January 2021 CMS Quality Programs Bi-Monthly Forum

January 26, 2021

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Agenda

Topic	Speaker(s)
• **2020 Medicare Promoting Interoperability Program Data Submission**	**Andrew Morgan** Division of Value-Based Incentives and Quality Reporting, CMS
• **CMS QRDA I and III Implementation Guide Updates**	**Shanna Hartman** Division of Electronic and Clinician Quality, CMS **Yan Heras** Healthcare IT and Life Sciences Data Management Solutions Contractor, ESAC, Inc.
• **eCQI Resource Center Improvements**	**Shanna Hartman** Division of Electronic and Clinician Quality, CMS **Edna Boone** ESAC, Inc.
• **Quality Payment Program Updates**	**Kati Moore** Division of Electronic and Clinician Quality, CMS
• **Care Compare Updates**	**Julie Johnson** Division of Electronic and Clinician Quality, CMS

2020 Medicare Promoting Interoperability Program Data Submission

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

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2020 Medicare Promoting Interoperability Program Data Submission

- The deadline for hospitals and critical access hospitals (CAHs) to submit their 2020 Medicare Promoting Interoperability Program data is **March 1, 2021.**
- Medicare-eligible hospitals and CAHs must attest through the QualityNet Secure Portal.
  - If you are new to the QualityNet system, you must enroll.
  - If you qualify for both the Medicare and Medicaid Promoting Interoperability Programs, you must demonstrate meaningful use to CMS and not to your State Medicaid agency and will need to complete registration and attestation with CMS.
- For more information, you can visit the Registration & Attestation page on the Promoting Interoperability Programs website.

CMS QRDA I and III Implementation Guide Updates

Presenters: Shanna Hartman, Division Of Electronic And Clinician Quality, CMS; Yan Heras, Healthcare IT And Life Sciences Data Management Solutions Contractor, ESAC, Inc.

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2020 CMS QRDA I Conformance Statement Resource

- CMS has updated the Quality Reporting Document Architecture (QRDA) Category I Conformance Statement Resource to support calendar year (CY) 2020 HQR.

- QRDA error messages are identified with a conformance (CONF) statement, or system-requirement specification, and corresponding CONF number which provides a high-level explanation of why a test or production QRDA I file was rejected and unable to be processed by the HQR System.

- The Conformance Statement Resource assists data submitters by providing detailed information on how to troubleshoot the most common conformance errors and how to resolve the errors causing rejection of the file.

Testing QRDA I Files

- The HQR System has been accepting QRDA I files since November 2020. For more information, view the news story on the eCQI Resource Center.

- Cypress provides implementers with the ability to validate the conformance of QRDA I and III documents.

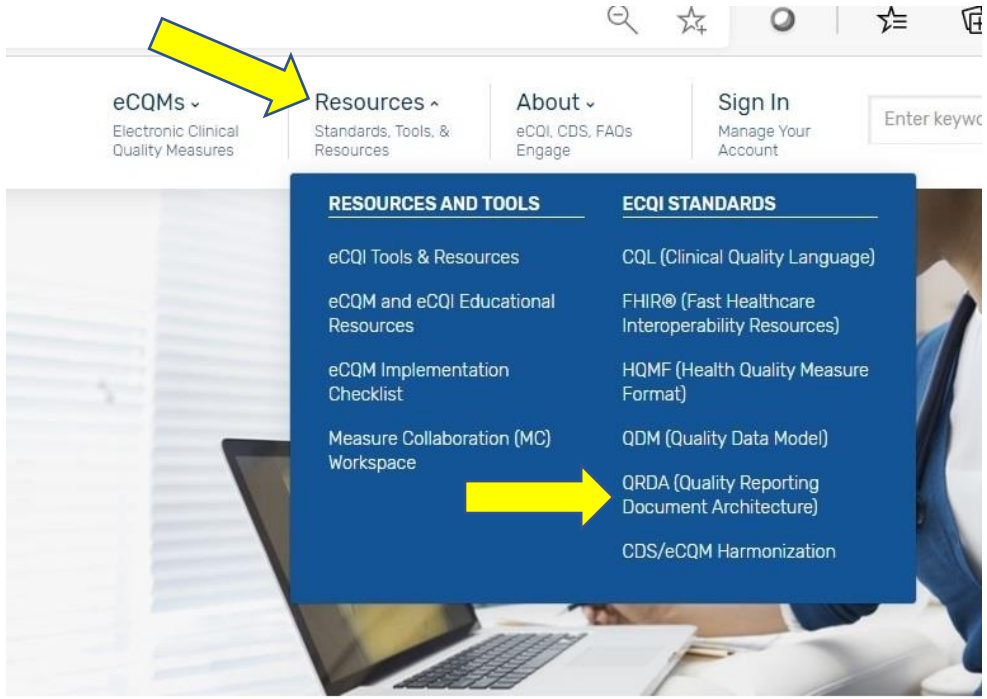
Updated 2021 CMS QRDA I Schematron for Hospital Quality Reporting (HQR)

- CMS released an update to the 2021 QRDA I Schematron for Hospital Quality Reporting (HQR).
- The change to the 2021 CMS QRDA I Schematron is:
  - An assertion rule has been added to the Schematron to allow only one Encounter Diagnosis QDM template with a rank attribute equal to 1, to indicate the principal diagnosis, within an Encounter Performed template. This enforcement is in alignment with guidance provided in section 3.19 in the HL7 QRDA I STU Release 5.2 Implementation Guide with errata, which states “When there are multiple diagnoses, only one diagnosis should be identified as principal diagnosis.”

Updated 2021 CMS QRDA III IG for the Physician Fee Schedule Final Rule

- CMS released an update to the 2021 CMS QRDA III Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals based on the CY 2021 Physician Fee Schedule Final Rule published in December 2020.
- Changes to the 2021 CMS QRDA III IG include updates to:
  - Table 14: universally unique identifier (UUID) List for MIPS CY 2021 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians
  - Table 15: Improvement Activities Identifiers for the MIPS CY 2021 Performance Period.
  - Table 16: 2021 Promoting Interoperability Objectives and Measures Identifiers
  - Table 17: Promoting Interoperability Attestation Statements Identifiers

eCQI Resource Center - https://ecqi.healthit.gov/qrda



QRDA Known Issues Project

- CMS has created a new **QRDA Known Issues** project for **both QRDA I and QRDA III** on the Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System (Jira) website.

- QRDA Known Issues provide supplemental information for QRDA Implementation Guides (IGs) or supporting documents with known technical issues with solutions or the solution is under development and may not yet be available.

- You must have a Jira account to track existing issues. No account is required to view the issues.

QRDA Questions

- For questions related to the QRDA IGs and/or Schematrons, visit the ONC Project Tracking System (Jira) QRDA project.

