September 20 CMS Quality Vendor Workgroup

September 20, 2018
12:00 – 1:30 p.m. ET

Agenda

Topic	Speaker
CMS Electronic Clinical Quality Measure Strategy Project Recommendations	**Debbie Krauss, MS, BSN, RN** *Division of Electronic & Clinician Quality, CMS*
Updates to the Electronic Clinical Quality Measures (eCQM) Value Sets for the 2019 Reporting Period for Eligible Clinician, Eligible Professional, and Hospital Quality Reporting Programs	**Shanna Hartman** *Division of Electronic and Clinician Quality, CMS*
EHR Reporting Program Request for Information Overview	**Seth Pazinski** *Director, Strategic Planning & Coordination Division, ONC* **Michael Wittie** *EHR Reporting Program Lead, ONC*
Hospital IQR Program eCQM Reporting Update	**Veronica Dunlap, BSN, RN, CCM** *Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor*
Quality Payment Program Update	**Ketchum Team**
Questions	

Electronic Clinical Quality Measure Strategy Project Recommendations: CMS Vendor Call Briefing

Debbie Krauss, MS, BSN, RN
Division of Electronic & Clinician Quality, CMS

eCQM Strategy Project
Briefing Purpose

- To provide an overview of the CMS Electronic Clinical Quality Measures (eCQM) Strategy Project
  - Problem Statement and Project Scope of eCQM Strategy Project
  - Approach Used to Learn Stakeholder Experiences and Project Timeline
  - Summary of Attendance at Stakeholder Event and Site Visits
  - General Feedback from CCSQ Leadership
  - Key eCQM Burdens and Recommendations

- To identify opportunities to engage with CMS Vendor Call participants in implementing the eCQM Strategy recommendations

eCQM Strategy Project
Problem Statement and Project Scope

Problem Statement

- Providers participating in CMS quality and value-based purchasing programs have shared challenges they experience related to the **complexity and high burden of electronic clinical quality measure (eCQM) implementation, data capture, and reporting**.

Project Scope

- **eCQM Development** process from concept to the MUC list
- **eCQM Reporting** requirements and processes from eCQM implementation to submission
- **Tools for Development and Reporting**

