CMS Quality Programs Bi-Monthly Forum
May 10, 2022

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 bimonthly forum aims to provide national stakeholder organizations, specialty societies, health IP 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 updates on the eCQM annual update, the 2023 QRDA implementation guide, the July 2022 HL7 FHIR Connectathon 3, CMS's digital quality measures webpage, CMS's measures inventory tool, the Medicare Promoting Interoperability Program, the Quality Payment Program, and alternative payment models. We will have a question and answer portion once all presentations have concluded.

Please note, to ask a question, you can either submit your questions using the chat feature or raise your hand and CMS will unmute your line. For those dialed in via phone, 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.

And now I will turn it over to Claudia Hall.

Claudia?

Next slide, please.

Hi everyone. My name is Claudia Hall from the CMS eCQM team. And today I'm going to talk about the eCQM annual update publication for the 2023 reporting performance period.

Next slide.

I'm going to review the annual update publication announcement, then provide a brief overview of the eCQM annual updates cycle.

I'll talk about opportunities to engage in the eCQM annual update process via the ONC project tracking system.

Then I'll discuss notable updates for the 2023 eCQM reporting performance period.

And lastly, I'll provide a brief overview of the eCQM known issues tracker.

Next slide, please.

As of May 5th last week, CMS has posted the 2023 reporting performance period electronic clinical quality measure (eCQM) specifications on the eCQI Resource Center for eligible hospitals and critical access hospitals, hospital hybrid, outpatient quality reporting and eligible clinician programs.

And the updated eCQM site can be used to electronically report 2023 clinical quality measure data for CMS Quality Reporting Programs.

Please note measures will not be eligible for 2023 reporting unless and until they are proposed and finalized through notice and comment rulemaking for each applicable program.

Next slide.

This year the annual update publication includes pre-rulemaking measure information for EH and CH pre-rulemaking eCQMs, hospital hybrid measure information -- these are quality measures that use both claims data and clinical data -- and outpatient quality reporting measure information, which is a quality measure that is developed for use in the CMS outpatient quality reporting program.

Next slide, please.

Included with the annual update publication are important reference materials posted on the eCQI Resource Center.

Notable eCQI resources such as the guide for reading eCQMs and telehealth guidance for eCQMs for eligible clinicians, as well as technical release notes which identify individual header, logic and value set changes associated with each measure.

And then of course, there are links to the eCQM value sets direct reference codes, and these are available through the National Library of Medicine's Value Set Authority Center or the VSAC via the download tab from the eCQI Resource Center.

Next slide.

Next, I will provide some background and overview of the eCQM annual update publication cycle.

Next slide.

CMS updates eCQM specifications for CMS programs annually to align with current evidence or guidelines changes, feedback from the field, evolving technical standards in the data model, which we use quality data model, QDM, and the logical expression language, clinical quality language or CQL, as well as coding terminology updates and harmonization efforts.

These updates occur annually so that eCQMs remain relevant and actionable within the clinical care setting.

Next slide, please.

This diagram provides a high level overview of the AU update cycle that occurs annually between September and May of each year.

The sheets in light blue highlight areas where the public can engage in the annual update process.

We first start with information gathering activities which occur in the summer and fall.

Measure stewards perform literature reviews, including review of updated clinical guidelines as well as technical requirements, and may meet with expert workgroups or technical expert panels to propose changes in the next versions of the measure specifications.

Next, we have the change review process which occurs in the fall.

Here's where measure stewards publicly post proposed changes to each measure via the ONC project tracking system Jira via the eCQM issue tracker to gather public feedback.

In the winter, CMS reviews and approves measure changes, and then in late winter, measure stewards post draft versions of the proposed eCQM specifications for public comment.

Finally, the new versions of the eCQM measure specifications are published on the eCQI Resource Center in spring, usually in early May.

Next slide, please.

There are several ways the public can engage in the eCQM annual update process via the ONC project tracking system, eCQM issue tracker, which includes year-round activities where implementers can submit eCQM-specific questions regarding measure logic or measure intent.

And as I mentioned before, in the fall, implementers can participate in the change review process by reviewing and commenting on proposed measure changes.

And later in the winter, CMS invites vendors and stakeholders to review and comment on draft measure eCQM specifications.

Next slide, please.

Next, we'll briefly review some notable updates for the 2023 reporting performance period.

Next slide, please.

Here I wanted to highlight several key logic changes.

So, one, we replaced the global calendar age in years function with a native CQL function to take advantage of existing CQL features and increase human readability.

We updated the logic using the new quality data model (QDM) version 5.6, encounter performed class attribute, to exclude telehealth or virtual encounters using the logical representation of class does not equal virtual for measures containing telehealth eligible codes where telehealth is not appropriate.

For more information on this, please refer to the 2023 eligible clinician telehealth guidance document posted on the eCQI Resource Center.

We clarified timing precision levels using logic definitions by adding day of, day from, and a two-day interval function.

And this year for the first time, we have published a separate global common library and associated TRN file.

Next slide.

This slide provides links to important key eCQM resources.

Next slide.

Now we'll talk about the eCQM known issues tracker.

Next slide.

The eCQM known issues tracker is a separate ONC Jira tracker, which is a forum to provide information on unknown eCQM implementation related or technical issues for which a solution is under development, but not yet available in a published eCQM specification.

The goal of the tracker is to reduce implementer burden and improve transparency with reporters by identifying and posting known issues that could affect measure implementation or calculation.

Next slide.

There are two ways to view eCQM known issue.

