

May 2021 CMS Quality Programs Bi-Monthly Forum

May 20, 2021

Hello, everyone, and thank you for joining us today. My name is Darrick Hunter from CMS's 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 Electronic Clinical Quality Improvement Resource Center updates, Quality Reporting Document Architecture updates, the Electronic Clinical Quality Measures Annual Update Publication for Performance Year 2022, Medicare Promoting Interoperability Program updates, Quality Payment Program updates, and Alternative Payment Model Performance Pathway 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 your 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. Vidya Sellappan and Edna Boone, I will now turn it over to you for your presentation.

Thanks, Darrick. Thanks to all of you for attending today. Next slide, please.

But today, we're going to talk about some of the latest updates we have for the Electronic Clinical Quality Improvement Resource Center. The Electronic Clinical Quality Improvement Resource Center, or eCQI Resource Center, serves as a one-stop shop for the most current information to support clinical quality improvement. This website has the most current news, events, resources related to clinical quality measurement, or eCQM, tools and standards and is a place to coordinate people and activities around eCQI. The Resource Center is constantly improving to better meet the needs of users, and CMS encourages your feedback on the site. Today, Edna Boone will highlight some of the latest updates that we have from our most recent focus groups. The two major changes are the new eCQM Standards web page and the main menu highlights and changes. Next slide, please. I will now turn it over to Edna Boone.

Thanks, Vidya. As Vidya noted, we have a new web page on the Resource Center called eCQM Standards, so this provides an overview of the key standards for developing and reporting eCQMs, and additionally the page has some information on the transmission of standards for health information exchange, the connections between the various standards and tools that are used to develop and test eCQMs, and also a peek at what the eCQM standards update cycle looks like. Next slide, please.

So to find the page, you would go to the resources on the main menu, and as the menu drops down, you will see eCQI standards, so you see that Standards Summary. That is, again, a new page on the top, and then note that below that, we have specific information on the site on key standards in the space, so clinical quality language, FHIR information, Health Quality Measure Format, HQMF, quality measure, Quality Data Model, QDM, and QRDA, Quality Reporting Data Architecture, so note that we still have all of that rich information about each individual standard, but we didn't really have a

summary of just kind of pulling it back to standards in general. Next slide, please.

So again, you're seeing now the page itself, and you can see the top of it, again, has some text about standards in general, and then it's the key standards that are used in this space. Next slide, please.

If you scroll down, you will see information on health terminology standards, so these are the transmission standards for electronic exchange of health data, and you can see that in terms of what's used in quality measurement. Also on this page is the eCQM standards tools, and this, again, provides the connections between the standards and tools used to develop and test electronic clinical quality measures. Next slide.

The standards update cycle, as you can imagine, standards are constantly improving and changing, and we look at how the data is being captured and used and shared, so this standards update cycle provides an overview of the steps that CMS standards contractors use to move through supporting these updates to the standards that are used in CMS Quality Reporting Incentive Program, and I will note that, throughout the standards life cycle, there are some opportunities for people to weigh in, and particularly you might want to work with your vendor and make sure that they are indeed following the cycle and intervening and providing input if appropriate. Next slide, please.

So the other item that we've done is just menu changes to the site, and again, we get a lot of our feedback from end users, and sometimes it's difficult to remember where you are on the site, so the new menu highlights where you are located on the main menu and then a given page of the site. Next slide, please.

Just a reminder that CMS invites you to explore this eCQI and eCQM community of the Resource Center and to send any suggestions or recommendations that you have to the e-mail here. Both of these enhancements that you're seeing are a result of focus groups and feedback directly from end users. Thank you.

Jennifer Seeman will present next.

Hi. Thank you. Next slide.

This is Jen Seeman from the ESAC standards contract and just wanted to make a few announcements about QRDA today. Last week, we did announce and publish the 2022 CMS QRDA I IG and supporting files. This is to support hospital quality reporting. At a high level, there are a few changes to this IG. We did indicate some updated guidance for the reporting of units for results and also units as it relates to the hybrid measures submissions. This version of the CMS IG uses the same base standards, so we're still working from 5.2. There were no changes to the Schematron from 2021, and we really just updated the sample file to reflect more current dates. Next slide, please.

