DECEMBER 2021 CMS QUALITY PROGRAMS BI-MONTHLY FORUM

December 14, 2021

AGENDA

Topic	Speaker
• **Medicare Promoting Interoperability Program Updates**	**Drew Morgan** Division of Value-Based, Incentives and Quality Reporting, CMS
• **Electronic Clinical Quality Improvement (eCQI) Resource Center Measure Compare**	**Vidya Sellappan** Division of Electronic and Clinician Quality, CMS **Joe Mester** Battelle/ESAC, Inc.
• **2022 CMS Quality Reporting Document Architecture (QRDA) I Update**	**Yan Heras** ESAC, Inc.
• **January 2022 Fast Healthcare Interoperability Resources (FHIR) Connectathon**	**Jennifer Seeman** ESAC, Inc.
• **Outpatient Quality Reporting Electronic Clinical Quality Measure (eCQM)**	**Tamara Mohammed** Center for Outcomes Research and Evaluation, Yale/Yale New Haven Health
• **Quality Payment Program Updates**	**Julie Johnson** Division of Electronic and Clinician Quality, CMS
• **Alternative Payment Model Updates**	**Corey Henderson** Center for Medicare and Medicaid Innovation, CMS

MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

Presenter: Drew Morgan, Division of Value-Based, Incentives and Quality Reporting, CMS

2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA

- In 2020, CMS continued to implement a **performance-based scoring methodology** for eligible hospitals and critical access hospitals (CAHs) that attested to CMS under the Medicare Promoting Interoperability Program.
- Eligible hospitals and CAHs were required to report on measures from the four program objectives, which then contributed to the eligible hospital's or CAH's **total Promoting Interoperability Program score**.
- A minimum of **50 points** was required to satisfy the scoring requirement.

2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA

Key highlights of **eligible hospital participation data** during the 2020 Medicare Promoting Interoperability Program reporting year include:

- **3,276 participants** attested to the 2020 Medicare Promoting Interoperability Program
- **86%** of participants scored **≥50 points**
- **72.32/100 was the average score** among participants

Eligible Hospital Objective Scoring Breakdown	
Total Points	**Number of Eligible Hospitals**
0-49	32
50-59	250
60-69	764
70-79	1,144
80-89	550
90-99	114
100+	10

2020 MEDICARE PROMOTING INTEROPERABILITY PROGRAM DATA

Key highlights of **CAH participation data** during the 2020 Medicare Promoting Interoperability Program reporting year include:

- **1,326** participants attested to the 2020 Medicare Promoting Interoperability Program
- **77%** of participants scored **≥50 points**
- **73.35/100 was the average score** among participants

CAH Objective Scoring Breakdown	
Total Points	**Number of CAHs**
0-49	29
50-59	119
60-69	210
70-79	357
80-89	267
90-99	76
100+	10

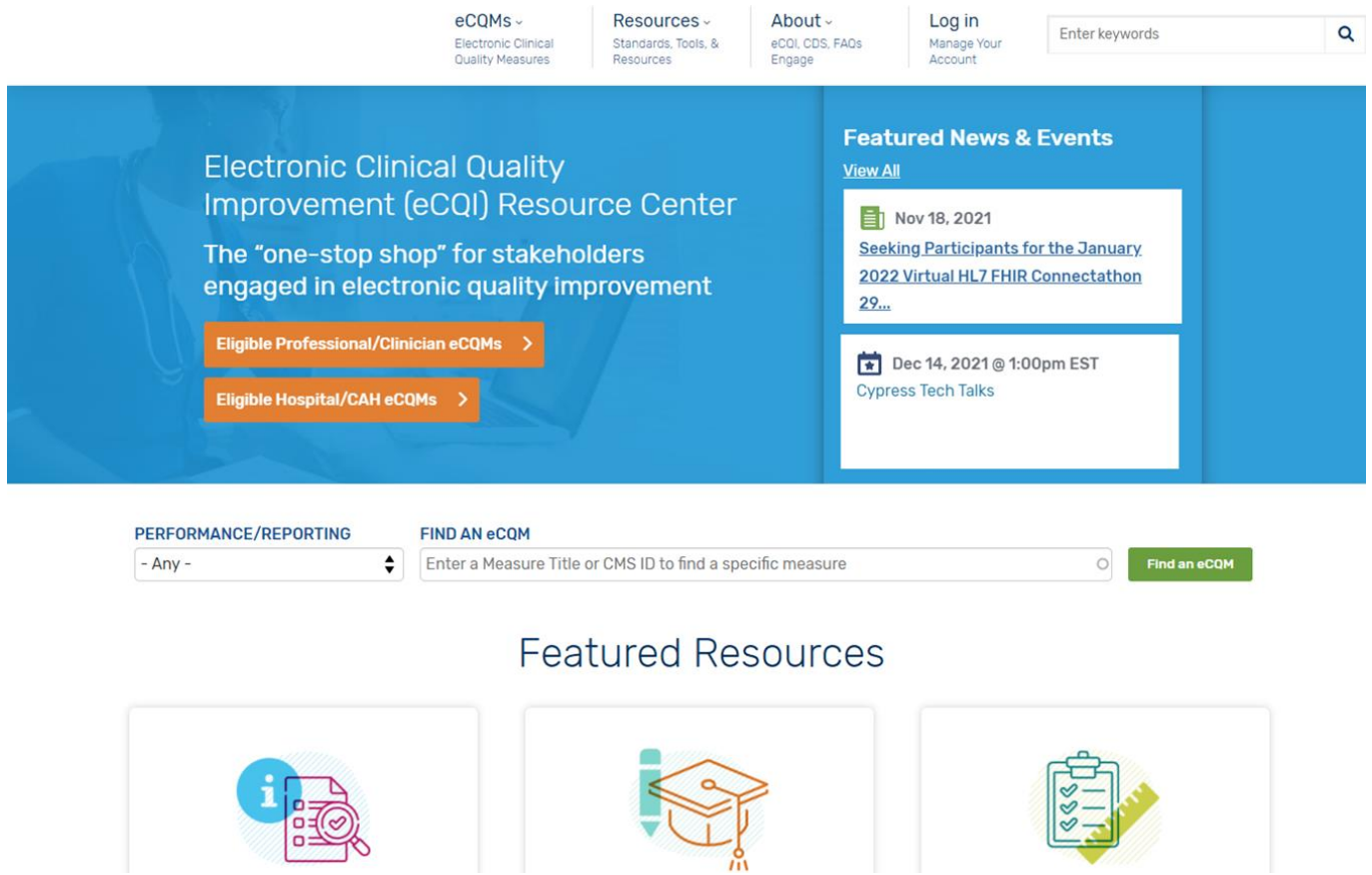
ECQI RESOURCE CENTER MEASURE COMPARE

Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Joe Mester, Battelle/ESAC, Inc.

