application for the performance year 2022 is January 3rd, 2023 at 8 p.m. Eastern Time.

For more information, please review the 2022 MIPS EUC Exception Application Guide and the 2022 MIPS-Promoting Interoperability Hardship Exception Application guide. Both available on the Resource Library on the QPP website.

Next slide, please.

So, in response to FEMA's designation of Hurricanes Ian and Fiona as national disasters, CMS has determined that the automatic EUC policy will apply to MIPS-eligible clinicians in certain FEMA-identified areas of Florida and Puerto Rico.

MIPS-eligible clinicians in these areas will automatically be identified and receive a neutral payment adjustment for the 2024 MIPS payment year. If MIPS-eligible clinicians in these areas choose to submit data on two or more performance categories, they'll be scored on these categories and receive a 2024 MIPS payment adjustment based on their 2022 MIPS final score.

So, in other words, they'll negate the neutral payment adjustment that would have automatically been applied if they participate in two or more performance categories.

The Automatic Extreme and Uncontrollable Circumstances policy won't apply to MIPS-eligible clinicians participating in MIPS as a group, virtual group, or APM Identity – Entity. Excuse me.

For more information, please review the 2022 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet.

Next slide, please.

Here are some other resources that are newly available on the QPP website.

The MIPS performance feedback FAQs. The two documents around the targeted review. A document on the MIPS payment year, payment adjustment. The Virtual Groups Toolkit. The Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet, the EUC Exception Application Guide, and the Promoting Interoperability Hardship Exception Application Guide.

Next slide, please.

So, the 2021 preview period for doctors and clinicians.

The doctors and clinicians preview period opens on November 21st, 2022, and closes on December 20th, 2022. The preview period is an opportunity for doctors and clinicians to preview their 2021 QPP performance information before it's publicly reported on clinician and group profile pages on Medicare Care Compare and in the Provider Data Catalog, or PDC.

To preview data during the preview period, doctors and clinicians must sign into QPP using their HARP credentials. More information will be available soon on the Care Compare: Doctors and Clinicians Initiative page.

Contact the QPP Service Center at QPP@cms.hhs.gov with questions about the doctors and clinicians preview period.

Next slide, please.

Next up, I'm going to turn it over to Damon Watkins.

Thanks, Vidya.

So, this is Damon Watkins with the Innovation Center.

Next slide, please.

I will just give a brief update on APMs.

So, last week actually, CMS updated the QPP Participation Status Tool based on the second snapshot data of Alternative Payment Model entities.

The second snapshot includes data from Medicare part B claims with dates of services between January 1st and June 30th. And the two updates include 2022 QP status and MIPS participation data.

To learn more about how CMS determines QP status and APM participation data for each snapshot, please visit the Advanced APM's webpage on the QPP website. There's also some additional information on the Resource Library of the QPP website as well.

Next slide, please.

Lastly, with regard to the APM Incentive Payment, CMS published the 2022 APM Incentive Payment details on the QPP website in June.

Eligible clinicians who were QP based on their 2022 performance should have received their – I'm sorry, based on their 2020 performance should have received their 2022 5% APM Incentive Payment earlier this summer.

To access this information, you can log in to the QPP website using your HCQIS HARP credentials.

If you do not receive your APM Incentive Payment and your name is on the public notice list that was published on the QPP website, you must verify your Medicare billing information by November 1st to receive your payment.

For instructions on how to verify your Medicare billing information, you can review the public notice that is found on the QPP Resource Library.

Lastly, updated APM resources are also available on the QPP Resource Library.

Thank you.

Next slide, please.

Thank you to all of today's presenters. We will now move to the question-and-answer portion of the webinar. As a reminder, to ask a question, you can either submit your question using the chat feature or raise your hand, and CMS will unmute your line. For those dialed in via phone, you must have your audio pin entered. If you're listening through your computer speakers and want to ask a question, you must have a working microphone. And with that, we'll begin our Q&A.

Our first question reads, "When will CMS transition to FHIR-based quality measures?" If any of our speakers need me to repeat it, just let me know.

When will CMS fully transition to FHIR-based quality measures is our first question.