Also hot off the press, we just republished the 2021 CMS QRDA III IG. This supports EPs reporting in MIPS APM programs, and this IG, Schematron, and sample files were updated to accommodate the APP pathway, and so I think there's actually some more information coming about that later in the presentation as well. So basically, we added a section for APP information

as well as updates to CPC+ and PCF submissions. Also, we resolved a known issue in the IG that was a language discrepancy from the original publication. Next slide, please.

So related to the IG updates, the Schematron was also updated to support the APP reporting and how it interacts with APPM or, I'm sorry, APM Entities, CPC+, and PCF reporting, and a new sample file has been included to show the APP reporting. Next slide.

And just additional reference information, of course, for QRDA and eCQM information, you can visit the eCQI Resource Center. You can post questions in the ONC Project for QRDA, and you can also review the QRDA Known Issues Dashboard also in the ONC Jira Project. And that is all I have. Thank you.

Thank you, Jennifer. Next, we have a presentation from Claudia Hall.

Hi, everyone. This is Claudia Hall from Mathematica, and I will be reviewing the Electronic Clinical Quality Measure, eCQM, Annual Update for 2022 Reporting. Next slide.

Okay. CMS has posted the eCQM specifications for the 2022 reporting period for eligible hospitals and critical access hospitals 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. Next slide.

Okay. Next, I'm going to provide an overview of the eCQM annual update cycle. The annual update includes several steps that occur from fall to spring each year. The first step in the process is to perform requirements gathering. This step includes reviewing previous public input via Jira tickets, involves literature review convening expert work groups and technical expert panels, and reviewing updated clinical guidelines. Then changes are identified and recommended, and solutions are proposed and developed within each measure. Then, feedback is obtained on these proposed changes and solutions from stakeholders. This is usually done via the change review process, where proposed changes are posted for public comment.

Then measure developers and stewards incorporate feedback and present proposed changes and draft measure specifications to CMS for review and approval. Once the changes have been approved, measure developers finalize the changes using the Measure Authoring Tool, which is where they develop the eCQMs, and the Bonnie tool, which is used to test the measure logic. At this time, they will also make value set or coding updates. The annual update cycle includes several rounds of rigorous QA built into the process. QA is completed both internally and externally with the standards and tooling teams and requires close collaboration and engagement with pertinent stakeholders. The last phase is to support the eCQM publication itself, which is on the eCQI Resource Center and is usually targeted for early May. This step includes communication, coordination, and clearance processes, as well as the development of supportive documents, such as the eCQM Reading Guide, eCQM Logic and Implementation Guide, and the CQL Style Guide. Next slide.

This table outlines the stakeholders we interact with and the tools that are used to complete the annual update cycle. On the left, we have government partners, which includes CMS, ONC, and the National Library of Medicine. CMS is the quality reporting program owners, ONC sets the certification criteria for health IT eCQM capabilities, and the NLM sponsors and maintains the Value Set Authority Center. Key contractors are measure developers and stewards who perform the measure updates, standards, contractors, and logic review teams, who provide logic review of the eCQMs and input on supporting documentation for the annual update process. We use several technical tools to support the annual update process as well: the Measure Authoring Tool, which generates the measure packages and specifications; the Bonnie tool, which validates measure logic using test cases; and the Value Set Authority Center sponsored by the NLM, which maintains and publishes the measure value sets. And lastly, we engage end users, such as implementers, clinical quality improvement and informatics staff or health systems, and EHR vendors in the annual update process by posting the draft eCQM specifications and inviting public comment. Next slide, please.

CMS updates the specifications annually to align with current evidence or guideline changes, feedback from the field, evolving technical standards, such as the data model or the logic expression language, coding or terminology updates, and harmonization efforts, which include refinement, clarification of the language used in the eCQM header or logic for more efficient use and readability. These updates occur annually so that the eCQMs remain relevant and actionable within the clinical care setting. Next slide.

Okay. Now we'll talk about notable eCQM updates for this reporting, the 2022 reporting cycle. In the eCQM headers, we added language to define the episode for measures that are episode-based. We removed the word overlaps to improve clarity and use plain language. In the logic, we added a new function called Normalize Interval to the logic across measures, and this will help decrease implementer burden related to reporting timing intervals. In value sets, we 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. In the technical release notes, we continue to provide standardized rationale for all value set and coding changes. And then related to telehealth specifically, there's a publication of the telehealth guidance for eCQMs for eligible professionals and eligible clinicians for the 2022 quality reporting period, and in the measures itself, we added clarifying language and rationale in the eCQM header for measures not telehealth-eligible, and the language in measures was neutralized in the header Language and Value Sets to remove specific references to setting of care, such as face-to-face, or added references to telehealth if indicated. Next slide.

