<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>• Electronic Clinical Quality Improvement Resource Center Updates</td>
<td>Vidya Sellappan</td>
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<td>Division of Electronic and Clinician Quality, CMS</td>
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<td></td>
<td>Edna Boone</td>
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<td>Battelle/ESAC, Inc.</td>
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<td>• Quality Reporting Document Architecture Updates</td>
<td>Jennifer Seeman</td>
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<td>ESAC, Inc.</td>
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<td>• Electronic Clinical Quality Measures Annual Update Publication for PY2022</td>
<td>Claudia Hall</td>
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<td>Mathematica</td>
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<td>• Medicare Promoting Interoperability Program Hardship Exception Application</td>
<td>Greg Stark</td>
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<td>• Quality Payment Program Updates</td>
<td>Dan Herrmann</td>
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<tr>
<td>• Alternative Payment Model Performance Pathway Updates</td>
<td>Corey Henderson</td>
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<td>Center for Medicare and Medicaid Innovation, CMS</td>
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ELECTRONIC CLINICAL QUALITY IMPROVEMENT RESOURCE CENTER UPDATES

Presenter: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Edna Boone, Battelle/ESAC, Inc.
The Electronic Clinical Quality Improvement (eCQI) Resource Center serves as a one-stop shop for the most current information to support eCQI.

This website has the most current news, events, and resources related to electronic Clinical Quality Measurement (eCQM) tools and standards and is a place to coordinate people and activities around eCQI.

The eCQI Resource Center is constantly improving to better meet the needs of users and CMS encourages your feedback on the site.

Today we will highlight the latest updates based on the our most recent focus groups.

- New eCQM Standards webpage
- Main menu highlights and changes
NEW eCQM STANDARDS WEBPAGE

• CMS has a new webpage for eCQM Standards on the eCQI Resource Center.
• The eCQM Standards webpage provides an overview of key standards for developing and reporting eCQMs. Additionally, the new page provides information on:
  • Transmission standards for electronic exchange of healthcare data
  • Connections between standards and tools used to develop and test eCQMs
  • The eCQM standards update cycle
LOCATING THE eCQM STANDARDS WEBPAGE

Updated eCQM pages and enhanced eCQM Data Element Repository (DERep) navigation Now Available

Eligible Professional/Clinician

Eligible Hospital/CAH

eCQM Telehealth Guidance Now Available

Electronic Clinical Quality Improvement (eCQI) Resource Center: The eCQM one-stop shop

RESOURCES AND TOOLS
- eCQI Tools & Resources
- eCQM and eCQI Educational Resources
- eCQM Implementation Checklist
- Measure Collaboration (MC) Workspace

ECQI STANDARDS
- Standards Summary
- CQL (Clinical Quality Language)
- FHIR® (Fast Healthcare Interoperability Resources)
- HQMF (Health Quality Measure Format)
- CDM (Quality Data Model)
- QRDA (Quality Reporting Document Architecture)
- CDS/eCQM Harmonization
eCQM Standards

Electronic clinical quality measure (eCQM) standards are critical to data consistency, validity, and interoperability for health information technology (IT). They refer to agreed-upon methods and terminology for connecting documents, messages, and related healthcare data elements. Standards pertain to data transmission, processing, and presentation. See the Interoperability Standards Advisory for the eCQM recommended standards.

Key standards for electronic transmission of health information used to support eCMOs are:

- **CQL** – Clinical Quality Language – is the expression language used to explicitly communicate the logic needed to evaluate eCMOs. Essential to the operationalization of CQL is the Expression Logical Model (ELM) file. The ELM file is the machine-readable representation of the CQL designed for sharing and implementation applications.
- **HQMF** – Health Quality Measure Format – is a standard format to describe eCQM metadata, such as numerator, denominator, exclusions, and exceptions, as an XML document.
- **CQL-based Health Quality Measure Format (HQMF)** – is a standard implementation guide that describes how to use the HQMF base standard using the CQL and CQL to author eCMOs.
- **QDM** – Quality Data Model – is a standard information model that describes the data to represent information necessary for electronic quality assessment.
- **QRDA** – Quality Reporting Document Architecture – is a standard format for reporting eCQM data in a structured, consistent representation.