ECQI RESOURCE CENTER WEBSITE

- The Electronic Clinical Quality Improvement (eCQI) Resource Center:
  - Electronic Clinical Quality Measures (eCQM) specifications and implementation materials for Eligible Professionals, Eligible Clinicians, Eligible Hospitals, and Critical Access Hospitals
  - eCQI standards information
  - eCQI tools, resources, and educational materials

NAVIGATING THE ECQI RESOURCE CENTER - HTTPS://ECQI.HEALTHIT.GOV



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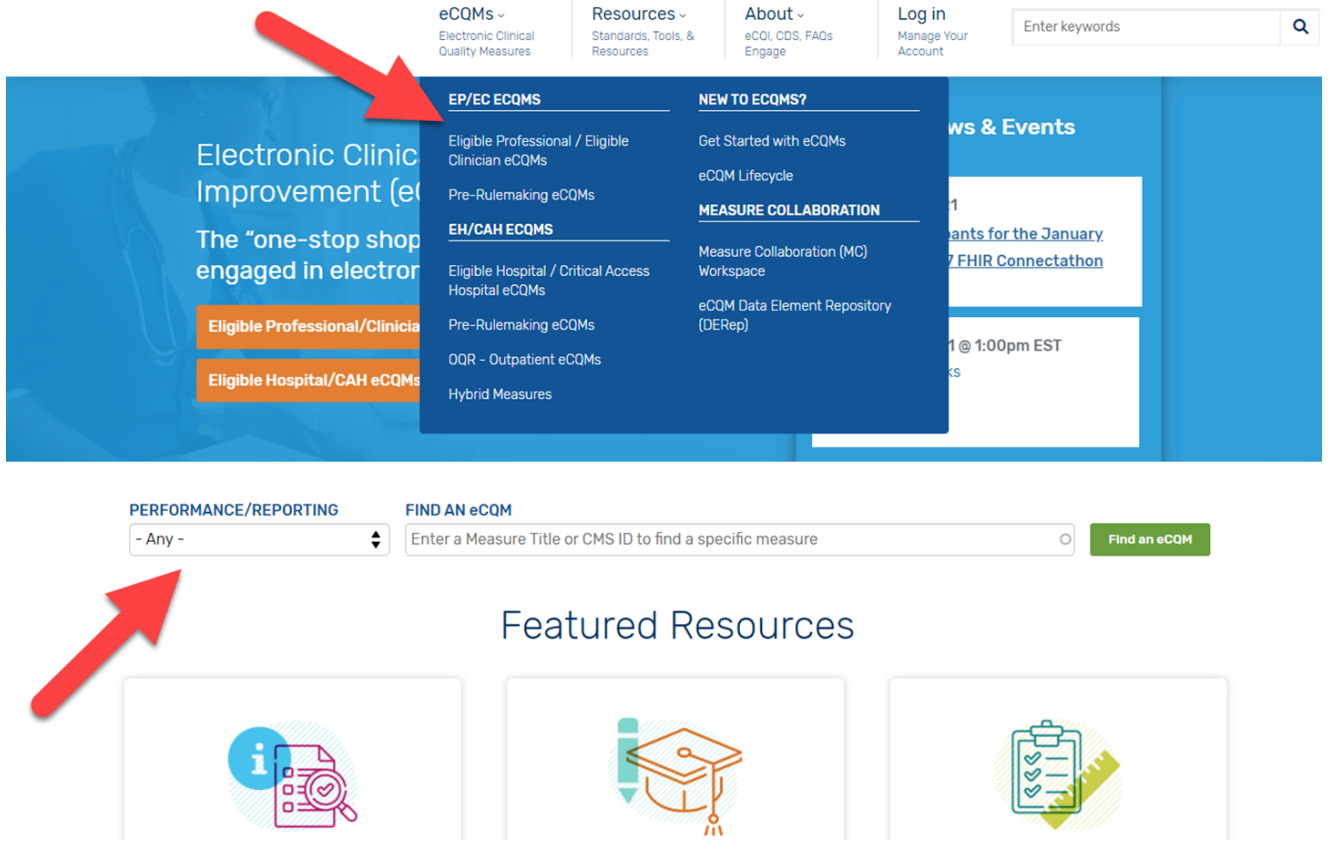

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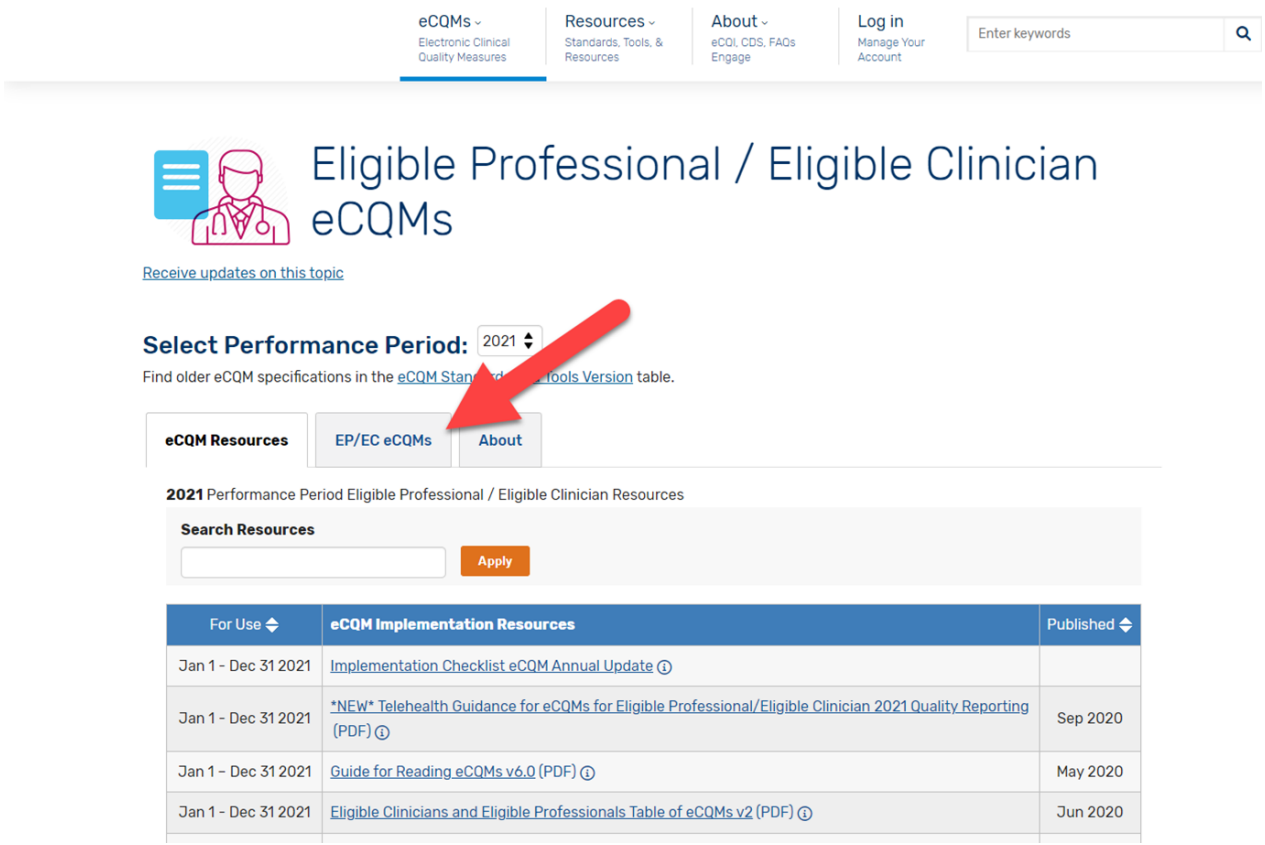