Now we will briefly review where to find the published eCQM specifications and resources. Next slide.

Okay. You can find the eCQI Resource Center at ecqi.healthit.gov. The eCQI Resource Center, as Edna said previously, is the one-stop shop for the most current resources to support electronic clinical quality improvement and contains the eCQM specifications as well as other annual update resources, such as the Guide for Reading eCQMs, the eCQM Logic Guide, the table of all the eCQMs, and the technical release notes. And on the eCQI Resource Center, the eCQM specifications can be easily reached by either clicking on either of the orange buttons on the left-hand side or at the tab above in the drop-

down menu. You can find all Eligible Professional/Eligible Hospital, pre-rulemaking and hybrid measure specifications. For today, we will focus on finding the Eligible Professional/Eligible Clinician eCQMs. So if you were to click on that link, the eligible professional link, it would take you to a list of the 2020 eCQM content. Next slide.

Okay. Once the Eligible Professional/Eligible Clinician eCQM page is reached, you of course want to select and confirm that the appropriate performance period is there and hit Apply, and then you'll note that the content is arranged in three tabs. So you have the eCQM Resources, the EP/EC eCQMs and an About tab. The Resources tab is a reference list of AU-associated documents, such as the table of eCQMs, and houses those guides. It also includes a link to the Value Set Authority Center where the eCQM value sets can be downloaded. It also offers a compiled list of technical release notes listing out all the measure changes for all eCQMs. The About tab includes a brief overview of eCQMs, and the EP/EC eCQM tab is that tab that displays a table of all eCQMs for the selected performance period, and that's where we will go to, to find our information on our measure. Next slide.

So once you click on a measure, an individual measure, you reach an individual measure page. In this case, we have selected adult major depressive disorder, and on the first tab, you will be able to see more details about the measure so the Measure Information tab. This table provides information about key aspects of the measure header, such as the measure's description, population criteria, measure scoring and more. Next slide.

And then the other two tabs contain downloadable information, so the Specifications and Data Elements tab provides links to download the measure specification, and then the Release Notes tab, it lists each change made to the measure for 2022 reporting via the technical release notes that are provided, and these technical release notes for this particular measure can also be downloaded under this tab. Next slide. Thank you. This concludes this presentation.

Hi, everyone.

Thank you, Claudia. Sorry, Greg.

I'm Greg Stark. I'm here to talk about hardship exception applications for the PI Program. Next slide, please.

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 requirements would result in a significant hardship. The next bullet is a link to go right to the hardship application to fill it out. 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. We've made some significant changes to the hardships as far as user experience. We've made it a little easier to fill out. We've put in some comment bubbles, some information, error messages, things of that nature to make it easier to fill out. The deadline for eligible hospitals and CAHs to submit an application is September 1st, 2021. Next slide, please.

There's a lot of links here for any question you may have: Scoring and Payment Adjustment, Hardship Exception Fact Sheet, Payment Adjustment and

Hardship Information Tipsheet, and the Payment Adjustment and Hardship Exceptions Table. So there's a lot of information in these links, so I do suggest you go to them for anything you have, any question you have. If you have some sort of nuance or problem that you cannot seem to find an answer for, then that's when you're going to want to go into the system and put a question in the ServiceNow. That will get directly sent to the PI folks and will handle your issue from there. Next slide, please. Turn it over to Dylan Podson.

We have a presentation from Dylan Podson.

Thanks, Greg. Good afternoon, everyone. Yeah, so my name is Dylan Podson, and I am one of the program leads for the Medicare Promoting Interoperability Program. Today, we'll briefly touch upon the IPPS NPRM's proposals at a relatively high level. We'll have details about the comment period and then conclude with a reminder on our ongoing Call for Measures. As a general reminder, the information shared today is specific to eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program, which means we will not be covering MIPS-eligible clinicians nor the current PFS rule. Next.

All right. So regarding the IPPS LTCH PPS proposed rule, as you can see here, it was released on April 27th and then formally published to the Federal Register on May 10th. You'll also see that you'll be able to access links to the proposed rule itself as well as the accompanying CMS press release and fact sheet. Next slide.

