



# **SEPTEMBER 2021 CMS QUALITY PROGRAMS BI- MONTHLY FORUM**

*September 28, 2021*



# AGENDA

| Topic  | Speaker   |
|--|---|
| • Medicare Promoting Interoperability Program Updates                        | <b>Jessica Warren</b><br>Division of Value-Based Incentives and Quality Reporting, CMS                                  |
| • Electronic Clinical Quality Improvement Resource Center Updates            | <b>Vidya Sellappan</b><br>Division of Electronic and Clinician Quality, CMS<br><b>Joe Mester</b><br>Battelle/ESAC, Inc. |
| • Clinical Quality Language Libraries Webinar Announcement                   | <b>Jennifer Seeman</b><br>ESAC, Inc.  |
| • Electronic Clinical Quality Measure Flows and Annual Change Review Process | <b>Claudia Hall</b><br>Mathematica  |
| • Quality Payment Program Updates  | <b>Kati Moore</b><br>Division of Electronic and Clinician Quality, CMS  |
| • Alternative Payment Model Updates  | <b>Corey Henderson</b><br>Center for Medicare and Medicaid Innovation, CMS  |



# MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

*Presenters: Jessica Warren, Division of Value-Based  
Incentives and Quality Reporting, CMS*



# 90-DAY EHR REPORTING PERIOD DEADLINE

- The electronic health record (EHR) reporting period in 2021 is a minimum of any continuous 90-day period for Medicare Promoting Interoperability Program participants.
  - The final day to begin a continuous 90-day period in 2021 is **October 3, 2021**.
- Certified EHR technology (CEHRT) functionality must be in place by the first day of the EHR period selected, and must continue to be certified through the last day of the EHR reporting period.
  - In order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs may use (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update criteria, or (3) a combination of the two.
  - In order to be considered a meaningful user and avoid a downward payment adjustment, eligible hospitals and CAHs must also successfully attest to the Program requirements
- For more information, review the [2021 Medicare Promoting Interoperability Program Requirements webpage](#) and [2021 CEHRT Requirements Fact Sheet](#).



# 2022 IPPS AND LTCH FINAL RULE

- On August 2, 2021, CMS released the FY 2022 Medicare Hospital Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals and Long-term Care Hospital (LTCH) Prospective Payment System Final Rule.
- For more information, please visit the [Federal Register](#) and view this [fact sheet](#).
- CMS will be holding a webinar on the 2022 Medicare Promoting Interoperability Program Requirements in late 2021. Stay tuned for more information.



# ELECTRONIC CLINICAL QUALITY IMPROVEMENT RESOURCE CENTER UPDATES

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



# eCQI RESOURCE CENTER HOMEPAGE UPDATES

- 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](https://ecqi.healthit.gov)

The screenshot shows the eCQI Resource Center website. At the top, there is a navigation bar with the eCQI Resource Center logo on the left and menu items for eCQMs, Resources, About, and Sign In on the right. A search bar is also present. Below the navigation bar, the main content area is divided into two columns. The left column features a blue header with the text 'Electronic Clinical Quality Improvement (eCQI) Resource Center' and a sub-header 'The electronic clinical quality measure (eCQM) one-stop shop.' Below this are two orange buttons: 'Eligible Physician/Clinician eCQMs' and 'Eligible Hospital/CAH eCQMs'. The right column is titled 'Featured News & Events' and contains two news items: 'CMS Promoting Interoperability Programs: Updated eCQM Requirements for 2021' and 'Cypress Tech Talk'. Below the main content area, there is a 'Find an eCQM' section with a search input field and a 'PERFORMANCE PERIOD' dropdown menu set to 'Current (2020)'. A 'Find an eCQM' button is also present. Below this is a 'Featured Resources' section with three cards: 'Get Started with eCQMs', 'Educational Resources', and 'eCQM Standards'. Each card contains an icon and a brief description of the resource.

eCQI  
RESOURCE CENTER

eCQMs  
Electronic Clinical Quality Measures

Resources  
Standards, Tools, & Resources

About  
eCQI CDS, FAQs, Engage

Sign In  
Manage Your Account

Search this site

Electronic Clinical Quality Improvement (eCQI) Resource Center

The electronic clinical quality measure (eCQM) one-stop shop.

Eligible Physician/Clinician eCQMs

Eligible Hospital/CAH eCQMs

Featured News & Events  
View All

Apr 22, 2021  
CMS Promoting Interoperability Programs: Updated eCQM Requirements for 2021

Apr 01, 2021 @ 2:00pm EST  
Cypress Tech Talk

Find an eCQM

PERFORMANCE PERIOD  
Current (2020)

Find an eCQM

Featured Resources

**Get Started with eCQMs**  
New to eCQMs? Learn the basics about eCQMs, development, certification, and resources to get started.