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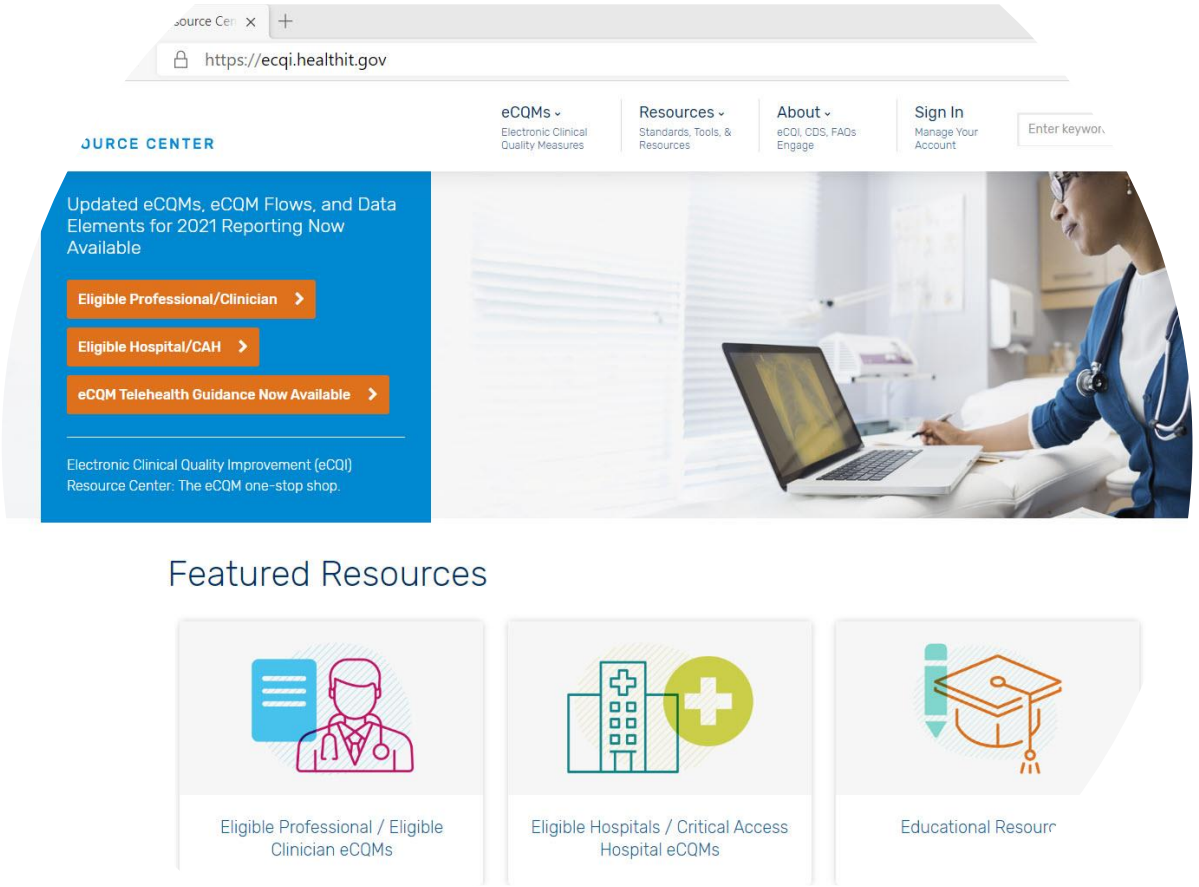
eCQI Resource Center - https://ecqi.healthit.gov



- 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

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Contact the eCQI Resource Center and Measure Collaboration Workspace

- Email comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov.

- Visit the eCQI Resource Center Frequently Asked Questions.

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eCQI Resource Center Improvements

Presenter: Shanna Hartman, Division Of Electronic And Clinician Quality, CMS; Edna Boone, ESAC, Inc.

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eCQI Resource Center Improvements

- eCQM Data Element Repository (DERep) breadcrumbs
  - Ex: https://ecqi.healthit.gov/mcw/2020/qdm-dataelement/allergyintolerance.html

- New tabs on the individual eCQM detail pages
  - Ex: https://ecqi.healthit.gov/ecqm/ep/2020/cms134v8

Live Demonstration

- eCQM Data Element Repository (DERep) breadcrumbs
- New tabs on the individual eCQM detail pages

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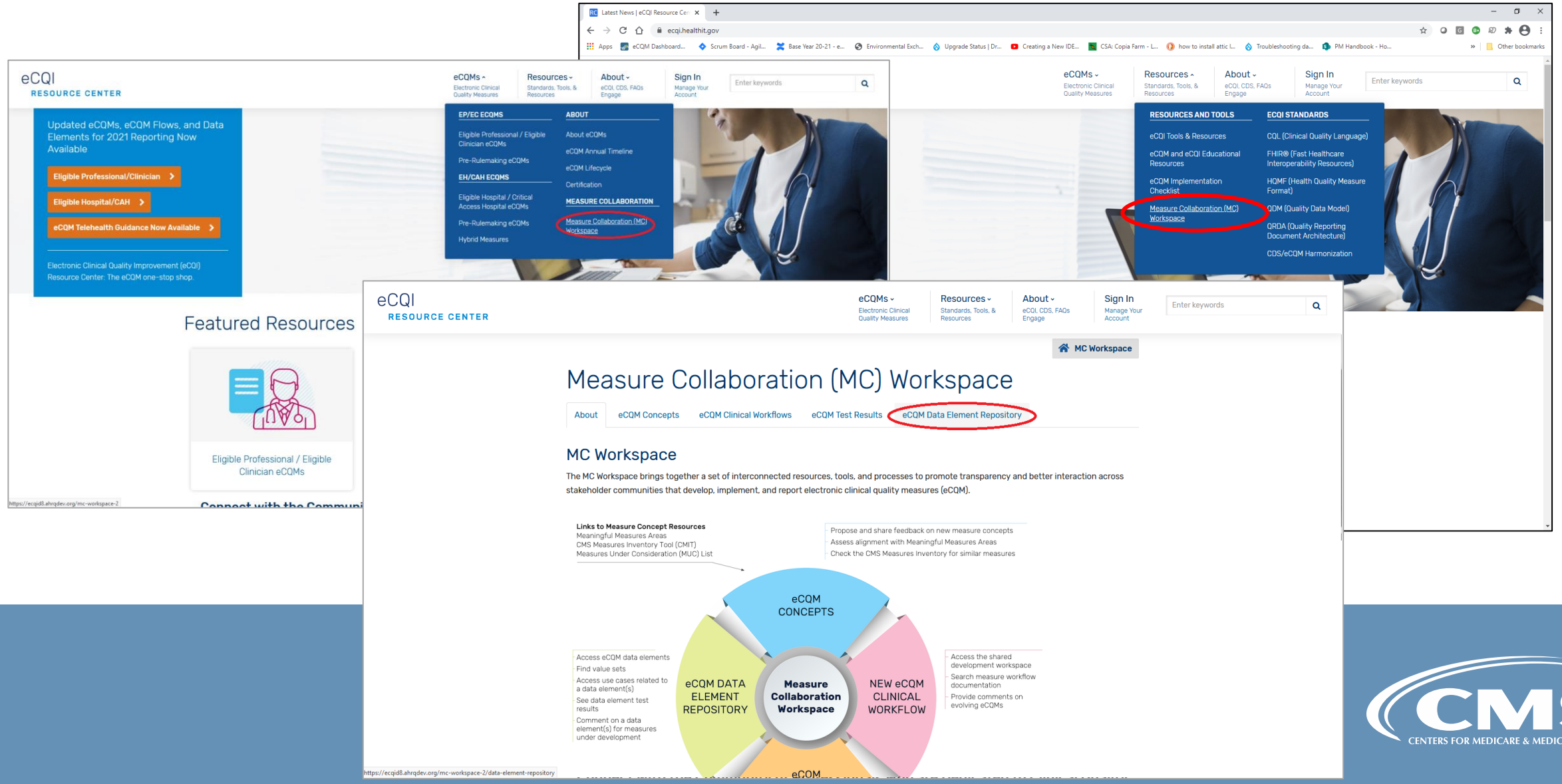
eCQM DERep Navigation Example