All right. On to the nitty-gritty. Basically these are all the proposed changes themselves, which are presently available, again, as I said, for public comment. First off is one to maintain the EHR reporting period for 2022 and 2023 as a minimum of any continuous 90-day period for new and returning eligible hospitals and CAHs. However, please note that this topic also includes the proposal to transition and increase this minimum period from 90 days up to a 180-day period for calendar year 2024 so maintaining 90 for the next 2 years with a proposal to transition to 180 days after that in 2024. Next bullet, we have a proposal regarding the Query of Prescription Drug Monitoring Program, also known as the PDMP measure, which would increase the available bonus points associated with the measure from 5 up to 10 points total. We'd like to highlight that this PDMP measure would remain optional and worth bonus points only as it's currently used so still optional, relatively the same except it'll go to 10 bonus points. Following that, related to a bit of an EHR data retention change, we've proposed to update the Provide Patients Electronic Access to their Health Information measure, which would require eligible hospitals and CAHs to maintain electronic health information from all patient encounters that have occurred on or after January 1st, 2016. Lastly for this slide, we have the proposal to adopt a Health Information Exchange Bi-Directional Exchange as a new element to the Health Information Exchange Objective. This Bi-Directional Exchange measure would be worth a total of 40 points and act as an alternative to the two existing Support Electronic Referral Loops measures. In other words, the provider would select either the Bi-Directional Exchange measure or report for the two current referral loops measures. You would not have to report both. Next slide.

All right. So the next highlight here would be concerning the Public Health and Clinical Data Exchange Objective where we've proposed to require a total of 4 specific measures to report on for a total of 10 points. You can see

the 4 that we have here: Syndromic Surveillance, Immunization, et cetera. There would be 2 additional bonus measures, Public Health Registry Reporting and Clinical Data Registry Reporting. However, you would only be able to respond to one of them for an additional 5 bonus points. The next bullet is a proposal for any measure addition. I'm just going to call it the SAFER Guides for short, SAFER Guides measure. So under the Protect Patient Health Information Objective, this new measure would require that all providers attest either a yes or a no having completed an annual assessment of all 9 SAFER Guides. To reiterate, the proposal does not indicate that a provider would fail the program by responding with a no, so the no's are all right, but the attestation question must still be answered one way or another for completeness. And lastly on the slide, we've proposed to remove attestation statements 2 and 3 from the program's annual prevention of information blocking requirement for the 2022 period. While attestation would still be an annual requirement, extensive feedback and discussions have concluded that these extra and slightly duplicative statements may only cause further confusion for participating stakeholders and therefore are proposed to be removed for simplicity's sake. Next slide.

All right. You know, so I know we're blitzing through these. I won't take up too much of your time today, especially since all these details are laid out at length in proposed rule, but the next proposed change... We're almost at the end here. The next proposed change would be to increase the minimum scoring threshold for the program from its current state of 50 points up to 60 points, so what this means, the impact of this is that the proposal says that a provider would need to score 60 points or higher in order to be considered a meaningful user and to avoid a potential downward payment adjustment. Next, we have something that's in alignment with the Hospital Inpatient Quality Reporting Program. We've mirrored their proposed changes, which would add 2 new eCQMs to the available measure set for the program in 2023 and then subsequently remove 4 of the eCQMs from the available measure set in 2024. The last bullet here is a bit of a gentle reminder. That's something we've harped on previously and will continue to talk about throughout the year and throughout next year is just to reiterate that, given the ONC's 21st Century Cures Act final rule, the 2015 Edition Cures Update would be required for CEHRT beginning the first day of calendar year 2023, so I know we've said this before, and it's going to kind of keep coming up, but you'll see it in the NPRM. In the meantime, until 2023, either the 2015 edition CEHRT, 2015 Edition Cures Update, or a combination of the two would be acceptable for implementation and use. Next slide.

So sorry to go through all the changes in such a quick manner, but you'll be able to review these slides here for the sort of simple take, and then of course you can do the deep dive by going into the rule and see all of the history, context, justification in details. So on this slide, you'll see the details of the current comment period, which, as we've said, is now open and runs through the end of June 28th. That's June 28th. So please provide your comments to us via the normal means indicated here by then. Next slide.

