March 2021 CMS Quality Programs Bi-Monthly Forum
March 30, 2021

Hello everyone and thank you for joining us today. My name is Darrick Hunter from CMS's Division of Value-Based Incentives and Quality Reporting, and I will be moderating today's forum. This bi-monthly forum aims to provide national stakeholder organizations, specialty societies, health IT organizations, and EHR vendors with information relevant to CMS's Quality Measurement and Value-Based Incentives Group. Next slide, please.

Our program today will include Medicare Promoting Interoperability Program updates, eCQI Resource Center improvements, and Quality Payment Program updates. We will have a question and answer portion once all presentations have concluded. Please note -- to ask a question, you can either submit your questions using the chat feature or raise your hand and CMS will unmute your line. For those dialed in via phone, you must have your audio PIN entered. If you're listening through your computer speakers and want to ask a question -- you must have a working microphone. Andrew Morgan, I will now turn it over to you for your presentation.

Andrew, you may be on mute.

Yes, I was. Sorry about that. So, I'll start all over again. So, good morning or good afternoon, depending on where you are today. I'm going to just do some brief updates on the Promoting Interoperability Program. Next slide, please.

So, just a reminder that for program year 2020, the reporting period ends this Thursday at 11:59 PM for the 2020 reporting period for the PI Program. So, eligible hospitals and CAHs, if you're going to attest your reporting for PI, you must do that through QualityNet Secure Portal, and make sure that you also get all your eCQMs uploaded either through the online portal or through the QRDA filing process. For more information about registration and attestation, you can visit our page, our CMS page. Next slide, please.

I'm just gonna give a quick update on where the 2021 or the 2022 payment adjustment period for eligible hospitals and CAHs, and the hardship submission window will be opening up on May 1st this year and will run through the summer. So, if you were not able to attest for some reason or you did not pass PI for the 2020 reporting period, you can file a hardship, and with that, I'll hand it back over to Darrick.

Thanks, Drew. Dylan Podson will present next. Dylan.

Thank you, Darrick. Thank you, Drew. Good afternoon. My name is Dylan Podson, as you hear from the Medicare Promoting Interoperability Program, and today, I'm just gonna briefly address two different quick but relevant topics. The first is regarding to Annual Call for Measures period, and the second will be concerning recent updates to the program's CEHRT requirements. Next slide.

First up is an announcement for the Medicare Promoting Interoperability Program's Annual Call for Measures. If you've been with us in the program in years past, I'm sure you're very familiar with this, and I guess I'm glad to report that it's remained relatively unchanged from previous years. The opportunity for participating providers to submit their ideas and/or proposals on new or expanded measures -- it opened last Thursday on the

25th, and it will run through June 30th. Please remember that in order for submissions to be considered for future IPPS rulemaking and possible inclusion to the program, the submitted form/forms must be thoroughly completed, so we'd encourage you to do the most amount of research and provide the most amount of content for us to analyze. As you'll see on the slide, there's an e-mail address where submissions will be received by Ketchum and then subsequently reviewed by CMS. So, again, we'd encourage the participating community to spread the word and get these in without delay before the end of June. We refer back to the submission documents posted online for a much more detailed explanation of the required standards, but regardless, we appreciate you taking the time to brainstorm and share your Promoting Interoperability measure considerations for eligible hospitals and CAHs. Next slide.

So, transitioning a bit to a different topic, it's something you'll continue to hear more about throughout 2021 and 2022, but hopefully, it's already been introduced to y'all for just inclusion on your radar. As an introduction, however, we'd like to continue this sort of campaign of public awareness on the updated certification criteria, which was first established in the ONC 21st Century Cures Act Final Rule and then finalized to be incorporated with the Medicare Promoting Interoperability Program in last year's Calendar Year 2021 Physician Fee Schedule Final Rule, also known as PFS. We understand that this is a bit interesting, a bit unusual, and that it may have caused some initial confusion, as our policies, of course, generally would be contained within the IPPS rule for eligible hospitals and CAHs. However, we felt that including a rider, an add-on in a rider for public notice in the PFS rule that has already gone out now would be the earliest way to reach the stakeholder community and to maximize the amount of time that providers would have to review the content prior to these changes going into permanent effect, which we'll now kind of briefly go over, and as you'll see on the slide here.