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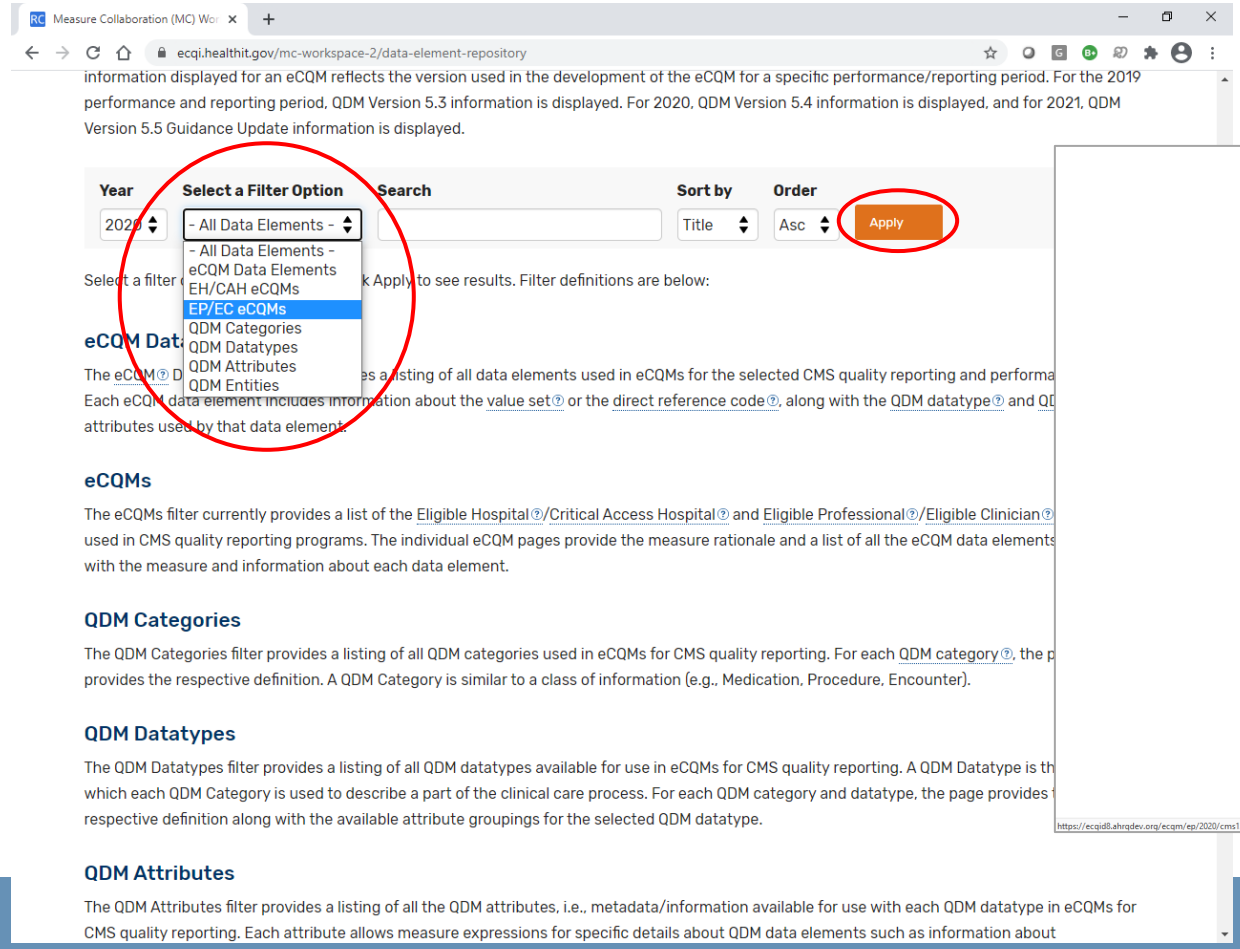
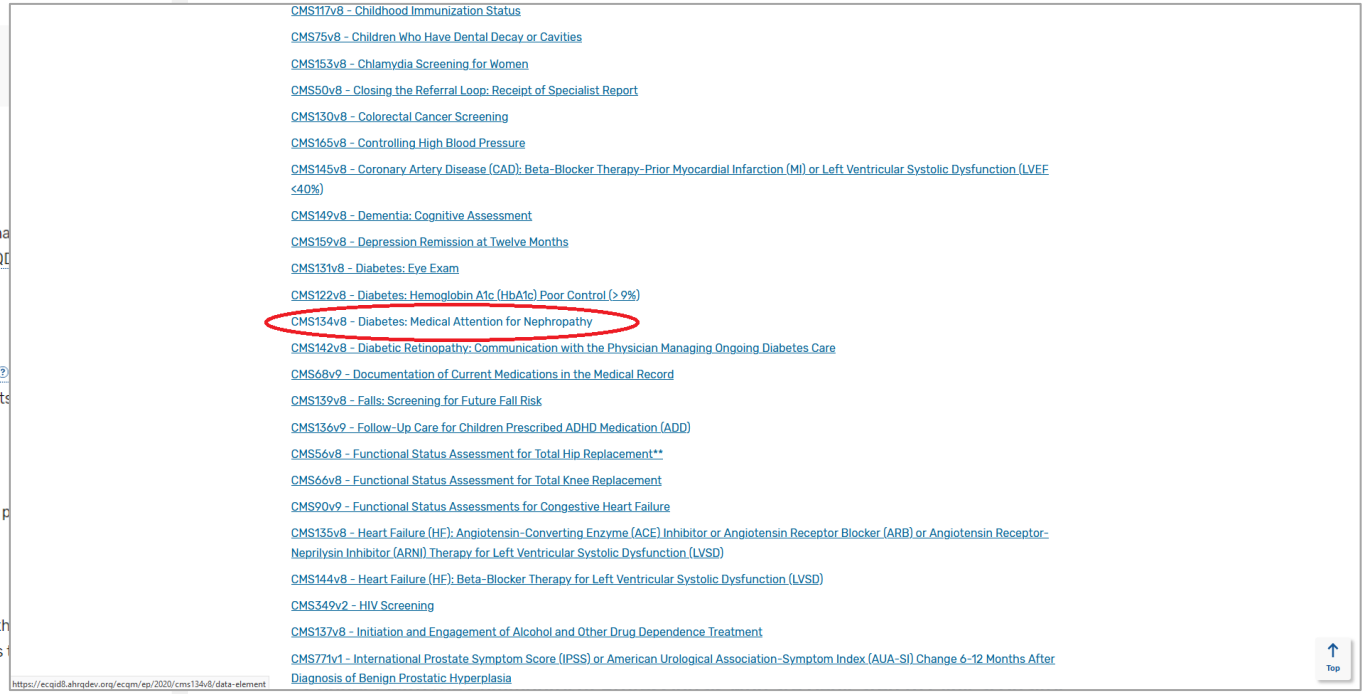
eCQM DERep Navigation Example (cont.)





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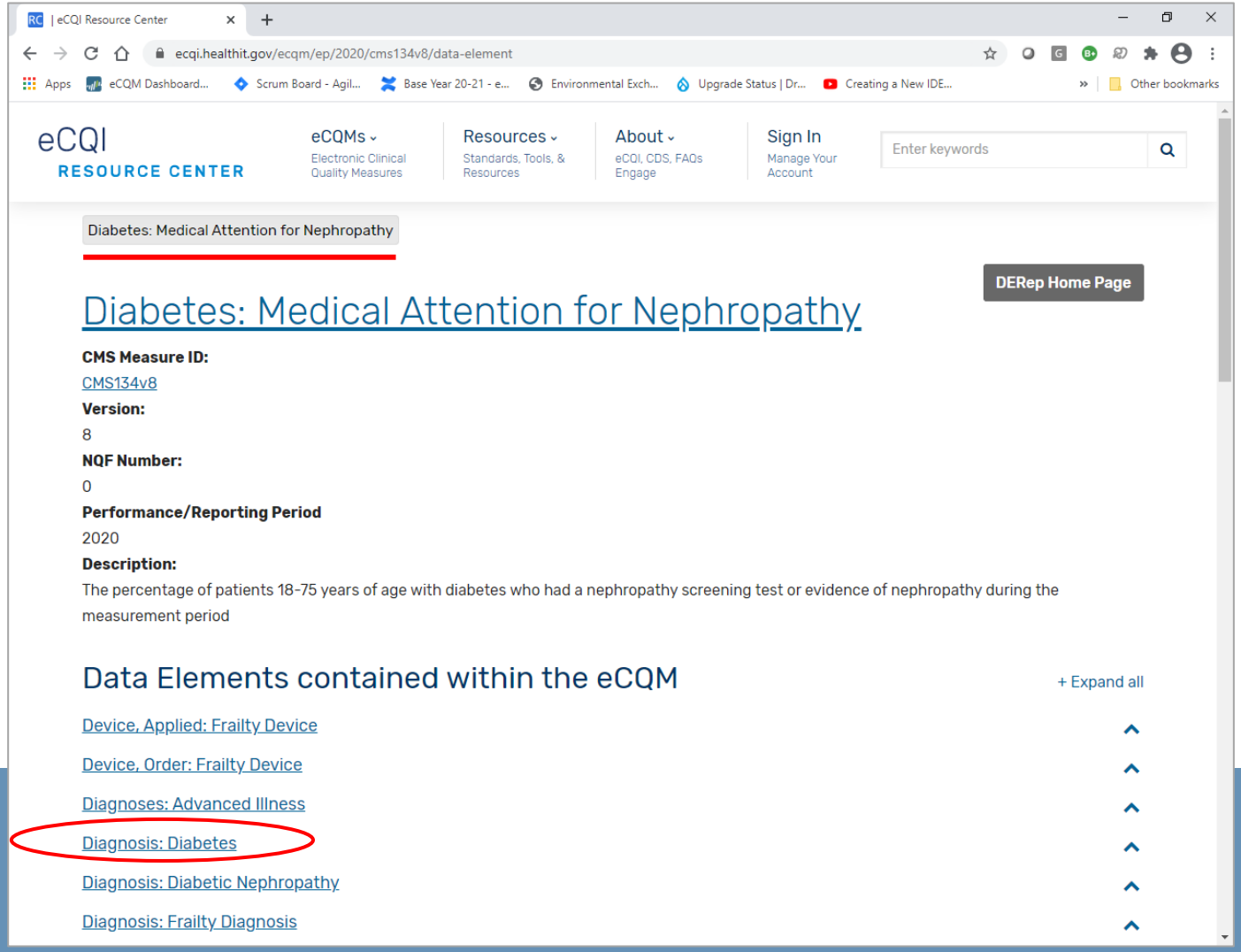
eCQM DERep Navigation Example (cont.)