Thank you. Jumping topics a bit today and to conclude the presentation for the Medicare Promoting Interoperability Program, this is just a quick reminder of another ongoing activity that we have, which is the program's Annual Call for Measures. This is another opportunity for stakeholders to submit their measure ideas, you know, yes/no attestations, numerator/denominator calculations, whichever it might be. To submit these suggestions so that we can have the most robust, beneficial, and streamlined program measures, which are meant to be at the forefront of health

information technology and promoting interoperability, of course. So thank you for taking the time to submit these measures to Ketchum's address indicated here on that middle bullet in blue, and thank you for attending today's bi-monthly forum and this part of the presentation. I will be turning it over to Dan at this time.

Thanks, Dylan. Next slide please.

The MIPS Annual Call for Promoting Interoperability Measures Improvement Activities submission period closes on July 1st, 2021. The Annual Call for Measures and Activities allows clinicians and organizations to identify and submit measures for 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, and there's a link right there, on the Quality Payment Program Resource Library. Note that this call for PI measures is specific to the Merit-based Incentive Payment System, MIPS, and is different from the Call for PI Measures for the hospital PI Program. Next slide, please.

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. Eastern Time on June 30th, 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 Organization, 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 in to QPP, the link is there, go to the "Manage Access" page and click "Edit Registration." Next slide, please.

There are two exception applications available to clinicians in PY 2021. The first is the Extreme and Uncontrollable Circumstances Exception application that allows clinicians to request reweighting for any or all performance categories if they encounter an extreme and uncontrollable circumstance or a public health emergency, such as COVID-19, that is outside of their control, and the link is in the first bullet for that. The second bullet for the MIPS Promoting Interoperability Performance Category Hardship Exception application, and that 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. Eastern Time on December 31st, 2021, and the application opened on May 17th. Next slide, please.

CMS is extending the automatic extreme and uncontrollable circumstances, EUC, policy, to MIPS eligible clinicians identified as located in a CMS designated region affected by an extreme and uncontrollable event, such as a Federal Emergency Management Agency, FEMA, designated major disaster, and those are listed via the link, during the 2021 performance year. MIPS eligible clinicians who are automatically identified and subject to MIPS will have all 4 performance categories weighted at zero percent. The automatic EUC policy will not apply if the clinician submits data as an individual for 2 or more MIPS performance categories. The automatic EUC policy does not apply to group, virtual group, or APM Entity participation.

For more information, please review the 2021 MIPS Automatic EUC Policy fact sheet via the link here. And a reminder, the automatic EUC policy is at the individual clinician level. Next slide, please.

CMS is reweighting the cost performance category from 15 percent to 0 percent for the 2020 performance period for all MIPS eligible clinicians regardless of participation as an individual, group, virtual group, or APM Entity. The 15 percent cost performance category weight will be redistributed to other performance categories. If a MIPS eligible clinician 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 are not covered by the automatic EUC policy or who did not request reweighting under the EUC will still have the cost performance category weighted to 0 percent. For more information, please review the cost performance category materials on the QPP Resource Library located via the link in that bullet. Next slide, please.

The Overview of Improvement Activities and Promoting Interoperability Performance Categories for 2021 Performance Year Webinar will occur on June 9th, 2021, from 1 p.m. to 2:30 p.m. Eastern Time. This webinar will provide information on improvement activities and Promoting Interoperability performance category basics for 2021 participation, reporting and scoring requirements, and resources and support. The 2021 MIPS user guides, they detail MIPS eligibility and participation in 2021 as well as how to participate in the quality, Promoting Interoperability, improvement activities, and cost performance categories, and you can access those via the link in this bullet. Next slide, please. And next I'll hand it over to Corey Henderson for his presentation.

Good afternoon, everyone. We're going to talk about the APM Performance Pathway updates or the APP, the APP. Next slide, please.

So the APP, or the APM Performance Pathway, has been finalized 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, and it encourages participation in APMs. Next slide, please.

The APP is only available to MIPS APM participants, so if you receive QP status, you're not eligible for the APP because it is a reporting pathway. Participation is optional for MIPS APM participants, and they may choose to participate under traditional MIPS, but they choose not to report the APP, and that would be traditional MIPS for the reporting and scoring if they prefer. Again, it is optional for MIPS APM participants. But it is required for all Medicare Shared Savings Program ACOs. Again, it is required for all Medicare Shared Savings Program ACOs. ACOs will report quality measures on behalf of their MIPS eligible clinicians. Now it is also available for reporting by the individual eligible clinician, the group or the TIN, or the APM Entity. It's complementary to MVPs in the way it's designed, and it's composed of a fixed set of measures for each performance category. Next slide, please.

