



# February CMS Quality Vendor Workgroup Call



*February 6, 2020  
12:00 – 1:30 p.m. ET*

# Agenda

Topic	Speaker
<b>Electronic Clinical Quality Measure (eCQM) Flows for Eligible Clinicians and Eligible Professionals for 2020</b> (10 min)	<b>Shanna Hartman</b> <i>Division of Electronic and Clinician Quality, CMS</i>
<b>2019 CMS Quality Reporting Document Architecture (QRDA) I Conformance Statement Resource Update and 2020 CMS QRDA I and III Updates</b> (10 min)	<b>Shanna Hartman</b> <i>Division of Electronic and Clinician Quality, CMS</i>  <b>Yan Heras</b> <i>ESAC, Inc.</i> <i>Healthcare IT and Life Sciences Data Management Solutions Contractor</i>
<b>Hospital Inpatient Quality Reporting (IQR) Program Updates</b> (5 min)	<b>Artrina Sturges</b> <i>Division of Electronic and Clinician Quality, CMS</i>
<b>Medicare Promoting Interoperability Program Critical Access Hospital (CAH) Reconsideration Form</b> (5 min)	<b>Andrew Morgan</b> <i>Division of Value-Based, Incentives and Quality Reporting, CMS</i>
<b>Quality Payment Program Updates</b> (10 min)	<b>Cindy Shiblee</b> <i>Division of Electronic and Clinician Quality, CMS</i>

Questions

# eCQM Flows for Eligible Clinicians and Eligible Professionals for 2020

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**Presenter:**

*Shanna Hartman, Division of Electronic and Clinician Quality, CMS*



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# 2020 Performance Period eCQM Flows for Eligible Clinicians and Eligible Professionals

- The Centers for Medicare & Medicaid Services (CMS) developed and published the 2020 performance period eCQM flows for eligible clinicians and eligible professionals to the [eCQI Resource Center](#).
- eCQM flows supplement eCQM specifications for [eligible clinicians](#) and [eligible professionals](#) for the following programs:
  - Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
  - Advanced APM: Comprehensive Primary Care Plus (CPC+)
  - Medicaid Promoting Interoperability Program for Eligible Professionals

# What are eCQM Flows?

- eCQM Flows are designed to assist in interpretation of the eCQM logic and calculation methodology for performance rates.
- They provide an overview of each of the population criteria components and associated data elements used by an eCQM including the identification of the initial population (denominator) and inclusion or exclusions into the eCQM's quality action (numerator).
- The flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of measure specifications or for reporting purposes.

# Where Do I Find the Eligible Clinician and Eligible Professional eCQM Flows? (1 of 2)

The screenshot shows the eCQI Resource Center website. The browser address bar displays <https://ecqi.healthit.gov/>. The page header includes the eCQI logo and the text "RESOURCE CENTER". Navigation menus are located in the top right, with "eCQMs" selected and expanded to show "Eligible Professional / Eligible Clinician eCQMs". Other menu items include "Resources", "About", and "Sign In". A search bar is also present. A large blue banner on the left features the text "New Measure Collaboration Workspace Modules Now Available" and a button for "Measure Collaboration (MC) Workspace". Below this banner, a paragraph describes the Electronic Clinical Quality Improvement (eCQI) Resource Center as a one-stop shop for resources to support electronic clinical quality improvement. The background of the page shows a healthcare professional working at a laptop.

## Featured Resources



# Where Do I Find the Eligible Clinician and Eligible Professional eCQM Flows? (2 of 2)



## Eligible Professional / Eligible Clinician eCQMs

[Receive updates on this topic](#)

The electronic clinical quality measures® (eCQMs®) are updated for calendar year 2020 reporting for eligible clinicians® participating in the Quality Payment Program (QPP); the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (AAPM); the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (AAPM); Comprehensive Primary Care Plus (CPC+); and eligible professionals® participating in the QPP. eCQMs that are not eligible for 2020 reporting unless and until they are proposed and finalized through the rulemaking process.

