



MARCH 2022 CMS QUALITY PROGRAMS BI-MONTHLY FORUM

March 1, 2022



AGENDA

Topic	Speaker
<ul style="list-style-type: none">• Medicare Promoting Interoperability Program Updates	Drew Morgan Division of Value-Based, Incentives and Quality Reporting, CMS
<ul style="list-style-type: none">• Quality Payment Program Updates	Vidya Sellappan Division of Electronic and Clinician Quality, CMS
<ul style="list-style-type: none">• Electronic Clinical Quality Improvement (eCQI) Resource Center Measure Compare	Vidya Sellappan Division of Electronic and Clinician Quality, CMS Kathy Lesh Healthcare Quality Research Leader, Battelle
<ul style="list-style-type: none">• Electronic Clinical Quality Measure (eCQM) Updates	Stephanie Parver Health Analyst, Mathematica
<ul style="list-style-type: none">• 2022 CMS QRDA III Implementation Guide and Sample Files for Eligible Clinicians Program	Yan Heras Principal Informaticist, ICF
<ul style="list-style-type: none">• May 2022 Fast Healthcare Interoperability Resources (FHIR) Connectathon	Jennifer Seeman Project Manager, ICF
<ul style="list-style-type: none">• Center for Medicare and Medicaid Innovation Updates	Corey Henderson Center for Medicare and Medicaid Innovation, CMS

MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

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



MEDICARE PROMOTING INTEROPERABILITY PROGRAM: CY 2021 ATTESTATION REMINDER

- The deadline to register and attest for the calendar year (CY) 2021 Medicare Promoting Interoperability Program is **March 31, 2022 at 11:59 p.m. ET.**
- Program participants from eligible hospitals and critical access hospitals (CAHs) are required to attest through CMS's [Hospital Quality Reporting](#) system (previously, the QualityNet Secure Portal).
- More information can be found on the Registration & Attestation [webpage](#) on the Promoting Interoperability Programs [website](#).



QUALITY PAYMENT PROGRAM UPDATES

*Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality,
CMS*



DATES & DEADLINES

- **March 31: Merit-based Incentive Payment System (MIPS) data due**
 - MIPS eligible clinicians who participated in the 2021 performance year of the Quality Payment Program (QPP) have until **8 p.m. ET on March 31, 2022**, to submit their data.
 - To submit your 2021 MIPS data:
 - Go to the [QPP webpage](#).
 - Sign in using your QPP access credentials.
 - Submit your MIPS data for the 2021 performance year or review the data reported on your behalf by a third party.
 - For more information, view: [MIPS 2021 Data Submission User Guide](#) and [2021 Opt-in and Voluntary Reporting Election Process Guide](#).
- **April 1: Registration for CAHPS for MIPS Survey opens**
 - If you're participating in traditional MIPS as a group, virtual group, or alternative payment model (APM) Entity and want to report via the CMS Web Interface or administer the CAHPS for MIPS Survey, you need to register between **April 1** and **June 30, 2022**.
 - Learn more about how to register on the [QPP website](#).

2022 CALL FOR MEASURES

- The MIPS Annual Call for Measures and Activities process allows clinicians, professional associations and medical societies that represent clinicians, researchers, consumer groups, and others to identify and submit measures and activities.
- Currently, CMS is accepting submissions for:
 - Measures for the **Promoting Interoperability** performance category
 - Activities for the **improvement activities** performance category
- **The submission period for 2024 measures closes July 1, 2022.**
- To propose new measures and activities for MIPS, review the 2022 Call for Measures and Activities Overview Fact Sheet and fill out and submit the forms from the [2022 Call for Measures and Activities \(ZIP\)](#).