So, while we encourage providers to take a closer look at all the detailed explanations included in both the ONC 21st Century Cures Act Final Rule and the Calendar Year 2021 PFS Final Rule, the various changes, such as the USCDI replacing the CCDS standard, they're relatively minor in scope. They don't take a huge kind of lift or overhaul, which is why we're not considering this a brand new edition. So, we're not going to be calling it 2020 Edition or 2021 Edition, anything like that. However, the update does come with its own requirements and changes. So, between now and December 31st, 2022, providers will have the option to use either their current existing 2015 Edition of certified technology, which has been in effect for several years now. The other option they have is to use the 2015 Edition Cures Update Criteria, which is described in those final rules. Or the third option is a combination of the two, a bit of a transition and merging of the two until kind of full implementation. However, that was between now and the end of '22, so beginning January 1st of 2023, all participating eligible hospitals and CAHs must have insured that their health IT vendors have successfully implemented these required changes such that they're actually utilizing this new 2015 Edition Cures Update Criteria for the new calendar year. That would be for 2023. Next slide. Thank you.

So, the bullets here are just a couple straggler useful reminders to keep in mind, but they're consistent with previous CEHRT requirements. For example, how just the functionality must be in place by the first day of a hospital's self-selected EHR reporting period, whenever that may be, but that the entire product must be ONC-certified by the last day of the EHR reporting

period. So, given that that would be 90 days, whenever the 90 days come to pass, at the beginning of the 90 days, the first day, the functionality has to be working. However, it could be pending certification with ONC. And so, the most important thing is just making sure that as usual, again, this is nothing new, but that the certification would be completed by the end or the last day of the EHR reporting period that the hospital has selected. Again, as previously mentioned, we encourage providers who are either hearing this for the first time or for the fifth time to check with our CMS Medicare Promoting Interoperability website, especially as well as the two final rule links that you see here at the bottom, for more detailed information. It goes into more of what I've spoken about today in terms of the requirements and the timeframe and the transition period and things like that. So, thank you for your time, and I believe I'll now be passing things over to Jennifer with another agenda topic. Thank you.

Thank you. I'm Jen Seeman. I work with eCQM standards support contract for CMS, and I'm going to just provide some high-level information in regards to the standards update cycle. Next slide.

So, this is a high-level overview of what the process is to update a standard. We'll start, always, with a change request of some kind, a comment, an issue, or a harmonization with another standard that needs to be kept in sync. The standards contractor will then take that request and review the ask, determine options for solutioning, and present those to stakeholders, and as we are doing those reviews, we also dig into the impact. So, there are a lot of moving pieces. Are there other standards, impacts? Are there tooling or timing updates or impacts that we need to address? We'll also frequently shepherd those standards updates through the approval process. Some of those go through HL7 update processes or coordination with workgroups that contain stakeholders that would agree to a given update, and then we'll update the standard itself, whether that be making changes in a web-based IG or perhaps publishing a new version, updating the Word document that supports the publication, rather, to make sure that that content is in line with the requested change. Once the standard is updated, then we also need to make sure that technical resources or tooling are also in sync with that change. So, one example would be a QRDA IG has a change, and the Schematron file or sample file that are published to end users have to also be in sync with that change, and then the final step being the publication or announcement, which is basically making the updated standard available for use to end users. So, that is the cycle in a nutshell. I would say that these are high-level steps, and there are many times that they kind of overlap or take place concurrently. So, there's just a high-level overview. And I believe I am handing off to Edna.

Thanks, Jen. Alright. So, the next set of slides provides an overview of the electronic medical quality or eCQI research center updates. We have some new content as well as site improvements, and we hope these will be beneficial to our users. So, next slide, please.

So, the first item is the eCQM Annual Update Pre-Publication Document. This document's designed to help health information technology -- IT -- developers, as well as eligible professionals, eligible clinicians, and hospitals and critical access hospitals, as well as eCQM implementers, prepare for the 2022 reporting performance period. So, it includes the standards and the code systems that are used in the development of eCQMs for potential use in 2022 reporting. Next slide, please.

So, the current document is located either on the eligible professional or eligible clinician eCQM page. You do need to select the 2022 performance year or reporting year, and the document will be available on the implementing resources table. Next slide.