**Educational Resources**  
Educational resources available for eCQMs and eCQI, Tools, CQL, FHIR, QDM and QRDA.

**eCQM Standards**  
Key standards for the electronic transmission of health information used to support eCQMs.



# 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](mailto:ecqi-resource-center@hhs.gov).
- Visit the [eCQI Resource Center Frequently Asked Questions](#)



# CLINICAL QUALITY LANGUAGE LIBRARIES WEBINAR ANNOUNCEMENT

*Presenter: Jennifer Seeman, ESAC, Inc.*



# CQL LIBRARY SHARING WEBINAR - OCTOBER 28, 2021

- CMS will be hosting a special session of Cooking with Clinical Quality Language (CQL), Quality Data Model (QDM), and Fast Healthcare Interoperability Resources (FHIR) webinar on **October 28, 2021 at 4 pm ET.**
  - This session will be focused on gathering feedback on the concept of a shared CQL library repository for commonly used CQL expressions in QDM based eCQMs. We will discuss potential use cases, a repository format option and present targeted questions to elicit comments.
  - We are particularly interested in feedback from individuals with a good understanding of the technical implementation within their systems.
- Link to download event to calendar: <https://ecqi.healthit.gov/events/1201>.
- Please submit CQL-related questions and suggested examples to [cql-esac@esacinc.com](mailto:cql-esac@esacinc.com).
- If you have any other questions or need additional information about this webinar, please contact the Electronic Clinical Quality Improvement (eCQI) Resource Center at [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov).



# eCQM FLOWS AND ANNUAL CHANGE REVIEW PROCESS

*Presenter: Claudia Hall, Mathematica*



# ELECTRONIC CLINICAL QUALITY MEASURE (eCQM) FLOWS

- **eCQM measure flow diagrams present a visual depiction of the measure's population criteria**
  - Highlight relevant data criteria
  - Organize the specifications to help interpret the logic
  - Understand how performance rates are calculated
- **eCQM flows are published in late summer after the annual update publication**
- **eCQM flows can be found on the [eCQI RC](#) under the eCQM Resources tab**



# LOCATING THE 2022 ELIGIBLE PROFESSIONALS/ELIGIBLE CLINICIANS AND ELIGIBLE HOSPITALS/CRITICAL ACCESS HOSPITALS ELECTRONIC CLINICAL QUALITY MEASURE FLOWS



## Featured Resources

Eligible Professional / Eligible Clinician eCQMs

Eligible Hospitals / Critical Access Hospital eCQMs

Educational Resources

<https://ecqi.healthit.gov>

# LOCATING THE 2022 ELIGIBLE PROFESSIONALS/ELIGIBLE CLINICIANS AND ELIGIBLE HOSPITALS/CRITICAL ACCESS HOSPITALS ELECTRONIC CLINICAL QUALITY MEASURE FLOWS

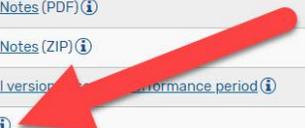
Select Performance Period: 2022 

Find older eCQM specifications in the eCQM Stand Tools version table.

**eCQM Resources** EP/EC eCQMs About

2022 Performance Period Eligible Professional / Eligible Clinician Resources

Search Resources

| For Use             | eCQM Implementation Resources   | Published |
|---------------------|---|-----------|
| Jan 1 - Dec 31 2022 | <a href="#">Implementation Checklist eCQM Annual Update</a> ⓘ   |           |
| Jan 1 - Dec 31 2022 | <a href="#">Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2022 Quality Reporting</a> (PDF) ⓘ | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">Guide for Reading eCQMs v7.0</a> (PDF) ⓘ  | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">Eligible Clinicians and Eligible Professionals Table of eCQMs</a> (PDF) ⓘ                                     | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Specifications for Eligible Clinicians and Eligible Professionals</a> (ZIP) ⓘ                            | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Value Sets</a> ⓘ   | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Direct Reference Codes List</a> ⓘ  | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">Binding Parameter Specification (BPS)</a> ⓘ   | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Logic and Implementation Guidance v5.0</a> (PDF) ⓘ   | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">Technical Release Notes</a> (PDF) ⓘ   | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">Technical Release Notes</a> (ZIP) ⓘ   | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">Standards and tool version</a> ⓘ  | May 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">eCQM Flows</a> (ZIP) ⓘ   | Aug 2021  |
| Jan 1 - Dec 31 2022 | <a href="#">2022 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals</a> (PDF) ⓘ         | Jul 2021  |