There are two forms of QRDA in use, QRDA I for individual patient data and QRDA III for aggregate patient data.
eCQM STANDARDS WEBPAGE

Health Terminology Standards

eCQM Standard Tools

CMS - Centers for Medicare & Medicaid Services  
CQL - Clinical Quality Language  
eCQM - electronic Clinical Quality Measure  
ELM - Expression Logical Model  
HQMF - Health Quality Measure Format  
QDM - Quality Data Model  
QRDA - Quality Reporting Document Architecture

Cypress  
Clinical Software Product Vendor

eCQM - Measure Specification Phase

Bonnie

CQL/ELM  
HQMF

Measure Developer

VSAC

eCQM - Measure Implementation Phase

eCQM

QRDA I, QRDA III

NCQA  
Teaching Resource

CQI/ELM

MAT

eCQM STANDARDS WEBPAGE

Standards Update 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.
New menu highlights where you are located on the main menu.
CONTACT US

• CMS invites you to explore the eCQI-centered community of the eCQI Resource Center and to send us your suggestions about the website at ecoi-resource-center@hhs.gov.
QUALITY REPORTING DOCUMENT
ARCHITECTURE UPDATES

Presenter: Jennifer Seeman, ESAC, Inc.
2022 CMS QRDA I IMPLEMENTATION GUIDE, SCHEMATRON, AND SAMPLE FILE PUBLICATION

• CMS published the 2022 CMS Quality Reporting Document Architecture Category I (QRDA I) Implementation Guide (IG), Schematron, and Sample File for Hospital Quality Reporting (HQR).

• The 2022 CMS QRDA I IG contains these high-level changes compared with the 2021 CMS QRDA I IG:
  • Updates to section 5.2.3.2 Reporting “unit” for Result Value
  • Addition of section 6.1 Reporting Result “unit” for Hybrid Measures

• The 2022 CMS QRDA IG uses the same base standard, Health Level Seven International® Clinical Document Architecture R2 IG: QRDA I, Release 1, Standard for Trial Use Release 5.2 with errata, as the 2021 CMS QRDA I IG.

• There are no changes to the 2022 CMS QRDA I Schematron compared with the 2021 CMS QRDA I Schematron.

• The 2022 CMS QRDA I Sample Files include updates to use the 2022 reporting period eCQMs as examples.
UPDATING 2021 CMS QRDA III IG

- CMS re-published the 2021 QRDA Category III IG, Schematron, and Sample Files for eligible clinicians and eligible professionals programs. The 2021 CMS QRDA III IG includes updates for the Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM) Performance Pathway (APP).

- This publication also includes relevant updates made for the Comprehensive Primary Care Plus (CPC+) and Primary Care First (PCF) Model.

- The updated 2021 CMS QRDA III IG includes these changes:
  - Addition of a new section to provide APM APP information
  - Updates for Section 4.1 CPC+ Submissions and Section 4.2 PCF Submissions
  - Correction to PI_LVITC_2 Measure Exclusion Language as described in the ONC Project Tracking System (Jira) QRDA project - QRDA Known Issue QKI-3
UPDATED 2021 CMS QRDA III SCHEMATRON AND SAMPLE FILES

• Updates to the 2021 CMS QRDA III Schematron:
  • Updates to support conformance statement updates for APP reporting.
  • Updates to disallow the PI Section for APP at the APM Entity Level, CPC+, and PCF reporting.

• Update to the 2021 CMS QRDA III Sample Files:
  • Added sample file with an example for APP.
ADDITIONAL QRDA-RELATED RESOURCES

• To find out more about QRDA and eCQMs, visit the eCQI Resource Center.

• 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.
ELECTRONIC CLINICAL QUALITY MEASURES ANNUAL UPDATE PUBLICATION FOR PY2022

Presenter: Claudia Hall, Mathematica
NOW AVAILABLE: eCQM MATERIALS FOR 2022 REPORTING

• CMS has posted the eCQM specifications for the 2022 reporting period for eligible hospitals and critical access hospitals (CAHs), and the 2022 performance period for eligible professionals and eligible clinicians.

• CMS updates the specifications annually to align with current clinical guidelines, technical specifications and code systems, so they remain relevant and actionable within the clinical care setting.

• These updated eCQMs are to be used to electronically report 2022 clinical quality measure data for CMS quality reporting programs.