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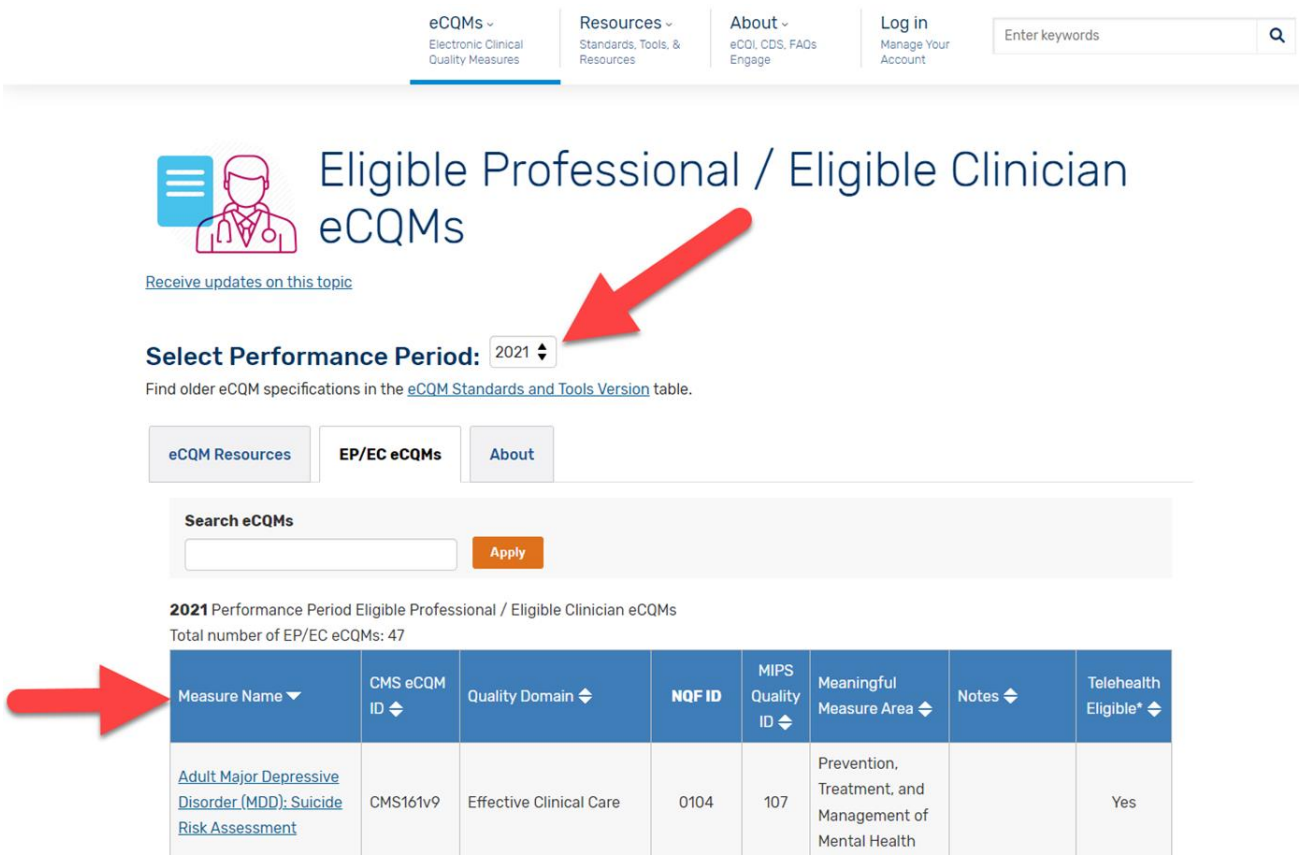

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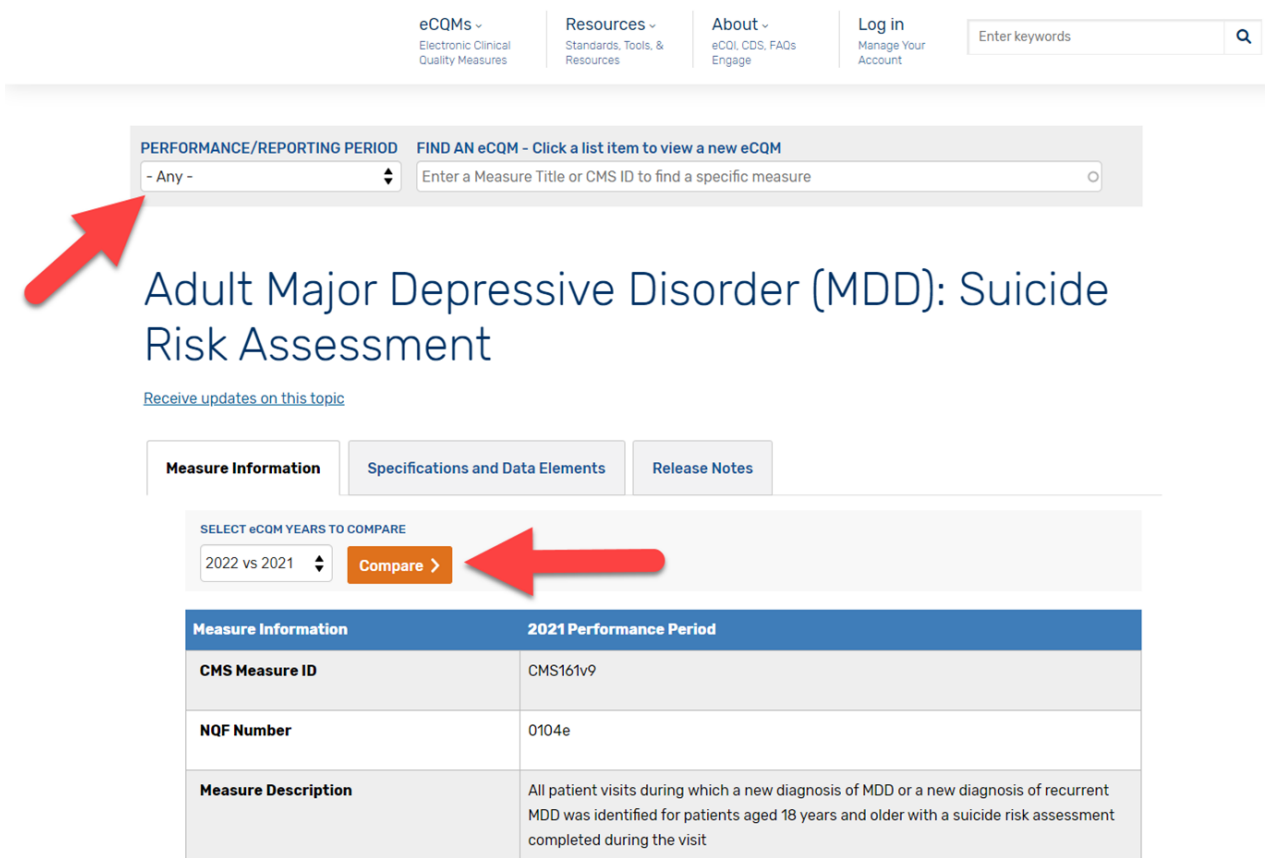