[https://ecqi.healthit.gov/ep-ec?qt-tabs\\_ep=0&globalyearfilter=2022](https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=0&globalyearfilter=2022)

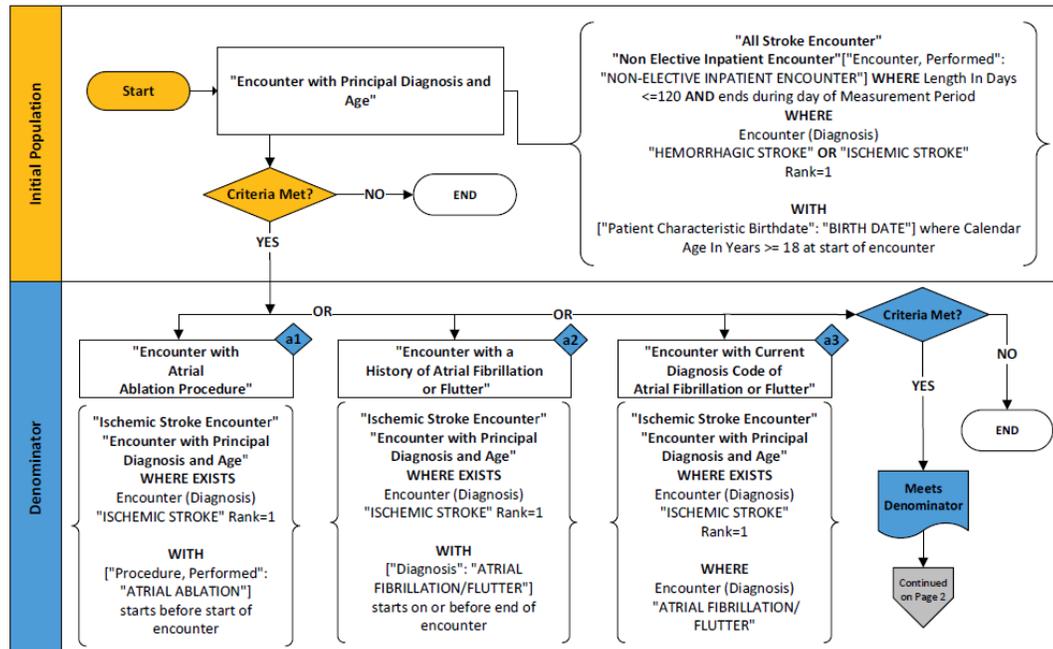


# EXAMPLE eCQM FLOW: ELIGIBLE HOSPITAL CRITICAL ACCESS HOSPITAL

## 2022 eCQM Flow – CMS71v11: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)\*

\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

### Measure Flow Diagram



(Page 1 of 5)

## 2022 eCQM Flow – CMS71v11: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)\*

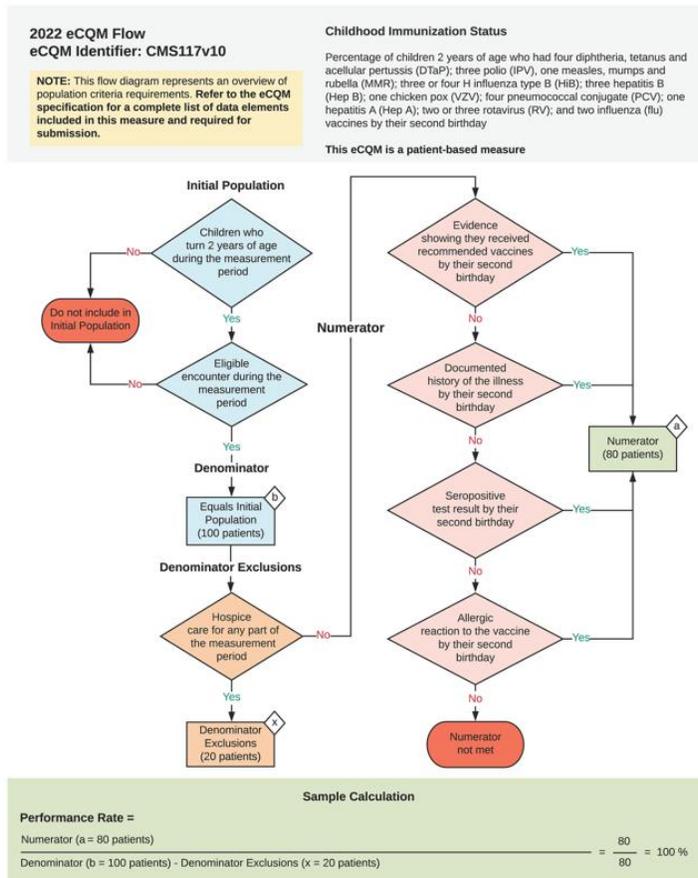
\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