So, to navigate there, you're just looking at the eCQI Resource Center. If you're not familiar with the site, you're going to look at the eCQMs and then either the eligible professional or eligible clinician pages will get you to the document. Next slide, please.

In addition to the pre-publication document, we've also updated the eCQM Standards & Tools Versions Chart. So, that was updated in February. Along with the standards, this chart also provides the versions of the tools that were used to create, test, and support eCQMs for the CMS quality reporting program 2022. Boy, that's a mouthful on the 2022s. Alright, next slide, please.

We'll show you a quick picture of the chart. Again, this is in the "eCQI Tools and Resources," and you would select "Reporting Period," in this case, 2022, and you would see the various versions and tools. And next slide.

To locate this resource off the main menu, you're looking at "Resources and Tools" and then "eCQI Tools and Resources." Next slide, please.

So, a new item we have is the eCQM Graphic. The Resource Center has published this, and it was adapted from HL7 Quality Improvement Workgroup. The image really highlights the ideal iterative flow of evidence-based information for research to clinical practice and measurement to evaluating clinical performance and outcomes for healthcare organizations. So, next slide.

We'll take a look at the graphic. So, again, kind of starting in the upper left-hand corner, we look at what comes out of research and public health surveillance? So, what's actually happening in the field? Then we take that information and develop clinical practice guidelines and what should be happening based on what's happening clinically; and then another tool would be clinical decision support, helping to make things happen; clinician and patient workflow, in terms of that information flowing; and then lastly, we do look at measurement and analytics; and from that measurement, we get into reporting. So, this is kind of the ideal eCQI ecosystem. We know that not all of these pieces are happening in this nice, iterative flow, but you'll see more and more of this. There is some information coming out. I know on some of the MIPS -- that shows a little bit of this kind of ideal state. So, we did want to share that with you, and there's components of this graphic available on the Resource Center.

So, next slide will take us, I believe, to finding this document, and that is within the "About" portion of the menu, and then select "About eCQI". Alright, next slide, please.

Additional information that we have provided. The new Measure Collaboration Workspace and eCQM Lifecycle graphic. This highlights when key components of the Measure Collaboration Workspace are to be used during eCQM Lifecycle stages. Next slide.

So, if you're familiar, on the left-hand side is the traditional eCQM Lifecycle, and on the right-hand side, we see the Measure Collaboration

Workspace, and what we've done here is -- so, for instance, with specification, we're recommending that you would take a look at the eCQM data element repository, and that would help with the specification cycle, point in that cycle. For testing, we're looking at the new eCQM clinical workflow as well as eCQM test results. For implementation, key modules to use would be the new eCQM clinical workflow and eCQM data element repository. And then for use in continuing evaluation and maintenance, the eCQM data element repository. And then conceptualization, looking at eCQM concepts as well as the new eCQM clinical workflow. We do think that there are components of the measure collaboration workflow that might be useful for perhaps all of the steps within a lifecycle, but we have highlighted using the kind of 80/20 rule in terms of what we think is most important for end users. Next slide, please.

To locate this graphic, by dropping down on the eCQM menu and the Measure Collaboration Workspace, that first slide, or first page, rather, if you scroll to the bottom of that page, you will find that graphic. Alright. And one more final update. Next page, please.

The resource center has updated the Engage in eCQM page of the Resource Center. This page allows you as an end user to select the user type you most associate yourself with in a list of opportunities to engage peers. Next slide, please.

So, to find that, you locate the eCQM -- or the Engage page, rather, by navigating to the Engage section of the main menu, and then selecting "Engage in eCQI". Next slide, please.

You would, in this case -- you see where it says "What User Type do you most associate with?" If you select a user type, that could be eligible hospital, eligible clinician, health IT, payer, et cetera, and then hit "Apply" and you will see a list, again, of opportunities, ways for you to engage with the community, listservs that you can join to remain up to date on various aspects of eCQI. Alright.

And one final slide, regarding contacting the eCQI Resource Center and Measure Collaboration Workspace. So, we hope that you find these resources and improvements beneficial, and then we invite you to provide feedback or ask questions through the eCQI Resource Center be e-mailing us to ecqi-resource-center@hhs.gov. And with that, I will turn it over to the next presenter.

Thank you, Edna. Finally, Kati Moore will provide a few Quality Payment Program updates. Kati.

Great. Thanks, Darrick. We can go to the next slide.

