

October 2020 CMS Quality Programs Bi-Monthly Forum

October 14, 2020

Agenda

Topic	Speaker(s)
<ul style="list-style-type: none"> • Medicare Promoting Interoperability Program Critical Access Hospital Hardship Exception Deadline 	<p>Andrew Morgan Division of Value-Based, Incentives and Quality Reporting, CMS</p>
<ul style="list-style-type: none"> • Medicare Promoting Interoperability Program Updates 	<p>Dylan Podson Division of Value-Based, Incentives and Quality Reporting, CMS</p>
<ul style="list-style-type: none"> • 2021 QRDA I Implementation Guide, Schematron, and Sample File for Hospital Quality Reporting • 2021 QRDA III Implementation Guide, Schematron, and Sample Files for Eligible Clinicians and Eligible Professionals Programs • Guidance for Representing Telehealth Encounters in QRDA I Format for Electronic Clinical Quality Measures 	<p>Shanna Hartman Division of Electronic and Clinical Quality, CMS</p> <p>Yan Heras Healthcare IT and Life Sciences Data Management Solutions Contractor, ESAC, Inc.</p>
<ul style="list-style-type: none"> • Electronic Clinical Quality Measure Strategy Project Resources • Announcement about the Measure Collaboration Workspace 	<p>Debbie Krauss Division of Electronic and Clinician Quality, CMS</p>
<ul style="list-style-type: none"> • Electronic Clinical Quality Measure Annual Update Announcement for the Change Review Process 	<p>Claudia Hall Mathematica</p>
<ul style="list-style-type: none"> • Quality Payment Program Updates 	<p>Julie Johnson Division of Electronic and Clinician Quality, CMS</p>

Medicare Promoting Interoperability Program Critical Access Hospital Hardship Exception Deadline

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

Critical Access Hospital Hardship Exception Deadline

- Critical access hospitals (CAHs) may be exempt from the Medicare downward payment adjustment if they can show that meeting the requirement for being a meaningful electronic health record (EHR) user would result in a significant hardship
- To be considered for an exception, CAHs must submit a hardship exception application
 - You may now submit hardship applications electronically [here](#)
 - 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
- The deadline for CAHs to apply is **November 30, 2020**

Medicare Promoting Interoperability Program Updates

*Presenter: Dylan Podson, Division of Value-Based,
Incentives and Quality Reporting, CMS*

2020 Medicare Promoting Interoperability Program Reporting Reminders

In 2020, Medicare Promoting Interoperability Program participants must:

- Collect data using certified EHR technology with 2015 Edition functionality for a minimum of any continuous 90-day period
 - *The final 90-day EHR reporting period in 2020 began on October 3*
- Report on the required numerator and denominator or yes/no measures from each of the four objectives or claim their exclusion(s)
- Submit one self-selected quarter of data for four self-selected electronic clinical quality measures (eCQMs)

2020 Medicare Promoting Interoperability Program Reporting Reminders

- Submit a “yes” to the Prevention of Information Blocking Attestations and the ONC Direct Review Attestation
- Earn a minimum total score of 50 points
- For more information on reporting requirements, visit the 2020 Medicare Promoting Interoperability Program [website](#) or view this [fact sheet](#)

FY 2021 IPPS and LTCH Final Rule

- On September 2, 2020, CMS published the Fiscal Year (FY) 2021 Medicare Hospital Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals and Long-term Care Hospital (LTCH) Prospective Payment System Final Rule
 - [Final Rule](#)
 - [Fact Sheet](#)
 - [Press Release](#)

FY 2021 IPPS and LTCH Final Rule

- Finalized changes to the Medicare Promoting Interoperability Program include:
 - Establishing an EHR reporting period of a minimum of any continuous 90-day period in calendar year (CY) 2022 for new and returning Medicare Promoting Interoperability Program participants
 - Continuing the Query of Prescription Drug Monitoring Program measure as optional and worth five bonus points in CY 2021
 - Renaming the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure to: Support Electronic Referral Loops by Receiving and Reconciling Health Information measure
 - Progressively increasing the number of quarters hospitals are required to report eCQM data, from one self-selected quarter of data to four quarters of data, over a three-year period
 - Publicly reporting eCQM performance data for the first time, beginning with data reported by eligible hospitals and CAHs for the CY 2021 reporting period