This slide provides information on how to access and review known issues from the ONC Jira tracker.

Next slide.

And second, is a published eCQM has an associated known issue that will also be displayed with a link to the issue on the eCQI Resource Center under the eCQM measure list as depicted here.

This concludes the annual publication overview portion of the presentation.

And next, the eCQI Resource Center will present more details on where to find published measure specifications.

Thank you.

Thank you, Claudia.

So as Claudia mentioned, the 2022 eCQM annual update has been published and it is out on the electronic Clinical Quality Improvement, or eCQI Resource Center.

eCQI Resource Center is the one-stop shop for the most current resources to support electronic clinical quality improvement.

The site contains the most current eCQMs as well as information on eCQI standards, tools and resources.

Some of the key resources on the site include the eCQM specifications and implementation materials for eligible professionals, eligible clinicians, eligible hospitals, and critical access hospitals.

It also includes eCQI news, events and standards information, and also includes several tools and resources, including educational recordings and materials and opportunities for stakeholder engagement.

I will now turn it over to Edna Boone, who will walk you through where to find the 2022 eCQM annual update materials.

Edna?

Thanks, Vidya.

If you find going to the next slide, you can find the eCQMs directly from the homepage by selecting the orange chevron for either eligible hospital, critical access hospital eCQMs or eligible clinician eCQMs.

You can also search for an individual eCQM in the find the eCQM feature on this page.

Next slide.

You can also use the main navigation menu to locate the eCQMs.

In this example, we have navigated to the eCQM and the eligible hospital critical access hospital eCQMs.

Next slide.

The first tab on the eCQM pages lists all of the key resources that are used or referenced during a given reporting or performance year.

Next slide.

The second tab has a listing of all of the eCQMs for the reporting performance period.

The page also provides the total number of eCQMs available. In this case for 2023 reporting, it is 11 for hospital measures.

Next slide, please.

You can select any eCQM in the table that you're interested in. And you will come to this page which is the individual measure information.

This first tab provides you the ability to compare the measure to previous measures if there is a previous version of a particular measure you have selected.

Next slide, please

The second tab contains all of the specifications and will also provide a direct link to the value sets that are used with these eCQMs.

Once the data element repository is updated for this annual update of the eCQMs, you will also be able to link directly to the data element repository for the eCQMs.

And lastly, if we go to the next slide, there is the release notes.

So that third tab provides release notes on the changes within that eCQM.

You can have both the download Excel and also, they are available for reading directly on the page.

Next slide, please.

We have updated the eCQM resources, and this is based on a request from end users.

So, these are the resources that are found on both eligible hospital and eligible clinician pages.

The table now includes a short description of the resource, and you can also hover over that resource for a more detailed description.

You can also sort the table by several items -- implementation guidance, reporting references, standards references and also technical specifications.

We go to the next slide.

Thank you, you will see that the default is for any resources.

So, the table is still quite lengthy with all of the resources and tools that you might use in a given annual update period.

And as I noted here, you see the short descriptions.

And there is an icon next to that short description which will provide more information if you hover over.

Next slide shows the resources filtered by the technical specifications.

So here you see just the technical specifications.

And again, going across the filter option you would have the ability to narrow the list of the resources.

So, we hope this additional enhancement, again, which was asked for by end users is helpful for you.

At any time, you can email the eCQI Resource Center at eCQI -- I'm going to make sure I'll put that in the chat. I don't want to say that one wrong, but it is directly on the site on the Contact Us section.

So thank you, and I think we'll turn it over to our next speaker.

Thank you, Edna

Next, we have a presentation from Yan Heras.

Thank you, Darrick.

Next, please.

I'm going to give a quick update on 2023 CMS QRDA 1 IG.

So, CMS recently posted the draft 2023 CMS QRDA 1 implementation guide and schematrons for HQR for public comment.

The 2023 CMS QRDA 1 IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the 2023 calendar year reporting period.

This draft IG was made available for public comment on April 1st to April 22nd. We would like to thank you for your review and for those who submitted comments.

Next, please.

The draft 2023 CMS QRDA 1 IG contains several high-level changes compared with the 2022 CMS QRDA 1 IG.

One of the main changes is that the 2023 IG is updated to use the HL7 QRDA 1 STU 5.3 as the base standard instead of the STU 5.2.

There are also a couple of changes made to the list of CMS program names and also the list of HQR validation rules.

The hyper measures and CCD submission session is also updated, which now includes a list of recommended UCOM units to use for the CCDE's.

The draft 2023 CMS QRDA 1 one schematron file has been updated to incorporate updates from the base HL7 QRDA 1 STU 5.3 schematrons.

It also now supports the new versions of the QRDA category one report CMS template, and also the patient data section QDM CMS template.

Security one CMS program name dataset in the supporting vocabulary XML file is also updated to match the updated CMS program names for the 2023 reporting period.

Next, please.

Next slide.

Thank you.

So, this slide we're listing a list of additional QRDA related resources.

So, to find those current IG and the past IGs, please visit the QRDA page on the eCQI Resource Center. And for questions related to the QRDA 1 IGs and QRDA 3 IGs or schematrons, you can go to the ONC Jira QRDA project to log an issue.

Another resource is the QRDA known issues dashboard that is also available on ONC Jira site.

So, thank you and I'll turn it back to the next presenter

Thank you.

Jennifer Seeman will present next.

Thank you.

Next slide.

I'm Jen Seeman. I'm with the CMS eCQM standards contractor. And we wanted to make everybody aware that CMS is partnering again with HL7 to conduct a Connectathon in July.