QPP SMALL PRACTICES NEWSLETTER

- CMS recently developed a **QPP Small Practices Newsletter**, which will provide information that's tailored to small practices about relevant program updates, upcoming milestones, and resources to support successful participation in the QPP.
- This newsletter will also include relevant updates and resources announced through the QPP listserv.
- Subscribe to the [newsletter](#) here and visit the [QPP Support for Small Practices webpage](#) for more information.
- **Relevant new resources:**
 - [2022 MIPS Quick Start Guide for Small Practices](#) - Explains how small practices (15 or fewer clinicians) can get started with MIPS in 6 steps in performance year 2022.
 - [What's New in 2022 for Small Practices](#) - Explains performance year 2022 MIPS policies for small practices (15 or fewer clinicians) that are changing or new as well as the performance year 2022 timeline.



UPCOMING WEBINARS

- **Web Interface Support Calls**

- CMS is hosting a series of Support Calls for groups, virtual groups, and APM Entities that have been reporting data for the quality performance category through the CMS Web Interface.
- They'll provide important information and updates on reporting quality data, as well as the opportunity to engage in Q&A sessions with CMS subject matter experts.
- **Upcoming Support Calls: [March 9](#) and [March 23](#)- from 1 p.m. - 2:30 pm ET.**



NEW RESOURCES

- [CMS Web Interface Transition Guide](#) - Provides information to groups and virtual groups that previously used the CMS Web Interface, in preparation for the sunsetting of the CMS Web Interface in the [traditional MIPS](#).
- [CMS Web Interface Transition Guide: Getting Started with eCQM Reporting](#) - Outlines the steps that stakeholders should take to prepare for reporting electronic clinical quality measure (eCQM) reporting under MIPS.
- [CMS Web Interface Transition Guide: Getting Started with MIPS CQM Reporting](#) - Outlines the steps that stakeholders should take to prepare for reporting MIPS clinical quality measures (CQMs) under MIPS.
- [2022 Quality Benchmarks](#) - Lists and explains 2022 historical benchmarks used to assess performance in the quality performance category.
- [MIPS Value Pathways Development Resources](#) - Provides instructions on how to submit a MIPS Value Pathways (MVPs) candidate to CMS for consideration.

UPCOMING RESOURCES

- 2022 Quick Start and User Guides
- 2022 Specialty Guides



eCQI RESOURCE CENTER MEASURE COMPARE FEATURE UPDATE

Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS and Kathy Lesh, Healthcare Quality Research Leader, Battelle



eCQI RESOURCE CENTER WEBSITE

- The Electronic Clinical Quality Improvement (eCQI) Resource Center:
 - Electronic Clinical Quality Measures (eCQM) specifications and implementation materials for Eligible Clinicians, Eligible Hospitals, and Critical Access Hospitals
 - eCQI standards information
 - eCQI tools, resources, and educational materials
- Measure Compare Feature Updates
 - Ability to start a new search when comparing measures
 - Ability to reset to return to initial measure page
 - Additional filters for measures
 - More download options
 - Updated instructions for navigation – search displays up to 10 results



eCQI RESOURCE CENTER DEMONSTRATION



NAVIGATING THE eCQI RESOURCE CENTER

eCQI
RESOURCE CENTER

eCQMs
Electronic Clinical
Quality Measures

Resources
Standards, Tools, &
Resources

About
eCQI, CDS, FAQs
Engage

Log in
Manage Your
Account

Enter keywords

Electronic Clinical Quality
Improvement (eCQI) Resource Center

The "one-stop shop" for stakeholders
engaged in electronic quality improvement

Eligible Clinician eCQMs >

Eligible Hospital / Critical Access Hospital eCQMs >

Featured News & Events

[View All](#)

Feb 01, 2022

[CMS Measures Under Consideration
2022 Call For Measures...](#)

Feb 15, 2022 @ 3:00pm EST

[eCQI Resource Center Website User
Group](#)

PERFORMANCE/REPORTING

- Any -

FIND AN eCQM

Enter a Measure Title or CMS ID (Up to 10 results displayed initially)