NAVIGATING THE ECQI RESOURCE CENTER

CONTACT THE ECQI RESOURCE CENTER

- We encourage you to visit and provide feedback on the eCQI Resource Center by emailing comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov.
- Visit the eCQI Resource Center Frequently Asked Questions

UPDATED 2022 QRDA I IMPLEMENTATION GUIDE AND HYBRID MEASURE SAMPLE FILE FOR HOSPITAL QUALITY REPORTING

Presenter: Yan Heras, ESAC, Inc.

2022 QRDA I IG, SCHEMATRONS AND SAMPLE FILES

- CMS has posted updates to the 2022 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) and Schematrons and Sample Files for Hospital Quality Reporting (HQR).
- The 2022 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the calendar year 2022 reporting period.

CHANGES TO THE 2022 QRDA I IG

- Updated Table 3: recordTarget Constraints Overview to display all applicable rows in the correct order.
- Added guidance to section 5.3.1 Validation Rules for Encounter Performed to document the assertion rule enforcing the allowance of only ONE “Encounter Diagnosis QDM” template with a rank attribute equal to 1.
- Added two new conformance statements to Table 14: Other Validation Rules for HQR Programs. These validation rules are not part of the CMS schematrons.
  - CMS_0087: Low date is after high date.
  - CMS_0088: Invalid DateTime has been provided.

CHANGES TO THE 2022 QRDA I SCHEMATRONS AND SAMPLE FILES

- Updated the sample file previously named: “2022-CMS-QRDA-I-v1.0_HWR-Hybrid-CCDE-Sample-File-05052021”.
  - Updated the sample file to include the Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (HWM) measure and the additional Core Clinical Data Element, platelet count, specified for HWM.
  - Renamed the sample file to: “2022-CMS-QRDA-I-v1.1-Hybrid-CCDE-Sample-File”.
- No changes to the schematrons.

ADDITIONAL QRDA-RELATED RESOURCES

- Find additional QRDA-related resources, as well as current and past IGs, on the eCQI Resource Center QRDA page.
- 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.

JANUARY 2022 HL7® FHIR® CONNECTATHON 29

Presenter: Jennifer Seeman, ESAC, Inc.

HL7® FHIR® CONNECTATHON 29 JANUARY 2022

- Virtual Event Date: January 10-12, 2022 (Time: Central)
- https://www.hl7.org/events/fhir/connectathon/2022/01
- Opportunity to work directly with other FHIR developers and senior members of the FHIR standards development team.
- The CMS eCQM Standards Team will continue the testing and use of FHIR-based Quality Measures for use in Quality Measurement programs, including CMS, Gaps in Care,(GIC) and Clinical Decision Support (CDS) Use Cases. Some of the planned activities include:
  - Test Measure specifications, content and capabilities
  - Test Measure Repository capabilities, including $data-requirements
  - Test Measure Terminology Service capabilities, including version-specific expansion
- For more details on the Clinical Reasoning Track, visit: https://confluence.hl7.org/display/FHIR/2022-01+Clinical+Reasoning
- If you have any questions, feel free to email us at fhir@icf.com

OUTPATIENT QUALITY REPORTING ELECTRONIC CLINICAL QUALITY MEASURE

Presenter: Tamara Mohammed, Center for Outcomes Research and Evaluation, Yale/Yale New Haven Health

MEASURE ADDED TO THE OPPS RULE

- The ST-Segment Elevation Myocardial Infarction (STEMI) eCQM (OP-40) been finalized for use in the Outpatient Quality Reporting (OQR) program
  - First eCQM in the OQR program
- Finalized for:
  - Voluntary Reporting: CY 2023 data for CY 2025 payment determination
  - Mandatory Reporting: beginning with CY 2024 data for CY 2026 payment determination
- Replaces 2 chart-abstracted measures:
  - OP-2 (Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department (ED) Arrival), and
  - OP-3 (Median Time to Transfer to Another Facility for Acute Coronary Intervention)
- OP-2 and OP-3 were finalized for removal from the OQR program beginning with CY 2023 reporting period/CY 2025 payment determination

MEASURE SPECIFICATIONS

- Electronic **process** measure that includes the populations of OP-2 and OP-3
- Measures the percentage of ED patients (aged 18 or older) diagnosed with STEMI that received timely fibrinolytic therapy (within 30 minutes) or timely transfer to a percutaneous coronary intervention (PCI)-capable facility (within 45 minutes).
- Has been submitted to the National Quality Forum (NQF) for endorsement.