eCQM Strategy Project
Approach to Learn Stakeholder Experiences

- User-Centered Design Approach engaging with stakeholders at: site visits, listening sessions, face-to-face discussions at CMS and ONC national meetings, HIMSS
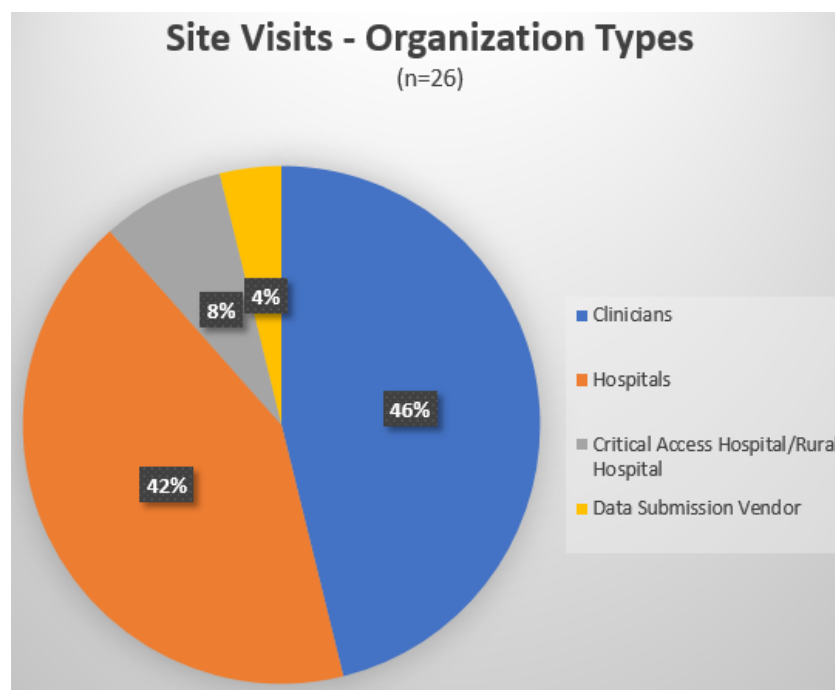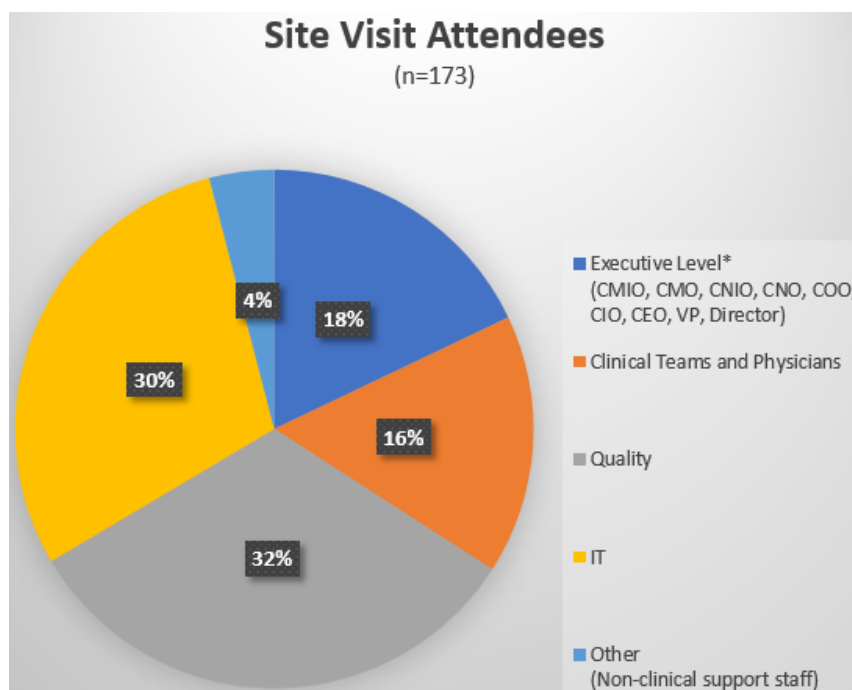
October 2017	November 2017	December 2017 - March 2018	April 2018 – June 2018
Project Started	User-Centered Design Team Training	Stakeholder Events	Final Recommendations Compiled
Environmental Scan Completed	Stakeholder Engagement Planning	Site Visits	Socialization of Recommendations with CMS, QMVIG, and CCSQ Staff and Leadership
		CMS Quality Conference	
		HIMSS 2018 Conference	

eCQM Strategy Project
Stakeholder Event Attendance Summary

Roles	December 4 eCQM Reporting and Tools	December 5 eCQM Development and Tools
Associations	1	4
Contractors (Other)	4	8
Contractors (Measure Developer)	3	7
Federal (non-CMS)	4	7
Federal (CMS)	12	6
Hospitals and Clinicians	11	5
State	0	1
Vendor (Other)	1	5
Vendor (EHR)	8	5
Total Each Day	44	48

eCQM Strategy Project
Site Visit Summary of Attendees & Organization Types

Site Visit Attendees
(n=173)

- Executive Level* (CMIO, CMO, CNIO, CNO, COO, CIO, CEO, VP, Director) — 18%
- Clinical Teams and Physicians — 16%
- Quality — 32%
- IT — 30%
- Other (Non-clinical support staff) — 4%

Site Visits - Organization Types
(n=26)

- Clinicians — 46%
- Hospitals — 42%
- Critical Access Hospital/Rural Hospital — 8%
- Data Submission Vendor — 4%

General recommendations from CCSQ Leadership

- Happy with the work - green light across the board

- User-centered design focus is essential in all efforts

- Collaboration and convening with stakeholders and across programs for data submission will result in biggest bang for the buck

- CMS needs to get out of program silos - this is critical from the provider/patient perspective who see "CMS" and not the silos

- Collaborate with CMS ISG on technical solutions

eCQM Strategy Burden Categories and Recommendations

eCQM STRATEGY RECOMMENDATIONS

ALIGNMENT
- eCQM reporting requirements across CMS program care settings
- eCQM specifications, value sets, and data collection

COMMUNICATION, EDUCATION, AND OUTREACH
- Coordinated education and outreach campaigns to learn from stakeholders and share CMS program information
- Measure-level webinars
- Clear eCQM guidance, plain language, and improved website usability

VALUE
- Quality dashboard best practice collaboration between providers and CMS
- Data element definitions

eCQM Strategy Goals
- Reduce Burden
- Increase Value
- Increase Stakeholder Involvement

EHR CERTIFICATION PROCESS
- eCQM certification aligned with CMS reporting requirements