This is a free virtual event that takes place July 19th through the 21st. And registration is open now through May 31st. We've provided the link to the confluence page if you'd like more information, and I believe you can access the registration link there as well.

This is an excellent opportunity to work with other FHIR developers and the FHIR standards team. Our team will continue to support testing of eCQMs translated to FHIR resources.

And in this session, we're particularly interested in participants who may have a FHIR server that would support US Core version 3.11 or newer.

We'd really like to do some detailed testing with FHIR eCQMs. If you have questions or would like to receive updates, you can email us at fhir@icf.com.

And I will pass it to the next presenter. Thank you.

Thank you, Jennifer.

Next we have a presentation from Grace Glennon.

Hi, everyone. Thank you.

You can go the next slide, please.

I am Faseeha Altaf and I work on the Yale team. Yale supports CMS on its digital quality measurement roadmap work.

And I'm here today to talk about the roadmap and the new webpage CMS recently launched about the roadmap to share it with stakeholders.

As an agency, I shared on the slide here CMS has set a goal of transitioning to digital quality measurement. As part of this effort and transformation, CMS is building off rules that both ONC and CMS previously finalized that require the use of FHIR and FHIR API technology to exchange a set of data. This sets an underlying expectation of what standardized data will be available and what technology will be required as CMS transitions to digital quality measurement.

Next slide, please.

CMS first defined digital quality measures in the physician fee schedule two years ago, most recently in the fiscal year 2023 IPPS proposed rule. Based on stakeholder feedback, CMS shared a refined definition of digital quality measures.

First, for digital quality measures, the data must be captured through digital format.

And second, transmitted electronically through interoperable systems across the healthcare ecosystem

Digital quality measures or DQMs can use multiple data sources including electronic health records, administrative systems, and patient portals, and other sources shown here on the slide.

CMS believes DQMs will support the ability to provide rapid cycle feedback and allow for flexibility and tooling, for example, enabling progress towards incorporating natural language processing and other advanced analytic approaches to incorporate unstructured data into measures.

Next slide, please.

In order to understand what CMS needs to accomplish, CMS developed a strategic roadmap called the Digital Quality Management Strategic Roadmap.

The roadmap covers the strategy that CMS plans to undertake to advance its measurement enterprise.

The strategy incorporates four lanes of activity working in concert to improve patient care.

From left to right in this figure, you'll see that the four lanes are, one, improving data quality.

Two, advancing technological capabilities.

Three, optimizing data aggregation between multiple data sources.

And four, enabling measure alignment across programs and pairs.

And for measure alignment, CMS is paying attention to not only the measures, but the data elements used or that would be required for those measures and the tools.

CMS recognizes that what will help advance the strategic roadmap work and its transition are technical components and thinking about the policies that must be in place and also input from stakeholders throughout the journey

Next slide, please.

CMS aims to actively engage with a broad set of stakeholders.

CMS has already started to do this in some venues as well to ensure the success of developing, operationalizing, and maintaining the strategic roadmap and transitioning to full digital quality measurement over the coming years.

Here on the slide in the graphic on the left, you'll see that CMS intends to engage and will engage a number of collaborators and folks in the industry.

These include but are not limited to federal and state agencies, health IT developers, EHR vendors, payers, data aggregators, consensus and standard setting bodies, providers and healthcare improvement organizations and measure developers.

Next slide, please.

CMS is sharing the strategic roadmap work and obtaining input on this work to aid its transition.

CMS recently launched a new webpage with information about the digital quality measurement strategic roadmap and its efforts. The goal of this webpage is to provide a public location for stakeholders to access information readily and materials related to this work, and see what CMS's plans are and activities that CMS is focusing on as it moves towards digital quality measurement.

CMS believes that a well-informed stakeholder community and input from the stakeholders that will be involved in this work in many ways will most prepare CMS and the community to advise CMS in its transition and assist with readiness in the community.

CMS intends to expand the content over time on this webpage and build it out with more information and resources as they become available.

Right now, we'll go into what's available on the web page right now for stakeholders to peruse through.

Next slide, please.

This is a graphic the eCQI Resource Center homepage where you can find the DQM page.

The digital quality measures page is located and housed on the eCQI Resource Center.

You can access the DQM webpage by going to the homepage of the eCQI Resource Center and using the main navigation menu and clicking on DQMs or digital quality measures, which you see at the top here next to eCQMs.

Next slide, please

The DQM page includes three tabs.

We'll walk through these tabs right now.

The three tabs on the DQM page are first the DQM strategic roadmap page, which will house general information about the roadmap work.

The second is an About DQMs tab which further defines digital quality measures.

And the third tab is the tools and resources tab which will include or includes several tools and resources related to the work.

Next slide, please.

About the first tab, the first tab is the DQM strategic roadmap tab. This tab provides an overview again of the digital quality management strategic roadmap and the four lanes of activities that CMS is focusing on to advance the fall digital quality measurement. It provides an overview and some graphics as well to support an understanding of the roadmap work.

Next slide, please.

As one scrolls down the page of this tab, one will see detailed documentation about the digital quality measurement strategic roadmap, including the digital quality measurement strategic roadmap itself, presentation slides that will provide an overview of the roadmap and links to regulatory language that refer to the roadmap work as well.

The table here on the webpage indicates when the items that are available for stakeholders were first published.

Next slide, please.

The second tab about DQMs includes the definition of DQMs and how DQMs play a pivotal role in the learning health system.