MEASURE SPECIFICATIONS

- Denominator includes all emergency department (ED) encounters for patients 18 years and older with a diagnosis of ST-segment elevation myocardial infarction (STEMI)
- Numerator includes ED-based STEMI patients:
  - Patients whose time from ED arrival to fibrinolytic therapy is 30 minutes or fewer
  - Who arrive at a PCI-capable facility (without being transferred) and received PCI within 90 minutes of arrival
  - Who arrive at a non-PCI-capable facility and were transferred to a PCI-capable facility with 45 minutes of arrival

STEMI ECQM REPORTING

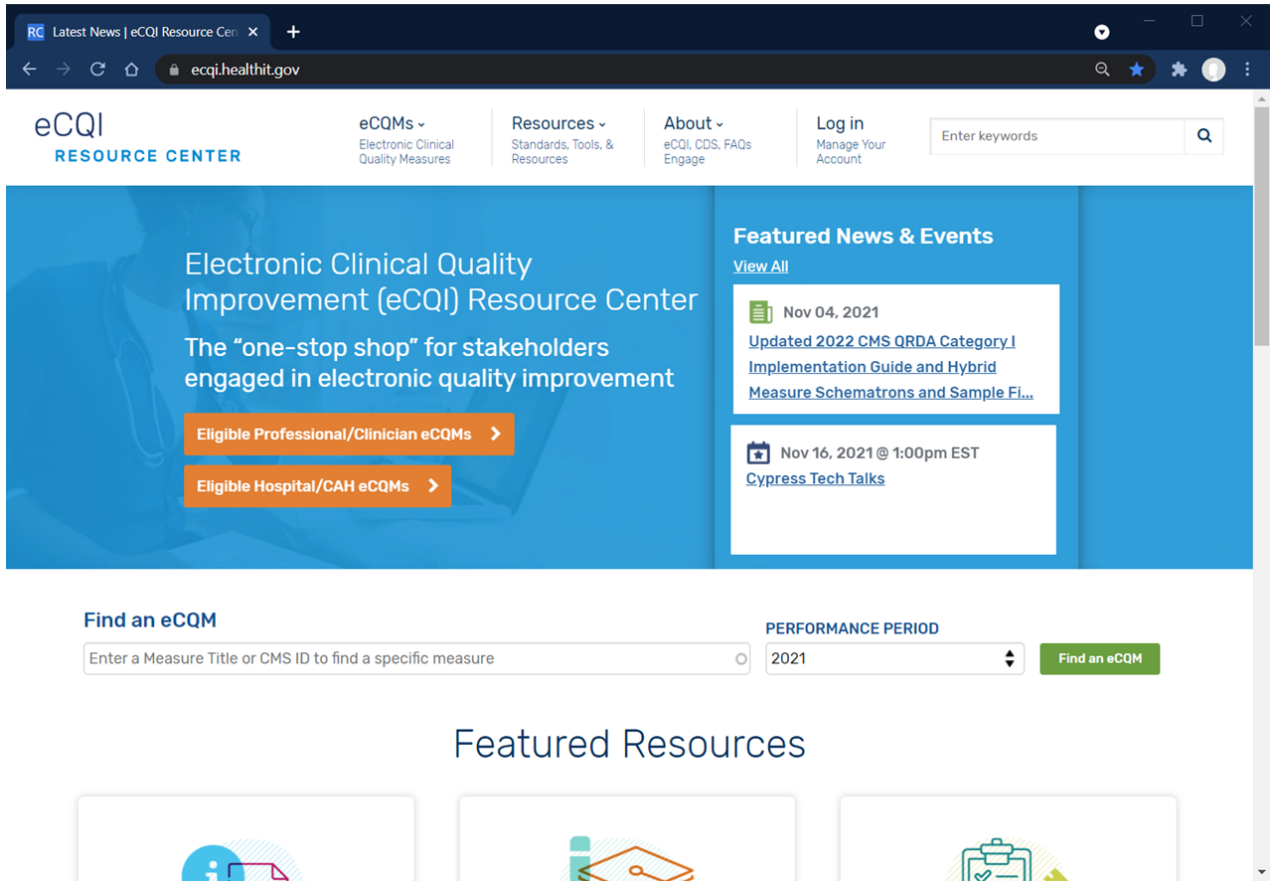
- Hospitals need to report:

Reporting Period	Data Period	Payment Determination
Voluntary Reporting	At least 1 quarter from CY 2023	N/A
Mandatory Reporting	At least 1 quarter from CY 2024	CY 2026
	At least 2 quarters from CY 2025	CY 2027
	At least 3 quarters from CY 2026	CY 2028
	All 4 quarters from CY 2027	CY 2029+