DEVELOPMENT PROCESS
- Collaborative Measure Development Workspace
- Data element repository
- Clinically feasible workflow for data capture
- Feasibility testing for new data elements

IMPLEMENTATION AND REPORTING PROCESSES
- Clear eCQM specifications, tools, and resources
- Feasible data elements
- Submission of data elements and eCQMs with FHIR and APIs
- Use of eCQM standards to support interoperability
- Consolidated pre-submission validation testing tools
- eCQM attribution research and pilots

06/2018

Inputs Into eCQM Concept Workspace
Meaningful Measures Areas
CMS Measures Inventory Tool (CMIT)
CMS Measures Under Consideration (MUC) List

- Perform assessment against Meaningful Measures Areas
- Perform assessment against CMS eCQMs under development
- Check if already existing similar measure

- Communicate regular updates on measures under development
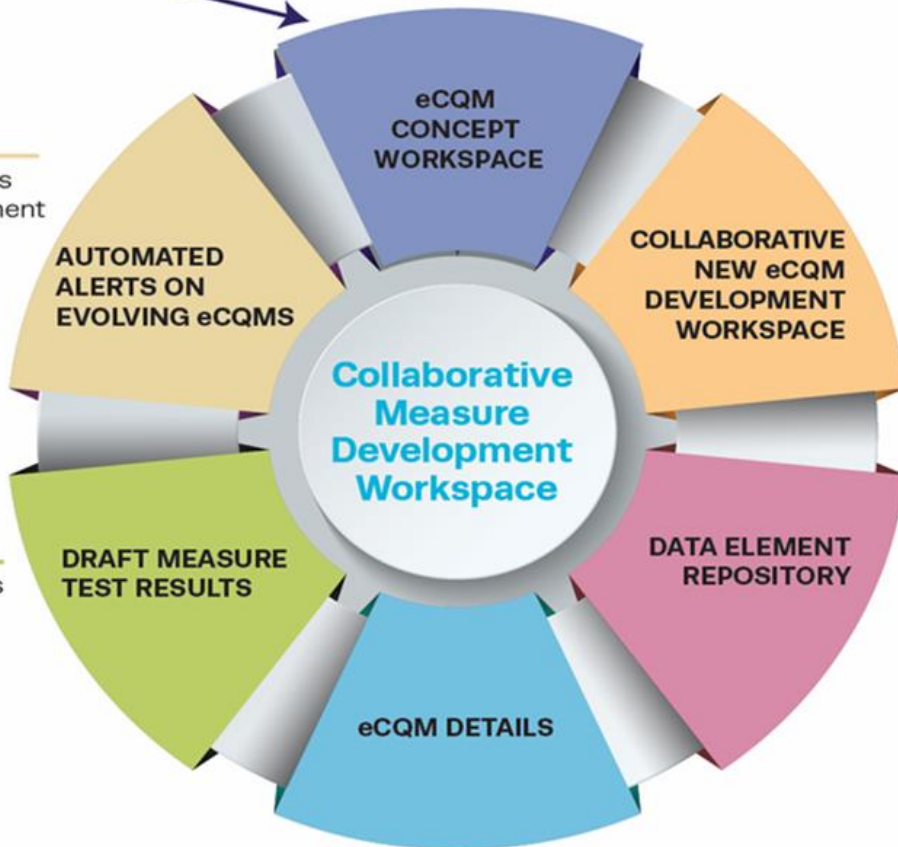
- Provide a shared development workspace
- Provide access to measure workflow documentation
- Capture comments on evolving eCQMs
- Allow sites to express interest in testing

eCQM CONCEPT WORKSPACE

AUTOMATED ALERTS ON EVOLVING eCQMS

COLLABORATIVE NEW eCQM DEVELOPMENT WORKSPACE

Collaborative Measure Development Workspace

DRAFT MEASURE TEST RESULTS

DATA ELEMENT REPOSITORY

eCQM DETAILS

- Provide access to test results
- Provide access to all important test attributes
- Provide access to a test measure scorecard

- Provide access to eCQM data elements
- Provide access to value set codes
- Allow users to review intent of data element
- Allow users to access use cases related to a data element(s)
- Access data element test results
- Provide comments related to a data element(s) for measures under development

- Capture details for eCQM
- Provide usability comments
- Link to data element and test result pages

STAKEHOLDERS
Measure Developers | Professional Associations | HIT Vendors | Measure Endorsers

