MARCH 2021
CMS QUALITY PROGRAMS BI-MONTHLY FORUM

March 30, 2021
# AGENDA

<table>
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<tr>
<th>Topic</th>
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| Medicare Promoting Interoperability Program Updates | **Andrew Morgan**  
Division of Value-Based Incentives and Quality Reporting, CMS |
| Call for Measures and Certified Electronic Health Record Technology Updates | **Dylan Podson**  
Division of Value-Based Incentives and Quality Reporting, CMS |
| Electronic Clinical Quality Measure Standards Cycle Graphic Overview | **Jennifer Seeman**  
ESAC, Inc. |
| Electronic Clinical Quality Improvement Resource Center Updates | **Edna Boone**  
Battelle/ESAC, Inc. |
| Quality Payment Program Updates                  | **Kati Moore**  
Division of Electronic and Clinician Quality, CMS          |
MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

Presenter: Andrew Morgan, Division of Value-Based Incentives and Quality Reporting, CMS
• The deadline for hospitals and critical access hospitals (CAHs) to submit their 2020 Medicare Promoting Interoperability Program data is now Thursday, April 1, 2021 at 11:59 p.m. ET.

• Medicare-eligible hospitals and CAHs must attest through the QualityNet Secure Portal.
  • If you are new to the QualityNet system, you must enroll.
  • If you qualify for both the Medicare and Medicaid Promoting Interoperability Programs, you must demonstrate meaningful use to CMS and not to your State Medicaid agency and will need to complete registration and attestation with CMS.

• For more information, you can visit the Registration & Attestation page on the Promoting Interoperability Programs website.
2021 MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION UPDATES
CALL FOR MEASURES AND CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY (CEHRT) UPDATES

Presenter: Dylan Podson, Division of Value-Based Incentives and Quality Reporting, CMS
MEDICARE PROMOTING INTEROPERABILITY PROGRAM ANNUAL CALL FOR MEASURES

• The Annual Call for Measures for eligible hospitals and critical access hospitals (CAHs) participating in the Medicare Promoting Interoperability Program opened on March 25, 2021.
  • Proposals submitted by the deadline will be considered for inclusion in future rulemaking.
  • Submission forms must be completed to be considered. Any information not applicable to the measure proposal must state “N/A” or “not applicable.”

• Proposals must be sent to CMSPICallforMeasures@ketchum.com by June 30, 2021. Applicants will receive email confirmations of their submission.

• For more information, visit the Annual Call for Measures page on the Promoting Interoperability Programs website.
In accordance with the updated certification criteria in the ONC 21st Century Cures Act Final Rule, Medicare Promoting Interoperability Program participants can use 2015 Edition CEHRT, the 2015 Edition Cures Update criteria, or a combination of the two in order to meet the CEHRT definition as finalized in the CY 2021 PFS final rule.

- The ONC 21st Century Cures Act Final Rule introduced a small number of new certification criteria, revised several existing certification criteria, and removed several certification criteria.
- This approach is similar to previous transition periods between Editions. For example, the transition from the 2014 Edition to 2015 Edition of CEHRT.
- Health IT Vendors and health care providers will have until December 31, 2022 to upgrade to the 2015 Edition Cures Update of CEHRT.
UPDATED 2021 CEHRT REQUIREMENTS

• CEHRT functionality must be in place by the first day of the EHR reporting period and the product must be certified by the last day of the EHR reporting period.

• The eligible hospital or CAH must be using their selected version’s functionality for the full EHR reporting period.

• For more information regarding these updates, please review:
  • 2021 Physician Fee Schedule Final Rule
  • ONC 21st Century Cures Act Final Rule
ECQM STANDARDS CYCLE

1. Request Change, Comment, Question
   Requests to change standards may originate from various stakeholders, work groups, or projects.

2. Reviews
   Standards team reviews requests and investigates options.

3. Evaluate Impacts
   Standards team review impacts of the change.

4. Approval
   Standards go through varying approval processes based on the governing body of the standard.

5. Update Standard
   Approved changes are applied to the standard content (i.e., implementation guide) based on required creation and publication format of the implementation guide.