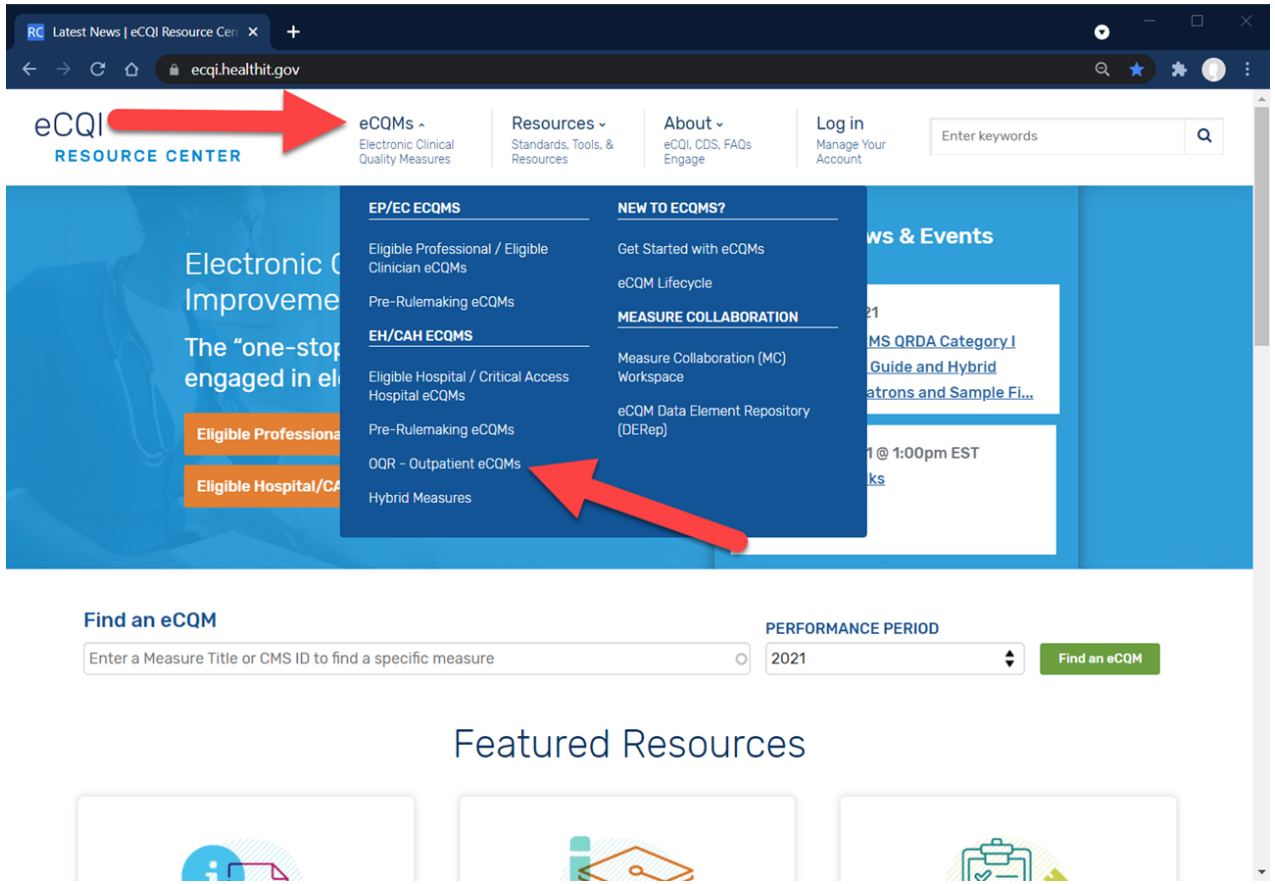
RESOURCES

- For information on the STEMI measure see:
  - Final Calendar Year 2023 Rule for the Outpatient Quality Reporting Program
  - eCQI Resource Center for information and resources related to the electronic specifications of the STEMI eCQM measure
- Submit technical and implementation questions in the ONC Project Tracking System (Jira) eCQM Tracker

NAVIGATING THE ECQI RESOURCE CENTER - HTTPS://ECQI.HEALTHIT.GOV



NAVIGATING TO THE OQR OUTPATIENT ECQM PAGE

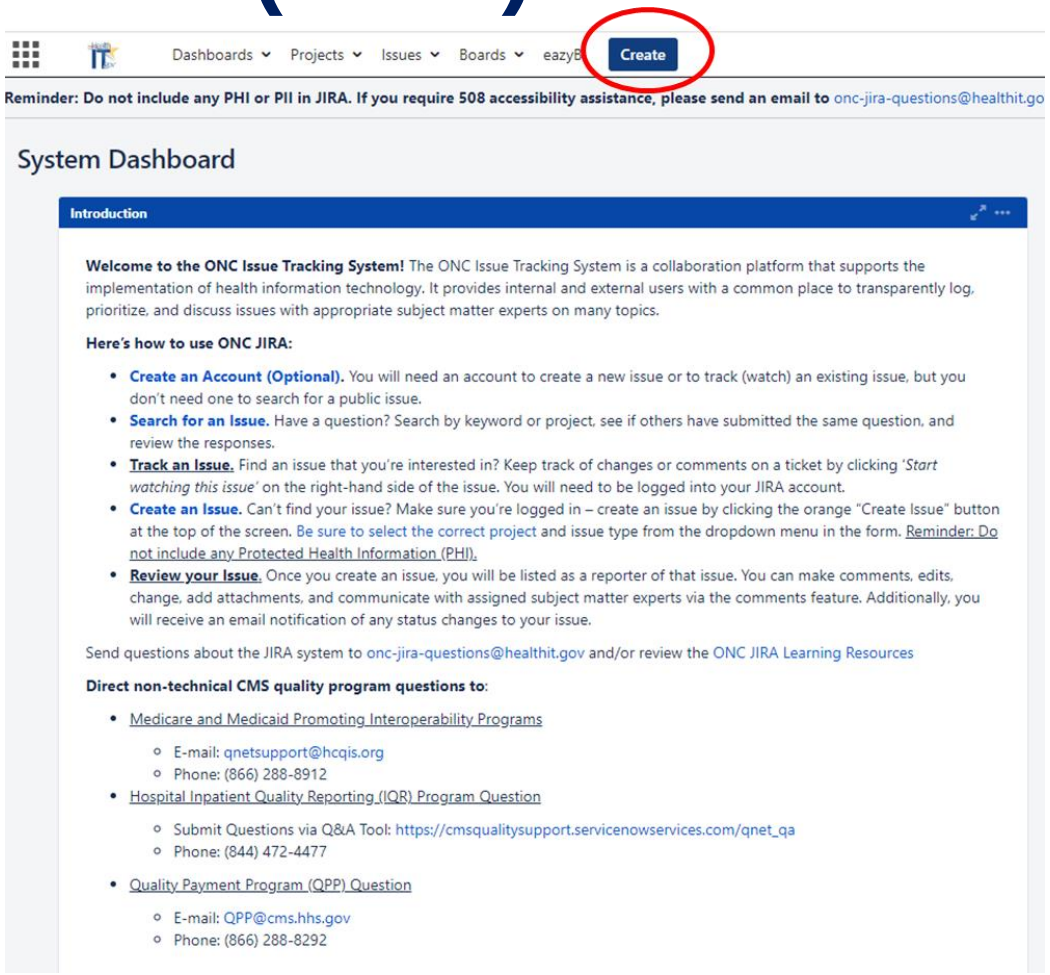


From the homepage select “Outpatient Quality Reporting eCQMs”

OQR OUTPATIENT ECQM PAGE - HTTPS://ECQI.HEALTHIT.GOV/EH-OQR-ECQMS

Contains information on the measure specifications and value sets

ECQM TRACKER (JIRA)