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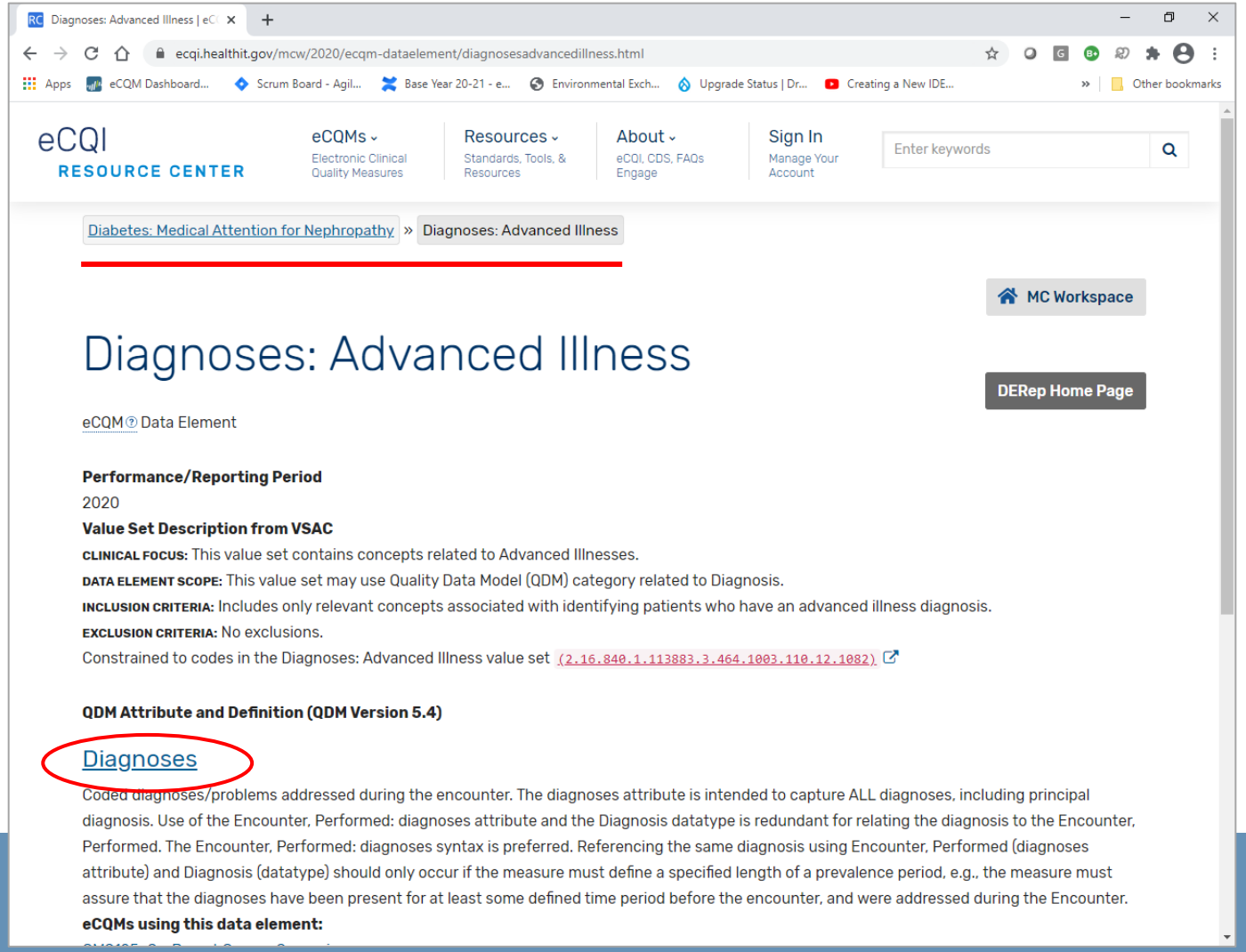
eCQM DERep Navigation Example (cont.)



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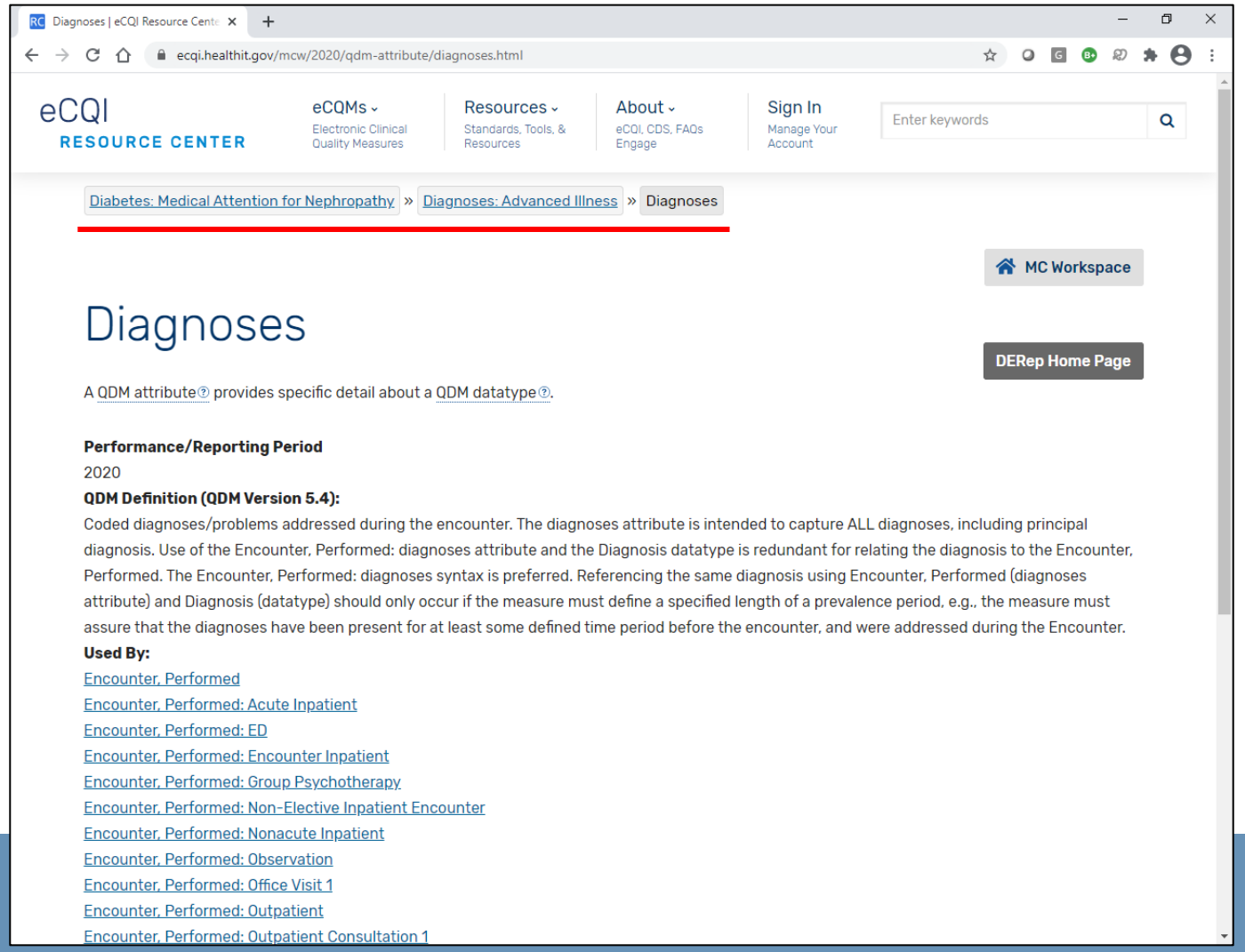
eCQM DERep Navigation Example (cont.)