### Measure Flow Narrative

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

|                               |   |
|-------------------------------|---|
| <b>Measure Description</b>    | This measure assesses ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge  |
| <b>Initial Population</b>     | Start by identifying the initial population criteria as inpatient hospitalization encounters with: <ul style="list-style-type: none"> <li>patients age 18 and older discharged from inpatient care (non-elective admissions)</li> <li>a principal diagnosis of ischemic or hemorrhagic stroke</li> <li>a length of stay less than or equal to 120 days that ends during the measurement period</li> </ul>   |
| <b>Denominator</b>            | The denominator criteria further constrains the initial population by inpatient hospitalizations for patients with: <ul style="list-style-type: none"> <li>a principal diagnosis of ischemic stroke</li> <li>and a history of atrial ablation, or current or history of atrial fibrillation/flutter</li> </ul>  |
| <b>Denominator Exclusions</b> | The denominator exclusions criteria are used to identify a subset of the denominator population by excluding denominator encounters with any of the following: <ul style="list-style-type: none"> <li>patients admitted for elective carotid intervention (implicit by inclusion of only non-elective hospitalizations)</li> <li>or a documented discharge disposition of: <ul style="list-style-type: none"> <li>discharged to another hospital; or</li> <li>left against medical advice; or</li> <li>expired; or</li> <li>discharged to either a health care facility or home, for hospice care</li> </ul> </li> <li>or have comfort measures documented</li> </ul> |

# EXAMPLE OF eCQM FLOW: ELIGIBLE CLINICIAN/ ELIGIBLE PROFESSIONAL



**eCQM Identifier: CMS117v10**  
**eCQM Title: Childhood Immunization Status**

**NOTE:** This flow diagram represents an overview of population criteria requirements. Refer to the eCQM specification for a complete list of data elements included in this measure and required for submission.

**Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

**This eCQM is a patient-based measure.**

**eCQM Flow Narrative**

**Initial Population**  
Start by identifying the Initial Population, which includes children who turn 2 years of age during the measurement period and who have an eligible encounter during the measurement period.

**Denominator**  
The Denominator equals the Initial Population. In the sample calculation provided at the end of the eCQM flow, the Denominator is equal to 100 patients.

**Denominator Exclusions**  
The Denominator Exclusions criteria identify a subset of the Denominator population by excluding patients who are in hospice care in any part of the measurement period. In the sample calculation provided at the end of the eCQM flow, the Denominator Exclusions are equal to 20 patients.

**Numerator**  
The Numerator criteria identify a subset of the Denominator population (that did not meet the Denominator Exclusions criteria) by including children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday. In the sample calculation provided at the end of the eCQM flow, the Numerator is equal to 80 patients.

**Sample Calculation**  
A sample calculation is provided to help determine how the measure performance rate is derived. The measure performance rate is calculated by dividing the Numerator (total equals 80 patients) by the difference between the Denominator (total equals 100 patients) and the Denominator Exclusions (total equals 20 patients), which is equal to a score of 100 percent.



# CONTACT THE eCQI RESOURCE CENTER

- Email comments, suggestions, questions, and requests to post events and news to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov)
- Visit the [eCQI Resource Center Frequently Asked Questions](#)