The real focus of digital quality measurement needs to be on its capacity to leverage technological capabilities to provide us the kind of learning health system CMS envisions, and we envision.

So, this about DQMs tab further defines DQMs and also explains how they're related to the learning health system and can assist in making the learning health system what it can be.

Next slide, please.

The final tab, Tools and Resources, includes links to related initiatives that are referenced throughout the roadmap itself and are necessary to understand what CMS could leverage in transforming its quality measurement enterprise as it moves it to fully digital.

So, for example here, you'll see some links to ONC's USCDI+ initiative, and HL7's work as well, as well as the CDC's Public Health Data Modernization Initiative.

So, these are all links that are at different agencies work that are considering CMS's transition to digital quality measures.

Next slide, please.

As we mentioned earlier, CMS intends to build out this DQM webpage to describe its activities as it continues its work on digital quality measurement and expand the resources and information available on this webpage.

This is just the beginning. If you have any questions or any feedback, we've listed our emails here, and we welcome your feedback. Thank you.

Thanks. Kim Rawlings, Maureen Hammer and Stephanie Zias will now present.

Thank you so much. As stated, my name is Kim Rawlings and I'm the lead for the CMS measures inventory tool. And we have some important updates. So, we're going to give you a quick overview of those.

Next slide.

And so, in the next couple minutes, we're just going to talk a little bit about what is the CMS measures inventory tool, identify some features and identifiers and kind of review the data structure. We're going to try and do a quick demo of the site so you can see it live in action. And then with everyone else at the end of the presentation, we'll answer some questions.

Next slide.

And so, the CMS measures inventory tool hosts the CMS measures inventory. And really what it is, is it's an inventory of quality measures across 30-plus programs across CMS for our stakeholders to view and use and interact with.

So whether it's hospitalists using quality measures and they want to find out more information about what they're reporting on, whether it's developers looking to add measures to CMS programs and they want to see what else is in that particular program, or you know, it could be specialty societies or even patients and families looking to see, you know, what kind of measures there are on a particular condition or quality measure topic.

Next slide.

So, it all has the goal of really using, you know, using the transparency of providing you information on quality measures to really promote health care. And so the purpose of the CMS measures inventory is, again, to allow you to access the information about quality measures and to really know the landscape of not only what's in the program, but what is CMS -- what are we doing around quality measures and try and really promote transparency of the measures in our program, the priorities of quality measures

across the agency, what measures we're developing, what measures we've considered, etcetera, in an effort to really coordinate quality measurement and improvement efforts so that we can foster measure harmonization and alignment, try and identify redundancies, identify measure gaps not only internal to CMS -- we definitely use the CMS measures inventory for that -- but also thinking across HHS, and also across the entire private industry as well, making sure that we're communicating, again, what's in our programs, what's been considered for our programs, etcetera.

Next slide.

And so, the inventory itself captures the entire spectrum of measures. We have measures that are under development in CMIT. We have measures that we've considered through the pre-rulemaking process or through our proposed rules, or proposed measure specifications and technical documents. Once the measure is in our programs, that's included in our inventory. But we also keep historical data in our inventory as well. So, you'll see measures that have been removed from CMS programs as well.

And so again, you really see the entire lifecycle of the measure in CMIT. And we use a bunch of different data sources to populate that information, whether it be federal rules, measure specification manuals, and then ultimately, it's CMS program and measure leads that are validating that data. And we do such on a rolling basis.

Next slide.

And so, with that, I'm going to turn it over to my colleagues to review some of the special features on CMIT 2.0 and do a demo.

Thank you, Kim.

If someone could give me access to share my screen, I'll get started with the demo. And can we confirm that my screen is now sharing.

Yes, we can see your slides, or your screen, sorry.

I appreciate it. Thank you.

Thank you, Kim.

Hello, everyone. So, in this demo, I will be quickly going through some basic navigation of the tool that Kim just covered. And then we'll look at just a few scenarios to give you a firsthand look of how you would complete some potential tasks. So, with that, we'll jump right in.

So, what you're seeing now on your screen is the CMIT 2.0 homepage.

The first thing I want to point out is the dark blue banner at the top of your screen with the different modules listed here, which you can access, and then the search bar.

So, the banner includes the modules for the inventory, the measure summary, the measures and use module, which is new to CMIT 2.0, and the environmental scan tool.

And then from the home screen, this landing page, if you already know what measure you would like to look up or what kind of search you would like to do, you can simply type in your keywords and your CMIT reference number straight from this landing page to get started.

Quickly, I wanted to point out to the right of the search bar is this How Do I Search link. This will give you some best practices and useful tips to assist you in searching.

The tool I would recommend referring back to this, if you're in CMIT and you're not getting quite the results you're looking for, we often find it's helpful to refer back to those tips.

Then as we move on to the landing page here, I will note that there is a Request an Account section. While you don't need to have an account to use CMIT, there are added benefits to having one.

So, to request an account, you can simply click this button, fill out the requested information and get started on that process.

And then lastly on the homepage, I just wanted to scroll down and point out that there are some additional resources here for other CMS tools.

And in fact, I neglected to point out here some additional resources to help walk you through CMIT 2.0 since we don't have the time to go into everything today.

But there is this very helpful, short four-minute video in the CMIT User Guide which you can access from the landing page.

So, let's now look at the measure inventory page, which again, you can access from this link here or the link here in the blue banner, as I pointed out before.

So, when you first enter into the measures inventory page, you will see that CMIT defaults to showing all the active measures in CMIT, which you can tell by this filter being here. This is a default filter.

