

# January 2021 CMS Quality Programs Bi-Monthly Forum

January 26, 2021

# Agenda

Topic	Speaker(s)
• 2020 Medicare Promoting Interoperability Program Data Submission	<b>Andrew Morgan</b> Division of Value-Based Incentives and Quality Reporting, CMS
• CMS QRDA I and III Implementation Guide Updates	<b>Shanna Hartman</b> Division of Electronic and Clinician Quality, CMS  <b>Yan Heras</b> Healthcare IT and Life Sciences Data Management Solutions Contractor, ESAC, Inc.
• eCQI Resource Center Improvements	<b>Shanna Hartman</b> Division of Electronic and Clinician Quality, CMS  <b>Edna Boone</b> ESAC, Inc.
• Quality Payment Program Updates	<b>Kati Moore</b> Division of Electronic and Clinician Quality, CMS
• Care Compare Updates	<b>Julie Johnson</b> Division of Electronic and Clinician Quality, CMS

# 2020 Medicare Promoting Interoperability Program Data Submission

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

# 2020 Medicare Promoting Interoperability Program Data Submission

- The deadline for hospitals and critical access hospitals (CAHs) to submit their 2020 Medicare Promoting Interoperability Program data is **March 1, 2021**.
- Medicare-eligible hospitals and CAHs must attest through the [QualityNet Secure Portal](#).
  - If you are new to the QualityNet system, you must [enroll](#).
  - If you qualify for both the Medicare and Medicaid Promoting Interoperability Programs, you must demonstrate meaningful use to CMS and not to your State Medicaid agency and will need to complete registration and attestation with CMS.
- For more information, you can visit the [Registration & Attestation page](#) on the Promoting Interoperability Programs website.

# CMS QRDA I and III Implementation Guide Updates

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

# 2020 CMS QRDA I Conformance Statement Resource

- CMS has updated the [Quality Reporting Document Architecture \(QRDA\) Category I Conformance Statement Resource](#) to support calendar year (CY) 2020 HQR.
- QRDA error messages are identified with a conformance (CONF) statement, or system-requirement specification, and corresponding CONF number which provides a high-level explanation of why a test or production QRDA I file was rejected and unable to be processed by the [HQR System](#).
- 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 rejection of the file.

# Testing QRDA I Files

- The HQR System has been accepting QRDA I files since November 2020. For more information, view [the news story on the eCQI Resource Center](#).
- [Cypress](#) provides implementers with the ability to validate the conformance of QRDA I and III documents.

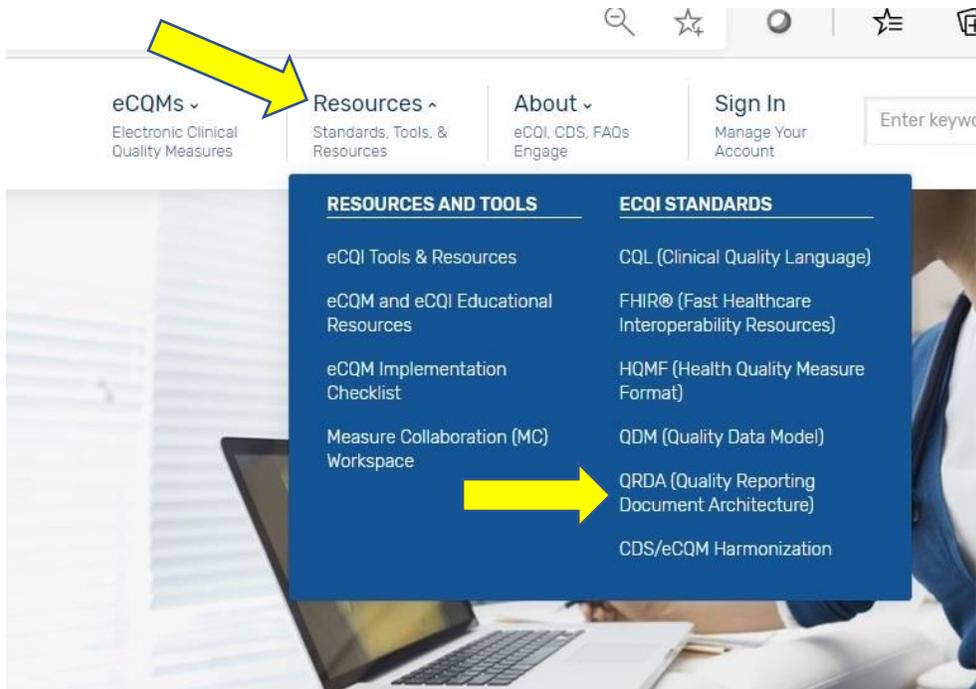
# Updated 2021 CMS QRDA I Schematron for Hospital Quality Reporting (HQR)