2021 QRDA Implementation Guide Updates and Guidance for Representing Telehealth Encounters in QRDA I Format for Electronic Clinical Quality Measures

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

2021 CMS QRDA I Implementation Guide, Schematron, and Sample File for Hospital Quality Reporting

- In May 2020, CMS published the [2021 CMS QRDA Category I Implementation Guide, Schematron, and Sample File for Hospital Quality Reporting \(HQR\)](#)
- The 2021 CMS QRDA I Implementation Guide outlines requirements for eligible hospitals and CAHs to report eCQMs for CY 2021 reporting period for the:
 - Hospital Inpatient Quality Reporting Program
 - Medicare and Medicaid Promoting Interoperability Programs for eligible hospitals and CAHs

2021 CMS QRDA I Implementation Guide

- The 2021 CMS QRDA I Implementation Guide contains these high-level changes compared with the 2020 CMS QRDA I Implementation Guide:
 - Alignment with Health Level Seven International® (HL7) Clinical Document Architecture (CDA®) R2 Implementation Guide: QRDA Category I (QRDA I), Release 1, Standard for Trial Use (STU) Release 5.2 with errata, which supports Quality Data Model (QDM) v5.5
 - Guidance for submitting the voluntary Hybrid Hospital-Wide Readmission measure for the July 1, 2021 through June 30, 2022 measurement period

2021 CMS QRDA I Schematron and Sample File

- The 2021 CMS QRDA I Schematron updates include:
 - QRDA Category I Report – CMS (V7): Updated extension to "2020-02-01" and updated to contain Patient Data Section QDM – CMS (V7)
 - Patient Data Section QDM – CMS (V7): Updated extension to "2020-02-01"
 - Incorporated Schematron updates from the base HL7 QRDA I STU Release 5.2 with errata Schematron
- Changes to the 2021 CMS QRDA I Sample Files:
 - Updated according to the 2021 Implementation Guide updates

2021 CMS QRDA III Implementation Guide, Schematron, and Sample Files for Eligible Clinicians and Eligible Professionals Programs

- In July 2020, CMS published the [2021 QRDA Category III Implementation Guide, Schematron, and Sample Files for Eligible Clinicians and Eligible Professionals Programs](#)
- The 2021 CMS QRDA III Implementation Guide outlines requirements for eligible clinicians and eligible professionals to report eCQMs, improvement activities, and promoting interoperability measures for CY 2021 performance period for these programs:
 - Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
 - Comprehensive Primary Care Plus (CPC+)
 - Primary Care First (PCF)
 - Medicaid Promoting Interoperability Program

2021 CMS QRDA III Implementation Guide

- The 2021 CMS QRDA III Implementation Guide contains these high-level changes as compared with the 2020 CMS QRDA III Implementation Guide:
 - Clarification of CPC+ QRDA III requirements in section 4.1
 - Preliminary QRDA III requirements for PCF have been defined
 - Updated eCQM universally unique identifiers (UUIDs) for the 2021 performance period

Note: A subsequent publication will follow the publication of the 2021 Physician Fee Schedule Final Rule to update MIPS eCQM, Promoting Interoperability measures, and Improvement Activities identifiers in Section 7 of this Implementation Guide

2021 CMS QRDA III Schematron and Sample File

- Changes to the 2021 CMS QRDA III Schematron:
 - Addition of conformance statements to support PCF requirements
 - QRDA Category III Report – CMS (V5): Updated extension to "2020-05-01"
- Changes to the 2021 CMS QRDA III Sample Files:
 - Addition of a PCF QRDA III sample file

Guidance for Representing Telehealth Encounters in QRDA I Format for Electronic Clinical Quality Measures

- CMS has published additional guidance for using the QRDA I format to represent telehealth encounters for the eligible professional and eligible clinician eCQMs used in CMS quality reporting programs for the 2020 and 2021 performance periods
- Represent telehealth encounters in QRDA I format by using the *Qualifier* attribute:
 - To represent “telehealth-eligible” Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for eCQMs in QRDA I, submitters should use the optional qualifier attribute of the encounter code element to send the telehealth modifier code in addition to the primary “telehealth-eligible” CPT or HCPCS encounter code from the eCQM-specified value sets
 - The qualifier attribute name is set to a fixed code virtual “VR” selected from the HL7 ActCode code system. The applicable telehealth modifier, such as the modifier 95, will be in qualifier attribute value.