The previous slide was the details that are actually graphically shown here that you can find this on the Resource Library, so I'll go through them again just so that we'll have repetition of information. 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. Now the APP provides predictable and consistent MIPS reporting requirements, and as stated previously, it is a predetermined measure set similar to that of the MIPS Value Pathways, or the MVPs. Participation is optional for MIPS APM participants as they may choose to participate under traditional MIPS reporting and scoring if they prefer. And participants may report APP at the individual, group, or APM Entity level, and it's not here listed, but as I stated before, the APP is required as a reporting mechanism for Medicare Shared Savings Program participants. Now CMS will award the highest available score to whatever score is received. 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. Next slide, please.

Now there are reporting requirements under the APP because it is a reporting pathway. Again, the APM Performance Pathway is what the APP stands for. You're still reporting quality. You're still reporting Promoting Interoperability, and you're still reporting improvement activities. Cost is weighted at 0 percent for your MIPS Final Score if you report the APP. Now the APP for quality you'll receive 50 percent of your MIPS final score, 30 percent of the MIPS Final Score, the same reporting as traditional MIPS and the mechanism that you report through. And then there's an automatic full credit in 2021, which is 20 percent of your MIPS Final Score for your improvement activities. Now there is a quality measure set that is predetermined, and that includes CAHPS for MIPS; Hospital-Wide, 30-day, All-Cause Unplanned Readmission, HWR, Rate for MIPS Eligible Clinician Groups; Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs; Diabetes: Hemoglobin Alc Poor Control quality measure; and Preventive Care and Screening: Screening for Depression and Follow-up Plan. In addition to that, there is also the Controlling High Blood Pressure quality measure. Next slide, please.

Now we did modify the quality measure set for the APP, listening to our stakeholders, to add the CMS Web Interface as an additional collection type for ACO Entities to use to report on behalf of their collections for the 2021 performance period. The APP's quality measure set is finalized as CAHPS for MIPS Survey; 2 administrative claims measures that I previously mentioned; and 3 quality measures reported as eCQMs, MIPS CQMs, or Medicare Part B claims measures. Now for 2021 performance period, Medicare Shared Savings Program, which are required to report, have the option to report 10 CMS Web Interface measures in lieu of these 3 measures. Again, they may report as an option through the 10 CMS Web Interface measure in the lieu of the 3 measures that were the 3 quality measures. Next slide, please.

Again, we have many resources that are on the horizon, and currently we have several resources already on the QPP Resource Library. They include the 2021 APP Infographic, as we previously shared. A resource for 2021 APP for MIPS APM Participants Fact Sheet. We also have some quick start guides and other guides on the way. Stay tuned. Next slide, please.

Ketchum?

Thank you to all of today's presenters. We will now move on to the question and answer portion of the webinar.

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

All right. So our first question was for one of our first presentations that we had. Is the QRDA I Implementation Guide for eligible professionals or eligible hospitals?

QRDA I is for eligible hospitals.

Great. Thank you. And then we have another follow-up question, is there a difference between individual reporting and MIPS APP individual reporting in QRDA III and JSON?

Who was that question for? Is that question for anyone in particular?

They did not designate a particular presenter. So, Corey, if you could answer that, that would be great.

Yes. So we are currently working on developing the Reporting Mechanism Guide. In addition to that, we do have our developers working on, and they do have monthly calls, to discuss these details. As part of the JSON and QRDA III reporting, they are working on the specifications to meet those questions so that we have detailed answers. I know we've been working on that actively, but there is a difference between individual reporting and group reporting. If you are in a group, a group could include APM participants that are MIPS APM participants and it also could include participants that are not in MIPS APM. So they would report for their non-MIPS APMs through traditional MIPS, and if they choose to report through traditional, through the APP, they could report for their MIPS APM participants also, which is why we state whatever score you get that's higher, you would get the highest of those scores if you are reporting as part of that group. But the details for JSON and QRDA III, how to do that and also what those specifications are, they're on the way. We're definitely trying to work on that to make sure that those details are available. And I believe there is a monthly technical call, and those resources also could be found under the developers' side of QPP on the website.

Great. Thank you, Corey. And our next question, was the Cypress testing tool updated for the PCS and APP QRDA III?