- CMS released an update to the 2021 QRDA I Schematron for Hospital Quality Reporting (HQR).
- The change to the 2021 CMS QRDA I Schematron is:
  - An assertion rule has been added to the Schematron to allow only one Encounter Diagnosis QDM template with a rank attribute equal to 1, to indicate the principal diagnosis, within an Encounter Performed template. This enforcement is in alignment with guidance provided in section 3.19 in the HL7 QRDA I STU Release 5.2 Implementation Guide with errata, which states “When there are multiple diagnoses, only one diagnosis should be identified as principal diagnosis.”

# Updated 2021 CMS QRDA III IG for the Physician Fee Schedule Final Rule

- CMS released an update to the 2021 CMS QRDA III Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals based on the CY 2021 Physician Fee Schedule Final Rule published in December 2020.
- Changes to the 2021 CMS QRDA III IG include updates to:
  - Table 14: universally unique identifier (UUID) List for MIPS CY 2021 Performance Period eCQM Specifications for Eligible Professionals and Eligible Clinicians
  - Table 15: Improvement Activities Identifiers for the MIPS CY 2021 Performance Period.
  - Table 16: 2021 Promoting Interoperability Objectives and Measures Identifiers
  - Table 17: Promoting Interoperability Attestation Statements Identifiers

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



## QRDA - Quality Reporting Document Architecture

[Receive updates on this topic](#)

**About**

[Tools & Resources](#)

[Previous Versions](#)

[Education](#)

[Connect](#)

The [Quality Reporting Document Architecture \(QRDA\)](#) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report [quality measure](#) results in a structured, consistent format and can be used to exchange [eCQM](#) data between systems.

### Current QRDA Reference and Implementation Guides:

QRDA Known Issues are found in the [ONC QRDA Known Issues Project](#).

### 2021 Reporting and Performance Period

The 2021 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting for 2021 eCQM reporting is based on the HL7 Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 2, [Standard for Trial Use](#) Release 5.2 with errata (published June 2020).

- [2021 CMS QRDA I Implementation Guide for Hospital Quality Reporting \(PDF\)](#) (May 2020)
- [2021 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting \(ZIP\)](#) (May 2020)

The 2021 CMS QRDA Category III Implementation Guide for [Eligible Clinicians](#) and [Eligible Professionals](#) for 2021 eCQM reporting is based on the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category III, Release 2.1, Standard for Trial Use Release 2.1 (published June 2017).

- [2021 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals \(PDF\)](#) (July 2020)

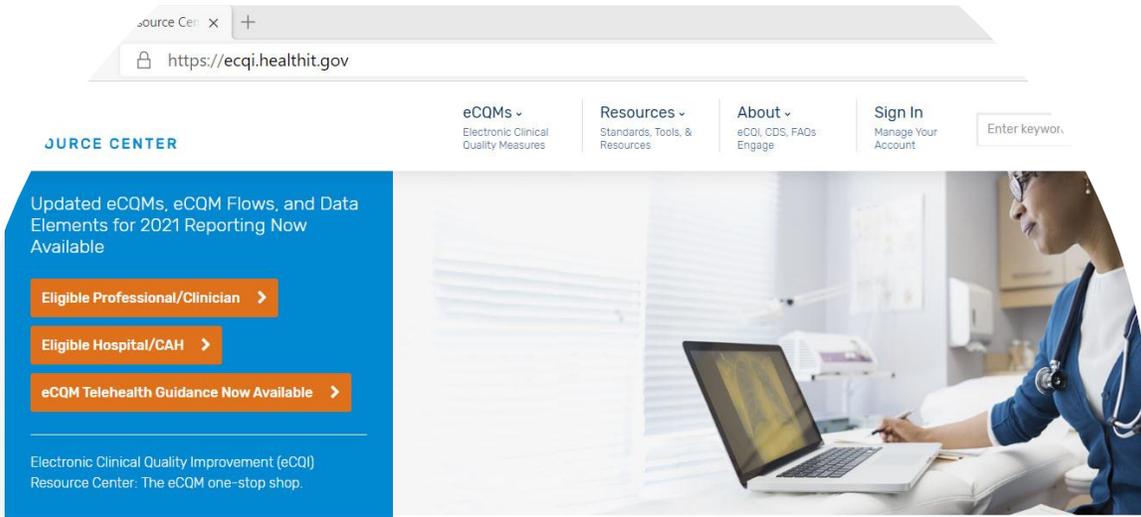
# QRDA Known Issues Project

- CMS has created a new [QRDA Known Issues](#) project for **both QRDA I and QRDA III** on the Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System (Jira) website.
- QRDA Known Issues provide supplemental information for QRDA Implementation Guides (IGs) or supporting documents with known technical issues with solutions or the solution is under development and may not yet be available.
- You must have a [Jira account](#) to track existing issues. No account is required to view the issues.