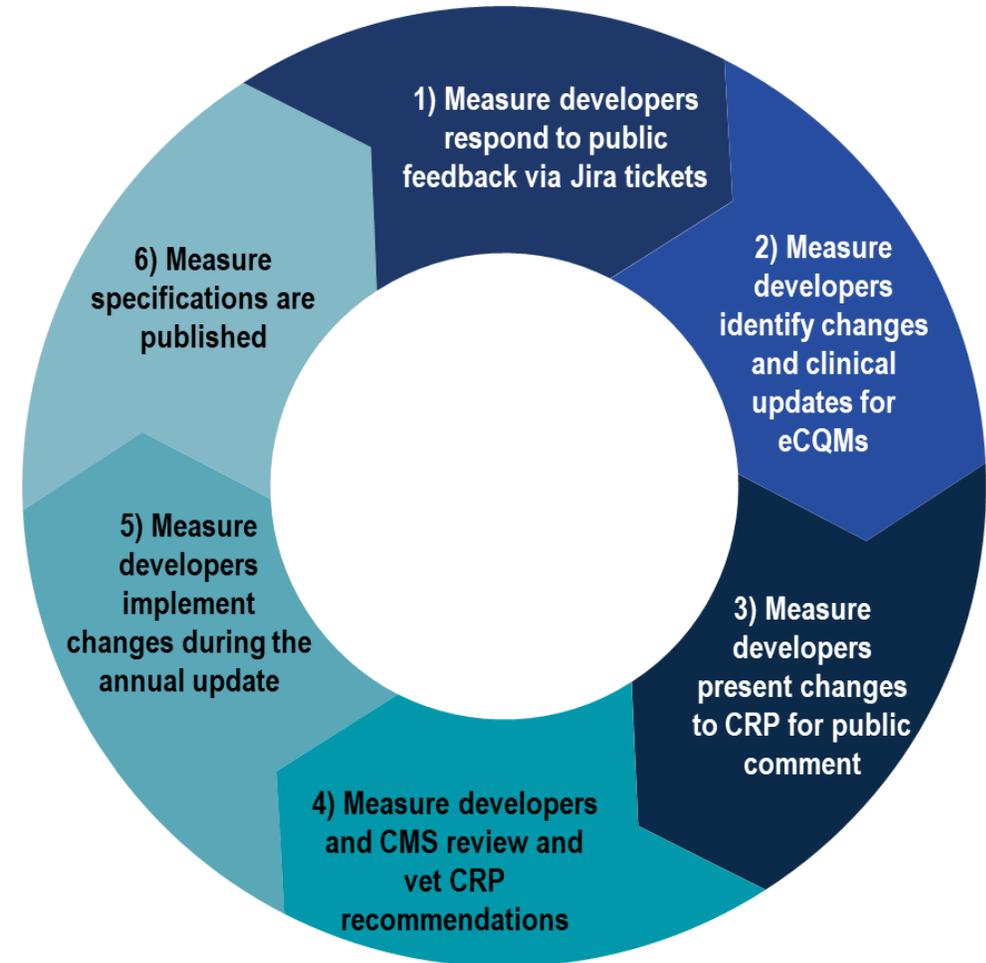
# WHAT IS THE CRP?

- The Centers for Medicare & Medicaid Services (CMS) continually seeks feedback from stakeholders on its programs and their implementation.
- The purpose of the CRP is to provide eCQM users the opportunity to review and comment on draft changes to the eCQM specifications and supporting resources under consideration by the measure steward.
- The goal of the CRP is for eCQM implementers to comment on the potential impact of draft changes to eCQMs so CMS and measure stewards can make improvements to meet CMS's intent of minimizing provider and vendor burden in the collection, capture, calculation, and reporting of eCQMs. Draft changes may be technical or clinical in nature.
- The CRP uses the Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System [eCQM Issue Tracker](#) to post CRP issues for public review and comment.