04/2018

Health IT Vendor Related - High-Level Recommendations

External Stakeholder: Health IT Vendors	
Short-Term Actions	• Harmonize eCQM data capture to avoid multiple interpretations and health IT configurations • Explore how health IT vendors could work with clients to explore use of APIs and shared platforms and tools to aggregate information and perform eCQM calculations • Explore how health IT vendors can assist clients with data mapping and data imports from legacy systems • Explore how health IT vendors and CMS can decrease the time for clients to receive software updates • Discuss how health IT vendors can use pre-submission validation testing tools early and often
Mid-Term Actions	• Assess feasibility of incorporating new data elements into standard workflows for consistent data capture • Explore impacts of considering consistent data capture and standard workflows as part of health IT certification process • Identify common workflows that support eCQMs to inform the eCQM development process • Explore approaches to work with CMS and measure developers to normalize data element, logic and workflow requirements across eCQMs, and ensure health IT data models accommodate them • Explore feasibility for health IT vendors to report on all eCQMs appropriate to their client base

eCQM Strategy Project
Recommendations Related to Certification/Discussed with ONC

- The table that follows includes recommendations categorized into the below sections:
  - Implementation and Reporting
  - Certification

Recommendations Related to Certification/Discussed with ONC

Improve Alignment Between eCQM Certification and eCQM Reporting and Submission Requirements	
Short-Term Actions	• Encourage health IT vendor use of pre-submission validation tools early and often • Provide instance of actual data submission tool to allow for testing • Improved education and outreach on ONC-approved alternative test methods • Encourage health IT vendors to certify to additional eCQMs appropriate to their client base • Consider requiring certification criteria conformance with the CMS QRDA Implementation Guide (IG)
Provide Additional and/or Improved Tools	
Mid-Term Actions	• Explore new or modified pre-submission validation tools to ensure health IT vendors can pre-test any program-specific requirements • Limit additions to the CMS QRDA IG and align to the HL7 QRDA IG • Encourage health IT developers to develop quality dashboards and support client quality improvement efforts • Continue communications with ONC on data element requirements and CMS reporting implications • Explore alternative data transport standards like data exchange using FHIR • Explore using FHIR for data element reporting • Explore using FHIR Release 4 when available for use with data elements and API-based reporting
Identify Improved Timelines to Allow Adequate Time for Hospital and Clinician Implementation	
Short-Term Actions	• Communicate improvements made to the timing of the release of eCQM specifications and associated tools

eCQM Strategy Project
Next Steps

- Identify eCQM recommendations that should be pursued in collaboration with CMS Vendor Call Participants

- Determine need for follow-up discussions

- Identify points of contact to share and receive status updates

eCQM Strategy Project
Questions & Comments

Deborah.krauss@cms.hhs.gov

Updates to Electronic Clinical Quality Measures (eCQM) Value Sets for the 2019 Reporting Period for Eligible Clinician, Eligible Professional, and Hospital Quality Reporting Programs

Shanna Hartman

Division of Electronic and Clinician Quality, CMS

Why is CMS updating the eCQM Value Sets?

- The Centers for Medicare & Medicaid Services (CMS) issued an addendum to the electronic clinical quality measure (eCQM) value sets because several terminologies have been updated since the eCQM value sets were published in May 2018.

- The addendum to the eCQM value sets will allow eligible hospitals, eligible clinicians, and eligible professionals to use the updated codes for reporting.

What reporting periods and programs are affected by the addendum?

- The addendum provides updates to the eCQM value sets, technical release notes, and the binding parameter specification for the 2019 reporting period for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) and the 2019 performance period for Eligible Professionals (EPs) and Eligible Clinicians

- These changes affect electronic reporting of eCQMs for the following programs:
  - The Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
  - Comprehensive Primary Care Plus (CPC+)
  - CMS Hospital Inpatient Quality Reporting (IQR)
  - Medicare and Medicaid Promoting Interoperability (PI)

Where can I find the updated value sets?

- All changes to the [2019 Reporting or Performance Period eCQM value sets](#) are available through the National Library of Medicine's Value Set Authority Center (VSAC).

- The value sets are available as a complete set, as well as value sets per measure.

- Measure implementers should review these changes to ensure their submissions comply with the updated requirements.

What changes are included in the addendum?