# QRDA Questions

- For questions related to the QRDA IGs and/or Schematrons, visit the ONC Project Tracking System (Jira) [QRDA project](#).

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



- The Electronic Clinical Quality Improvement (eCQI) Resource Center:
  - Electronic Clinical Quality Measures (eCQM) specifications and implementation materials for Eligible Professionals, Eligible Clinicians, Eligible Hospitals, and Critical Access Hospitals
  - eCQI standards information
  - eCQI tools, resources, and educational materials

## Featured Resources



# 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](mailto:ecqi-resource-center@hhs.gov).
- Visit the [eCQI Resource Center Frequently Asked Questions](#).

# eCQI Resource Center Improvements

*Presenter: Shanna Hartman, Division Of  
Electronic And Clinician Quality, CMS; Edna  
Boone, ESAC, Inc.*

# eCQI Resource Center Improvements

- eCQM Data Element Repository (DERep) breadcrumbs
  - Ex: <https://ecqi.healthit.gov/mcw/2020/qdm-dataelement/allergyintolerance.html>
- New tabs on the individual eCQM detail pages
  - Ex: <https://ecqi.healthit.gov/ecqm/ep/2020/cms134v8>

# Live Demonstration

- eCQM Data Element Repository (DERep) breadcrumbs
- New tabs on the individual eCQM detail pages

# eCQM DERep Navigation Example



**eCQI RESOURCE CENTER**

Updated eCQMs, eCQM Flows, and Data Elements for 2021 Reporting Now Available

- Eligible Professional/Clinician >
- Eligible Hospital/CAH >
- eCQM Telehealth Guidance Now Available >

Electronic Clinical Quality Improvement (eCQI) Resource Center. The eCQM one-stop shop.

**EP/EC ECQMS**

- Eligible Professional / Eligible Clinician eCQMs
- Pre-Rulemaking eCQMs

**EH/CAH ECQMS**

- Eligible Hospital / Critical Access Hospital eCQMs
- Pre-Rulemaking eCQMs
- Hybrid Measures

**ABOUT**

- About eCQMs
- eCQM Annual Timeline
- eCQM Lifecycle
- Certification

**MEASURE COLLABORATION**

- Measure Collaboration (MC) Workspace

**eCQI RESOURCE CENTER**

**RESOURCES AND TOOLS**

- eCQI Tools & Resources
- eCQM and eCQI Educational Resources
- eCQM Implementation Checklist
- Measure Collaboration (MC) Workspace

**ECQI STANDARDS**

- CQL (Clinical Quality Language)
- FHIR® (Fast Healthcare Interoperability Resources)
- HQMF (Health Quality Measure Format)
- QDM (Quality Data Model)
- QRDA (Quality Reporting Document Architecture)
- CDS/eCQM Harmonization

## Featured Resources

Eligible Professional / Eligible Clinician eCQMs

**eCQI RESOURCE CENTER**

**MC Workspace**

Measure Collaboration (MC) Workspace

About | eCQM Concepts | eCQM Clinical Workflows | eCQM Test Results | **eCQM Data Element Repository**

**MC Workspace**

The MC Workspace brings together a set of interconnected resources, tools, and processes to promote transparency and better interaction across stakeholder communities that develop, implement, and report electronic clinical quality measures (eCQM).

**Links to Measure Concept Resources**

- Meaningful Measures Areas
- CMS Measures Inventory Tool (CMIT)
- Measures Under Consideration (MUC) List

- Propose and share feedback on new measure concepts
- Assess alignment with Meaningful Measures Areas
- Check the CMS Measures Inventory for similar measures

Access eCQM data elements

- Find value sets
- Access use cases related to a data element(s)
- See data element test results
- Comment on a data element(s) for measures under development

Access the shared development workspace

- Search measure workflow documentation
- Provide comments on evolving eCQMs



# eCQM DERep Navigation Example (cont.)

information displayed for an eCQM reflects the version used in the development of the eCQM for a specific performance/reporting period. For the 2019 performance and reporting period, QDM Version 5.3 information is displayed. For 2020, QDM Version 5.4 information is displayed, and for 2021, QDM Version 5.5 Guidance Update information is displayed.