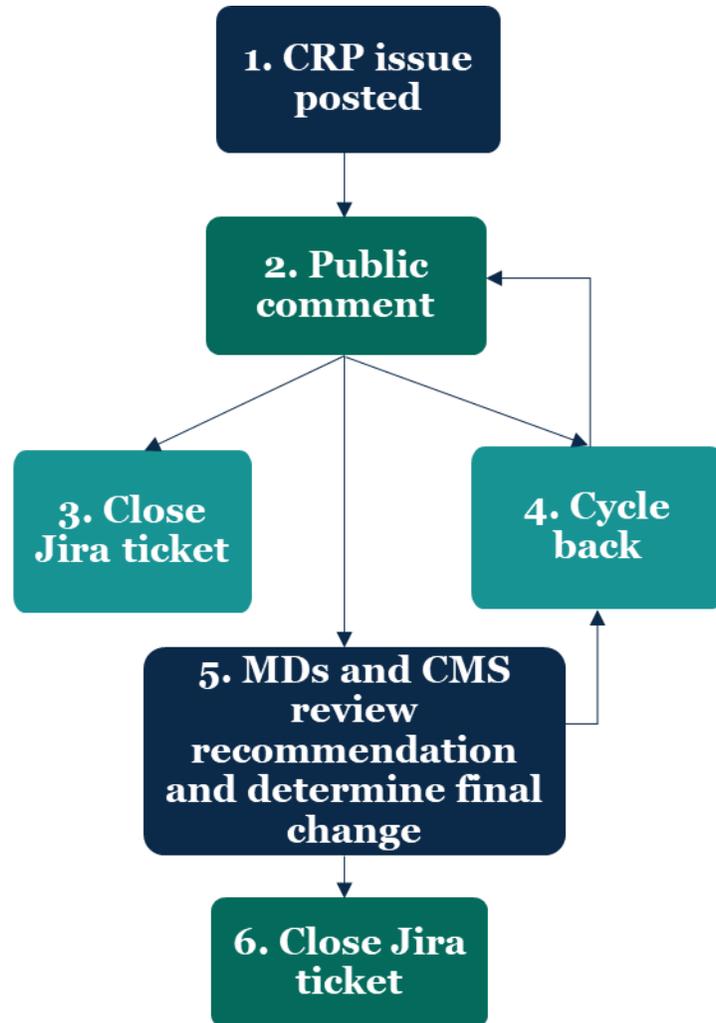


# CRP AND THE eCQM ANNUAL UPDATE PROCESS

- CMS publishes eCQMs each year following an annual update process.
- CRP is an integral part of the eCQM annual update process.
- Recommendations from the CRP lead to the changes measure developers implement in eCQMs during the annual update.



# CRP POSTING AND COMMENT PROCESS



1. Measure developers (MDs) identify an issue or potential change. A Jira CQM ticket is flagged with a “CRP” label.

2. Interested parties review CRP issues posted to Jira CQM tickets and provide feedback. Jira CQM tickets remain open for comment for two weeks.

The approach following public comment may vary based on the issue, and in some cases may be iterative.

3. No change: Jira CQM ticket is updated and closed if the measure developer determines a change is not required.

4. Need more feedback: Issue cycles back to a new public comment period to gather more information.

5. Measure developers and CMS review comments and feedback and determine final change to be made for eCQM annual update.

6. The Jira CQM ticket is updated with CRP outcome. The ticket is closed after the change is implemented in the annual update.

# WHO CAN PARTICIPATE IN THE CRP?

- CRP participation is open to all ONC Project Tracking System (Jira) eCQM Issue Tracker project users, which includes:
  - CMS
  - ONC
  - Measure developers
  - Eligible clinicians
  - Eligible hospitals/critical access hospitals
  - Electronic health record (EHR) vendors
  - Vendors of certified technology



# WHERE CAN I FIND CRP ISSUES?

- CRP issues will be posted to the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#) project.
  - CRP issues have a “CRP” label on the Jira ticket.



[eCQM Issue Tracker](#) / CQM-2206

Additional feedback on using social history data for obtaining information on whether a patient is sexually active or not for use in the Chlamydia Screening Measure

Export

## Details

Type:  EP/EC  
eCQMs/Logic/Intent/Data  
Elements/Value Sets

Priority:  Minor

Component/s: Measure

Labels:  CRP

Status: **CLOSED**

Resolution: Answered

## People

Assignee:  Mathematica EP CQM  
Team

Reporter:  Mathematica EH CQM  
Team

Votes:  1 Vote for this issue



# HOW CAN I BE NOTIFIED OF CRP ISSUES?

- Sign up for the weekly CRP digest
  - The CRP weekly digest emails include a summary of issues available for public comment.
  - Emails provide information about each proposed change, including the eCQM identifier number (CMS number), Jira CQM ticket number and link, measure title, the type of feedback requested, and public comment open and closing dates.
  - To subscribe, email [CRP@mathematica-mpr.com](mailto:CRP@mathematica-mpr.com) to be added to the list.
- CRP announcements will also be posted on the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#) summary page and the Electronic Clinical Quality Improvement [\(eCQI\) Resource Center](#).

# HOW CAN I PARTICIPATE IN A PUBLIC COMMENT PERIOD?



- Sign in using your ONC Project Tracking System (Jira) account.
- New users can [create an account](#) via the ONC Project Tracking System website.

- A list of Jira CQM tickets open for public comment will be posted to the [eCQM Issue Tracker](#) summary page and sent out in the CRP digest email ([CRP@mathematica-mpr.com](mailto:CRP@mathematica-mpr.com)).
- Relevant Jira CQM tickets will have a “CRP” label.

- Review the CRP issue, potential solution(s), and any additional materials that may be posted.

- Tickets will be open for public comment for **two weeks**.
- Click the “Comment” button at the top of the ticket.
- Comments are located at the bottom of the ticket and posted for public view.



# CRP RESOURCES

ONC Project Tracking System (Jira) [eCQM Issue Tracker](#)

- Jira is the platform used to collect input from stakeholders and share feedback with measure developers and CMS.
- The Jira eCQM Issue Tracker is the specific project on Jira in which CRP public comment takes place.
- CRP tickets are listed on the eCQM Issue Tracker summary page.

Electronic Clinical Quality Improvement [\(eCQI\) Resource Center](#)

- The one-stop shop for the most current resources to support electronic clinical quality improvement.
- The eCQI Resource Center will include CRP announcements.