- The following terminologies have been updated 2019 reporting:
  - International Classification of Diseases, 10th Revision – Clinical Modification and Procedure Coding System (ICD-10-CM/PCS)
  - Logical Observation Identifiers Names and Codes (LOINC)
  - RxNorm
  - SNOMED CT
  - Current Procedural Terminology (CPT) and Vaccine Administered (CVX)
  - Healthcare Common Procedure Coding System (HCPCS)

- The following **have not** changed as result of the addendum:
  - Health Quality Measure Format (HQMF) specifications
  - Value set object identifiers (OIDs) and Direct Reference Codes (DRCs)
  - Measure logic and measure version numbers for 2019 eCQM reporting

Where do I go for updated technical release notes and other resources ?

- For information about eCQM specifications, technical release notes, Frequently Asked Questions (FAQs), and supplemental materials, visit the [eCQI Resource Center](#).
  - Eligible Professional and Eligible Clinician:
    - https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms
  - Eligible Hospital and Critical Access Hospital:
    - https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms

Eligible Hospital / Critical Access Hospital Page

🏛 Eligible Hospital / Critical Access Hospital eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for reporting of eCQMs to the Promoting Interoperability programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCQMs for potential inclusion in the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program ⧉
- Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals ⧉ (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)
- Medicare Promoting Interoperability Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals ⧉ (formerly known as the Medicare EHR Incentive Program)

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Period   **Search**

[2019   ▾]   [   ]   [Apply]   [Reset]

2019 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

View Archive

For Use ⬍	eCQM Materials	Published ⬍	File Type ⬍
2019 Q1-Q4	Implementation Checklist eCQM Annual Update	May 2018	link
2019 Q1-Q4	Implementation Checklist eCQM Addendum	Sep 2018	link
2019 Q1-Q4	Guide for Reading eCQMs (pdf)	May 2018	pdf
2019 Q1-Q4	Eligible Hospitals Table of eCQMs (pdf)	Jun 2018	pdf
2019 Q1-Q4	eCQM Specifications for Eligible Hospitals (zip)	May 2018	zip
2019 Q1-Q4	eCQM Value Sets Addendum ⧉	Sep 2018	link
2019 Q1-Q4	Binding Parameter Specification (BPS) Addendum ⧉	Sep 2018	link
2019 Q1-Q4	eCQM Measure Logic Guidance v2.0 (pdf)	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (code system updates only) Addendum (pdf)	Sep 2018	pdf
2019 Q1-Q4	Technical Release Notes Addendum (pdf)	Sep 2018	pdf
2019 Q1-Q4	Technical Release Notes (code system updates only) Addendum (zip)	Sep 2018	zip
2019 Q1-Q4	Technical Release Notes Addendum (zip)	Sep 2018	zip
2019 Q1-Q4	CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)	May 2018	pdf

Links to Value Sets & BPS

Technical Release Notes

Discharged on Antithrombotic Therapy
https://ecqi.healthit.gov/ecqm/measures/cms104v7

Updated Specifications and Technical Release Notes

EHR Reporting Program
Request for Information Overview

Seth Pazinski, Director, Strategic Planning & Coordination Division, ONC
Michael Wittie, EHR Reporting Program Lead, ONC
September 20, 2018

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Health Information Technology

Today's Agenda

- Background

- EHR Reporting Program Overview

  » 21st Century Cures Act Requirements

  » Request for Information (RFI)

  » For More Information and Next Steps

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21st Century Cures Act Requirements

- Section 4002 of the Cures Act includes the requirement for HHS to establish an EHR Reporting Program

- The purpose of the EHR Reporting Program is to provide publically available, comparative information on certified health IT

- The Cures Act requires that HHS:

  » Develop **EHR reporting criteria** through a public, transparent process reflecting input from stakeholders

  » Award procurement(s) to independent entities on a competitive basis to support the program (e.g., convening stakeholders, collecting information, reporting on the information)

21st Century Cures Act Requirements

- The EHR Reporting Criteria are required to reflect the following categories:

  » Security

  » Usability and user-centered design

  » Interoperability

  » Conformance to certification testing

  » Other categories, as appropriate to measure the performance of EHR technology

- The Cures Act Specifies EHR Reporting Program Feedback from:

  » Developers of certified health IT

  » **(voluntary)** Health care providers, patients, and other users of certified health IT

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Request for Information

- ONC released a Request for Information (RFI) to obtain early input from the public

- RFI comments will inform the approach to convening stakeholders and developing reporting criteria