• Measures will not be eligible for 2022 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.
eCQM ANNUAL UPDATE PROCESS AND GENERAL TIMELINE

• The annual update includes several steps that occur from fall to spring each year

1. Gather requirements
2. Identify recommended changes and proposed solutions
3. Obtain feedback on changes and solutions from stakeholders
4. Obtain CMS approval for changes
5. Update measures / documentation
6. Conduct quality assurance
7. Support publication

September  ➔ May
# Key Annual Update Stakeholders and Roles

<table>
<thead>
<tr>
<th>Government partners</th>
<th>Measure stewards</th>
<th>Contractors</th>
<th>Tools</th>
<th>End users</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS: Quality reporting program owners</td>
<td>A person or organization that owns and is responsible for maintaining a measure</td>
<td>Measure developers and stewards</td>
<td>Measure Authoring Tool: Generates measure packages and specifications</td>
<td>Implementers: Clinical quality improvement and informatics staff/health systems</td>
</tr>
<tr>
<td>ONC: Sets certification criteria for Health IT eCQM capabilities; sponsors Jira projects used for public question and answer on eCQMs</td>
<td></td>
<td>Standards contractors who maintain technical standards and review eCQM logic changes</td>
<td>Bonnie: Validates measure logic using test cases</td>
<td>EHR vendors: Providers of products for data collection</td>
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<tr>
<td>NLM: Sponsors and maintains the Value Set Authority Center</td>
<td></td>
<td>Measure Authoring Tool (MAT) and Bonnie testing tool contractor</td>
<td>Value Set Authority Center: Maintains and publishes measures’ value sets (code lists)</td>
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<td></td>
<td></td>
<td></td>
<td>See more tooling information on the eCQI RC</td>
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eCQM MAINTENANCE

- CMS updates eCQM specifications for eligible clinicians/eligible professionals and eligible hospitals/CAHs annually to align with:
  - Current evidence or guideline changes
  - Feedback from the field
  - Evolving technical standards in the data model and logic expression language
  - Coding/terminology updates
  - Harmonization efforts
    - Refinement/clarification of language used in eCQM header/logic for more efficient use/readability

- These updates occur annually so that eCQMs remain relevant and actionable within the clinical care setting.
NOTABLE eCQM UPDATES FOR 2022 REPORTING

• Header
  • Added language to define the episode for episode-based measures
  • Removed “overlaps” to improve clarity and use plain language text

• Logic
  • Added new “Normalize Interval” function to the Logic across measures, to decrease implementer burden related to reporting timing intervals

• Value Sets
  • Added standardized value set purpose statements for all value sets, which capture the clinical focus, data element scope, inclusion criteria, and exclusion criteria for each value set

• Technical Release Notes
  • Continued to provide standardized rationale for value set/coding changes

• Telehealth
  • [Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2022 Quality Reporting](#)
  • Added clarifying language and rationale in eCQM header for measures not telehealth eligible
  • Neutralized telehealth language used in eCQM header, logic, and value sets
    • Removed specific references to setting of care (face-to-face) or added references to telehealth if indicated
PUBLISHED eCQMS ARE AVAILABLE ON THE eCQI RESOURCE CENTER HTTPS://ECQI.HEALTHIT.GOV/
ELIGIBLE PROFESSIONAL/ELIGIBLE CLINICIAN eCQM PAGE

https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1&globalyearfilter=2022
ELIGIBLE PROFESSIONAL/ELIGIBLE CLINICIAN eCQM PAGE

Eligible Professional / Eligible Clinician eCQMs

Select Performance Period: 2022

Search eCQMs

2022 Performance Period Eligible Professional / Eligible Clinician eCQMs
Total number of EP/EC eCQMs: 48

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<tr>
<th>Measure Name</th>
<th>CMS eCQM ID</th>
<th>Quality Domain</th>
<th>NQF ID</th>
<th>MIPS Quality ID</th>
<th>Meaningful Measure Area</th>
<th>Telehealth Eligible*</th>
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<tr>
<td>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</td>
<td>CMS105v10</td>
<td>Effective Clinical Care</td>
<td>0104e</td>
<td>107</td>
<td>Prevention, Treatment, and Management of Mental Health</td>
<td>Yes</td>
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https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1&globalyearfilter=2022
INDIVIDUAL eCQM MEASURE DETAILS

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

Overview of eCQM specification

https://ecqi.healthit.gov/ecqm/ep/2022/cms161v9
eCQM MEASURE SPECIFICATION & INDIVIDUAL eCQM CHANGES (TECHNICAL RELEASE NOTES)

Specifications

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<tr>
<td>CMS16v10.html</td>
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<td>CMS16v10.zip</td>
<td>65.62 KB</td>
</tr>
<tr>
<td>CMS16v10-TRN.xlsx</td>
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Release Notes

- Updated the eCQM version number.