**Year** 2020 **Select a Filter Option** **Search** **Sort by** Title **Order** Asc **Apply**

Select a filter: - All Data Elements - eCQM Data Elements EH/CAH eCQMs **EP/EC eCQMs** QDM Categories QDM Datatypes QDM Attributes QDM Entities

**eCQM Data**  
The eCQM Data filter provides a listing of all data elements used in eCQMs for the selected CMS quality reporting and performance period. Each eCQM data element includes information about the value set or the direct reference code, along with the QDM datatype and QDM attributes used by that data element.

**eCQMs**  
The eCQMs filter currently provides a list of the [Eligible Hospital](#)/[Critical Access Hospital](#) and [Eligible Professional](#)/[Eligible Clinician](#) used in CMS quality reporting programs. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements with the measure and information about each data element.

**QDM Categories**  
The QDM Categories filter provides a listing of all QDM categories used in eCQMs for CMS quality reporting. For each [QDM category](#), the page provides the respective definition. A QDM Category is similar to a class of information (e.g., Medication, Procedure, Encounter).

**QDM Datatypes**  
The QDM Datatypes filter provides a listing of all QDM datatypes available for use in eCQMs for CMS quality reporting. A QDM Datatype is the which each QDM Category is used to describe a part of the clinical care process. For each QDM category and datatype, the page provides respective definition along with the available attribute groupings for the selected QDM datatype.

**QDM Attributes**  
The QDM Attributes filter provides a listing of all the QDM attributes, i.e., metadata/information available for use with each QDM datatype in eCQMs for CMS quality reporting. Each attribute allows measure expressions for specific details about QDM data elements such as information about

- [CMS117v8 - Childhood Immunization Status](#)
- [CMS75v8 - Children Who Have Dental Decay or Cavities](#)
- [CMS153v8 - Chlamydia Screening for Women](#)
- [CMS50v8 - Closing the Referral Loop: Receipt of Specialist Report](#)
- [CMS130v8 - Colorectal Cancer Screening](#)
- [CMS165v8 - Controlling High Blood Pressure](#)
- [CMS145v8 - Coronary Artery Disease \(CAD\): Beta-Blocker Therapy-Prior Myocardial Infarction \(MI\) or Left Ventricular Systolic Dysfunction \(LVFE <40%\)](#)
- [CMS149v8 - Dementia: Cognitive Assessment](#)
- [CMS159v8 - Depression Remission at Twelve Months](#)
- [CMS131v8 - Diabetes: Eye Exam](#)
- [CMS122v8 - Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(> 9%\)](#)
- [CMS134v8 - Diabetes: Medical Attention for Nephropathy](#)**
- [CMS142v8 - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care](#)
- [CMS68v9 - Documentation of Current Medications in the Medical Record](#)
- [CMS139v8 - Falls: Screening for Future Fall Risk](#)
- [CMS136v9 - Follow-Up Care for Children Prescribed ADHD Medication \(ADD\)](#)
- [CMS56v8 - Functional Status Assessment for Total Hip Replacement\\*\\*](#)
- [CMS66v8 - Functional Status Assessment for Total Knee Replacement](#)
- [CMS90v9 - Functional Status Assessments for Congestive Heart Failure](#)
- [CMS135v8 - Heart Failure \(HF\): Angiotensin-Converting Enzyme \(ACE\) Inhibitor or Angiotensin Receptor Blocker \(ARB\) or Angiotensin Receptor-Neprilysin Inhibitor \(ARNI\) Therapy for Left Ventricular Systolic Dysfunction \(LVSD\)](#)
- [CMS144v8 - Heart Failure \(HF\): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction \(LVSD\)](#)
- [CMS349v2 - HIV Screening](#)
- [CMS137v8 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment](#)
- [CMS771v1 - International Prostate Symptom Score \(IPSS\) or American Urological Association-Symptom Index \(AUA-SI\) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia](#)

# eCQM DERep Navigation Example (cont.)

The screenshot shows a web browser window with the URL `ecqi.healthit.gov/ecqm/ep/2020/cms134v8/data-element`. The page title is "Diabetes: Medical Attention for Nephropathy". The navigation bar includes "eCQI RESOURCE CENTER", "eCQMs", "Resources", "About", and "Sign In". A search bar is present on the right. The main content area displays the following information:

- CMS Measure ID:** [CMS134v8](#)
- Version:** 8
- NQF Number:** 0
- Performance/Reporting Period:** 2020
- Description:** The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period

Below the description, there is a section titled "Data Elements contained within the eCQM" with a "+ Expand all" link. The list of data elements includes:

- [Device, Applied: Frailty Device](#)
- [Device, Order: Frailty Device](#)
- [Diagnoses: Advanced Illness](#)
- [Diagnosis: Diabetes](#) (circled in red)
- [Diagnosis: Diabetic Nephropathy](#)
- [Diagnosis: Frailty Diagnosis](#)