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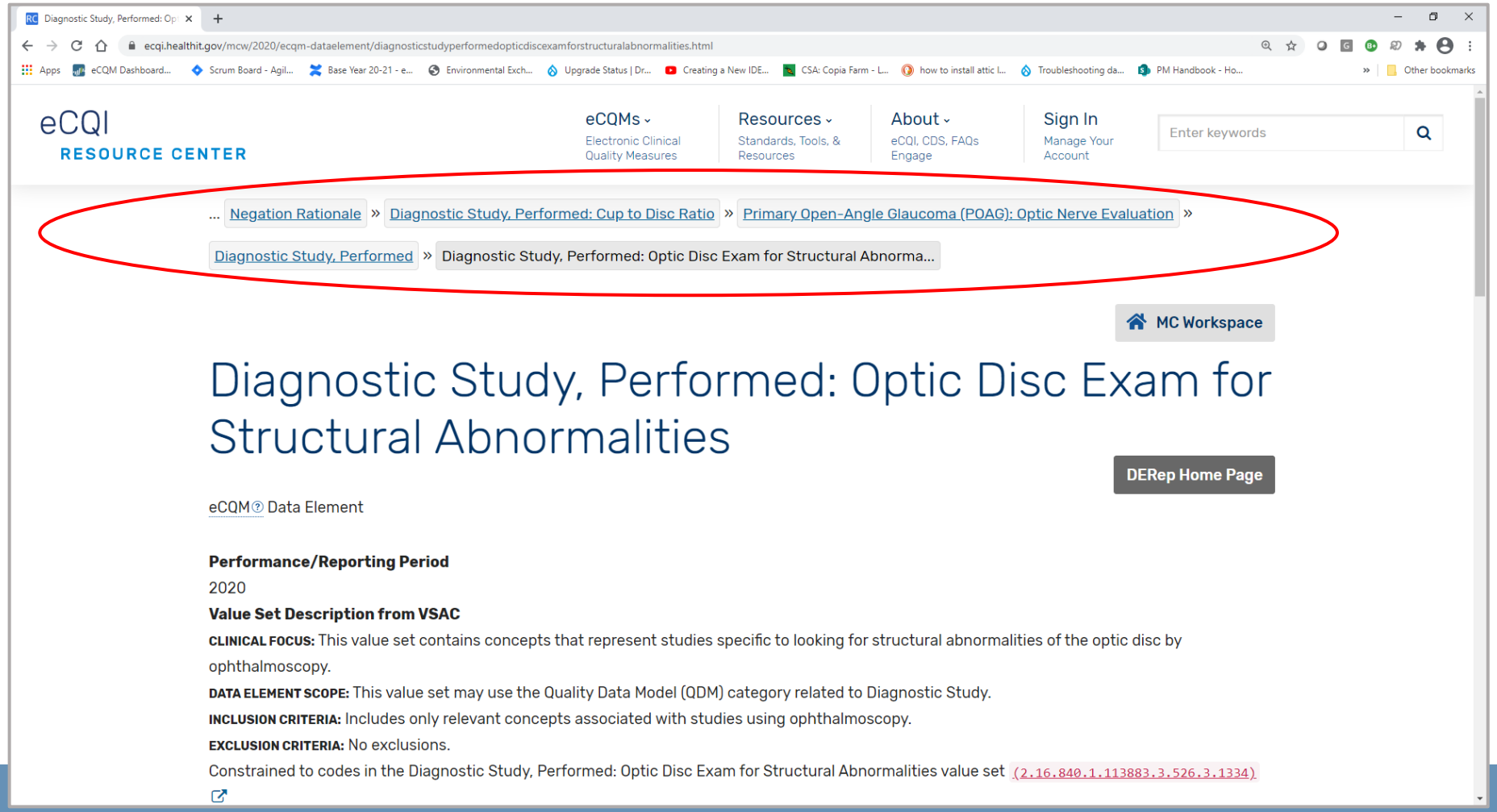
eCQM DERep Breadcrumbs



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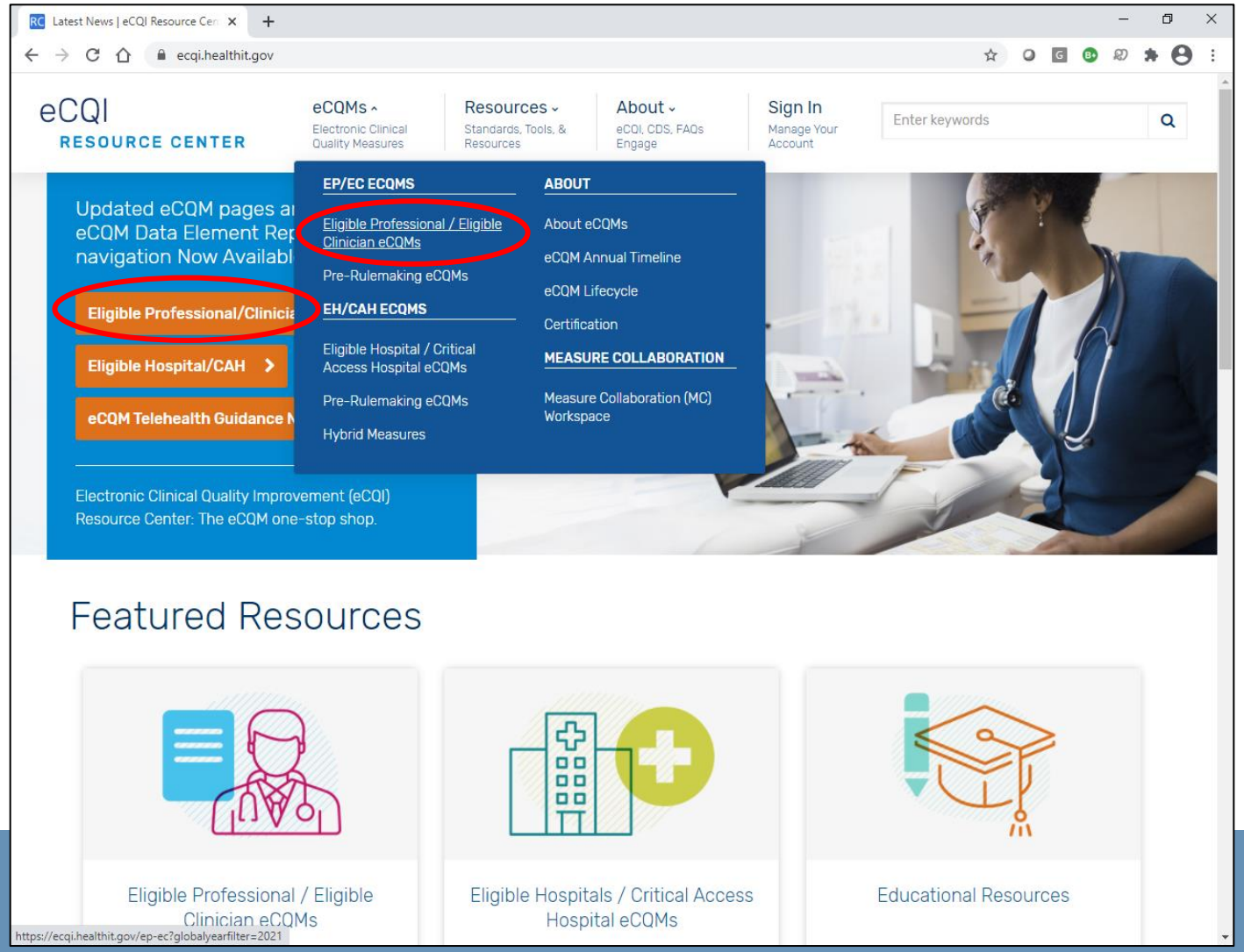
Measure Detail Page Navigation Example