6. Update Technical Resources, Tooling
   Many standards Implementation Guides have technical support materials or reference implementations that must be updated to maintain alignment with the published standard.

7. Publish
   Each standard goes through a publication process with some requiring formal announcement of their availability for use.
ELECTRONIC CLINICAL QUALITY IMPROVEMENT (ECQI) RESOURCE CENTER UPDATES

Presenter: Edna Boone, Battelle/ESAC, Inc.
The Centers for Medicare & Medicaid Services (CMS) published the *Electronic Clinical Quality Measures (eCQM) Annual Update Pre-Publication Document* on February 8, 2021.

**Purpose:**
- Describes changes in the standards and code system versions used in the eCQMs for potential use in CMS quality reporting programs for the 2022 reporting/performance period.
- Designed to help health information technology (IT)/electronic health record (EHR) developers, Eligible Professionals/Eligible Clinicians, and Eligible Hospitals/Critical Access Hospitals prepare for the 2022 reporting/performance period through transparent pre-release of expected standards and code system versions.
LOCATING THE ECQM ANNUAL UPDATE PRE-PUBLICATION DOCUMENT

Eligible Professional / Eligible Clinician eCQMs

Select Performance Period: 2022

| 2022 Performance Period Eligible Professional / Eligible Clinician Resources |
| --- | --- | --- |
| For Use | eCQM Implementation Resources | Published |
| Jan 1 - Dec 31 2022 | eCQM Annual Update Pre-Publication Document (POD) | Feb 2021 |
LOCATING THE ECQM ANNUAL UPDATE PRE-PUBLICATION DOCUMENT
ECQM STANDARDS & TOOLS VERSIONS CHART

• CMS updated the [eCQM Standards & Tools Versions Chart](#) on February 12, 2021.

• Provides the standards and tools used to create, test, and support the implementation of the eCQMs for potential use in CMS quality reporting programs for the 2022 reporting/performance period and previous years.

• Similar to the Pre-Publication document, the Versions chart is designed to help health IT/EHR developers, Eligible Professionals/Eligible Clinicians, and Eligible Hospitals/Critical Access Hospitals prepare for the 2022 reporting/performance period.
LOCATING THE ECQM STANDARDS AND TOOLS VERSIONS CHART
LOCATING THE ECQM STANDARDS AND TOOLS VERSIONS CHART
ECQI ECOSYSTEM GRAPHIC

• The eCQI Ecosystem Graphic was adapted from a graphic developed by the Health Level Seven International® (HL7 ®) Quality Improvement Workgroup.

• The image highlights the ideal iterative flow of evidence-based information from research to clinical practice and measurement to evaluate clinical performance and outcomes for healthcare organizations.

• Please note that while it is depicted in a linear fashion, the process is often interactive between stakeholders and phases as well as iterative.

• Find on the About eCQI page.
LOCATING THE ECQI ECOSYSTEM GRAPHIC
The **MC Workspace** is a web-based tool that brings together a set of interconnected resources, tools, and processes to promote transparency and better interaction across stakeholder communities that develop, implement, and report eCQMs.

The new graphic highlights the key MC Workspace modules for use during various eCQM Lifecycle stages.
MEASURE COLLABORATION (MC) WORKSPACE
LOCATING MEASURE COLLABORATION (MC) WORKSPACE/ECQM LIFECYCLE GRAPHIC
ENGAGE IN ECQI

• The federal government and private stakeholders provide opportunities for stakeholders to actively engage in eCQI efforts in multiple ways, e.g., open meetings, public comment periods, expert panels, and educational events.

• On the Engage in eCQI page you can select the user type you most associate yourself with and the table will sort opportunities that may be of interest to you.
LOCATING ENGAGE IN ECQI
Engage in Electronic Clinical Quality Improvement (eCQI)

Receive updates on this topic

Ways to engage with the eCQI community

The federal government and private stakeholders provide opportunities for stakeholders to actively engage in eCQI efforts through open meetings, public comment periods, expert panels, and educational events. Select the user type you most associate yourself with and the table will filter opportunities that may be of interest to you.