# QUESTIONS?

- If you have questions about the CRP process or would like to receive communications about the CRP, please contact [CRP@mathematica-mpr.com](mailto:CRP@mathematica-mpr.com).

# QUALITY PAYMENT PROGRAM UPDATES

*Presenter: Kati Moore, Division of Electronic and Clinician  
Quality, CMS*



# VIRTUAL GROUP ELECTION PERIOD

- The virtual group election period for the 2022 performance year will open on **October 1, 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](mailto:MIPS_VirtualGroups@cms.hhs.gov) by 11:59 p.m. ET on December 31, 2021.
- Before forming a virtual group, please consider the following:
  - TINs participating in MIPS at the virtual group level must meet the definition of a virtual group at all times during the performance period.
  - If a group chooses to join a virtual group, all of the clinicians in the group are part of the virtual group.
  - A virtual group might include clinicians who are also participating in Advanced Alternative Payment Models (APMs). Advanced APM participants who achieve Qualifying APM Participant (QP) status will be excluded from MIPS.
- To learn more about virtual groups, please review the resources in the [Virtual Groups Toolkit](#).



# MIPS FACILITY-BASED SCORING UPDATES

- **CMS will not be able to calculate MIPS facility-based scores for the 2021 MIPS performance year** due to a measure suppression policy finalized in the FY 2022 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital (LTCH) PPS final rule for several hospital reporting programs.
  - Facility-based clinicians and groups will need to submit data on MIPS quality measures (except for administrative claims-based measures that have a benchmark, which are automatically calculated for clinicians and groups that meet the case minimum) to receive a score other than zero for the quality performance category.
  - We'll automatically calculate a score for the cost performance category for facility-based clinicians and groups that meet the case minimum for at least one MIPS cost measure.
- Facility-based clinicians and groups without available and applicable measures can request performance category reweighting by submitting an extreme and uncontrollable circumstances (EUC) application.



# 2020 MIPS FINAL SCORE UPDATES

- CMS identified 2 issues during the targeted review process and corrected our MIPS scoring logic, which resulted in changes to performance feedback, including 2020 final scores:
  - Complex Patient Bonus Correction for Medicare Shared Savings Program ACOs
    - The complex patient bonus wasn't added to the final scores of Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs).
    - In their updated performance feedback, Shared Savings Program ACOs will see up to 10 complex patient bonus points reflected in their performance feedback and added to their final scores, if applicable.
  - Patient-Reported Outcome Measure Correction
    - Our system didn't recognize patient-reported outcome measures as outcome measures.
    - Affected clinicians will see a modest increase or decrease in their quality performance category score and MIPS final score.



# TARGETED REVIEW

- If you participated in MIPS in 2020 and believe an error has been made in the calculation of your MIPS payment adjustment, you can request a targeted review until **November 29, 2021**.
- You can request a targeted review by:
  - Going to the [Quality Payment Program website](#)
  - Logging in using your HCQIS Access Roles and Profile System (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data. Please refer to the [QPP Access Guide](#) for additional details.
- For more information, please refer to the [2020 Targeted Review User Guide](#).



# PY 2020 PERFORMANCE CATEGORY REWEIGHTING REQUEST UPDATES

- In response to the COVID-19 public health emergency (PHE), CMS is allowing clinicians, groups, virtual groups, and APM Entities to request MIPS performance category reweighting for PY 2020 under our EUC policy now through **November 29, 2021 at 8 p.m. ET.**
- Due to technical limitations, we're unable to reopen the 2020 EUC Exception Application form in our systems. Instead, submit your 2020 EUC exception requests through the Targeted Review form until November 29.
  - The EUC Exception Application form currently accessible on [qpp.cms.gov](https://qpp.cms.gov) is for PY 2021 applications only. Don't use the Exception Application form to request PY 2020 reweighting.
- When submitting an EUC exception request for PY 2020, you'll need to state explicitly in your application that it is due to the continuing COVID-19 PHE and make sure you select "Extreme and uncontrollable circumstances" in the Issue Selection.



# AUTOMATIC EUC POLICY UPDATES

- In response to the Federal Emergency Management Agency (FEMA) designation of Hurricane Ida as a national disaster, CMS has determined that **the automatic EUC policy will apply to MIPS eligible clinicians in FEMA-identified areas of [Louisiana](#), [Mississippi](#), [New York](#), [New Jersey](#), and [Missouri](#).**
  - MIPS eligible clinicians in these areas will be automatically identified and receive a neutral payment adjustment for the 2023 MIPS payment year.
  - If MIPS eligible clinicians in these areas choose to submit data on 2 or more performance categories, they will be scored on those categories and receive a 2023 MIPS payment adjustment based on their 2021 MIPS final score.
  - The automatic extreme and uncontrollable circumstances policy won't apply to MIPS eligible clinicians participating in MIPS as a group, virtual group, or APM Entity.
- For more information, please review the [2021 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet](#).