  **Measure Section:** eCQM Version Number

  **Source of Change:** Annual Update

- Updated Measure Steward.

  **Measure Section:** Measure Steward

https://ecqi.healthit.gov/ecqm/ep/2022/cms161v9
MEDICARE PROMOTING INTEROPERABILITY PROGRAM
HARDSHIP EXCEPTION APPLICATION

Presenter: Greg Stark, Division of Value-Based Incentives and Quality Reporting, CMS
MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION

• For performance year (PY) 2020, eligible hospitals and CAHs may be exempt from Medicare penalties if they can show that compliance with the meaningful EHR user requirement would result in a significant hardship.

• To be considered for an exemption, applicants must submit hardship applications electronically here.
  • If an electronic submission is not possible, applicants may verbally submit their application over the phone by calling the QualityNet Help Desk at (866) 288-8912.

• The deadline for eligible hospitals and CAHs to submit an application is September 1, 2021.
MEDIICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION RESOURCES

• For more information, review the following resources:
  • Scoring, Payment Adjustment, and Hardship Information page
  • Medicare Promoting Interoperability Program Hardship Exception Fact Sheet
  • Payment Adjustment and Hardship Information Tipsheet
  • Payment Adjustment and Hardship Exceptions Table
Mедicare promoting interoperability program updates

Presenter: Dylan Podson, Division of Value-Based Incentives and Quality Reporting, CMS
FY 2022 IPPS AND LTCH PPS PROPOSED RULE

• On April 27, 2021, CMS issued the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS) and Long-term Care Hospital Prospective Payment System (LTCH PPS) Proposed Rule.

• For more information, please review:
  • Proposed rule (CMS-1752-P)
  • Press release
  • Fact Sheet
MEDICARE PROMOTING INTEROPERABILITY PROGRAM PROPOSED CHANGES

• Proposed changes to the Medicare Promoting Interoperability Program include:
  • Maintaining a continuous 90-day EHR reporting period for new and returning participants (eligible hospitals and CAHs) in the Medicare Promoting Interoperability Program for calendar years (CY) 2022 and 2023, and transitioning to a continuous 180-day EHR reporting period beginning in CY 2024 for all new and returning program participants;
  • Increasing the available bonus points for the Electronic Prescribing Objective’s Query of Prescription Drug Monitoring Program measure from 5 points to 10 points;
  • Updating the Provide Patients Electronic Access to their Health Information measure to require hospitals and CAHs to maintain electronic health information from encounters on or after January 1, 2016;
  • Adopting the Health Information Exchange Bi-Directional Exchange measure (worth 40 points) as part of the Health Information Exchange Objective as an alternative to the 2 existing measures;
MEDICARE PROMOTING INTEROPERABILITY PROGRAM PROPOSED CHANGES

• Proposed changes to the Medicare Promoting Interoperability Program include:
  • Requiring reporting on 4 of the Public Health and Clinical Data Exchange Objective measures: Syndromic Surveillance Reporting; Immunization Registry Reporting; Electronic Case Reporting; and Electronic Reportable Laboratory Result Reporting, which is worth up to 10 points;
    • The Public Health Registry Reporting and Clinical Data Registry Reporting measures would remain optional and available for a total of 5 bonus points.
  • Requiring eligible hospitals and CAHs to attest to having completed an annual assessment via a Safety Assurance Factors for EHR Resilience (SAFER) Guides measure, under the Protect Patient Health Information objective, beginning January 1, 2022;
  • Removing attestation statements 2 and 3 from the Medicare Promoting Interoperability Program’s prevention of information blocking requirement;
    • We believe that the similarities between the practices described under statements 2 and 3 and the ONC’s definition of information blocking will create confusion for stakeholders.
MEDICARE PROMOTING INTEROPERABILITY PROGRAM PROPOSED CHANGES

• Proposed changes to the Medicare Promoting Interoperability Program include:
  • Increasing the minimum scoring threshold from 50 points to 60 points;
  • Adopting 2 new eCQMs beginning with the reporting period in CY 2023, and removing 4 eCQMs beginning with the reporting period in CY 2024; and
  • Requiring use of the 2015 Edition Cures Update beginning in CY 2023 for all available eCQMs. To learn more about the 2015 Edition Cures Update, please review ONC's 21st Century Cures Act final rule.
FY 2022 IPPS AND LTCH PPS PROPOSED RULE COMMENTS

- CMS is soliciting feedback on the proposed changes. The deadline for submitting comments on the proposed rule is no later than 11:59 p.m. ET on June 28, 2021.