Good afternoon, everybody. We have a few slides to go through here, and then I'm sure we'll open it up for questions. So, thanks for hanging in there. I know it's a lot of information. So, I'm going to give a few Quality Payment Program updates.

So, first, we want to highlight that our Merit-based Incentive Payment System, so one track of the Quality Payment Program, MIPS -- so, our 2020 data submission period closes tomorrow, so March 31st at 8:00 PM. So, that's the most important date I'm probably going to give you today. If you haven't been able to submit your data yet and want to, you are able to log in at

qpp.cms.gov and use your access credentials to log in and submit your data, and we have a whole bunch of resources on our QPP Resource Library that will help you to do so. So, hopefully, folks on this call have already been able to set up their QPP access credentials, their log-in through our HARP system. If you haven't, we have a QPP access user guide that walks you through the different steps to do that as well. And we also have a data submission user guide that's available on our resource library as well as some videos that can walk you through how to submit data for 2022. Next slide, please.

Great. Okay, so, this is another big announcement we put out a little bit ago. So, just -- we wanted to separate what we were talking about from 2020 performance year versus 2021 performance year. So, for 2020, we are applying the MIPS Automatic Extreme and Uncontrollable Circumstances policy to all individual MIPS eligible clinicians for 2020. So, if you participate as an individual clinician, you are automatically -- there's nothing you need to do. This EUC policy will be applied to you for 2020. So MIPS eligible clinicians reporting as individuals will only be scored on performance categories where you submit data. So, this is very important. The act of submitting data lets us know that you are able to and want to participate in the program, and therefore, we will score any data that is submitted to us, and also to make sure you heard the word individual in there. The automatic EUC policy is only applied to the individual level. So, if you report as a group, a virtual group, or an APM entity, we have also reopened our Extreme and Uncontrollable Circumstances application that is open also through tomorrow, and I wanted to note that groups and virtual groups -- so, if you've already submitted data to us, that's great, and the application will not override any data that has been submitted to CMS. However, if you are an APM entity, it's the opposite. The application overrides any data that is submitted to CMS. And for 2021, we did finalize in our 2021 final rule that the EUC policy will apply, too, for COVID-related situations. So, this is our application policy. We have not made a determination about our auto policy for 2021, but we will have our EUC application available for individuals that need that flexibilities to have your performance categories re-weighted to zero percent due to the current pandemic, but that application and all the details on how to submit will be available later this spring on qpp.cms.gov. And if you need any more information on what we've done or what we're doing in response to COVID, there is a link at the bottom of this presentation right here, but also, if you go to qpp.cms.gov, you'll be able to find our COVID-specific webpage. Next slide.

Okay, so this just highlights our annual MIPS Call for Promoting Interoperability Measures and Improvement Activities, and I just want to make a distinction that this is a separate process from what Dylan walked you through earlier about the Promoting Interoperability -- or Call for Measures for the Promoting Interoperability Program. These are PI measures specifically for MIPS. So, the Merit-based Incentive Payment System. But we have similar deadlines. So, the call is open now and closes July 1st, 2021, and there is also a Call for Quality Measures that is on a separate timeline, but we also have improvement activities open as well through July 1st. So, again, there's a link in this presentation, but if you go to our QPP Resource Library, all the information about that process and what you need to know if you want to participate in the program that way is available on our website. Next slide, please.

Okay, great, thanks. And then, so our data submission period for 2020 ends on the 31st, and then I also should note that once the data submission

period closes, you will see preliminary performance feedback if you log into your QPP account as well. So, also on April 1st opens our CAHPS for MIPS survey registration, and I forgot to add it to the slide as well, but also opening on that date is our CMS Web Interface registration. So, those are the only two things that folks need to register for related to MIPS, and if you participated in the previous year in 2020 to administer CAHPS, you will not be auto-registered since there is a cost associated with administering the survey. We do not automatically register anyone, so you will need to go back in and register yourself if you would like to participate that way for 2021. That's a little different than our web interface. We do typically auto-register the previous year's participants in the web interface, and I know folks are mostly aware now. If not, I will flag it that this is the final year for our CMS Web Interface reporting option, and we will have additional information about the transition away from CMS Web Interface later this year. But if you are interested in participating in CAHPS for MIPS for 2021 or CMS Web Interface 2021, again, you'll have to sign in to QPP and you can manage your access there, and we have registration guides that will walk you through step-by-step on our QPP Resource Library as well. Next slide.