# 90-DAY PERFORMANCE PERIOD DEADLINE

- **October 3, 2021** is the last day to start a 90-day performance period for the Promoting Interoperability and improvement activities performance categories.
  - For the Promoting Interoperability performance category, you must submit collected data for certain measures from each of the 4 objectives (unless an exclusion is claimed) for the same 90 continuous days (or more).
  - Improvement activities have a continuous 90-day performance period, unless otherwise stated in the activity description.

# PROMOTING INTEROPERABILITY REQUIREMENTS

- For the Promoting Interoperability performance category, you must:
  - Use an Electronic Health Record (EHR) that meets the 2015 Edition certification criteria, 2015 Edition Cures Update certification criteria, or a combination of both
  - Submit collected data for certain measures from each of the 4 objectives measures (unless an exclusion is claimed) for the same 90 continuous days (or more)
  - Provide your EHR's CMS Identification code from the [Certified Health IT Product List \(CHPL\)](#) and submit a “yes” to:
    - The Prevention of Information Blocking Attestation,
    - The ONC Direct Review Attestation, and;
    - The security risk analysis measure.
- For more information, refer to the following resources on the [QPP Resource Library](#):
  - [2021 Promoting Interoperability Quick Start Guide](#)
  - [2021 MIPS Promoting Interoperability User Guide](#)



# IMPROVEMENT ACTIVITIES REQUIREMENTS

- To earn full credit in the improvement activities performance category, you must generally submit one of the following combinations of activities:
  - 2 high-weighted activities,
  - 1 high-weighted activity and 2 medium-weighted activities, or
  - 4 medium-weighted activities
- Improvement activities have a continuous 90-day performance period unless otherwise stated in the activity description.
- For more information, refer to the following resources on the [QPP Resource Library](#):
  - [2021 Improvement Activities Quick Start Guide](#)
  - [2021 MIPS Improvement Activities User Guide](#)



# UPCOMING WEBINARS AND NEW RESOURCES AVAILABLE

- [2021 Traditional MIPS Scoring Guide](#)
  - Provides details about how scores are calculated for MIPS in the 2021 performance year.
- [2021 Group Participation Guide](#)
  - Provides information on how to participate in MIPS as a group, measure and activity selection or review, and how to submit data for each performance category.
- [2021 MIPS Automatic Extreme and Uncontrollable Circumstances Policy Fact Sheet](#)
  - Provides guidance regarding the 2021 MIPS Automatic Extreme and Uncontrollable Circumstances Policy for clinicians affected by natural disasters during 2021.



# ALTERNATIVE PAYMENT MODEL UPDATES

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



# APM INCENTIVE PAYMENT ANNOUNCEMENT

- CMS published 2021 Alternative Payment Model (APM) Incentive Payment details on the QPP website on June 25.
  - Eligible clinicians who were Qualifying APM Participants based on their 2019 performance should have received their 2021 5% APM Incentive Payments earlier this summer.
  - To access this information, log in to the [QPP website](#) using [your HARP credentials](#).
- If you do not receive your APM Incentive Payment and your name is on [this public notice](#), you must verify your Medicare billing information **by November 1, 2021** to receive your payment.
  - For instructions on how to verify your Medicare billing information, review the public notice on the QPP Resource Library.
- If you're interested in learning more, an APM Incentive Payment Webinar will be held on **September 30, 2021 from 2-3 p.m. ET:**  
<https://attendee.gotowebinar.com/register/7917814546118626059>



# APP RESOURCES

- There are numerous resources on the QPP Resource Library for those participating in MIPS via the APM Performance Pathway (APP):
  - [2021 APP Toolkit](#) (includes a quick start guide, fact sheet, infographic, user guide, and reporting scenarios)
  - [APP webpage](#) on the QPP website
- CMS hosted a webinar on September 27 that provided an overview of APP-related policies for QPP.
  - The webinar's recording and slides will be posted to the [QPP Webinar Library](#) in the coming weeks.

# APM PARTICIPATION SNAPSHOT RELEASE

- In October, CMS will update its [Quality Payment Program Participation Status Tool](#) based on the second snapshot of data from APM entities.
  - The second snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2021 and June 30, 2021.**
  - The tool includes 2021 Qualifying APM Participant (QP) and MIPS APM participation status.
- 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](#).



# QUESTIONS?

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# THANK YOU!

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