- The public can submit comments by one of several ways:
  - By regular mail
  - By express or overnight mail
  - Electronically: Through the “submit a comment” instructions on the Federal Register
The Annual Call for Measures period for the Medicare Promoting Interoperability Program closes on **June 30, 2021**, at **11:59 p.m. ET**.

- Proposals submitted by the deadline will be considered for inclusion in future rulemaking.
- You must send in all of the required information for CMS to consider your proposal. Any information not applicable to the measure proposal must state “N/A” or “not applicable.” Incomplete applications will not be reviewed.

Proposals must be sent to [CMSPICallforMeasures@ketchum.com](mailto:CMSPICallforMeasures@ketchum.com). Applicants will receive email confirmations of their submission.

For more information, please review:

- Annual Call for Measures page
- Submission Form
- Fact Sheet
QUALITY PAYMENT PROGRAM
UPDATES

Presenter: Dan Herrmann, Division of Electronic and Clinician Quality, CMS
CALL FOR PROMOTING INTEROPERABILITY MEASURES AND IMPROVEMENT ACTIVITIES

• The MIPS Annual Call for Promoting Interoperability Measures and Improvement Activities submission period closes on July 1, 2021.
  • The Annual Call for Measures and Activities allows clinicians and organizations to identify and submit measures for the Promoting Interoperability performance category and activities for the improvement activities performance category.

• 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 Quality Payment Program (QPP) Resource Library.
CMS WEB INTERFACE AND CAHPS FOR MIPS SURVEY REGISTRATION

- Registration for groups, virtual groups, and APM Entities that intend to submit PY 2021 data via the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey closes at 8 p.m. ET on June 30, 2021.

- If your group or virtual group submitted data for the quality performance category via the CMS Web Interface for PY 2020, you’re automatically registered for PY 2021.
  - Shared Savings Program Accountable Care Organizations (ACOs) and ACOs participating in the Next Generation ACO Model are also automatically registered.

- Only Shared Savings Program ACOs are automatically registered for the CAHPS for MIPS Survey. Other groups and virtual groups who registered in PY 2020 will need to register again for PY 2021.

- To register, sign into QPP, go to the Manage Access page, and click “Edit Registration.”
EXCEPTION APPLICATIONS

• There are 2 exception applications available to clinicians in PY 2021:
  • **Extreme and Uncontrollable Circumstances (EUC) Exception application** allows clinicians to request reweighting for any or all performance categories if they encounter an EUC or public health emergency, such as COVID-19, that is outside of their control.
  • **MIPS Promoting Interoperability Performance Category Hardship Exception application** allows clinicians to request reweighting specifically for the Promoting Interoperability performance category.

• The deadline for the PY 2021 QPP exception applications is **8 p.m. ET on December 31, 2021**.
QPP POLICY UPDATES

• CMS is extending the EUC policy to MIPS eligible clinicians identified as located in a CMS-designated region affected by an EUC event (such as a Federal Emergency Management Agency (FEMA)-designated major disaster) during the 2021 performance year.
  • MIPS eligible clinicians who are automatically identified and subject to MIPS will have all 4 performance categories weighted at 0%.
  • The automatic EUC policy won’t apply if the clinician submits data as an individual for 2 or more MIPS performance categories.
  • The automatic EUC policy doesn’t apply to group, virtual group, or APM Entity participation.

• For more information, review the 2021 MIPS Automatic EUC Policy fact sheet.
QPP POLICY UPDATES

• CMS is reweighting the cost performance category from 15% to 0% for the 2020 performance period for all MIPS eligible clinicians regardless of participation as an individual, group, virtual group, or APM Entity.
  • The 15% cost performance category weight will be redistributed to other performance categories.
  • If a MIPS eligible clinician is scored on fewer than 2 performance categories, they will receive a final score equal to the performance threshold and a neutral MIPS payment adjustment for the 2022 MIPS payment year.
  • The reweighting of the cost performance category applies in addition to the EUC policy. Clinicians who aren’t covered by the automatic EUC policy or who didn’t request reweighting under the EUC will still have their cost performance category weighted to 0%.