Okay, and one more thing before we get to questions. Just wanted to flag that we are hosting next Thursday on April 8th our first 2021 QPP Overview Webinar, and then we will have a series of additional educational webinars available in the coming months related to 2021 participation, so please be on the lookout for our listeners. If you haven't already signed up, please go to our website and do so, and we will also be posting registration for all of our webinars on the QPP Webinar Library page. So, thanks, everybody, for listening, and I will turn it back over to Darrick for any questions. Thanks.

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

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

Alright. And then we do have one question regarding attestation for the Medicare Promoting Interoperability Program, and they're just asking for clarity on whether they should be using the QualityNet system or the HQR site.

They would be using HQR.

Okay. Yes. Drew, did you need me to repeat that, or were you just stating that they could be using the HQR site?

They would be using the new HQR NG platform to report.

Okay. Great. Thank you, Drew. Alright.

And then, moving on to our next question. This is a QPP-related question, so this person is asking, "Is it possible to report PI in QPP as an APM or is that just for quality?"

Sorry, can you repeat this question, Joy?

Yeah, sure, Kati, and this person is asking, "Is it possible to report PI in QPP as an APM, or is that just for quality?"

I believe it's PI as well, but if we can get that person's information, I just want to double check with the APM team.

Okay, great, yes. And if that questioner can please just enter their information into the question box, we will relay that back to CMS.

Okay. And then moving on to our next question. "Is CMS looking at applying ECEs for the full calendar year 2020 performance period for the Quality Incentive Program?"

I don't think we have the right SMEs on for that specific program. I haven't seen that determination happen yet for the entire -- I don't think that's made for the entire performance year as of right now.

Okay. Thank you, Kati. Yes, we will be sharing these questions with CMS after today's webinars. We can try and direct that to the appropriate contact as well.

Okay. And then moving on to our next question, and this is on eCQMs. So, "What is the timeframe that CMS will be collecting information for eCQMs? Is it all year long or is in inside a window of time?"

I can repeat that question. I'm not sure if Edna might be able to answer that one, but we may need to take that one back to CMS, as well.

Yeah, so, the collection of the data from the eCQMs happens throughout the year, but the timeframes are specific to each individual quality reporting program. SO, I can't necessarily answer that generically, so I would recommend actually going to the help desk for each of the quality program or the quality program that you're interested in and asking that question. So, some of them are, you know, for one quarter, some of those are for the full year, but it is depending upon the actual quality reporting program.

Thank you, Edna. Okay. And then moving on to our next question. This person is asking, "How do I know if I report as a group or individual as it relates to the COVID relief?"

So, you would have to check with whoever does your billing for your group. So, if you're an individual -- So, I'm assuming that the person asking the question, and feel free to call in, participates in a group and you aren't sure if your group is participating in the program as a group or if you would just be required to report or participate as an individual. So, you would have to check with your group, whoever does billing for your group, and ask them that question. So, group participation is an option. Nobody is required to participate in that way. So, if you are in a group, but your group decides not to submit data to CMS, then everybody in your group is considered an individual and would have the automatic policy applied to you. However, I recommend checking with your group, because if your group does decide to submit data, you as a clinician that participates under that NPI combination would receive whatever score that the group would get for submitting data for the program.

Alright. Thank you, Kati. And we do have another MIPS 2020 reporting question. "So, if a provider wants to take the EUC hardship for COVID, they can simply not report anything and receive a neutral payment adjustment"? Is that correct?

Correct. Yeah. Yep. If you haven't submitted data to us and don't plan to, you are already covered under the automatic policy, and if you want to -- I've had some folks ask if they want to be able to check somewhere that it says that, if you check your eligibility -- if you go to qpp.cms.gov and use our eligibility lookup tool, you should at this time -- I believe it's been updated to include that flag that'll say that the automatic EUC has been applied to you.

Okay. Great. And our next question is regarding CEHRT. So, they are asking, "Does updating the 2015 Edition criteria require that you must do a new Security Risk Assessment and cannot address the new edition in a Security Risk Assessment upgrade?"