Guidance for Representing Telehealth Encounters in QRDA I Format for Electronic Clinical Quality Measures

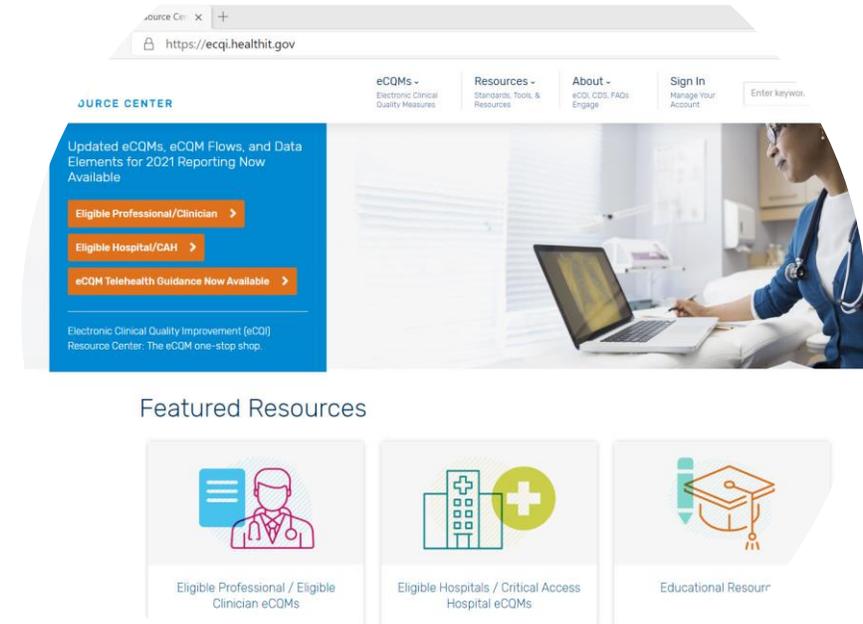
- The updated guidance is available on the Electronic Clinical Quality Improvement (eCQI) Resource Center
 - **2020 Quality Reporting** - [Updated Telehealth Guidance for eCQMs](#) on the [Eligible Professionals and Eligible Clinicians](#) page for the 2020 Performance Period
 - **2021 Quality Reporting** - [Updated Telehealth Guidance for eCQMs](#) on the [Eligible Professionals and Eligible Clinicians](#) page for the 2021 Performance Period
- The [Cypress Validation Utility + Calculation Check](#) was updated to follow this guidance to filter out telehealth encounters when calculating eCQMs not eligible for telehealth encounters, which are listed in Table 2 referenced in the [2020](#) and [2021](#) reporting guidance. The Cypress 5.4.2 patch released on 9/17/2020 includes this feature.

Additional QRDA-Related Resources

- To find out more about QRDA and eCQMs, visit the [eCQI Resource Center](#)
- For questions related to the QRDA Implementation Guides and/or Schematrons, visit the ONC Project Tracking System (Jira) [QRDA project](#)

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

- The eCQI Resource Center:
 - eCQM specifications and implementation materials for eligible professionals, eligible clinicians, eligible hospitals, and CAHs
 - eCQI standards information
 - eCQI tools, resources, and educational materials



Contact the eCQI Resource Center and Measure Collaboration Workspace

- Email comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov
- Visit the [eCQI Resource Center Frequently Asked Questions](#)