- You can submit comments on the RFI through the Federal Register at https://federalregister.gov/d/2018-18297

  » Public comments are welcome within the comment period, which ends at 5 PM EST on October 17, 2018

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Request for Information

- Overall the RFI seeks input about reporting criteria that will be used to:

  » Show distinct, measurable differences between products

  » Describe the functionalities of health IT products varying by the setting where implemented (e.g., primary versus specialty care)

  » Provide timely and reliable information in ways not unduly burdensome to users or to small and start-up developers

  » Comparatively inform acquisition, upgrade, and customization decisions that best support end users' needs beyond currently available information

  » Support analysis for industry trends with respect to interoperability and other types of user experiences

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Request for Information Sections

- **Cross-Cutting Topics**

  » Existing Data Sources

  » Data Reported by Health IT Developers versus End-Users

  » User-Reported Criteria

  » Health IT Developer-Reported Criteria

- **Categories for the EHR Reporting Program**

  » Security

  » Usability and user-centered design

  » Interoperability

  » Conformance to certification testing

  » Other categories, as appropriate to measure the performance of certified EHR technology

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For More Information and Next Steps

- The RFI is the first step toward implementation of the EHR Reporting Program

- The public can submit comments in response to the RFI at https://federalregister.gov/d/2018-18297

- Comments on the RFI are due by 5 PM EST on October 17, 2018

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Thank You!

EHR Reporting Program Point of Contact

Michael Wittie, Michael.Wittie@hhs.gov

@ONC_HealthIT   @HHSONC   HealthIT.gov

Hospital IQR Program eCQM Reporting Update

Veronica Dunlap, BSN, RN, CCM

Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

CY 2018 CMS Data Receiving System and PSVA Tool for eCQM Reporting

- Calendar Year (CY) 2018 CMS Data Receiving System
    - As of September 12, 2018, the system was open and available to receive test and production Quality Reporting Document Architecture (QRDA) Category I file submissions for CY 2018 electronic clinical quality measure (eCQM) reporting.
    - ListServe distributed September 12, 2018.
- Pre-Submission Validation Application (PSVA) Tool
    - As of September 12, 2018, the PSVA Tool was available to hospitals and health information technology (IT) vendors who intended to utilize the PSVA Tool to submit validated test and production QRDA Category I files.
- Notifications
    - Notifications were distributed through *QualityNet* ListServes and communicated through hospital quality reporting (HQR) newsletters, the CMS Partner Workgroup Call, etc.
    - To sign up for Hospital Inpatient Quality Reporting (IQR) Program and electronic health record (EHR) notifications, visit *QualityNet.org* and look for the box shown below.

> **Join ListServes**
> Sign up for Notifications and Discussions.

CY 2018 CMS Data Receiving System and PSVA Tool for Reporting the Voluntary Hybrid HWR Measure

- CY 2018 CMS Data Receiving System
  - System opened August 27, 2018 to receive test and production QRDA Category I files developed for the voluntary Hybrid Hospital-Wide Readmission (HWR) measure through December 14, 2018.
    - Select the [ehrqrda] folder to upload files to the CMS data receiving system through the Secure File Transfer within the *QualityNet Secure Portal.*
- PSVA Tool
  - The PSVA Tool is available to validate QRDA Category I files specific to the voluntary Hybrid HWR measure through December 14, 2018.
    - Select the **HQR_IQR_VOL** program name to submit files to the CMS data receiving system within the *QualityNet Secure Portal.*
- ListServe 2018-152-IP distributed August 27, 2018.

CY 2018 Voluntary Hybrid HWR Measure Resources

- Voluntary Hybrid HWR Measure Overview on *QualityNet:*
  https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228776337082

- Archived webinars on *QualityReportingCenter.com*:
  https://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/
  - April 18, 2018: *CY 2018 Voluntary Reporting – Hybrid HWR Measure Overview*
  - December 6, 2017: *Hospital IQR Program Hybrid HWR CCDE for CY 2018 Voluntary Data Submission*

- Voluntary Hybrid HWR Measure infographic - Summer 2018
  Quality Reporting Center Newsletter

- Questions:
  - Measure methodology: CMShybridmeasures@yale.edu
  - Electronic specifications, measure authoring to output, value sets, QRDA Category I files: JIRA CMS Hybrid Measures
  - Technical assistance with uploading files and running reports in the *QualityNet Secure Portal:* Qnetsupport@hcqis.org