Hi. So, no, there would not have to be a totally separate Security Risk Analysis. That measure would just have to be performed the one time for that calendar year, and as per previous years, the Security Risk Analysis can be completed outside of the EHR reporting period. So, it doesn't have to be within that 90 days, but it would still have to be done at least once to still cover the provider or hospital.

Thank you, Dylan. Alright. And then back to another QPP related question. "So, for 2020 submissions, what if for the quality category, their claims data is already in, and if there's EUC exception, will the quality category be related?"

Yes, they should still receive the neutral. It should be reweighted to zero, and I think we have a specific FAQ on the scenario related to claims. So, I'm going to try to pull it up while we're asking other questions so I can follow up.

Great. Thanks, Kati. Okay, so it looks like we have a few phone line questions. So, Marilyn Wolff Diamond, you line is now unmuted if you'd like to ask your question.

I'm sorry. I didn't have a question. I'm not sure how that happened.

Oh, okay. Thank you. Alright. Moving on to Tiffany Short. Tiffany, your line is now unmuted. Okay. We may need to come back to Tiffany. Let's see.

Valerie Moring. Valerie, your line is now unmuted if you'd like to ask a question.

Yes. Thank you. In regards to EUC being applied to those individual reporters for 2020, will that mean or what can we expect as far as for those successful reporters and those that are above the exceptional performance and their MIPS reporting? So, I know we do expect some minimal positive adjustments, but I'm just curious if you guys have any information you can share on how that affects those positive adjustments for those that were able report successfully. Thank you.

Thank you for the question. Yes. So, we don't have any specific information or data, obviously, at this point. However, I think given that the program

is required to be budget neutral, we don't anticipate higher than we've seen in the past positive payment adjustments, just given that the number of clinicians that we'll be automatically reweighted to zero for neutral. But we don't know definitively at this time.

Okay. Thank you, Kati. Alright. And then moving to our next attendee. So, Elizabeth Ashley Thomas, your line is now unmuted if you'd like to ask your question. And Elizabeth, you may be on mute. Okay, we can come back to Elizabeth at a later time, but we will go back to the questions. Just as a quick reminder, if you would like to ask a question, please submit it using the questions tab or raise your hand and we will unmute your line.

And while we're waiting for somebody else to call in or submit a question -- this is Kati. I just wanted to follow back up with the person that asked about the claims reporting. So, we do have an FAQ on our COVID-19 page. It's actually the very first one, but I'll read it here while we're waiting. But the question would be "We already reported our quality measures through Medicare Part B claims for our clinicians in 2020. Can we complete an Extreme and Uncontrollable Circumstances Exception application?" So, like I said previously, we're applying the auto policy to all individual MIPS eligible clinicians. So, if you're an individual clinician, you don't need to submit an application for individual clinicians. However, we automatically calculate a quality score at the group level for small practices that submit Medicare Part B measures. So, if you don't intend to submit additional data as a group, we recommend that you submit an Extreme and Uncontrollable Circumstances Exception application for the group. If your group is approved for re-weighting in all four of the performance categories and you don't submit any other data, your group's final score would be equal to the performance threshold. So, you'd receive a neutral payment adjustment.

Thank you, Kati. And Kati, we did get a couple questions. Do you mind just restating for the group the best e-mail for attendees to contact us if they have questions related to the quality payment programs?

Sure. Our QPP Service Center. So, if you go to qpp.cms.gov, that's where you can find all of our resources and information, and always at the bottom of the page, it has a contact e-mail, so there's a phone number. The e-mail is qpp@cms.hhs.gov, and they are open Monday through Friday 8:00 AM to 8:00 PM, and I'll just read the phone number for folks. It's 866-288-8292.

Alright. Thank you. And on a similar note, Drew, we did just receive a question, and this attendee's asking if they have questions or issues with submissions for the Medicare PI Program, who or where should they reach out to for assistance?

They can submit a ticket through the QualityNet Help Desk. Or they can, since there's only about a day left, they can e-mail me directly, and my e-mail address is andrew.morgan@cms.hhs.gov.

Thank you, Drew. And we will go back to the phone line. So, Ye Hoffman, your line is now unmuted if you'd like to ask your question.

Hi. Can you hear me? Can you hear me?

Yes, we can hear you.

Great. At the beginning, I think I heard that for Promoting Interoperability in 2023, it sounded like you were saying that providers can only use the Cures Update 2015 Edition, so the new one. Has that been specified in PI rulemaking?