Select Performance/Reporting Period Search

2020

2020 Performance Period Eligible Professional / Eligible Clinician eCQMs

Pre-Rulemaking eCQMs

For Use	eCQM Materials	Published
Jan 1 – Dec 31 2020	<a href="#">Implementation Checklist eCQM Annual Update</a>	
Jan 1 – Dec 31 2020	<a href="#">Guide for Reading eCQMs v5.0 (PDF)</a>	May 2019
Jan 1 – Dec 31 2020	<a href="#">Eligible Clinicians and Eligible Professionals Table of eCQMs v2 (PDF)</a>	Nov 2019
Jan 1 – Dec 31 2020	<a href="#">eCQM Specifications for Eligible Clinicians and Eligible Professionals v2 (ZIP)</a>	Nov 2019
Jan 1 – Dec 31 2020	<a href="#">eCQM Value Sets </a>	May 2019
Jan 1 – Dec 31 2020	<a href="#">eCQM Direct Reference Codes List </a>	May 2019
Jan 1 – Dec 31 2020	<a href="#">Binding Parameter Specification (BPS) </a>	May 2019
Jan 1 – Dec 31 2020	<a href="#">eCQM Logic and Implementation Guidance v3.1 (PDF)</a>	Nov 2019
Jan 1 – Dec 31 2020	<a href="#">Technical Release Notes v2 (PDF)</a>	Nov 2019
Jan 1 – Dec 31 2020	<a href="#">eCQM Flows (ZIP)</a>	Dec 2019

# Where Do I Go for Assistance with the eCQM Flows?

- Questions or feedback regarding the eCQM Flows should be submitted to the [ONC Project Tracking System \(Jira\) - CQM Issue Tracker](#)
- Questions or feedback regarding the eCQI Resource Center should be submitted to the [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov)



# 2019 CMS QRDA I Conformance Statement Resource Update and 2020 CMS QRDA I and III Updates

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## Presenter:

*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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# CMS QRDA I Conformance Statement Resource Update

- CMS has updated the QRDA Category I Conformance Statement Resource to support calendar year (CY) 2019 electronic clinical quality measure (eCQM) reporting for the:
  - Hospital IQR Program
  - Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and CAHs

# CMS QRDA I Conformance Statement Resource Update (Cont'd)

- QRDA error messages are identified with a conformance (CONF) statement, or system-requirement specification, and corresponding CONF number, which provide a high-level explanation of why a test or production QRDA I file was rejected and unable to be processed by the CMS data receiving system within the [\*QualityNet Secure Portal\*](#).
- 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 the file to be rejected.

# Testing QRDA I Files

- [QualityNet Secure Portal](#) – Accepts test and production file submissions.
- [Pre-Submission Validation Application \(PSVA\) tool](#) - Data submitters may also benefit from testing the QRDA Category I files with the PSVA tool which ensures that the file format issues associated with 2019 CMS QRDA I Implementation Guide (IG) for Hospital Quality Reporting (HQR) are addressed before submitting the QRDA I files to the test or production system within the [QualityNet Secure Portal](#). Visit the PSVA tab on the [QualityNet website](#) for additional details regarding the PSVA tool.

# Updated 2020 CMS QRDA I IG

- CMS has updated and republished the [2020 CMS QRDA Category I IG, Schematron, and Sample File for HQR](#).
- The CMS QRDA I IG outlines requirements for eligible hospitals and CAHs reporting electronic clinical quality measures for the:
  - Hospital IQR Program
  - Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and CAHs

# Updated 2020 CMS QRDA I IG

- **Updates to the 2020 CMS QRDA I IG for HQR include:**
  - Updated language to clarify that the base IG for the 2020 CMS QRDA I IG is the [HL7 QRDA I R1 STU R5.1](#) and its subsequent Errata update.
  - Added Appendix 9 for “Guidance for Reason Template Placement When Specifying ‘Not Done’ with a Reason” to include guidance from the “Processing Consideration” section in Volume 1 of the HL7 QRDA I R1 STU R5.1 October 2019 Errata.
  - Added Appendix 10 “Ensuring Data Uniqueness” to include guidance from the “Processing Consideration” section in Volume 1 of the HL7 QRDA I R1 STU R5.1 October 2019 Errata.

# Updated 2020 CMS QRDA I IG

- **Updates to the 2020 CMS QRDA I Schematron:**
  - CMS has updated the [2020 CMS QRDA I Schematron](#) in order to better align it with its base HL7 QRDA I R1 STU R5.1 and support the October 2019 Errata.
  - Updates include:
    - Changes for the Errata
    - Correcting assertion texts so that they match the base IGs
    - Removing old unused assertions

# Updated 2020 CMS QRDA I IG

- **Updates to the 2020 CMS QRDA I Sample File:**
  - The [2020 CMS QRDA I Sample File](#) has been updated to support the QRDA I R1 STU R5.1 October 2019 Errata.
  - The updated Sample File contains the correction of a typo for an incorrect example reporting period end date in the Reporting Parameters section:
    - Incorrect line: `<high value="20200301" />`
    - **Corrected line:** `<high value="20200331" />`
  - The Reporting Parameter Section effective date range must exactly match one of the HQR allowable calendar year discharge quarters.