Electronic Clinical Quality Measure Strategy Project Outcomes Report

*Presenter: Debbie Krauss, Division of Electronic and
Clinician Quality, CMS*

Electronic Clinical Quality Measure Strategy

Project Background

- eCQM Strategy Project Goals
 - Reduce Burden
 - Increase Value
 - Increase Stakeholder Involvement
- 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 eCQM implementation, data capture, and reporting
- Project Scope
 - **Measure Development** process from concept to the Measures Under Consideration (MUC) list
 - **Electronic Clinical Quality Reporting** requirements and processes from eCQM implementation to submission
 - **Tools for Development and Reporting**

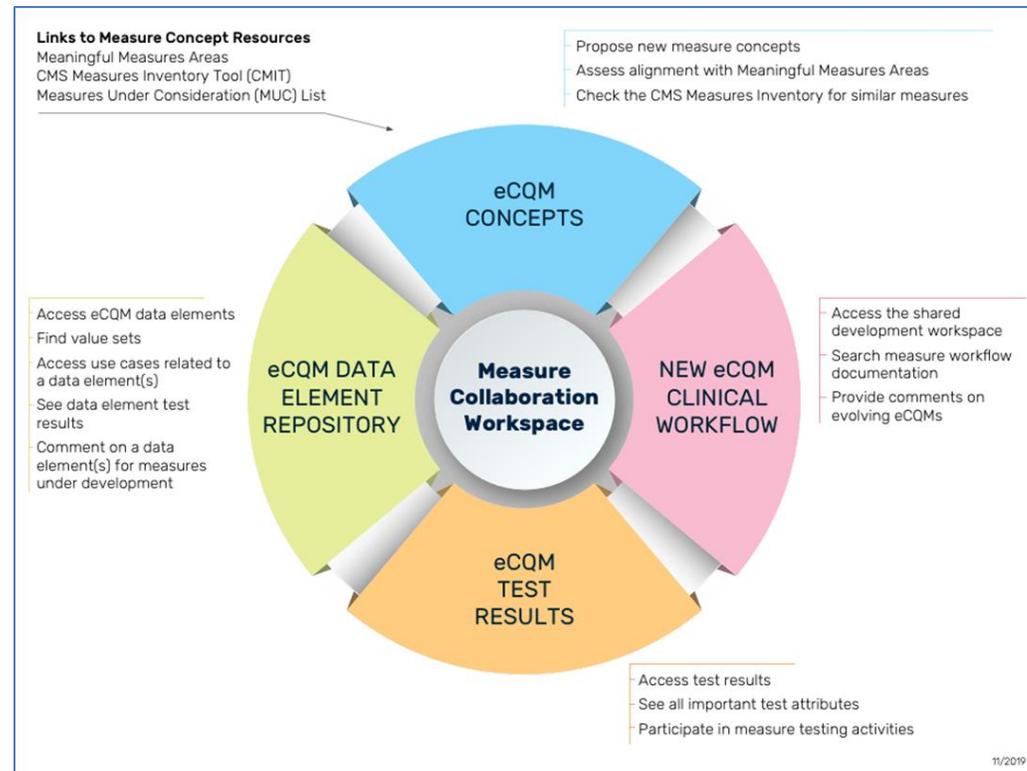
Electronic Clinical Quality Measure Strategy Project Recommendations and Outcomes



Measure Collaboration Workspace

- Hosted on the eCQI Resource Center (<https://ecqi.healthit.gov/>)
- Contains a set of interconnected resources, tools, and processes for eQMs
- Promotes transparency and better interaction across stakeholder communities interested in developing and implementing more harmonized, accurate, and meaningful eQMs
- Provides access to the eCQM Data Element Repository, an online, searchable tool that provides all the data elements associated with eQMs used in CMS Quality Reporting Programs

Overview of the Measure Collaboration Workspace



Electronic Clinical Quality Measure Burden Reduction Future Activities

- **Distribution of the [CMS eCQM Strategy Project Outcomes Report](#)** to increase awareness and continue focus on reducing provider quality reporting burden
- **FHIR Quality Reporting development and testing** to promote interoperability, simplify quality reporting processes, and align clinical decision support and quality measures standards
- **Stakeholder engagement** to develop a strategy to achieve digital transformation across CMS quality reporting programs
- **Participation in the [National Health Quality Roadmap](#) initiatives** and partnering with federal health agencies to improve patient outcomes through enhanced effectiveness and efficiency of the healthcare quality system
- **Continued research to understand provider attribution challenges** associated with eCQM use and reporting and identifying feasible solutions