So, if you're in CMIT, you're not finding what you're looking for, oftentimes, people forget that this filter has been added to say you're looking for a pending measure that has not yet been implemented.

You would want to clear the active filter by selecting the X on the button or the Clear All button and that will reset your filters.

I also want to point out before we jump in here that CMIT, if you scroll down, you'll see that it defaults to only 20 measures. To load all the results for your search, you would just need to click the Load More button to populate those. And then you can quickly return to the top by clicking that Return to the Top link as I just did.

I just wanted to point out that CMIT 2.0 has two different display formats.

The display you see now is the table format. This is the default, and it lays out information in columns. You're able to choose what columns you would like to view by selecting the Show/Hide Columns link. If I do that, you can see these are the available columns.

So, say I no longer want to see reporting status, but I do want to see data sources, I can unselect one, select the other, click save, and you can see here now we have a column for data sources. So, you can do that to populate which columns you would like. And those preferences will be retained if you choose to export your results into an Excel file.

And the other display format is the List View.

And you can see here that it's just a more clean, simplistic format that just gives information about a measure at a glance. Right now, you don't have those same preferences to choose which data is showed. That might be coming in the future. But I wanted to point out that it's just a different view where you can get a lot of information at once.

So, we'll go back to the Standard Table View. I also wanted to point out this Group By feature There are three different ways that you can view your results in CMIT. This is intended to make exploring the alignment and relationships between measures easier. CMIT's default is to the Program Group, which you are seeing now.

The Program view shows us what measures are in each program. You're able to quickly see what the measure is and what program it is in. However, sometimes measures can be adopted by multiple programs, and programs might need to slightly alter that measure to better fit their need. And at that point, we would need to start looking through the Measure View. So, the Measure View shows us substantively different measures, and you'll see on the screen there is a Standard Measure title and then the variance of that measure that are assigned to different programs are listed on the right.

Finally, the third grouping is Family. This is where you would look to see unique measures across the inventory. Families focus on the same measure concepts and are made up of one of the more standard measures. Those are the different group by functions. We'll return to the Default View.

Then, I wanted to point out that with CMIT 2.0, we have cleaned up the filter section to be more concise and easier to navigate to easily show which filters are being applied. So, to view the filters -- or first you can see which are applied by seeing the blue filters at the top. If you want to apply other filters, click the Add Filters button. You can see here each one of these options in the left-hand navigation will bring up a different filter that you can apply.

To choose a filter, simply click it. You can see that your selection is noted at the top, and then you can click apply filters. And that applies it to your results. Then if you wish to reset your page, including filters and view preferences back to the CMIT default settings, there is this Reset button available. When you click that, everything should return to the default.

So, with that quick walkthrough of the navigation, let's look at just a couple of scenarios.

So, if you're a CMIT user, and you're looking for the number of unique measures in use, you may generate that listing by applying the filters and views we just discussed. Or you may navigate up to the measures and use module, and that will give you one-click access to that information.

Now let's say you are a CMIT user, you are interested in finding all active measures in the ambulatory surgical center quality reporting program. So, the measures inventory page, the Active filter is already applied as the default. So, then we would only need to apply the filter for the program of interest. You can see again that it's showing up here in blue as selected. We would apply it, and you can see these are all of the active measures for the program.

Let's clear this and we'll look at one more scenario.

Let's say you are a CMIT user, you're doing a report on how CMS is using measures to address a specific clinical condition. For this scenario, let us say your report has to do with HIV. And you would like to see how many programs have an active measure linked to a condition of HIV. So, since I cleared it, Active is no longer selected.

So, we're looking for active measures. So, we would go to Reporting Status. We would click Active. We want all the programs to be included, so we don't need to select one. If you leave them unselected, all of them will show in your results. And then we know we're looking for a sub-condition of HIV. And we can select that, confirm that it's showing at the top and apply the filter. And here you can see that in CMIT, we have six active variants with a sub-condition of HIV. At a glance, you can tell under the Program column there are three different programs using these six different measures. And at this point, you could, you know, use the different preferences for Show/Hide Columns or enter one of the views or one of the measures to the measure view, and click on this family measures. You can see all of the family, all of the related measures in the same family, whether they're active or not. You can also use your Show/Hide Column preferences, make your selections, and export your report for later use.

So those were just a few scenarios, just to orient you to the system.

And now that concludes the demo portion of our presentation.

If you would like to return to the slides, I'll let them close us out.

Thanks, Stephanie, for the demo. I just wanted to say that, you know, we're excited to have all of these new features and the new data structure. Of course, if you have any questions, you know, please feel free to reach out to us. Thank you.

And I think you can go ahead and jump to the next section, down to slide 64. Thank you.

Thank you. Next, Elizabeth Holland, Drew Morgan, and I will present on Medicare Promoting Interoperability Program Updates.

Next slide, please.

Thank you, Darrick. This is Elizabeth and I'm going to talk about the Promoting Interoperability Program for eligible hospitals and critical access hospitals.

So, on April 18th, we actually published a proposed rule. And today actually, May 10th, is the date that it is officially published in the Federal Register. So, if you'd like to read it, it's a lot shorter when it's set in the Federal Register, and we are working to get that version uploaded to our Promoting Interoperability CMS website.

I'm just going to review some of the changes. Again, these are all proposed changes because this is the proposed rule.