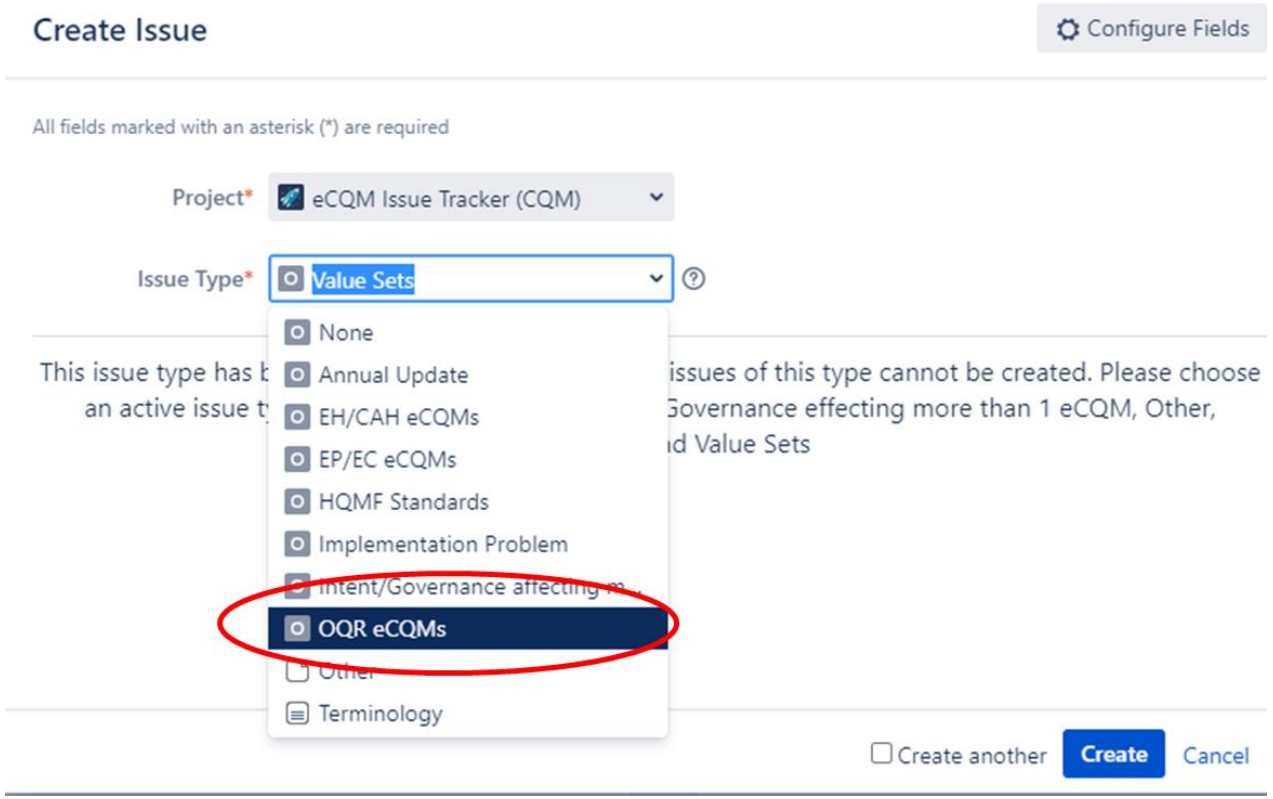


From homepage – select "Create" to create a new issue

https://oncprojecttracking.healthit.gov

https://oncprojecttracking.healthit.gov/support/secure/CreateIssue!default.jspa

LOGGING A TICKET FOR OQR ECQM IMPLEMENTATION/TECHNICAL ISSUES



- Under Project select “eCQM Issue Tracker”
- Under Issue Type select “OQR eCQMs”

QUALITY PAYMENT PROGRAM UPDATES

Presenter: Julie Johnson, Division of Electronic and Clinician Quality, CMS

2022 PFS FINAL RULE

- CMS published the 2022 Physician Fee Schedule (PFS) Final Rule on **November 2, 2021.**
- Key QPP policies in the rule include:
  - Revising definition of Merit-based Incentive Payment System (MIPS) eligible clinician types to include **social workers and certified nurse mid-wives**
  - Setting MIPS performance threshold at **75** points and exceptional performance threshold at **89** points
  - Weighting cost and quality performance categories equally (as statutorily required) at **30%**
  - Revising quality scoring policies, including introduction of a floor for new measures (7 points for first year, 5 points for second year) and removal of outcome/high priority measure bonus points and end-to-end electronic reporting bonus points
  - Extending CMS Web Interface in traditional MIPS for the 2022 performance year only

2022 PFS FINAL RULE

- The following updates were also included in Final Rule and affect future years of QPP:
  - Finalizing **7** MIPS Value Pathways (MVPs) that will be available, beginning with the 2023 performance year
  - Providing a description of the registration process and timeline for MVP and subgroup registration, beginning with the 2023 performance year
  - Starting with PY 2023, the 3-point floor for quality measures that 1) can be scored against a benchmark, 2) don't have a benchmark, and 3) don't meet case minimum will be removed

- For more information, please review the recording & slides from the 2022 QPP Final Rule Webinar and the following resources in the QPP 2022 Final Rule Resources Zip File:
  - Overview Fact Sheet
  - Policies Comparison Table
  - MVP Policies Table
  - Frequently Asked Questions (FAQs)
  - MVP Development Template

QPP EXCEPTION APPLICATIONS

- There are two exception applications available to clinicians in PY 2021:
  - The **Extreme and Uncontrollable Circumstances (EUC) Exception** application
    - Note: If you are MIPS eligible clinician who is eligible to participate in MIPS as an individual, the MIPS automatic EUC policy will be applied to you for PY 2021.
  - The **MIPS Promoting Interoperability Performance Category Hardship Exception** application
- To apply, sign into QPP with your HCQIS Access Roles and Profile (HARP) credentials and click "Exception Application" on the left-hand navigation.
- The deadline for the EUC Exception Application and MIPS Promoting Interoperability Performance Category Hardship Exception Application for PY 2021 is **December 31, 2021 at 8 p.m. ET**.
- For more information, please review the 2021 MIPS EUC Exception Application Guide and the 2021 MIPS Promoting Interoperability Hardship Exception Application Guide.

2021 AUTOMATIC EUC POLICY

- To provide relief where possible to clinicians responding to the 2019 Coronavirus (COVID-19) public health emergency, **CMS is applying MIPS automatic EUC policy to ALL individually eligible clinicians for the 2021 performance year.**
  - The automatic EUC policy only applies to clinicians who are eligible to participate in MIPS as individuals. The automatic EUC policy **doesn't** apply to groups, virtual groups, or Alternative Payment Model (APM) Entities.
  - If you are a clinician who is eligible to participate in MIPS as an individual, you don't need to take any action to have the automatic EUC policy applied to you.
  - You'll be automatically identified and will have all 4 MIPS performance categories reweighted to 0% and receive a neutral payment adjustment for the 2023 MIPS payment year unless you 1) submit data in 2 or more performance categories, or 2) have a higher final score from group or APM Entity participation.
- For more information, please review the 2021 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet and QPP COVID-19 Response Fact Sheet.

2020 PREVIEW PERIOD FOR DOCTORS AND CLINICIANS

- The Doctors and Clinicians Preview Period **closes today, December 14, 2021 at 8 p.m. ET**.
- To preview your 2020 QPP performance information before it is publicly reported on clinician and group profile pages on Medicare Care Compare and in the Provider Data Catalog (PDC), sign in to QPP using your HARP credentials.
- For more information, please refer to the following resources:
  - Preview Period: Performance Information for Doctors and Clinicians recording, slides, and transcript
  - Doctors and Clinicians Preview Period User Guide
  - Care Compare: Doctors and Clinicians Initiative page

VIRTUAL GROUP ELECTION PERIOD

- The virtual group election period for the 2022 performance year will close at **11:59 p.m. ET on December 31, 2021**.
  - To receive approval to participate as a virtual group for the 2022 performance year, you must submit an election via e-mail to MIPS_VirtualGroups@cms.hhs.gov.
- If your virtual group was approved for the 2021 MIPS performance year and intends to participate in MIPS as a virtual group for the 2022 MIPS performance year, your virtual group is still required to submit an election to CMS for the 2022 MIPS performance year.
- To learn more about virtual groups, please review the resources in the Virtual Groups Toolkit.