Thanks for your question. It has not appeared in the IPPS final rule at this time simply because of when the kind of calendar year rules go out between IPPS and PFS. So, what we ended up doing -- it wasn't ideal, but as mentioned, we did put a rider for the IPPS program included into the PFS final rule. So, it does cover and is applicable to the Medicare Promoting Interoperability Program, except it's kind of riding along and was included in the PFS rule from last year. You can definitely look forward to, although the NPRM is not out yet for the 2022 IPPS proposed rule, you can certainly look forward to seeing more information included there, but it will essentially be a reminder and a point to kind of say, "FYI, please look back at the PFS rule, which will have the majority of the information." So, you can get sort of a head start, an early look, by looking at that PFS rule, but yes, we do kind of apologize for the way that rolled out. It was a bit out of our hands. However, again, as mentioned, we kind of wanted to put it out there as soon as possible, as clear as possible, and then just keep doing these sort of educational awareness campaigns as well as including information in the next IPPS rule to further clarify. Thank you.

So, just to make sure I understand -- providers, reporting PI, and is that applicable to both MIPS PI and hospital PI for 2023 must use the updated Cures Edition?

Yes, that is correct. There were different sections that covered both, but yes.

Got it. Thank you.

Thank you.

Okay, great. And then we'll go back and try Tiffany Short. Tiffany, your line is no unmuted if you'd like to ask your question.

Sure. Can you hear me now?

Yes. We can hear you.

Awesome. So, with the quality benchmarks for the QPP program, the quality benchmarks for 2021 came out, and there were some measures that were suppressed from 2019 that no longer have benchmarks, and then we also had some ones that had no indication that they were going to be having a removed benchmark or that it would be topped out or anything like that, and measures like 431, but now they don't have a benchmark? There's no indication of why that is? Do you have any idea when we might have an update on the measures that they were previously suppressed and now there is no benchmark or the ones that there's just no reason and they don't have a benchmark?

Hi. Thanks for the question. And is this specifically just 431 that you have the question about, or were there other ones you weren't sure about?

Well, so the measures are the Influenza Vaccination Measure 110, 113, 134, 226, 238, 317, 418, 431, and 439. Pretty much except for the 113 and 134, they were pretty much across the board. The benchmarks were removed, but

specifically, for the 431 and 226, 238, there was no suppression or any indication indicating that they should have a benchmark removed. So, we're just trying to understand if maybe it's just in the pipeline, they're still being researched, and we're just not aware, or if the benchmarks are completely removed.

Okay. And I know we recently put out a measure suppression list, and I think it gave -- I'm trying to pull it up -- it gave more details on which measures were suppressed and why, and I thought I had the benchmark information in there as well. So, I'm going to see if I can pull up more information while we're talking. But you can definitely call the QPP Service Center and ask them for more specific details, because they will connect you to our measures contract team that would be the ones that would be calculating the benchmarks. They would definitely be able to give you more detailed information.

Okay. Yeah, we've contacted them, and they didn't know and weren't able to provide us any information outside of what was on the benchmarking spreadsheets, and then that was pretty much it.

Okay. Do you know -- Was it escalated through the service center up to the second level service center, or did they not tell you?

I'm not sure. Honestly, I think we may have kind of given up on it.

Okay.

Because we weren't getting anywhere. Yeah.

Okay.

We did talk to tier 2, though.

Okay. Okay. I didn't know if we had anything additional we'd be able to share. And was it Hillary?

Tiffany Short.

Do you have Tiffany's contact information? And then I can follow up offline.

Yes, we can share that with you after the call, Kati.

Okay, cool. Thanks. And Tiffany, I can't promise I will give you more information, but I will definitely check with our team internally, our measures team, to make sure that whatever you receive from the service center is definitely the most information we have.

Sure. That would be great, because basically, what happened is three to four of the most used eCQM measures, the benchmarks were removed, so for a lot of providers, there is no other option, and if we continue reporting the way that we are without having that answer, we are not gonna pass.

Okay.

And so, that would be very helpful.

Okay. Yep. I'll get you in touch with the right folks. Thanks.

Alright. Thank you so much, Kati, and I believe we only have a couple more minutes left, so I think that concludes our Q&A for today. So, Darrick, I will turn it back over to you to close the call.

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