So, we are proposing to require the Query of Prescription Drug Monitoring Programs measure. You may recall that this measure has been available for several years as an optional measure. But now we are proposing to make it required. We are also proposing to expand the scope of this measure to not only include Schedule 2 opioids, but to also include Schedules 3 and 4. And in addition, we're adding exclusions for the measure.

Next, we're adding an additional option for the Health Information Exchange objective called Enabling Exchange under the Trusted Exchange Framework and Common Agreement or TEFCA measure. Now there are three options you can choose from under Health Information Exchange.

Next, we are adding another required measure for our Public Health and Clinical Data Exchange objective, the Antimicrobial Use and Antimicrobial Resistance measure. This joins the other measures that became required as of 2022.

In addition, to really reflect the changes that we made last year, and to change the point, especially for the Public Health and Clinical Data Exchange, because it really is so important during public health emergencies, we are proposing a modification of our scoring methodology. Again, the scores add to 100 points, and hospitals must meet the 60-point threshold to successfully demonstrate meaningful use. So, this slide just illustrates the points that we're proposing to redistribute.

Next slide, please.

Just as a reminder, we are in a public comment period. So, the questions were very limited to what we can answer, but we do enthusiastically recommend that you comment. And you don't need to wait till the last day. The comment period is open now, so be sure to thoughtfully submit a comment. We'd love to hear from you because we actually do read every comment.

Next slide, please. I think I'm turning it over to Drew Morgan now.

Thanks, Elizabeth.

This is Drew Morgan and I want to talk about the Hardship Exception application. The submission window opened on May 1st of this year. It will run through September 1st of 2022.

The Medicare Promoting Interoperability Program participants can be exempt from Medicare downward payment adjustment for eligible hospitals and critical access hospitals, if they show compliance with requirements of being meaningful users that would result in a significant hardship.

If you're approved, the Hardship Exception will be valid for one payment adjustment year. So, the payment adjustment year for eligible hospitals would be for 2023 fiscal year. And for critical access hospitals, it would be for their 2021 cost reporting reimbursements.

Participants would need to submit a new application for any of the following years after this hardship. And in no cases may a hospital or critical access hospital be granted for an exception for more than five years. So, we only allow for five total Hardship Exceptions in the program.

Next slide, please.

Participants may complete and submit a Hardship application citing one of the following specified reasons for review and approval by CMS.

One is if they happened to be using a decertified EHR technology -- that's if their CEHRT was decertified during the 2021 program year. They have insufficient internet connectivity, extreme and uncontrollable circumstances that could include issues around COVID-19 and the national pandemic. We also allow for circumstances due to natural disasters And also, if they have a lack of control over availability of certified EHR technology.

Next slide, please.

As I stated before, the deadline for eligible hospitals and critical access hospitals to submit a Hardship Exception application is for calendar year 2021 reporting period is September 1st of 2022. If you're

unable to submit an online application, you may contact the QualityNet help desk and you can work with a representative to verbally submit that application online. And right here's the numbers, it's 1-866-288-8912.

Next slide, please.

And I believe I'm turning over to Darrick.

Thanks Drew. This is Darrick Hunter again.

And CMS currently has resources available for the 2022 Medicare Promoting Interoperability Program.

First, we have the 2022 Medicare Promoting Interoperability Program specification sheets. This zip file contains the 12 objectives and measures for eligible hospitals and critical access hospitals attesting to CMS with participation in the Medicare PI program in 2022. Next, the Scoring Methodology fact sheet details the performance-based scoring methodology for eligible hospitals and critical access hospitals implemented by CMS. Third, Electronic Prescribing objective fact sheet contains the information regarding the required e-Prescribing measure, bonus measure, and the scoring process for the Medicare PI program in calendar year 2022. The Health Information Exchange objective fact sheet details the two option measures as well as the scoring for this objective for calendar year 2022 of the PI program. Provider to Patient Exchange objective states that an eligible hospital or CAH provides patients or a patient authorized representative with timely electronic access to the health information. This fact sheet details the measure and the scoring for this requirement. Public Health and Clinical Exchange objective fact sheet details the four required measures, bonus measures, and the scoring for this objective. Lastly, the Medicare PI versus MIPS PI infographic highlights the similarities and differences between the 2022 requirements for the Medicare PI program and the MIPS Promoting Interoperability Performance category.

Next slide, please.

Next, we have Julie Johnson presenting. Julie?

Thank you, Darrick. We will go over some updates for the Quality Payment Program.

Next slide, please.

Due to COVID-19's impact on cost measures, CMS is reweighting the cost performance category from 20% to 0% for the 2021 performance period. The 20% cost performance category weight will be redistributed to other performance categories. You don't need to take any action as a result of this decision, because the cost performance category relies on administrative claims data. To provide clinicians with more insight into and familiarity with their performance in this category, CMS will provide patient level reports on the 2021 cost measures for which clinicians groups and virtual groups met the case minimum. Patient level reports will be available as part of the final performance feedback in August.

Next slide, please

This chart depicts different scoring scenarios on how the cost performance category weight will be redistributed for the 2021 performance period. If no other performance category is related, 55% of your final score will be determined by the Quality Performance category score, and 15% by improvement activities.If Promoting Interoperability is reweighted, then 85% of your final score will be

determined by your performance on the Quality Performance category and 15% by improvement activities. If Quality is related, then 15% will be determined by improvement activities and 85% by Promoting Interoperability. Finally, if improvement activity is reweighted, then 70% of your final score will be determined by quality and 30% by Promoting Interoperability.

Next slide, please.