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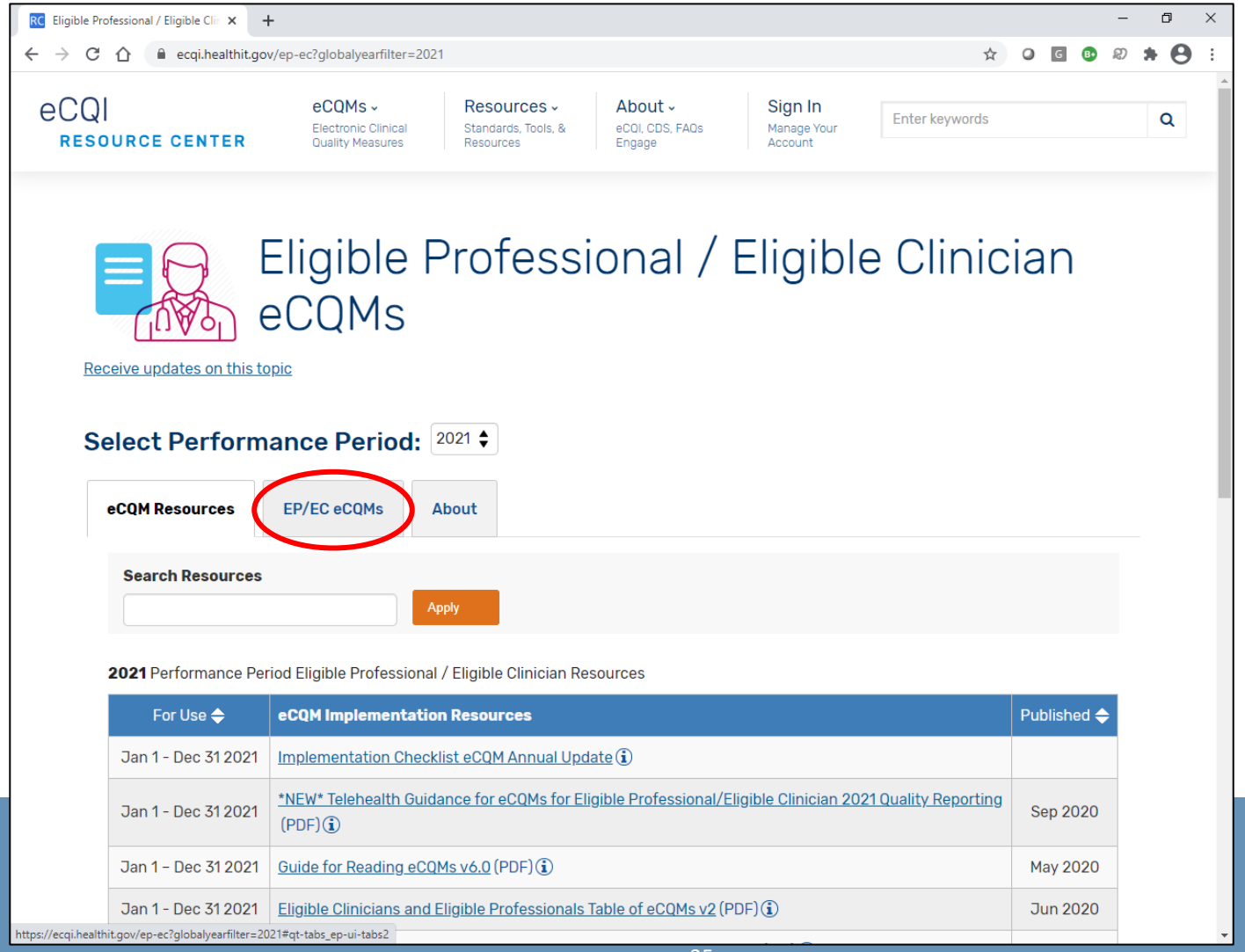
Measure Detail Page Navigation Example (cont.)



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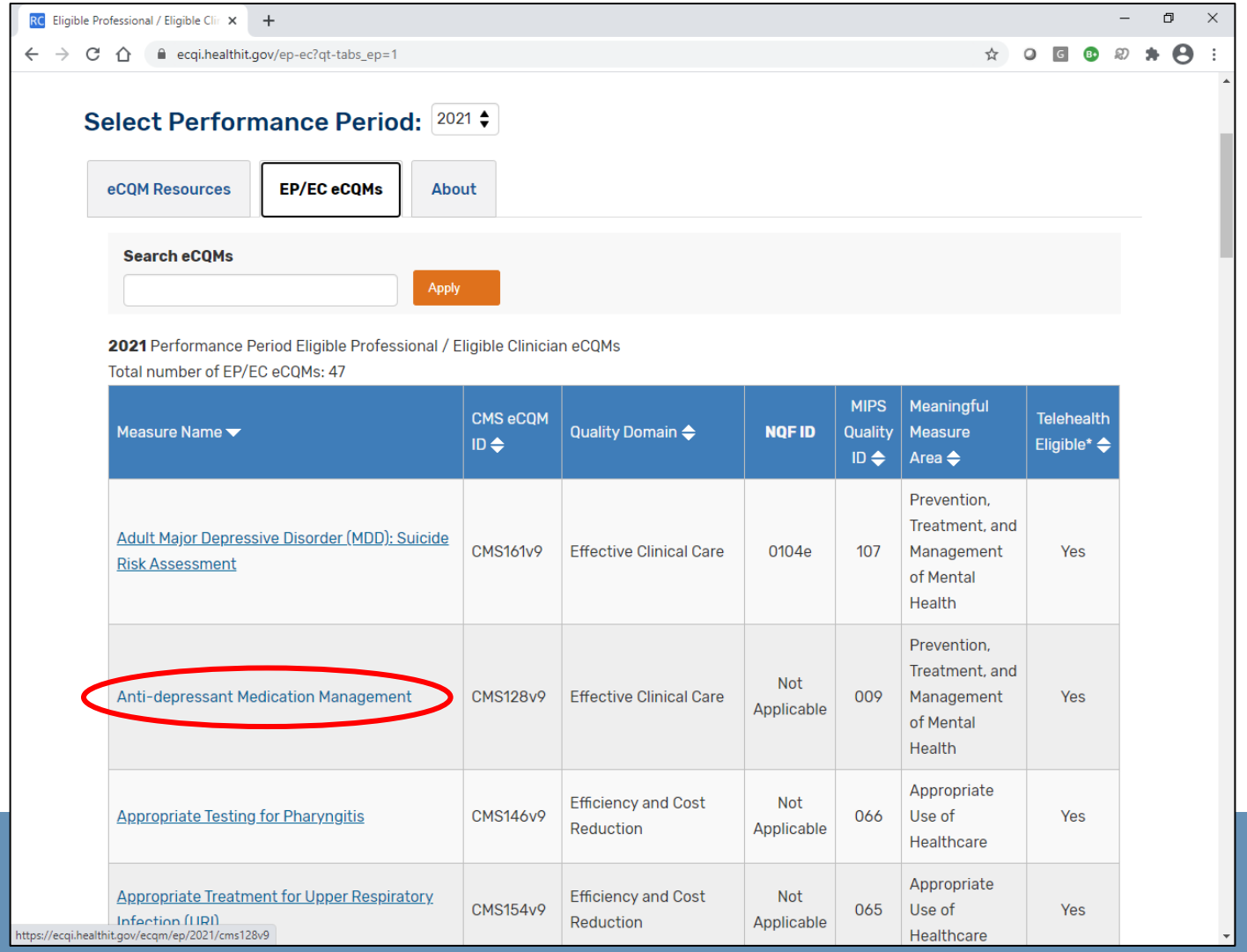
Measure Detail Page Navigation Example (cont.)