# Updated CMS QRDA III IG

- CMS has released an update to the [2020 CMS QRDA Category III IG for Eligible Clinicians and Eligible Professionals](#) along with the [CPC+ Sample File](#).
- The updated 2020 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report eCQMs, Improvement Activities, and Promoting Interoperability measures for the CY 2020 performance period for these programs:
  - Quality Payment Program: MIPS and APMs
  - CPC+
  - Medicaid Promoting Interoperability Program

# Updated CMS QRDA III IG (Cont'd)

- The update includes updates to the list of eCQMs finalized by CMS for the CY 2020 Performance Period based on the [CY 2020 Physician Fee Schedule Final Rule](#) released in November 2019.
- It also includes information for Improvement Activity Identifiers, Promoting Interoperability Objectives and Measures, and Promoting Interoperability Attestation Statement Identifiers finalized by CMS for the CY 2020 Performance Period based on the CY 2020 Physician Fee Schedule Final Rule.

# Updated CMS QRDA III IG (Cont'd)

- **Changes to the 2020 CMS QRDA III IG:**
  - Updates to Table 14: UUID List for MIPS CY 2020 Performance Period eCQM Specifications Eligible Professionals and Eligible Clinicians
  - Updates to Table 15: Improvement Activities Identifiers for the MIPS CY 2020 Performance Period.
  - Updates to Table 16: 2020 Promoting Interoperability Objectives and Measures Identifiers
  - Updates to Table 17: Promoting Interoperability Attestation Statements Identifiers

# Updated 2020 CMS QRDA III Schematron and Sample File

- **Changes to the 2020 CMS QRDA III Schematron**
  - Correction to enforce rules for Taxpayer Identification Number (TIN)/National Provider Identifier when CMS program name code is “CPCPLUS”
- **Changes to the CPC+ 2020 QRDA III Sample File**
  - Enhanced to include further guidance using multiple TINs

# References and Resources

- For questions about the QRDA IGs or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).
- For questions about the [QualityNet Secure Portal](#), contact the [QualityNet Help Desk](#) or call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.
- Additional QRDA-related resources, as well as current and past IGs, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).

# Hospital IQR Program Updates

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**Presenter:**

*Artrina Sturges, Division of Electronic and Clinician  
Quality, CMS*



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# Medicare Promoting Interoperability Program CAH Reconsideration Form

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**Presenter:**

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



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# Medicare Promoting Interoperability Program Reconsideration Form

- The deadline for CAHs to submit reconsideration forms for the 2020 Medicare Promoting Interoperability Program [payment adjustment](#)—based on the 2018 EHR reporting period—is **March 6th, 2020 at 11:59 p.m. ET.**
- If you received a letter from CMS that said your CAH is subject to the 2018 Promoting Interoperability Program payment adjustment and you believe this payment adjustment is in error, please submit a form.
- Types of payment adjustment reconsiderations include, but are not limited to:
  - A new, closed, or ineligible facility
  - CEHRT issues
  - Attestation issues



# Medicare Promoting Interoperability Program Reconsideration Form

- CAHs can apply for a payment adjustment reconsideration using the [form](#) on the Promoting Interoperability Programs website.
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912.
- Deadline for CAHs: **March 6, 2020**

# Quality Payment Program Updates

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**Presenter:**

*Cindy Shiblee, Division of Electronic and Clinician  
Quality, CMS*



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# MIPS 2019 Data Submission: Overview

- On January 2, CMS opened the data submission period for MIPS eligible clinicians who participated in the 2019 performance period of the Quality Payment Program.
  - Data can be submitted and updated until **8:00 p.m. EDT on March 31, 2020**.
  - The 2019 data submission period through the CMS Web Interface for ACOs and pre-registered groups and virtual groups now aligns with other submission types.
- To submit data, sign in to the [Quality Payment Program website](#) using your QPP access credentials.
  - Clinicians who need help with enrollment should refer to the [QPP Access User Guide](#).
  - Clinicians who are not sure if they are eligible to participate in the Quality Payment Program can check their final eligibility status using the [QPP Participation Status Tool](#).
- Clinicians and groups who are not eligible for MIPS can still choose to report data to MIPS. Learn more in the [2019 MIPS Opt-In and Voluntary Reporting Policy Fact Sheet](#) and [Election Toolkit](#).