# eCQM DERep Navigation Example (cont.)

Diagnoses: Advanced Illness | eCQI

ecqi.healthit.gov/mcw/2020/ecqm-dataelement/diagnosesadvancedillness.html

eCQI RESOURCE CENTER

eCQMs v Electronic Clinical Quality Measures

Resources v Standards, Tools, & Resources

About v eCQI, CDS, FAQs Engage

Sign In Manage Your Account

Enter keywords

Diabetes: Medical Attention for Nephropathy > Diagnoses: Advanced Illness

MC Workspace

## Diagnoses: Advanced Illness

DERep Home Page

eCQM Data Element

**Performance/Reporting Period**  
2020

**Value Set Description from VSAC**

**CLINICAL FOCUS:** This value set contains concepts related to Advanced Illnesses.

**DATA ELEMENT SCOPE:** This value set may use Quality Data Model (QDM) category related to Diagnosis.

**INCLUSION CRITERIA:** Includes only relevant concepts associated with identifying patients who have an advanced illness diagnosis.

**EXCLUSION CRITERIA:** No exclusions.

Constrained to codes in the Diagnoses: Advanced Illness value set (2.16.840.1.113883.3.464.1003.110.12.1082)

**QDM Attribute and Definition (QDM Version 5.4)**

**Diagnoses**

Coded diagnoses/problems addressed during the encounter. The diagnoses attribute is intended to capture ALL diagnoses, including principal diagnosis. Use of the Encounter, Performed: diagnoses attribute and the Diagnosis datatype is redundant for relating the diagnosis to the Encounter, Performed. The Encounter, Performed: diagnoses syntax is preferred. Referencing the same diagnosis using Encounter, Performed (diagnoses attribute) and Diagnosis (datatype) should only occur if the measure must define a specified length of a prevalence period, e.g., the measure must assure that the diagnoses have been present for at least some defined time period before the encounter, and were addressed during the Encounter.

**eCQMs using this data element:**

# eCQM DERep Navigation Example (cont.)

The screenshot shows a web browser window with the URL [ecqi.healthit.gov/mcw/2020/qdm-attribute/diagnoses.html](http://ecqi.healthit.gov/mcw/2020/qdm-attribute/diagnoses.html). The page header includes the eCQI Resource Center logo and navigation menus for eCQMs, Resources, About, and Sign In. A search bar is located in the top right. Below the header, a breadcrumb trail reads: [Diabetes: Medical Attention for Nephropathy](#) > [Diagnoses: Advanced Illness](#) > [Diagnoses](#). The main heading is 'Diagnoses'. On the right side, there are two buttons: 'MC Workspace' and 'DERep Home Page'. The main content area contains the following text:

A QDM attribute provides specific detail about a QDM datatype.

**Performance/Reporting Period**  
2020

**QDM Definition (QDM Version 5.4):**  
Coded diagnoses/problems addressed during the encounter. The diagnoses attribute is intended to capture ALL diagnoses, including principal diagnosis. Use of the Encounter, Performed: diagnoses attribute and the Diagnosis datatype is redundant for relating the diagnosis to the Encounter, Performed. The Encounter, Performed: diagnoses syntax is preferred. Referencing the same diagnosis using Encounter, Performed (diagnoses attribute) and Diagnosis (datatype) should only occur if the measure must define a specified length of a prevalence period, e.g., the measure must assure that the diagnoses have been present for at least some defined time period before the encounter, and were addressed during the Encounter.

**Used By:**

- [Encounter, Performed](#)
- [Encounter, Performed: Acute Inpatient](#)
- [Encounter, Performed: ED](#)
- [Encounter, Performed: Encounter Inpatient](#)
- [Encounter, Performed: Group Psychotherapy](#)
- [Encounter, Performed: Non-Elective Inpatient Encounter](#)
- [Encounter, Performed: Nonacute Inpatient](#)
- [Encounter, Performed: Observation](#)
- [Encounter, Performed: Office Visit 1](#)
- [Encounter, Performed: Outpatient](#)
- [Encounter, Performed: Outpatient Consultation 1](#)

# eCQM DERep Breadcrumbs

The screenshot shows the eCQI Resource Center website. The breadcrumb trail is highlighted with a red oval and consists of the following items: [Negation Rationale](#) >> [Diagnostic Study, Performed: Cup to Disc Ratio](#) >> [Primary Open-Angle Glaucoma \(POAG\): Optic Nerve Evaluation](#) >> [Diagnostic Study, Performed](#) >> [Diagnostic Study, Performed: Optic Disc Exam for Structural Abnorma...](#)