2021 AND 2022 MIPS ELIGIBILITY

- You can now visit the QPP Participation Status Tool and review your **final 2021 MIPS eligibility status.**
  - We've updated your eligibility status based on our review of Medicare Part B Claims and Provider Enrollment, Chain, and Ownership System (PECOS) data from the second segment of the MIPS Eligibility Determination Period (October 1, 2020 – September 30, 2021).
  - This status is final unless you participate in an Advanced APM and your Qualifying APM Participant (QP) status changes as a result of the 3rd APM Snapshot for performance year 2021.
    - Results from the 3rd APM Snapshot will be available in the coming weeks and will be announced through the QPP listserv.
- You can also check your **initial 2022 MIPS eligibility status** using the QPP Participation Status Tool.
  - Just enter your National Provider Identifier (NPI) to find out whether you need to participate in MIPS during the 2022 performance year.
- For more information, please review the 2021 MIPS Eligibility and Participation Quick Start Guide and 2021 MIPS Eligibility and Participation User Guide.

PY 2020 PAYMENT ADJUSTMENTS

- Payment adjustment information for performance year 2021/payment year 2022 was released in August. The payment adjustments will go into effect on **January 1, 2022**.
- You can currently access your 2020 MIPS performance feedback, 2020 final score, and 2022 payment adjustment information by:
  - Going to qpp.cms.gov/login
  - Logging in using your HARP system credentials; these are the same credentials that allowed you to submit your 2020 MIPS data
- For more information, please review the 2022 MIPS Payment Year Payment Adjustment User Guide and 2020 MIPS Performance Feedback and 2022 Payment Adjustment FAQs.

PY 2021 DATA SUBMISSION WINDOW

- The data submission window for PY 2021 will open on **January 3, 2022**.
- You must sign into 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)

QUALITY MEASURE SPECIFICATIONS AND BENCHMARKS

- CMS released the following measure specifications:
  - 2022 Medicare Part B Claims Measure Specifications and Supporting Documents
  - 2022 Qualified Clinical Data Registry (QCDR) Measure Specifications
  - 2022 Clinical Quality Measure Specifications and Supporting Documents
  - 2022 CMS Web Interface Measure Specifications and Supporting Documents
  - 2021 Medicare Part B Claims Measure Specifications and Supporting Documents
  - 2021 QCDR Measure Specifications
- We also released the 2021 Quality benchmarks and PY 2020 benchmarks, which are used to assess performance in the quality performance category.

UPCOMING WEBINARS

- **CMS Web Interface Transition Webinars**
  - For groups, virtual groups, and APM Entities that have been reporting data for the quality performance category through the CMS Web Interface and are required to transition to a different submission mechanism during future years of MIPS
  - January 19, 2022 and February 16, 2022
- **CMS Web Interface 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 2021 performance period
  - January 26, 2022, February 9, 2022, February 23, 2022, March 9, 2022, and March 23, 2022

NEW RESOURCES

- 2022 QPP Final Rule Resources
  - Includes the 2022 QPP final rule overview fact sheet, a policy comparison table, a MVPs policy table, an MVP development standardized template, and a set of frequently asked questions.
- 2019 QPP Experience Report
  - Provides insights into participation and performance in the MIPS and Advanced APMs tracks during the 2019 performance year
- 2021 Web Interface Excel Template, Excel Template with Sample Data, and Data Dictionary
  - Helps users understand and input submission data for the CMS Web Interface

UPCOMING RESOURCES

- CMS is developing several resources that will be available on the QPP Resource Library in the coming months:
  - 2022 Quick Start Guides
  - 2022 Specialty Guides
  - 2022 Data Submission Videos
  - 2022 Group Participation Guide
  - 2021 Data Submission FAQs
  - 2021 Data Submission User Guide
  - 2021 CMS Web Interface Submission Guide
  - 2021 Opt-in Toolkit
  - 2021 Web Interface Videos
  - QPP Access Guides

ALTERNATIVE PAYMENT MODEL UPDATES

Presenter: Corey Henderson, Center for Medicare & Medicaid Innovation, CMS

2022 PFS FINAL RULE

- In the 2022 PFS Final Rule, CMS finalized that subgroups will be a participation option for reporting the APM Performance Pathway (APP) beginning with the 2023 performance year.
- We also finalized the following changes related to the Medicare Shared Savings Program:
  - Extending the CMS Web Interface as an option for 3 years (through the 2024 performance year) to provide a longer transition for eCQMs/MIPS CQMs measure reporting for Shared Savings Program Accountable Care Organizations (ACOs) reporting the APP
  - For PY 2022 and 2023, an ACO will meet the quality performance standard if it:
    - Achieves a quality performance score that is equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring, or
    - If the ACO reports the 3 eCQMs/MIPS CQMs (meeting data completeness and case minimum requirements for all 3 measures) and achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the 5 remaining measures in the APP measure set

2022 PFS FINAL RULE

- CMS also finalized a policy to extend the current Qualifying APM Participant (QP) Incentive Payment processing hierarchy to include billing TINs that are active only during the payment year.
  - Adding this step to the processing hierarchy will make it easier for CMS to complete payments to more QPs in the first round of QP Incentive Payments.
  - This will enable CMS to look for payee TINs that are active in the base year or the payment year for each step of the hierarchy.
- For more information, please review the QPP 2022 Final Rule Resources Zip File.

QP AND MIPS APM PARTICIPATION INFORMATION

- In the coming weeks, CMS will update its Quality Payment Program Participation Status Tool based on the third snapshot of data from APM Entities.
  - The third snapshot includes data from Medicare Part B claims with dates of service between **January 1, 2021 – August 31, 2021**.
  - The tool includes 2021 QP and MIPS APM participation status.
- If you join a MIPS APM in the last 4 months of the year (from the end of snapshot 3 until the end of the performance year), you:
  - Will be considered a participant in the MIPS APM, and
  - Will be eligible to voluntarily report through the APP
- To learn more about how CMS determines QP and the APM participation status for each snapshot, please visit the Advanced APMs webpage on the QPP website.

NEW RESOURCES

- PY 2021 APP Quality Requirements (All Participants)
  - Contains the APP Quality Data Submission Options, APP Quality Measure Set for All Participants, and APP Quality Measure Specifications
- PY 2021 APP Quality Requirements (Shared Savings Program ACOs Only)
  - Contains the APP Quality Data Submission Options, APP Quality Measure Set for Shared Savings Program ACOs Only, and APP Quality Measure Specifications
- 2022 Learning Resources for All-Payer
  - Includes resources to help QPs participating under the All-Payer Combination Option during PY 2022
- 2021 and 2022 Comprehensive List of APMs
  - Displays the comprehensive list of APMs for the 2021 and 2022 performance period

QUESTIONS?

CMSQualityTeam@Ketchum.com

THANK YOU!

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for February 2022. CMS will share more information when it becomes available.