CY 2018 Overview of System Available Dates for eCQM and Hybrid HWR Measure Reporting

Acute Care Hospital Quality Improvement Program	Submission Methods	Submission Format	Submission Start Date	Submission End Date
Hospital IQR and Medicare Promoting Interoperability Programs	CMS Data Receiving System (Secure File Transfer within the *QualityNet Secure Portal)*	eCQMs – QRDA Category I Files	September 12, 2018	February 28, 2019 11:59 pm PT
Hospital IQR Program	CMS Data Receiving System (Secure File Transfer within the *QualityNet Secure Portal*)	Voluntary Hybrid HWR Measures - QRDA Category I Files	August 27, 2018	December 14, 2018 11:59 pm PT
Hospital IQR and Medicare Promoting Interoperability Programs	PSVA Tool to the *QualityNet Secure Portal*	eCQMs - QRDA Category I Files	September 12, 2018	February 28, 2019 11:59 pm PT
Hospital IQR Program	PSVA Tool to the *QualityNet Secure Portal*	Voluntary Hybrid HWR Measures - QRDA Category I Files	August 27, 2018	December 14, 2018 11:59 pm PT

eCQM Data Validation

- eCQM data validation started with CY 2017 data for the Fiscal Year (FY) 2020 annual payment update determination.
  - CMS distributed ListServe 2018-146-IP on August 15, 2018.
  - CMS released the list of hospitals selected for the validation of eCQM measures for the CY 2017 reporting period. The link to the list of selected hospitals is posted on the *QualityNet* Data Validation (Chart-Abstracted & eCQMs) web page.
  - Hospitals selected for eCQM data validation received direct notification.
- Visit the eCQM Data Validation – Overview web page on *QualityNet:* https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename =QnetPublic%2FPage%2FQnetTier3&cid=1228776288801.
- The May 15, 2018 webinar, *Hospital IQR Program CY 2017 (FY 2020 Payment Determination) eCQM Validation Overview for Selected Hospitals,* is on *QualityReportingCenter.com:* https://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/.

Webinars

- Archived
  - September 12, 2018: *FY 2019 IPPS* * *Final Rule – Acute Care Hospital Quality Reporting Programs Overview*

- Upcoming
  - September 26, 2018: *FY 2019 IPPS Final Rule – Overview of eCQM Reporting and Promoting Interoperability Programs*
  - October 24, 2018*: Walking Through the Steps to Successful eCQM Submission for Hospital Reporting in CY 2018*

NOTE: To register for upcoming webinars and to locate archived webinar materials, please visit *QualityReportingCenter.com*.

*IPPS=inpatient prospective payment system

Support Resources

Topic	Contact	Contact
Hospital IQR Program and policy	Hospital Inpatient Support Team	(844) 472-4477 https://cms-ip.custhelp.com
Promoting Interoperability Program (previously known as EHR Incentive Program) (objectives, attestation, and policy)	*QualityNet* Help Desk	(866) 288-8912 qnetsupport@hcqis.org
• eCQM specifications (code sets, measure logic, and measure intent) • QRDA-related questions (CMS implementation guide, sample files, and schematrons)	ONC* JIRA Issue Trackers	eCQM Issue Tracker or QRDA Issue Tracker
QualityNet Secure Portal (reports, PSVA Tool, troubleshooting file errors, and uploading data)	*QualityNet* Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM data validation	Validation Support Team	validation@hcqis.org or https://cms-ip.custhelp.com

*ONC=Office of the National Coordinator for Health IT

Quality Payment Program Update

MIPS Targeted Review Deadline Extended

- The deadline to submit your **MIPS targeted review** request has been **extended from October 1 to October 15, 2018 at 8:00 PM (EDT)**

- MIPS eligible clinicians or groups, including those subject to the APM scoring standard, may request for CMS to review their performance feedback and final score through a process called targeted review.

- CMS encourages stakeholders to [contact the Quality Payment Program](#) if they believe a targeted review of their MIPS payment adjustment (or additional MIPS payment adjustment) is warranted.

MIPS Targeted Review Deadline Extended

- You can access your MIPS final score and performance feedback, and request a targeted review by:
  - Going to the [Quality Payment Program website](#)
  - Logging in using your Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allowed you to submit your MIPS data. Please refer to the [EIDM User Guide](#) for additional details.

Questions?
cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held on **Thursday, October 18, 2018 from 12 – 1:30 p.m. ET**. CMS will share more information when it becomes available.