The main content area displays the title "Diagnostic Study, Performed: Optic Disc Exam for Structural Abnormalities" and the following details:

- eCQM® Data Element
- Performance/Reporting Period**  
2020
- Value Set Description from VSAC**
  - CLINICAL FOCUS:** This value set contains concepts that represent studies specific to looking for structural abnormalities of the optic disc by ophthalmoscopy.
  - DATA ELEMENT SCOPE:** This value set may use the Quality Data Model (QDM) category related to Diagnostic Study.
  - INCLUSION CRITERIA:** Includes only relevant concepts associated with studies using ophthalmoscopy.
  - EXCLUSION CRITERIA:** No exclusions.
- Constrained to codes in the Diagnostic Study, Performed: Optic Disc Exam for Structural Abnormalities value set [\(2.16.840.1.113883.3.526.3.1334\)](#)

# Measure Detail Page Navigation Example

The screenshot shows the eCQI Resource Center website. The main navigation bar includes 'eCQI RESOURCE CENTER', 'eCQMs', 'Resources', 'About', and 'Sign In'. A search bar is located on the right. A dropdown menu is open under 'eCQMs', showing categories: 'EP/EC ECQMS', 'EH/CAH ECQMS', and 'ABOUT'. Under 'EP/EC ECQMS', the link 'Eligible Professional / Eligible Clinician eCQMs' is circled in red. Below the dropdown, there are three buttons: 'Eligible Professional/Clinician eCQMs' (circled in red), 'Eligible Hospital/CAH', and 'eCQM Telehealth Guidance'. The 'Featured Resources' section below contains three tiles: 'Eligible Professional / Eligible Clinician eCQMs' (with a URL), 'Eligible Hospitals / Critical Access Hospital eCQMs', and 'Educational Resources'. The URL at the bottom left is <https://ecqi.healthit.gov/ep-ec/globalyearfilter=2021>.

# Measure Detail Page Navigation Example (cont.)

The screenshot shows the eCQI Resource Center website. The navigation menu includes eCQMs, Resources, About, and Sign In. The main heading is "Eligible Professional / Eligible Clinician eCQMs". Below this, there is a "Select Performance Period" dropdown set to 2021. A red circle highlights the "EP/EC eCQMs" button in the "eCQM Resources" section. Below this is a search bar and an "Apply" button. The main content area displays a table of resources for the 2021 performance period.

**Select Performance Period:** 2021

**eCQM Resources** **EP/EC eCQMs** About

**Search Resources**

2021 Performance Period Eligible Professional / Eligible Clinician Resources

For Use	eCQM Implementation Resources	Published
Jan 1 - Dec 31 2021	<a href="#">Implementation Checklist eCQM Annual Update</a> ⓘ	
Jan 1 - Dec 31 2021	<a href="#">*NEW* Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2021 Quality Reporting (PDF)</a> ⓘ	Sep 2020
Jan 1 - Dec 31 2021	<a href="#">Guide for Reading eCQMs v6.0 (PDF)</a> ⓘ	May 2020
Jan 1 - Dec 31 2021	<a href="#">Eligible Clinicians and Eligible Professionals Table of eCQMs v2 (PDF)</a> ⓘ	Jun 2020

# Measure Detail Page Navigation Example (cont.)

The screenshot shows a web browser window with the URL [ecqi.healthit.gov/ep-ec?qt-tabs\\_ep=1](https://ecqi.healthit.gov/ep-ec?qt-tabs_ep=1). The page title is "Eligible Professional / Eligible Clinician eCQM Resources". At the top, there is a "Select Performance Period:" dropdown menu set to "2021". Below this are three tabs: "eCQM Resources", "EP/EC eCQMs" (which is highlighted with a red box), and "About". A search bar labeled "Search eCQMs" with an "Apply" button is located below the tabs. The main content area displays "2021 Performance Period Eligible Professional / Eligible Clinician eCQMs" and "Total number of EP/EC eCQMs: 47". A table lists several eCQMs. The second row, "Anti-depressant Medication Management", is circled in red. The table columns are: Measure Name, CMS eCQM ID, Quality Domain, NQF ID, MIPS Quality ID, Meaningful Measure Area, and Telehealth Eligible.