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<th>What User Type do you most associate with?</th>
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<td>Any</td>
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<tr>
<th>Opportunity</th>
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<td>CDS Connect</td>
<td>Receive occasional updates regarding open-source, freely available CDS Connect tools—including a repository of clinical decision support (CDS) artifacts, authoring tool for creation of CDS, and prototype development tools for testing and integrating CDS into health systems.</td>
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<tr>
<td>CMS Measures Management System Listens</td>
<td>Provides periodic e-mail newsletters with information on CMS quality measures, updates to the MMS web pages, and other CMS news.</td>
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CONTACT THE ECQI RESOURCE CENTER AND MC WORKSPACE

• Email comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov
• Visit the eCQI Resource Center Frequently Asked Questions
• Visit the MC Workspace Frequently Asked Questions
QUALITY PAYMENT PROGRAM (QPP) UPDATES

Presenter: Kati Moore, Division of Electronic and Clinician Quality, CMS
The MIPS 2020 data submission period will close tomorrow, March 31, 2021 at 8 p.m. ET.

To submit 2020 MIPS data, eligible clinicians should follow the steps outlined below:

- Go to the Quality Payment Program website.
- Sign in using your QPP access credentials.
  - If you aren’t registered in the HCQIS Authorization Roles and Profile (HARP) system, refer to the QPP Access User Guide.
- Submit your MIPS data for the 2020 performance period or review the data reported on your behalf by a third party.
COVID-19 RESPONSE: 2020 & 2021 PERFORMANCE YEARS

• The 2019 Coronavirus (COVID-19) public health emergency continues to impact all clinicians across the United States and territories:

2020 Performance Year
• **Extended** MIPS Automatic Extreme and Uncontrollable Circumstances (EUC) policy to all individual MIPS eligible clinicians for 2020 performance year.
  • MIPS eligible clinicians reporting as individuals will only be scored on performance categories for which data was submitted. All other performance categories will be reweighted to 0% of their final score.
  • Applies to MIPS eligible clinicians except for those who submitted data in two or more performance categories or those who reported as a group.
• EUC application for groups, virtual groups, and APM Entities has also been reopened through **March 31, 2021**.

2021 Performance Year
• Continuing **EUC Policy** for 2021 performance year.
  • MIPS eligible clinicians, groups, virtual groups, and APM Entities can submit an application requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency.
  • The EUC application will be available on [qpp.cms.gov](http://qpp.cms.gov) **later this spring**.

• For more information, visit the [QPP COVID-19 Response webpage](http://qpp.cms.gov).
2021 MIPS ANNUAL CALL FOR PROMOTING INTEROPERABILITY MEASURES AND IMPROVEMENT ACTIVITIES

• The MIPS Annual Call for Measures and Activities process allows clinicians and organizations to identify and submit:
  • Measures for the Promoting Interoperability performance category
  • Activities for the improvement activities performance category

• The MIPS Annual Call for Promoting Interoperability Measures and Improvement Activities submission period will close on July 1, 2021.

• The Annual Call for Quality Measures has a different submission process and deadline.

• To propose new measures and activities for MIPS, review the 2021 Call for Measures and Activities resources on the QPP Resource Library.
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS) FOR MIPS SURVEY

• Registration for groups, virtual groups, and APM Entities administering the CAHPS for MIPS survey opens this Thursday, **April 1, 2021** and closes on **June 30, 2021**.
  • Groups and virtual groups can choose to administer the CAHPS for MIPS survey as a Quality measure, as well as separately attest to it as an Improvement Activity.
  • No one is automatically registered for the CAHPS for MIPS survey. If you registered in PY 2020, you’ll need to register again for PY 2021.

• To register, **sign into QPP**, go to the Manage Access page, and click “Edit Registration.”
QUESTIONS?

CMSQualityTeam@Ketchum.com
THANK YOU!

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