All right.

For this first question, we can certainly work on getting an answer so we'll circle back with an answer to this question.

Our next question. For those of us transitioning from web interface reporting to eCQM reporting, are there any resources that highlight differences between the web interface measure specs and flows and the eCQM measure specs and flows?

Sorry. Can you repeat that one more time?

Yeah, of course.

For those of us transitioning from web interface reporting to eCQM reporting are there any resources that highlight differences between the web interface measure specs and flows and the eCQM measure specs and flows?

Thank you.

So, I believe they're asking about the differences between web interface specs and flows and eCQM specs and flows.

Yeah, this is Michael Kerachsky of Mathematica. I don't know the answer to that question.

Thanks, Michael. And thanks, Jess, for your comment in the chat.

We can certainly circle back with our team for an answer to this question as well.

Our next question. For the hardship applications, is it still set to only allow five years of these hardship applications? And, Drew, I think this question might be suited for you.

Yep.

This is Drew Morgan.

So, yes.

For hardship approvals, each hospital is only allowed five total hardships. So, and we do have several hospitals and CAHs that have reached that limit. You can still submit an application, but it will be denied.

Thank you, Drew.

For our next question, it relates to the SAFER guides. For SAFER guides, will a yes or no still be acceptable in 2023? Meaning a no would not result in a penalty. I have the same question for MIPS as well.

Yes.

So, for 2023, for eligible hospitals, CAHs, and eligible clinicians, we didn't have any proposals, we didn't finalize anything for eligible hospitals and CAHs, and maybe within the next month or so, we will have a final rule out for MIPS eligible clinicians but again, we didn't propose anything for either side so it will stay the same for hospitals for 2023 and stay tuned for MIPS within the next month or so.

Got it. Thank so much, Jess.

Our next question. Is CMS offering the automatic COVID EUC to MIPS individual clinicians for performance year 2022? And if you need me to repeat this question, please let me know.

I can read it again as well.

Is CMS offering the automatic COVID EUC to MIPS individual clinicians for performance year 2022?

Right.

We'll circle back on an answer to this question.

For our next one. Where can we find a list of the areas that automatically qualify for the EUC policy?

Sorry, this is Vidya, I was trying to get myself off of mute.

So, you can visit the QPP website and go to the Resource Library and go to the 2022 EUC application documentation there. For specific circumstances, you may be able to visit the FEMA website but that link is also available in the documentation on the QPP website.

I'm sorry. One other item. If we can go back to the previous question around the automatic individual EMU policy for 2022. Currently, there is no auto EMU policy for individual clinicians for 2022.

Thanks, Damon.

Alrighty.

We seem to have another question relating to the EUC. How do clinicians in Florida check to see if they qualify for EUC?

If you visit the documentation on the Resource Library, the fact sheet, the user guide should provide some of the information that you need.

Great.

Thanks, Vidya.

And to whoever asked that question, let us know if you need further clarification on the EUC. Happy to provide further insight there.

For our next question. Do the hardship exemption limits apply to eligible clinicians also?

This is Drew Morgan.

So, the hardships for reconsiderations are for hospitals and critical access hospitals – that part of PI only deals with hospitals, not eligible clinicians. So, the short answer is no, it does not, the five-year limitation that I'm aware of applies to clinicians, that would have to be answered by somebody who knows more about the MIPS program.

That five-year limitation does not apply to the MIPS program.

Yep.

Thank you, Drew. And thank you, Vidya.

Another question – I'm sorry to interrupt you.

Sorry.

We do have a couple of phone questions that I want to make sure that we get time to address. So, Christa Dishman, if you are there, your line is unmuted, go ahead and ask the question. And you may be self-muted as well.

Okay. She may not be connected but we'll go back to her.

Christa, if you have a question and you're connected to your audio, go ahead and raise your hand again.

Our next question is from Kerry Fry. Kerry, go ahead, your line is unmuted.