Electronic Clinical Quality Measure Change Review Process

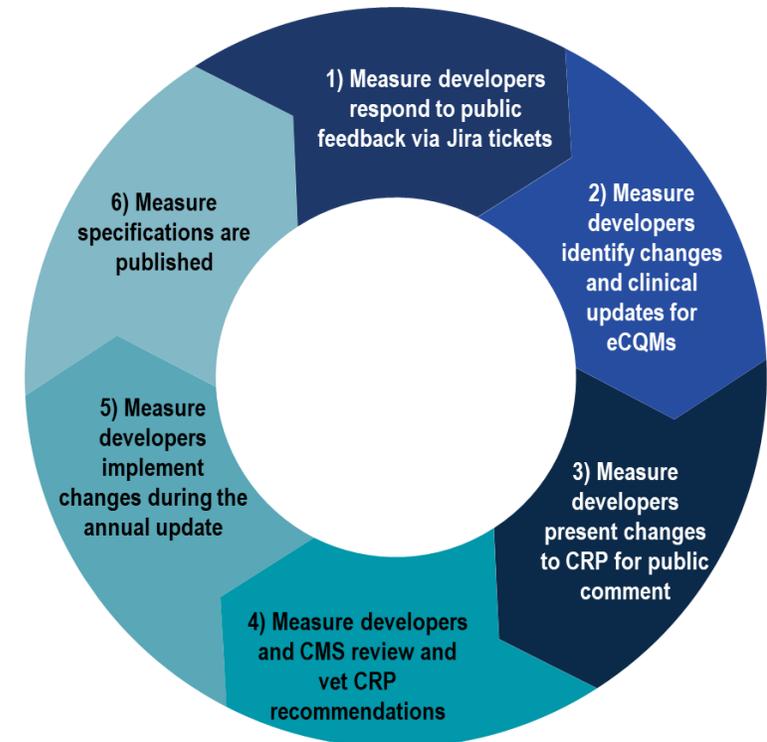
Presenter: Claudia Hall, Mathematica

What is the Change Review Process?

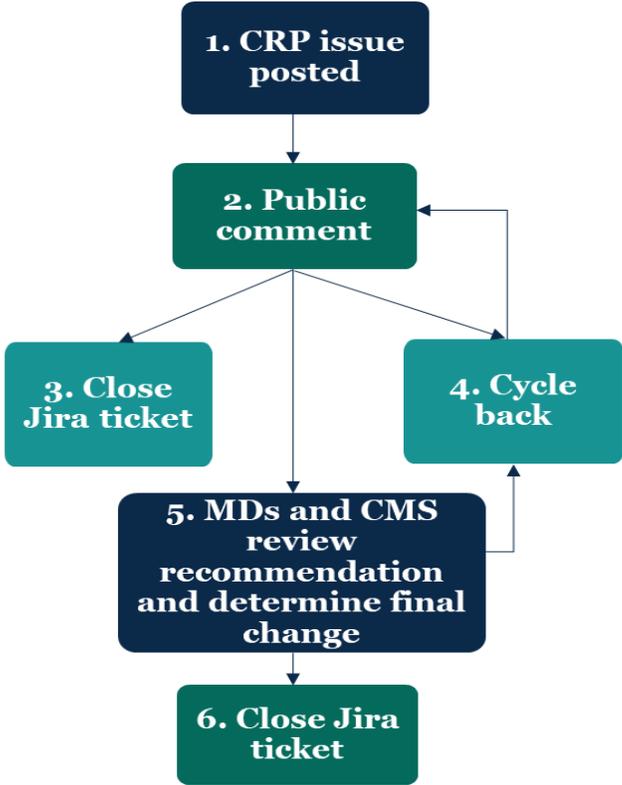
- CMS continually seeks feedback from stakeholders on its programs and their implementation
- The purpose of the change review process (CRP) is to provide eCQM users the opportunity to review and comment on **draft** changes to the eCQM specifications and supporting resources under consideration by the measure steward
- The goal of the CRP is for eCQM implementers to comment on the potential impact of draft changes to eCQMs so CMS and measure stewards can make improvements to meet CMS's intent of minimizing provider and vendor burden in the collection, capture, calculation, and reporting of eCQMs. Draft changes may be technical or clinical in nature.
- The CRP uses the Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System [eCQM Issue Tracker](#) to post CRP issues for public review and comment