• For more information, review the cost performance category materials on the QPP Resource Library.
UPCOMING WEBINARS AND AVAILABLE RESOURCES

• **Overview of Improvement Activities and Promoting Interoperability Performance Categories for 2021 Performance Year Webinar**
  
  • June 9, 2021 from 1-2:30 p.m. ET
  
  • Provides information on improvement activities and Promoting Interoperability performance category basics for 2021 participation, reporting and scoring requirements, and resources and support.

• **2021 MIPS User Guides**
  
  • Detail MIPS eligibility and participation in 2021, as well as how to participate in the quality, Promoting Interoperability, improvement activities, and cost performance categories.
APM PERFORMANCE PATHWAY UPDATES

Presenter: Corey Henderson, Center for Medicare and Medicaid Innovation, CMS
APP

• CMS has finalized the **APP** as a new reporting framework beginning with the 2021 performance year.

• The APP is designed to:
  • Reduce reporting burden
  • Create new scoring opportunities for participants in MIPS APMs
  • Encourage participation in APMs
The APP is:

• Only available to **MIPS APMs participants**
  • **Participation is optional**: MIPS APM participants may choose to participate under traditional MIPS reporting and scoring if they’d prefer.

• **Required** for all Medicare Shared Savings Program ACOs
  • Please note: ACOs report quality measures on behalf of their MIPS eligible clinicians

• Available for reporting by the individual eligible clinician, group (TIN), or APM Entity

• Complementary to MVPs

• Composed of a fixed set of measures for each performance category
APM Performance Pathway for MIPS APM Participants in 2021

Beginning with the 2021 performance year, MIPS APM participants have the option to participate in MIPS via the APM Performance Pathway (APP), a single, pre-determined measure set similar to the MIPS Value Pathways (MVPs).

What Are the Features of the APP?

- **CMS designed the APP measure set to reflect the diversity of practice types that exist among APM participants, even within the same APM Entity.**

- **The APP provides predictable and consistent MIPS reporting requirements.**

- **Participation is optional.** MIPS APM participants may choose to participate under traditional MIPS reporting and scoring if they’d prefer.

- **Participants may report the APP at the individual, group, or APM Entity level.**

- **CMS will award the highest available score.** For example, if your APM Entity reports on the APP and your group reports under traditional MIPS, you will receive whichever of the 2 scores is higher.
What Are the Reporting Requirements Under the APP?

**Quality**
50% of MIPS Final Score
- CAHPS for MIPS (Quality ID: 321)
- Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups (Quality ID: 479)
- Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs (Quality ID: 480)

**Promoting Interoperability**
30% of MIPS Final Score
- Same reporting as traditional MIPS

**Improvement Activities**
20% of MIPS Final Score
- Automatic full credit in 2021

**Cost**
0% of MIPS Final Score
- No requirements

APP participants will be scored on the following quality measure set:

1. Beginning in 2021, the APP will be required for all Medicare Shared Savings Program ACOs. All quality data reported via the APP will be used to calculate Medicare Shared Savings Program scores, and quality measure scores between the 2 programs will be identical.
2. Please note: If you participate in a virtual group, you will receive a final score based on the performance of the virtual group, even if you have a higher score through another means of participation.
We modified the quality measures set for the APP to add the CMS Web Interface as an additional collection type for ACO Entities to use to report on behalf of their clinicians for the 2021 performance period.

The APP’s quality measure set is finalized as:
• CAHPS for MIPS survey measure
• 2 administrative claims measures
• 3 quality measures (reported as eCQMs, MIPS CQMs, or Medicare Part B claims measures)
  • For 2021 performance period, Medicare Shared Savings Program ACOs have option to report 10 CMS Web Interface measures in lieu of these 3 measures
APP RESOURCES

For more information:

• Visit the [APP page](#) on the QPP website
• [2021 APP Infographic](#)
• [2021 APP for MIPS APM Participants Fact Sheet](#)
• More resources coming soon
QUESTIONS?

CMSQualityTeam@Ketchum.com
THANK YOU!

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