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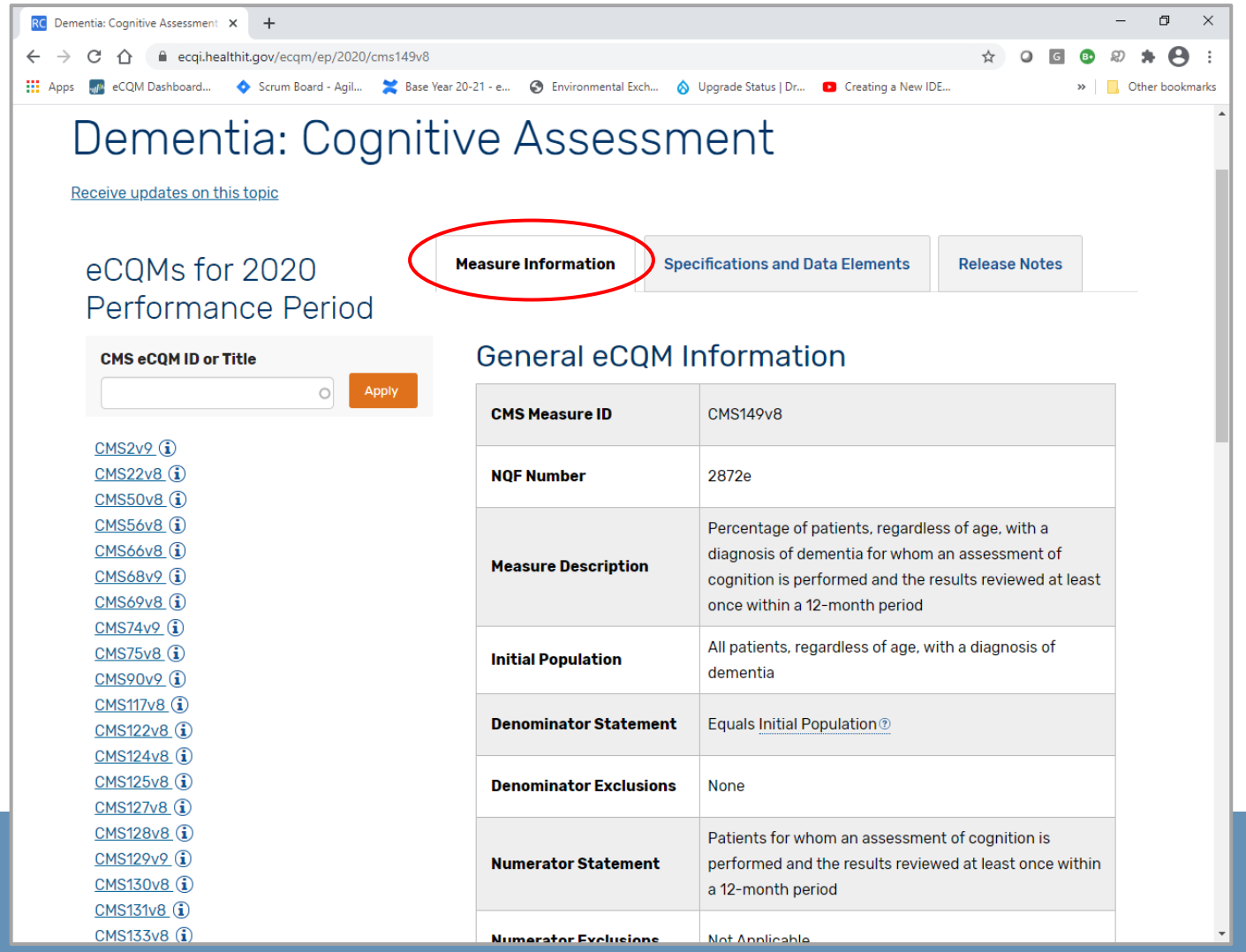
Measure Detail Page Tabs – Measure Information



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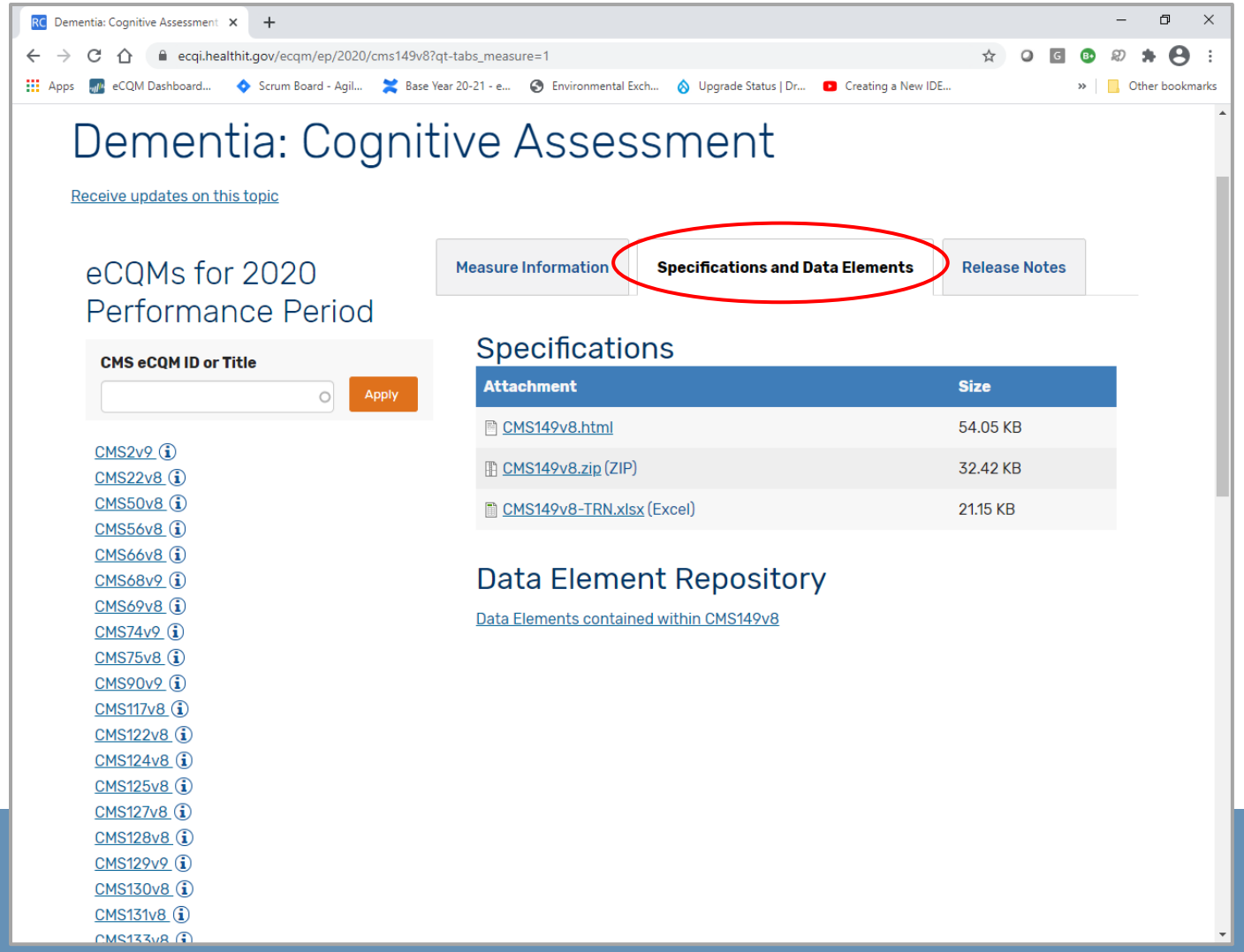
Measure Detail Page Tabs – Specifications and Data Elements