Change Review Process and the Electronic Clinical Quality Measure Annual Update Process

- CMS publishes eCQMs each year following an annual update process
- CRP is an integral part of the eCQM annual update process
- Recommendations from the CRP lead to the changes measure developers implement in eCQMs during the annual update



Change Review Process Posting and Comment Process



1. Measure developers (MDs) identify an issue or potential change. A Jira CQM ticket is flagged with a “CRP” label.

2. Interested parties review CRP issues posted to Jira CQM tickets and provide feedback. Jira CQM tickets remain open for comment for two weeks.

The approach following public comment may vary based on the issue, and in some cases may be iterative.

3. No change: Jira CQM ticket is updated and closed if the measure developer determines a change is not required.

4. Need more feedback: Issue cycles back to a new public comment period to gather more information.

5. Measure developers and CMS review comments and feedback and determine final change to be made for eCQM annual update.

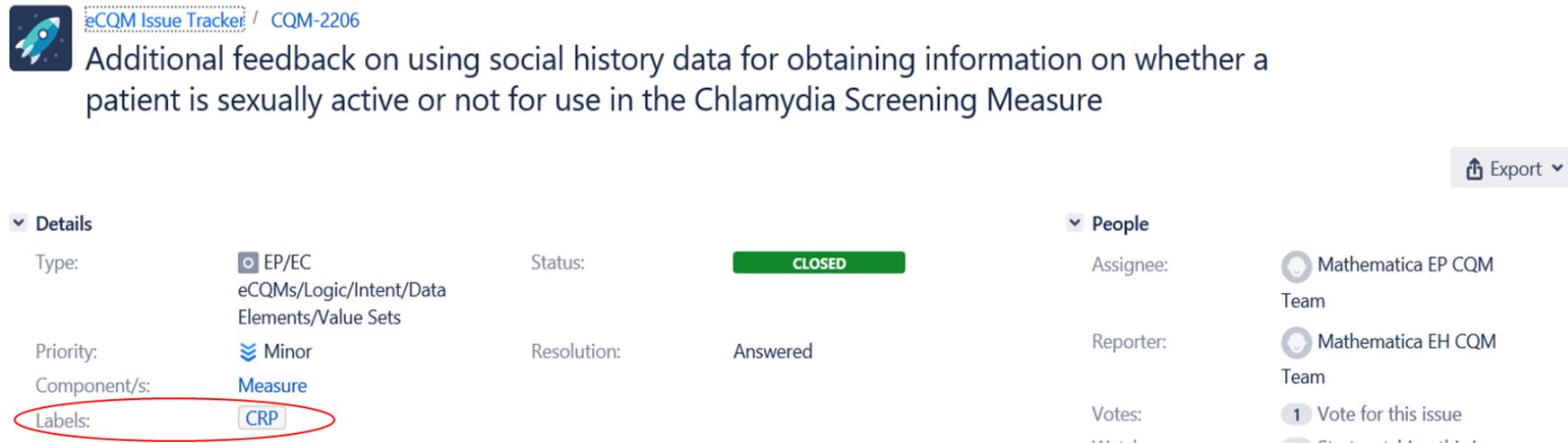
6. The Jira CQM ticket is updated with CRP outcome. The ticket is closed after the change is implemented in the annual update.

Who Can Participate in the Change Review Process?