Group registration is now open for the CMS web interface and the CAHPS for MIPS survey for the 2022 performance period. Groups, virtual groups, and alternative payment model entities with 25 or more clinicians, including at least one MIPS eligible clinician, can register by 8:00 PM Eastern Time on June 30th to use the CMS web interface for reporting quality measures. Groups, virtual groups, and APM entities with two or more clinicians, including at least one MIPS eligible clinician, can also register by 8:00 PM Eastern Time on June 30th, to administer the CAHPS for MIPS survey under traditional MIPS or the alternative payment model performance pathway. Please note Medicare Shared Savings Program ACOs don't need to register as they're automatically registered for the CMS web interface and the CAHPS for MIPS survey because they are required to meet the reporting requirements for the Quality Performance category under the APP or the alternative payment model performance pathway.

Next slide, please.

To register, you can log into the Quality Payment Program website that is at qpp.cms.gov. From there you will go to the Manage Access page in the top right-hand corner of the website. And then you will click Edit Registration, we have here by 8:00 PM Eastern Time on June 30th. But just make sure that you have edited your registration details and have submitted them by 8:00 PM. For more information about how to do this, you can access the How to Register for the CMS web interface and the CAHPS for MIPS survey webpage and the 2022 CAHPS for MIPS Overview fact sheet on our QPP website.

Next slide, please.

The 2022 MIPS Call for Quality and Cost Measures is now open. You can submit measures for CMS to consider for inclusion on the annual list of Quality and Cost Measures for the 2024 performance period by 8:00 PM Eastern Time on May 20th. More information about the submission process for Quality and Cost measures is available in the 2022 Call for Measures and activities toolkit posted in the Resource Library on the QPP website at qpp.cms.gov. You can also find out more information about the pre-rulemaking process on the CMS pre-rulemaking website. Please note that CMS encourages all stakeholders to submit cost measures this year through the pre-rulemaking process during this period. A timeframe for measures to be considered for inclusion on the annual list is a two-year process. Only cost measures submitted by 8:00 PM on May 20th will be considered for inclusion on the annual list of cost measures for the 2024 performance period.

While stakeholders were previously able to submit cost measures through the pre-rulemaking process, the Call for Cost Measures is a new process to provide stakeholders with more guidance about measurement priorities and requirements. This process was established through the 2022 Physician Fee Schedule Final Rule. The 2022 Call for Cost Measures is the first year that this process is in place and will be an annual process like the Annual Call for Quality Measures.

Next slide, please.

The 2022 MIPS Annual Call for Improvement Activities and Promoting Interoperability Measures is also open and will close on July 1st, 2022. You can also review the 2022 Call for Measures and Activities

toolkit. This is posted in the Resource Library on the QPP website at qpp.cms.gov. And in there, you can review, fill out and submit the forms for your new measures and activities. And there's fact sheets posted in that toolkit. The process is different than submitting quality and cost measures, and all of that is in that toolkit.

Next slide, please.

We are in the Extreme and Uncontrollable Circumstances Exception application period. You may submit an application to reweight any or all MIPS performance categories if you've been affected by extreme and uncontrollable circumstances. For the 2022 performance year, CMS will be using our EUC policy to allow MIPS eligible clinicians, groups, and virtual groups to submit an application requesting reweighting of one or more MIPS performance categories to 0% due to the COVID-19 public health emergency Alternative payment model entities may also submit an application, but please note the following differences from the existing EUC policy: APM entities are required to request reweighting for all performance categories. At least 75% of the MIPS eligible clinicians in the APM entity will need to qualify for reweighting and the promoting interoperability performance category; And data submission for an APM entity won't override performance category reweighting as it does for MIPS eligible clinicians for MIPS participants. The EUC exception application period will close at 8:00 PM Eastern Time on December 31st. For more information including how to apply, please visit the Exception Applications webpage or download the 2022 MIPS EUC Exception Application Guide on the QPP website at qpp.cms.gov.

Next slide, please.

We mentioned this earlier, but this is just again some more details. MIPS eligible clinicians, groups, and virtual groups may qualify for a reweighting of the Promoting Interoperability performance category to 0% if they are a small practice, if you have decertified EHR technology, if you have insufficient internet connectivity, if you are facing extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress, or a vendor issue, or you have a lack of control over the availability of certified EHR technology in your area. Please note simply lacking the required CEHRT doesn't qualify you for reweighting. The Promoting Interoperability Hardship Exception application period will close at 8:00 PM Eastern Time on December 31st.

For more information including how to apply, visit the Exception Applications webpage or download the 2022 MIPS Promoting Interoperability Hardship Exception Application Guide on our QPP website at qpp.cms.gov. Please note, if you're already exempt from reporting Promoting Interoperability, you do not need to apply.

Next slide, please.

Here are some resources available for the 2022 performance period. And these are all posted on the Resource Library on our QPP website, again, qpp.cms.gov.

We have the Registration Guide for CMS web interface in the CAHPS for MIPS survey. We have a fact sheet going over the CAHPS for MIPS Survey measure. We have a Group Participation Guide. We have Measures and Activities Specialty Guides. We have User Guides for all of the performance categories of MIPS. In addition, we have the Data Validation Criteria -- this is really important for how we review your data for each of the performance categories.

One additional resource we mentioned previously that is not listed here is the 2022 Call for Measures and Activities toolkit If you're a measure steward or measure developer and you want to submit measures or activities for any of the performance categories, that is also posted on the QPP Resource Library.