# MIPS 2019 Data Submission: Resources

- For more information, review these new materials in the [QPP Resource Library](#):
  - [2019 Data Submission FAQs](#)
  - [2019 CMS Web Interface User Guide](#)
  - [2019 CMS Web Interface Fact Sheet](#)
  - [2019 CMS Web Interface FAQs](#)
  - [2019 CMS Web Interface Data Dictionary](#)
  - [2019 CMS Web Interface Excel Template](#)
  - [2019 CMS Web Interface Excel Template with Sample Data](#)
- Watch our new series of data submission videos:
  - [2019 CMS Web Interface User Demo Videos](#)
  - [Introduction and Overview of 2019 Data Submission](#)
  - [File Upload and Quality Scoring](#)
  - [Manual Attestation of Improvement Activities](#)
  - [Manual Attestation of Promoting Interoperability Measures](#)
  - [Opt-In as a QPP Eligible Clinician](#)
  - [Opting in as a Registry](#)

# 2020 Call for MIPS Promoting Interoperability Measures and Improvement Activities

- Proposals submitted by July 1, 2020 will be considered for inclusion in the 2022 Quality Payment Program Year, beginning January 1, 2022.
- Proposals submitted after July 1, 2020 will be considered for inclusion in future years.
- Currently accepting submissions for:
  - EHR measures for Promoting Interoperability performance category
  - Activities for Improvement Activities performance category

# How to Submit Measures and Activities

- Fill out and submit the following forms by **July 1, 2020**:
  - Improvement Activities Performance Category for 2022 activities
  - Promoting Interoperability Performance Category for 2022 measures
- The 2020 Call for Measures and Activities Overview fact sheet and submission forms can be found in this [toolkit \(zip\)](#) in the [QPP Resource Library](#).

# Quality Payment Program: New Resources Available

CMS has posted the following new resources to the [Quality Payment Program Resource Library](#):

## 2020 Quality Performance Category:

- [2020 Quality Quick Start Guide](#)
- [2020 Part B Claims Reporting Quick Start Guide](#)
- [2020 MIPS Quality Measures List](#)
- [2020 Quality Benchmarks](#)
- [2020 Clinical Quality Measure \(CQM\) Specifications and Supporting Documents](#)
- [2020 Medicare Part B Claims Measure Specifications and Supporting Documents](#)
- [2020 CMS Web Interface Measure Specifications and Supporting Documents](#)
- [2020 Qualified Clinical Data Registry \(QCDR\) Measure Specifications](#)

## 2020 Promoting Interoperability Performance Category:

- [2020 Promoting Interoperability Quick Start Guide](#)
- [2020 Promoting Interoperability Measure Specifications](#)

## 2020 Improvement Activities Performance Category:

- [2020 Improvement Activities Quick Start Guide](#)
- [2020 Improvement Activities Inventory](#)
- [2020 MIPS Data Validation Criteria for Improvement Activities](#)

- [2020 MIPS APMs Improvement Activities Scoring Fact Sheet](#)

## 2020 Cost Performance Category:

- [2020 Cost Quick Start Guide](#)
- [2020 MIPS Cost Measure Information Forms](#)
- [2020 Cost Measure Code Lists](#)
- [2020 MIPS Summary of Cost Measures](#)

## General/Other:

- [2020 MIPS Quick Start Guide](#)
- [2020 Eligibility and Participation Quick Start Guide](#)
- [2020 Shared Savings Program-QPP Interactions Guide](#)
- [2020 Self Nomination Toolkit for QCDRs and Registries](#)
- [2020 QPP Final Rule: Updates for QCDRs and Registries](#)
- [2019 MIPS Automatic Extreme and Uncontrollable Circumstances Fact Sheet](#)
- [2019 MIPS Data Validation Execution Report \(DVER\) Template](#)
- [2018 QPP Performance Data Infographic](#)

Questions?

[cmsqualityteam@ketchum.com](mailto:cmsqualityteam@ketchum.com)



## Topics?

Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening! Please email [cmsqualityteam@ketchum.com](mailto:cmsqualityteam@ketchum.com) with your suggestions.

**Thank you!**

The next CMS Quality Vendor Workgroup is tentatively scheduled for April 2020. CMS will share more information when it becomes available.