Measure Name ▼	CMS eCQM ID ▼	Quality Domain ▼	NQF ID	MIPS Quality ID ▼	Meaningful Measure Area ▼	Telehealth Eligible* ▼
<a href="#">Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</a>	CMS161v9	Effective Clinical Care	0104e	107	Prevention, Treatment, and Management of Mental Health	Yes
<a href="#">Anti-depressant Medication Management</a>	CMS128v9	Effective Clinical Care	Not Applicable	009	Prevention, Treatment, and Management of Mental Health	Yes
<a href="#">Appropriate Testing for Pharyngitis</a>	CMS146v9	Efficiency and Cost Reduction	Not Applicable	066	Appropriate Use of Healthcare	Yes
<a href="#">Appropriate Treatment for Upper Respiratory Infection (URI)</a>	CMS154v9	Efficiency and Cost Reduction	Not Applicable	065	Appropriate Use of Healthcare	Yes

# Measure Detail Page Tabs – Measure Information

Dementia: Cognitive Assessment

[Receive updates on this topic](#)

eCQMs for 2020 Performance Period

**Measure Information** Specifications and Data Elements Release Notes

CMS eCQM ID or Title

- [CMS2v9](#)
- [CMS22v8](#)
- [CMS50v8](#)
- [CMS56v8](#)
- [CMS66v8](#)
- [CMS68v9](#)
- [CMS69v8](#)
- [CMS74v9](#)
- [CMS75v8](#)
- [CMS90v9](#)
- [CMS117v8](#)
- [CMS122v8](#)
- [CMS124v8](#)
- [CMS125v8](#)
- [CMS127v8](#)
- [CMS128v8](#)
- [CMS129v9](#)
- [CMS130v8](#)
- [CMS131v8](#)
- [CMS133v8](#)

### General eCQM Information

<b>CMS Measure ID</b>	CMS149v8
<b>NQF Number</b>	2872e
<b>Measure Description</b>	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period
<b>Initial Population</b>	All patients, regardless of age, with a diagnosis of dementia
<b>Denominator Statement</b>	Equals <a href="#">Initial Population</a>
<b>Denominator Exclusions</b>	None
<b>Numerator Statement</b>	Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period
<b>Numerator Exclusions</b>	Not Applicable

# Measure Detail Page Tabs – Specifications and Data Elements

The screenshot shows a web browser window with the URL [ecqi.healthit.gov/ecqm/ep/2020/cms149v8?qt-tabs\\_measure=1](https://ecqi.healthit.gov/ecqm/ep/2020/cms149v8?qt-tabs_measure=1). The page title is "Dementia: Cognitive Assessment". Below the title, there is a link to "Receive updates on this topic". The main content area features three tabs: "Measure Information", "Specifications and Data Elements" (which is circled in red), and "Release Notes". Under the "Specifications and Data Elements" tab, there is a section titled "Specifications" containing a table of attachments. Below this is a section titled "Data Element Repository" with a link to "Data Elements contained within CMS149v8". On the left side of the page, there is a search box labeled "eCQMs for 2020 Performance Period" with a dropdown menu for "CMS eCQM ID or Title" and an "Apply" button. Below the search box is a list of eCQM IDs with information icons.

**Specifications**

Attachment	Size
CMS149v8.html	54.05 KB
CMS149v8.zip (ZIP)	32.42 KB
CMS149v8-TRN.xlsx (Excel)	21.15 KB

**Data Element Repository**

[Data Elements contained within CMS149v8](#)

**Search Results:**

- CMS2v9 ⓘ
- CMS22v8 ⓘ
- CMS50v8 ⓘ
- CMS56v8 ⓘ
- CMS66v8 ⓘ
- CMS68v9 ⓘ
- CMS69v8 ⓘ
- CMS74v9 ⓘ
- CMS75v8 ⓘ
- CMS90v9 ⓘ
- CMS117v8 ⓘ
- CMS122v8 ⓘ
- CMS124v8 ⓘ
- CMS125v8 ⓘ
- CMS127v8 ⓘ
- CMS128v8 ⓘ
- CMS129v9 ⓘ
- CMS130v8 ⓘ
- CMS131v8 ⓘ
- CMS133v8 ⓘ

# Measure Detail Page Tabs – Release Notes

The screenshot shows a web browser window with the URL [ecqi.healthit.gov/ecqm/ep/2020/cms149v8?qt-tabs\\_measure=2](https://ecqi.healthit.gov/ecqm/ep/2020/cms149v8?qt-tabs_measure=2). The page title is "Dementia: Cognitive Assessment". Below the title, there is a link to "Receive updates on this topic". The main content area is titled "eCQMs for 2020 Performance Period". On the right side, there are three tabs: "Measure Information", "Specifications and Data Elements", and "Release Notes". The "Release Notes" tab is highlighted with a red circle. Below the tabs, there is a search box for "CMS eCQM ID or Title" with an "Apply" button. A list of eCQM IDs is displayed on the left, including CMS2v9, CMS22v8, CMS50v8, CMS56v8, CMS66v8, CMS68v9, CMS69v8, CMS74v9, CMS75v8, CMS90v9, CMS117v8, CMS122v8, CMS124v8, CMS125v8, CMS127v8, CMS128v8, CMS129v9, CMS130v8, CMS131v8, and CMS133v8. The "Release Notes" section is titled "Release Notes" and includes a link to "CMS149v8-TRN.xlsx (Excel)". The "Header" section contains the following information:

- Updated [eCQM](#) version number.  
**Measure Section:** eCQM Version number
- Source of Change:** Measure Lead
- Added 'e' to [NQF](#) number.  
**Measure Section:** NQF Number
- Source of Change:** Standards Update
- Updated copyright.  
**Measure Section:** Copyright
- Source of Change:** Annual Update

# Quality Payment Program Updates

*Presenter: Kati Moore, Division of Electronic and Clinician Quality, CMS*

# Merit-based Incentive Payment System (MIPS) 2020 Data Submission Period

- The MIPS 2020 data submission period opened on **January 4, 2021** and will close at **8 p.m. EDT on March 31, 2021**.
- To submit 2020 MIPS data, eligible clinicians should follow the steps outlined below:
  - Go to the [Quality Payment Program \(QPP\) website](#).
  - Sign in using your QPP access credentials.
    - If you aren't registered in the HCQIS Authorization Roles and Profile (HARP) system, refer to the [QPP Access User Guide](#).
  - Submit your MIPS data for the 2020 performance period or review the data reported on your behalf by a third party.

# 2020 Extreme and Uncontrollable Exception Application Deadline Extended

- For the 2020 performance year (PY), the **Extreme and Uncontrollable Circumstances policy** allows MIPS eligible clinicians, groups, virtual groups, and APM Entities to submit an application requesting reweighting of MIPS performance categories to 0% due to the current COVID-19 public health emergency.
  - **New:** APM Entities may submit an application to reweight MIPS performance categories as a result of extreme and uncontrollable circumstances.
- The Extreme and Uncontrollable Circumstances Exception application deadline is extended until **February 1, 2021**.
  - **IMPORTANT:** Even though we are extending the application deadline into the PY 2020 submission period, individuals, groups, and virtual groups can't submit an application to override PY 2020 data they've already submitted. Any data submitted before or after an application has been approved will be scored. Data submission for an APM Entity won't override performance category reweighting.
  - Note: The deadline for the Promoting Interoperability Hardship Exception application remains **December 31, 2020**.
- Learn more about how to [submit an application](#) by visiting the QPP Resource Library and reviewing the [zip file of related resources](#).

# 2021 MIPS Performance Year

- The 2021 MIPS performance year started on **January 1, 2021** and ends on **December 31, 2021**.
- If you are one of the MIPS eligible clinician types, you are eligible for MIPS in 2021 and will receive a payment adjustment if you:
  - Exceed the [low-volume threshold criteria](#);
  - Enrolled as a Medicare provider prior to January 1, 2021;
  - Don't become a Qualifying APM Participant (QP).
- To learn more about MIPS eligibility and to check if you are eligible to participate in 2021, you can use the 2021 Eligibility and Participation Quick Start Guide and the [QPP Participation Status Tool](#).

# 2021 MIPS Annual Call for Measures and Activities

- The MIPS Annual Call for Measures and Activities process allows clinicians and organizations to identify and submit:
  - Measures for the Promoting Interoperability performance category
  - Activities for the Improvement Activities performance category
- The MIPS Annual Call for Measures and Activities submission period will open on **February 1, 2021** and will close on **July 1, 2021**.
- To propose new measures and activities for MIPS, review the 2021 Call for Measures and Activities Overview Fact Sheet and fill out the relevant forms.

# MIPS Value Pathways (MVPs)

- CMS finalized its MVPs, a participation framework that will be implemented for the 2022 performance year.
- Recognizing stakeholder comments, CMS finalized the MVPs guiding principles to include:
  - The patient voice
  - Subgroup reporting
  - A fifth principle related to promoting digital performance measure data submission
- A set of criteria to be considered when creating MVP candidates was also finalized for the 2022 performance year.
- To review criteria and submit MVP candidates, visit the [Criteria and Candidate Submission](#) webpage.

# SAVE THE DATE



## 2021 CMS QUALITY CONFERENCE

*Healthcare Innovation During a Time of Disruption*

### MARCH 2-3, 2021

This will be a virtual conference 

To learn more visit:

[www.cmsqualityconference.com](http://www.cmsqualityconference.com)

# Care Compare Updates

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

**Questions?**

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**Thank you!**

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for March 2021. CMS will share more information when it becomes available.