Thank you for listening to our updates

And I now will hand it over to my colleague Corey Henderson to go over the Alternative Payment Model updates.

Good afternoon, everyone. Thank you for joining us again.

Next slide, please.

This afternoon, I'm going to share two slides with you. The first slide we're talking about the APM incentive payment updates.

In 2020, payments for those who had their performance in 2020 will be released this summer in the incentive payments. Again, two years after performance, the qualifying APM participants are going to receive their 2020 performance payments based on that performance two years ago. And that begins this summer. In 2022, the determinations that we are looking at will be available online, and that is being published. And you'll find the first snapshot data published in July of 2022. And keep in mind that the performance year 2022 is the last year to earn a 5% APM incentive payment, as there will be no QP determinations beyond March 2023. And you can also learn more about this on our advanced APMs webpage on the QPP website.

Next slide, please.

In addition to additional resources that we just shared; we also offer additional resources in the form of APM Performance Pathway Quality Requirements. And those will be updated for the performance year 2022. Right now, you'll find 2021 there.

And they contain information not only related to the APP quality data submission options, but also the APP quality measure set, APP quality measure specifications, which includes the Shared Savings Program, ACO organization data, and the All-Participant data which are going to be quality requirements for performance year 2022.

In addition, we also have coming soon the 2023 learning resources for the All Payer zip file, and that will include information that's relevant to help you understand how to submit for All Payer and how to determine whether your organization and/or payer fits into the All Payer recognition for payment and for QP status.

And then finally, we have the 2022 APP zip file, which is again coming soon. And we are updating these documents so that you'll have the information earlier in the year. And that specifically helps you to understand not only the APP, but also reporting requirements, scoring methodology, and frequently asked questions.

Next slide.

And I'm handing it back for Q&A.

Thank you. Okay, thank you to all of today's presenters. And we do have just a couple of minutes left for a couple of Q&A. As a reminder, if you'd like to ask a question, you can either submit your question using the chat feature or you can raise your hand and we will unmute your line. For those dialed in via telephone, you must have your audio PIN entered. If you're listening through your computer speakers and want to ask the question, you must have a working microphone. And while people are asking questions, we do have a couple that came in already.

Julie, a couple of questions -- if we can go maybe back to the Hardship slides or the EUC slides.

Can you please clarify for small practices if the Exception is automatic this year?

This is Elizabeth.

I can answer this.

Thank you, Elizabeth.

For Promoting Interoperability for small practices, yes, you do not have to apply. It is automatically applied. But if you do submit data, that data will be scored.

Thank you, Elizabeth.

If we're able to go to slide 82, we have a question for Corey.

Will 2023 be the last year the 5% incentives paid, or will the payments go through to 2025?

So, two years after this year. This is the last year by which payments can be established. You will receive payment in 2024 for this performance year. 2023, there is no associated QP incentive payment with QP status. That will then transition over to what we'll be talking about later this year, which is conversion factor. So, what we're really saying here is what you'll find is the determinations, which actually will happen three months after the end of the year, will show up as of March 2023. Remember, we have a 90-day period outside of the end of December. So that's why it says March 2023. But the payment is tied to performance year 2022. And that is still going to be 2022 performance.

Thanks, Corey.

We do have one question via phone line.

Sheila Donovan. Sheila, your line is unmuted. You may ask your question. And Sheila, you may be self-muted.

My question was answered. Thank you.

Okay.

I believe that is all the questions we have so far. We will keep an eye on the chat box. We'll give it maybe one more minute, and then we can maybe end the call a couple minutes early.

We have one more question, Christie Huckabee. Christie, go ahead. Your line is unmuted.

Hey. Yeah, I'm on the cms.gov site. It states for Promoting Interoperability, the Hardship, it states CMS is not accepting Hardship applications right this minute. Is there somewhere else that we need to go?

This Drew.

That's for Reconsideration. So, after the normal Hardship period closes, there is a Reconsideration that we open up, usually around November 1st, and it's a 30-day period. There's a link in the slides where you go to ServiceNow and to HQR to submit your online application.

So, are you calling about a hospital or a clinician?

A hospital.

Okay, great. Then Drew's answer is applicable to you.

At HQR, and that's where we'll find it. Okay.

And the other one is for the Reconsideration.

Okay. Yep.

Thank you, Christie. I just provided you with the link for the application as well via the chat box.

Perfect. Thank you. Okay, we have one more question for Julie or Elizabeth.

If providers are reporting via QCDR, do they need to still register for the web interface submission?

No, if they're submitting through QCDR, they do not have to register for web interface.

Thanks, Elizabeth.

They should check to make sure that their QCDR is registering them. I would definitely check.

Okay, thanks, Julie.

Our next question is from Janice Carter. Janice, your line is unmuted. You look like you're self-muted but go ahead and ask your question.

My question was answered, thank you.

Okay. Thank you.

Our next question is from Teresa Devout. Teresa, go ahead, your line is unmuted.

Where can we find a copy of the slides at?

There'll be posted to a couple of the different websites. I'll provide them to you via the chat in a couple of weeks.

Okay, thank you.

Okay, I think that is all the questions we have today.

Darrick, I will pass it back to you to go ahead and close up the call. Thank you.

Thank you all for joining us today.

We will share the slides and recording from today's forum in the coming weeks.In the meantime, if you have any specific questions, please email cmsqualityteam@ketchum.com. The next CMS Quality programs bi-monthly forum is tentatively scheduled for July 2022. But CMS will share more information on the next forum when it becomes available.

Have a good afternoon.