- CRP participation is open to all ONC Project Tracking System (Jira) eCQM Issue Tracker project users, which includes:
 - CMS
 - ONC
 - Measure developers
 - Eligible clinicians
 - Eligible hospitals/CAHs
 - EHR vendors
 - Vendors of certified technology

Where Can I Find Change Review Process Issues?

- CRP issues will be posted to the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#) project
 - CRP issues have a “CRP” label on the Jira ticket



 [eCQM Issue Tracker](#) / CQM-2206

Additional feedback on using social history data for obtaining information on whether a patient is sexually active or not for use in the Chlamydia Screening Measure

Export

Details

Type:  EP/EC
eQMs/Logic/Intent/Data
Elements/Value Sets

Priority:  Minor

Component/s: [Measure](#)

Labels: [CRP](#)

Status: **CLOSED**

Resolution: Answered

People

Assignee:  Mathematica EP CQM Team

Reporter:  Mathematica EH CQM Team

Votes:  1 Vote for this issue

How Can I Be Notified of New Change Review Process Issues?

- Sign up for the weekly CRP digest
 - The CRP weekly digest emails include a summary of issues available for public comment
 - Emails provide the eCQM identifier number (CMS number), Jira CQM ticket number and link, an issue description noting the type of feedback requested, potential solution (where applicable), and public comment open and closing dates
 - To subscribe, email CRP@mathematica-mpr.com to be added to the list
- CRP announcements will also be posted on the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#) summary page and the Electronic Clinical Quality Improvement [\(eCQI\) Resource Center](#)

How Can I Participate in a Public Comment Period?



- Sign in using your ONC Project Tracking System (Jira) account
- New users can [create an account](#) via the ONC Project Tracking System website

- A list of Jira CQM tickets open for public comment will be posted to the [eCQM Issue Tracker](#) summary page and sent out in the CRP digest email (CRP@mathematica-mpr.com)
- Relevant Jira CQM tickets will have a “CRP” label

- Review the CRP issue, potential solution(s), and any additional materials that may be posted

- Tickets will be open for public comment for **two weeks**
- Click the “Comment” button at the top of the ticket
- Comments are located at the bottom of the ticket and posted for public view

Change Review Process Resources

ONC Project Tracking System (Jira) [eCQM Issue Tracker](#)

- Jira is the platform used to collect input from stakeholders and share feedback with measure developers and CMS
- The Jira eCQM Issue Tracker is the specific project on Jira in which CRP public comment takes place
- CRP tickets are listed on the eCQM Issue Tracker summary page

[\(eCQI\) Resource Center](#)

- The one-stop shop for the most current resources to support electronic clinical quality improvement
- The eCQI Resource Center will include CRP announcements

Questions?

- If you have questions about the CRP process or would like to receive communications about the CRP, please contact CRP@mathematica-mpr.com

Quality Payment Program Updates

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

2021 Virtual Groups Election Period

- The 2021 [virtual group](#) election period opened on October 1, 2020 and will close on December 31, 2020
- The following can elect to participate in MIPS as a virtual group:
 - Solo practitioners who are MIPS-eligible
 - Groups with 10 or fewer clinicians (including at least one MIPS-eligible clinician)
- In order to participate in MIPS as a virtual group for the 2021 performance period, you must submit your election to CMS via email (MIPS_VirtualGroups@cms.hhs.gov) by December 31, 2020

2020 Promoting Interoperability Hardship Exception and Extreme and Uncontrollable Circumstances Applications

- There are two Quality Payment Program exception applications available for the 2020 performance year:
 - [Extreme and Uncontrollable Circumstances Exception](#)
 - [MIPS Promoting Interoperability Performance Category Hardship Exception](#)
- Clinicians, groups, and virtual groups who believe they are eligible for exceptions may apply and, if approved, will qualify for a reweighting of one or more MIPS performance categories
 - *Note: For the 2020 performance year, CMS has proposed to allow APM Entities to submit Extreme and Uncontrollable Circumstances applications as a result of COVID-19*
- All applications must be submitted by December 31, 2020

Questions?

cmsqualityteam@Ketchum.com

Thank you!

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for December 2020. CMS will share more information when it becomes available.