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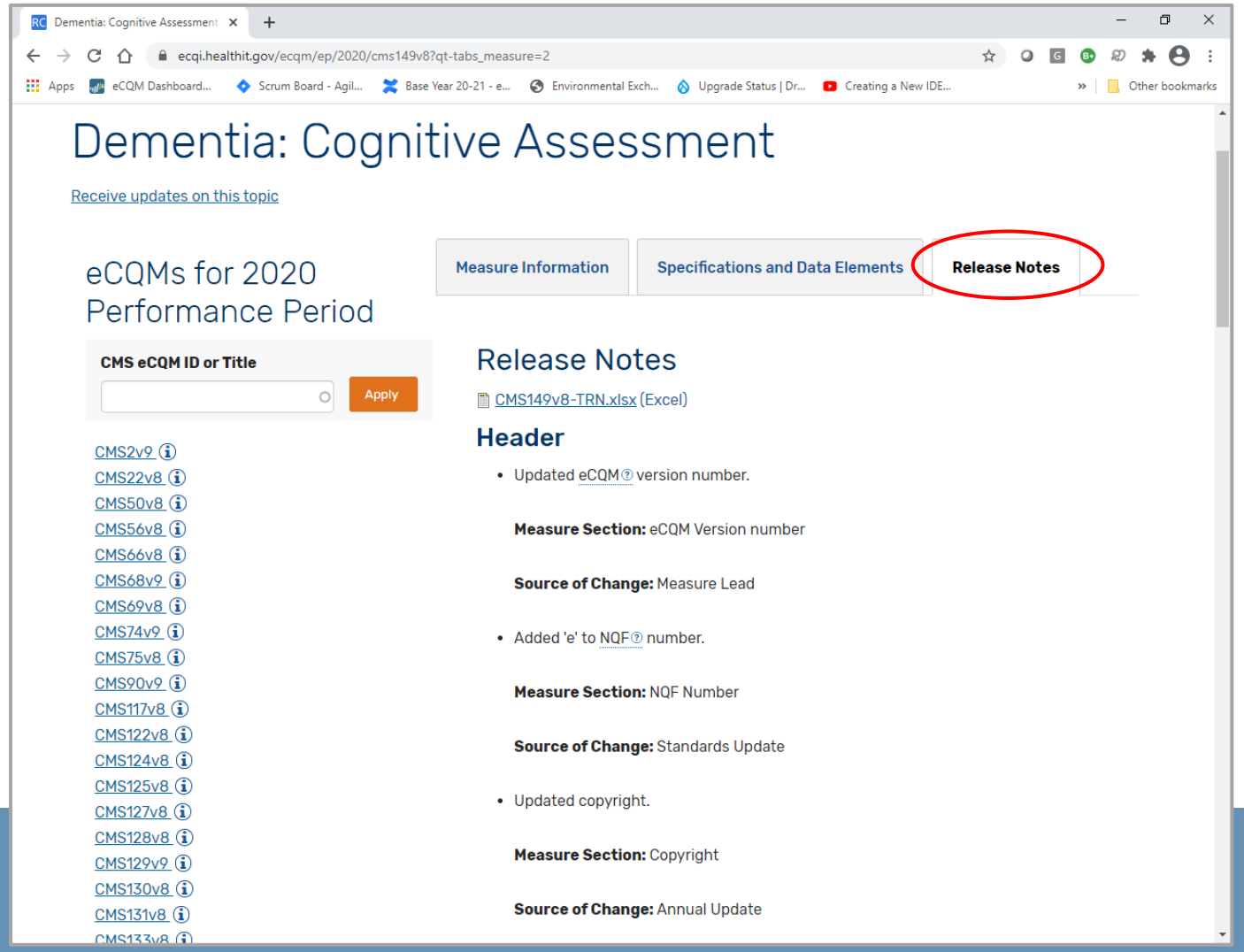
Measure Detail Page Tabs – Release Notes



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Quality Payment Program Updates

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

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Merit-based Incentive Payment System (MIPS) 2020 Data Submission Period

- The MIPS 2020 data submission period opened on **January 4, 2021** and will close at **8 p.m. EDT** on **March 31, 2021.**
- To submit 2020 MIPS data, eligible clinicians should follow the steps outlined below:
  - Go to the Quality Payment Program (QPP) website.
  - Sign in using your QPP access credentials.
    - If you aren't registered in the HCQIS Authorization Roles and Profile (HARP) system, refer to the QPP Access User Guide.
  - Submit your MIPS data for the 2020 performance period or review the data reported on your behalf by a third party.

2020 Extreme and Uncontrollable Exception Application Deadline Extended

- For the 2020 performance year (PY), the **Extreme and Uncontrollable Circumstances policy** allows MIPS eligible clinicians, groups, virtual groups, and APM Entities to submit an application requesting reweighting of MIPS performance categories to 0% due to the current COVID-19 public health emergency.
    - **New:** APM Entities may submit an application to reweight MIPS performance categories as a result of extreme and uncontrollable circumstances.
- The Extreme and Uncontrollable Circumstances Exception application deadline is extended until **February 1, 2021.**
    - **IMPORTANT:** Even through we are extending the application deadline into the PY 2020 submission period, individuals, groups, and virtual groups can't submit an application to override PY 2020 data they've already submitted. Any data submitted before or after an application has been approved will be scored. Data submission for an APM Entity won't override performance category reweighting.
    - Note: The deadline for the Promoting Interoperability Hardship Exception application remains **December 31, 2020.**
- Learn more about how to submit an application by visiting the QPP Resource Library and reviewing the zip file of related resources.

2021 MIPS Performance Year

- The 2021 MIPS performance year started on **January 1, 2021** and ends on **December 31, 2021.**
- If you are one of the MIPS eligible clinician types, you are eligible for MIPS in 2021 and will receive a payment adjustment if you:
  - Exceed the low-volume threshold criteria;
  - Enrolled as a Medicare provider prior to January 1, 2021;
  - Don't become a Qualifying APM Participant (QP).
- To learn more about MIPS eligibility and to check if you are eligible to participate in 2021, you can use the 2021 Eligibility and Participation Quick Start Guide and the QPP Participation Status Tool.

2021 MIPS Annual Call for Measures and Activities

- The MIPS Annual Call for Measures and Activities process allows clinicians and organizations to identify and submit:
  - Measures for the Promoting Interoperability performance category
  - Activities for the Improvement Activities performance category
- The MIPS Annual Call for Measures and Activities submission period will open on **February 1, 2021** and will close on **July 1, 2021.**
- To propose new measures and activities for MIPS, review the 2021 Call for Measures and Activities Overview Fact Sheet and fill out the relevant forms.

MIPS Value Pathways (MVPs)

- CMS finalized its MVPs, a participation framework that will be implemented for the 2022 performance year.
- Recognizing stakeholder comments, CMS finalized the MVPs guiding principles to include:
  - The patient voice
  - Subgroup reporting
  - A fifth principle related to promoting digital performance measure data submission
- A set of criteria to be considered when creating MVP candidates was also finalized for the 2022 performance year.
- To review criteria and submit MVP candidates, visit the Criteria and Candidate Submission webpage.

SAVE THE DATE
2021 CMS
QUALITY CONFERENCE
Healthcare Innovation During a Time of Disruption
MARCH 2-3, 2021
This will be a virtual conference
To learn more visit:
www.cmsqualityconference.com

Care Compare Updates

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

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Questions?

cmsqualityteam@Ketchum.com

Thank you!

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