Hi. Yeah, my question is on the eCQI InfoTRAC where you were showing the different types of vendors, the eCQIs, and the vendor updates and things. Are we going to – I know that versions when we go on to the chapel list, the versions are not – eCQMs are not always updated timely. For example, I was out there last month, and I found some version five and six on a vendor which is years old. So, with this new InfoTRAC, the eCQI, and whatnot, are we going to start using that as the source of truth for which vendors are updated appropriately in the versions of the eCQMs?

Vidya, this is Edna.

I'm not sure if you wanted to field that but the intent right now from our perspective is no, InfoTRAC would not serve. The chapel is put together by the Office of the National Coordinator. We can though alert them that they might be lagging behind in the versions and as the versions are tied to standards and other things that might become burdensome to you. So, we definitely can pass that along but InfoTRAC would not serve as the source of truth for eCQMs and chapels.

Okay.

That would be great if you could pass that along because really it is. That creates a big issue with the vendor only to find out they really were on version 10 for the 2022 year, and the chapel clearly says version five which was a difference, you know, the parameters were all different. So, thank you.

Yeah, we will pass that along as part of the eCQM manual update.

Okay.

Thank you. All right. Thanks so much.

Okay.

Our next – I'm sorry.

We have just a couple of more phone questions.

Randy Perry, if you still have a question, your line may be self-muted but you are – we are unmuting you right now.

Okay.

I have a question on slide 38.

You say that note if a MIPS-eligible clinician who is eligible to participate, the MIPS automatic EUC policy will be applied to you for PY 2022. But somebody just stated that that automatic EUC will not be

applied. So, our question is if you are an EC, MIPS EC, is that an automatic exception, the EUC going to be applied or not applied? Do you have to apply for it manually or will it automatically be applied per slide 38?

So, I think I'm back to the question about the auto entities. The question was whether or not the COVID, automatic EUC would be applied for COVID for 2022.

And to that question, the answer is no.

Okay.

Will any EUC be applied then in 2022 automatically? Because this implies it will.

So, if an automatic EUC, for instance for Hurricane Fiona and Ian, if you are identified as located in one of those specific areas in Florida or Puerto Rico, and you're an individual participating as an individual, it would automatically apply to you unless you submit data.

And then you can submit individually, let's say I want to submit for quality and cost but I want to submit for that exception for quality and cost, you can still do that this year?

Or is it all or nothing?

It's all or nothing.

Okay.

Sorry.

Our next question is from Deandre or Deandra.

I'm sorry. Go ahead, your line is unmuted.

You may ask your question. You may be self-muted.

Okay.

We'll go back Deandra.

I think we can go back to phone questions at the time.

Okay. All right.

For our next question. Will there be any additional QM benchmark updates in the calendar year 2022, relating to the MIPS program? I'm happy to repeat that question.

Will there be any additional QM benchmark updates in the calendar year 2022?

That may be a question that we can get back to you on.

Thanks, Vidya.

Noted.

All right.

I think we have time for two more questions.

Our next one. Could you go into greater detail about the Virtual Group Program, please? Vidya, would this be a question you can answer?

Sure.

I can go through that a little bit. Give me one second.

Of course, take your time.

Yeah.

So, for any solo practitioner group that meets or exceeds at least one of the three low-volume threshold elements and this included in a – let's try and pull.

So, our virtual group is a combination of two or more taxpayer identification numbers like TINs that are assigned to either one or more solo practitioners who are MIPS eligible or one or more groups consisting of 10 or fewer clinicians including at least one MIPS eligible clinician, or both solo practitioners who are eligible for MIPS and groups of 10 or fewer clinicians, at least one of them being a MIPS eligible clinician that elect to form a virtual group for the performance year.

So, a solo practitioner or a group can only participate in one virtual group during the performance period.

Again, it's basically MIPS-eligible clinicians forming together to form a group, not in a traditional sense but you have to apply and so, there is a little bit more information about the actual eligibility criteria for this on the Resource Library so I would direct you there as well.

Thank you, Vidya.

And with that, that concludes our Q&A session for today's forum.

With that, I can pass it back over to Darrick to close us out.

Thank you, Enzo.

Thank you all for joining us today.

We will share the slides and recording of 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 January 2023.

The CMS will share more information on the next forum when it becomes available.

Have a great afternoon.