This is Jen. I can follow up on that. I don't have an answer for that update.

This is Edna. I can probably give. It will be. It is not complete yet, and I think the intention is that it will be published in the coming month, so probably by the end of June we should see that.

Great. Thank you. And our next question, when will the QRDA I Implementation Guide for eligible professionals become available?

So the QRDA I IG for eligible hospitals was just published for 2022. We're in the process of finalizing the draft version of the QRDA III IG for eligible professionals in 2022, and that should be coming out here soon. It's in the later stages of being finalized for public comment.

Thank you. And our next question, I believe, is for Dylan Podson, and it was a clarification on the Security Risk Analysis measure. And they're asking, "Do organizations just need to complete the measure, but attesting no won't mean that the organization fails for the Medicare Promoting Interoperability Program?"

Great. So just to clarify, the Security Risk Analysis would still be its own separate measure that they would have to attest to just once throughout the year, so that is unchanged. However, I think what the question is referring to is the SAFER Guides measure. The long-term, I apologize. I didn't say it during the presentation, but the Safety Assurance Factors for EHR Resilience Guides measure, so it's a bit long, but SAFER. So, yes, either a yes or a no does satisfy the requirement. So one time throughout the year annually they will have attest to having reviewed the SAFER Guides. So it's a one question saying, "Yes or no? Have you reviewed them?" And, yes, either a yes or a no is an acceptable answer, is not scored as the other ones might be. So I hope that helps clarify that either a yes or no would be acceptable for the SAFER Guides measure.

Thank you, Dylan. And our next question is for Dan Herrmann. Will COVID-19 be available as one of the circumstances for the EUC policy in 2021?

Ketchum, I believe the answer is yes, but can you confirm that?

Sure, Dan. I think the Ketchum team would need to go back and look at some materials to confirm that.

Okay.

But we can follow up with that. Yeah. We can follow up with that questioner to point them to the correct answer.

Okay. Thanks.

Okay. And we will go ahead and take a phone line question now. So, Charles James, your line is now unmuted if you'd like to ask a question.

Hello. I also posted a couple questions on the question list, so this is really the same thing. I'm curious about RHC and FQHC patient attribution resources, so that is if any of the resources you just presented trying to determine where the best resource for that type information is or if there's a methodology that's out there for RHC/FQHC patients and for us to determine who are RHC/FQHC providers have attributed to them.

Thank you for that question. If none of the presenters on today are able to address that, we will take a look at the questions that you submitted to the Q&A box and we will follow-up there.

Thank you very much.

Great. Thank you. Okay. I believe time for just a couple more questions. So we do have a clarifying question for Corey, and they are saying, "An MSSP ACO has the option to report either the 10 CMS Web Interface measures or the new APP measures?"

So clarifying, the measures that I spoke of that they have the option, it's the quality measures that we're speaking about. So it's either the 3 quality measures or it's the CMS Web Interface because the CMS Web Interface would suffice to cover those measures. Many ACOs may say that they're not prepared for either eCQM reporting or those measures don't fit, and because of their familiarity in their previous reporting through the Web Interface, they may want to just continue to report that way, but it only speaking about the quality measure or the Web Interface.

Okay. Thank you, Corey. And then another question for the APP program. "When will CMS release details about whether or not QRDA III files may be utilized and submitted for quality measures?"

So when you say that, I know that there are technical questions about QRDA III files. Many of those questions relate to eCQMs and the EHR not having or having a way of converting to QRDA III files, and because of that, those are the technical questions that we're working on trying to get the answers to how to do that conversion with JSON coding or other internal mechanisms that can be used in part of that aggregation if you're an ACO. So we're working on those technical guides now. The goal was to try to have that over the summer, at the latest by fall. But again, don't hold me to that because again, we're working on the technical details to make sure that they line up with our operations so that when the submission does come through, you get proper scoring for that. But again, stay tuned for the technical webinars to come and the technical presentations that we're going to be providing. It kind of speaks to that. And the developers will be working to provide that detail. I hope that helps.

Great. Thank you, Corey. And I believe that is all the time that we have for questions today. So, Darrick, we will turn it back over to you to close the call.

Thank you all for joining us today. CMS will share the slides from today's forum in the coming days. In the meantime, if you have any specific questions, please e-mail cmsqualityteam@ketchum.com. The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for July. CMS will share more information on the next forum when it becomes available. Have a great afternoon.