Find an eCQM

Featured Resources



NAVIGATING THE eCQI RESOURCE CENTER

The screenshot shows the top navigation bar of the eCQI Resource Center. On the left is the logo "eCQI RESOURCE CENTER". To its right are several menu items: "eCQMs" (with a sub-menu arrow), "Resources" (with a sub-menu arrow), "About" (with a sub-menu arrow), and "Log in" (with a sub-menu arrow). A search box labeled "Enter keywords" is on the far right. A red arrow points from the "eCQMs" menu item to a dropdown menu that is open. The dropdown menu is divided into four sections: "EC ECQMS" (listing Eligible Clinician eCQMs, EC Pre-Rulemaking eCQMs, and Hybrid Measures), "EH/CAH ECQMS" (listing Eligible Hospital / Critical Access Hospital eCQMs, EH/CAH Pre-Rulemaking eCQMs, and Hybrid Measures), "NEW TO ECQMS?" (listing Get Started with eCQMs and eCQM Lifecycle), and "MEASURE COLLABORATION" (listing Measure Collaboration (MC) Workspace and eCQM Data Element Repository (DERep)).

This section contains a filter dropdown labeled "PERFORMANCE/REPORTING" with the text "- Any -" and a search input field labeled "FIND AN eCQM". The search field contains the placeholder text "Enter a Measure Title or CMS ID (Up to 10 results displayed initially)". To the right of the search field is a green button labeled "Find an eCQM". A red arrow points from the left towards the filter dropdown.

Featured Resources

Three featured resource cards are displayed horizontally. The first card has a blue circular icon with a white lowercase 'i' and a magnifying glass over a document. The second card has an orange icon of a graduation cap. The third card has a green icon of a clipboard with a checklist and a ruler.

NAVIGATING THE eCQI RESOURCE CENTER

eCQI
RESOURCE CENTER

eCQMs -
Electronic Clinical
Quality Measures

Resources -
Standards, Tools, &
Resources

About -
eCQI, CDS, FAQs
Engage

Log in
Manage Your
Account



Eligible Clinician eCQMs

[Receive updates on this topic](#)

Select Performance Period: 2022 ▾

Find older eCQM specifications in the [eCQM Standards and Tools Version](#) table.

eCQM Resources

EC eCQMs

About

2022 Performance Period Eligible Clinician Resources

Search Resources

For Use ▾	eCQM Implementation Resources	Published ▾
Jan 1 - Dec 31 2022	Implementation Checklist eCQM Annual Update ⓘ	
Jan 1 - Dec 31 2022	Telehealth Guidance for eCQMs for Eligible Professional/Eligible Clinician 2022 Quality Reporting (PDF) ⓘ	May 2021
Jan 1 - Dec 31 2022	Guide for Reading eCQMs v7.0 (PDF) ⓘ	May 2021
Jan 1 - Dec 31 2022	Eligible Clinicians and Eligible Professionals Table of eCQMs (PDF) ⓘ	May 2021



NAVIGATING THE eCQI RESOURCE CENTER

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

[Receive updates on this topic](#)

Measure Information Specifications and Data Elements Release Notes

SELECT eCQM YEARS TO COMPARE
2022 vs 2021

Measure Information	2022 Performance Period
CMS Measure ID	CMS161v10
NQF Number	0104e
Measure Description	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit

NAVIGATING THE eCQI RESOURCE CENTER

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

[Receive updates on this topic](#)

Measure Information Specifications and Data Elements Release Notes

Compare eCQM Versions

The Compare function compares two consecutive years (2020-2021 and 2021-2022) of the measure specifications found in the header of the measure's HTML. It does not include a comparison of any information in the body of the HTML, e.g., population criteria, Clinical Quality Language, or value sets.

SELECT eCQM YEARS TO COMPARE: 2022 vs 2021 **Compare >** **Reset**

FILTER MEASURE BY: All Information (dropdown menu)

DOWNLOAD: Download (dropdown menu) CSV, Excel, JPEG, PDF, XML

START NEW SEARCH: **Find an eCQM**

Measure Information	2022 Performance Period	2021 Performance Period
CMS Measure ID	CMS161v10	CMS161v9
NQF Number	104e	104e
Measure Description	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit



CONTACT THE eCQI RESOURCE CENTER

- We encourage you to visit and provide feedback on the eCQI Resource Center by emailing comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov.
- Visit the [eCQI Resource Center Frequently Asked Questions](#)



eCQI RESOURCE CENTER MEASURE COLLABORATION (MC) WORKSPACE CONCEPTS AND TESTING OPPORTUNITIES MODULES

Presenters: Vidya Sellappan, Division of Electronic and Clinician Quality, CMS; Kathy Lesh, Healthcare Quality Research Leader, Battelle



MEASURES COLLABORATION (MC) WORKSPACE ON THE eCQI RESOURCE CENTER

- In 2019 CMS engaged with stakeholders to get an understanding of eCQM implementation and reporting burden and asked for recommendations for improvement in the use of eCQMs in CMS quality reporting programs.
- The MC Workspace is a web-based tool that brings together a set of interconnected resources, tools, and processes to promote transparency and better interaction across stakeholder communities that develop, implement, and report eCQMs.



MEASURES COLLABORATION (MC) WORKSPACE

- The MC Workspace has three modules designed to engage stakeholders in the different stages of the Measure Lifecycle
 - eCQM Concepts Module – Gives users the ability to search for eCQM concepts suggested by others and comment on those suggested eCQM concepts, submit new eCQM concepts, describe the population(s), and assign a care setting.
 - eCQM Testing Opportunity Module – Provides stakeholders with available opportunities to participate in eCQM testing.
 - The eCQM Data Element Repository (DERep) – Provides detailed information about data elements used in eCQM in CMS programs.



MC WORKSPACE CONCEPTS MODULE

- eCQM Concepts module gives Authenticated Users the ability to comment on suggested eCQM concepts or suggest new eCQM concepts.
- The suggested eCQM concept author may request the concept is shared with CMS.



MC WORKSPACE TESTING OPPORTUNITIES MODULE

- The eCQM Testing Opportunities module allows eCQM developers to announce opportunities to test eCQMs.
- eCQM developers may seek volunteers at different stages of the Measure Lifecycle.
- eCQM developers may use the announcement [template](#) and send to ecqi-resource-center@hhs.gov.



NAVIGATING THE ECQI RESOURCE CENTER

The screenshot shows the ECQI Resource Center website. At the top left is the logo "eCQI RESOURCE CENTER". To the right are navigation menus: "eCQMs" (Electronic Clinical Quality Measures), "Resources" (Standards, Tools, & Resources), "About" (eCQI, CDS, FAQs, Engage), and "Log in" (Manage Your Account). A search bar with the placeholder "Enter keywords" is also present. Below the navigation is a large blue banner with the text "Electronic Clinical Quality Improvement (eCQI) The 'one-stop shop' for engaged in electronic quality improvement". Two orange buttons are visible: "Eligible Clinician eCQMs" and "Eligible Hospital / Critical Access Hospital eCQMs". A dark blue dropdown menu is open, listing categories: "EC ECQMS" (Eligible Clinician eCQMs, EC Pre-Rulemaking eCQMs), "EH/CAH ECQMS" (Eligible Hospital / Critical Access Hospital eCQMs, EH/CAH Pre-Rulemaking eCQMs, OQR - Outpatient eCQMs, Hybrid Measures), "NEW TO ECQMS?" (Get Started with eCQMs, eCQM Lifecycle), and "MEASURE COLLABORATION" (Measure Collaboration (MC) Workspace, eCQM Data Element Repository (DERep)). A red arrow points to the "Measure Collaboration (MC) Workspace" link. To the right of the dropdown, a "News & Events" section is partially visible, showing a link for "Consideration" and a time "3:00pm EST".

PERFORMANCE/REPORTING: - Any -

FIND AN eCQM: Enter a Measure Title or CMS ID (Up to 10 results displayed initially) Find an eCQM

Featured Resources

The featured resources section contains three icons in separate boxes: 1. An information icon (letter 'i' in a blue circle) next to a document icon with a magnifying glass. 2. A graduation cap icon in orange and green. 3. A checklist icon with a green checkmark and a ruler.

<https://ecqi.healthit.gov/>



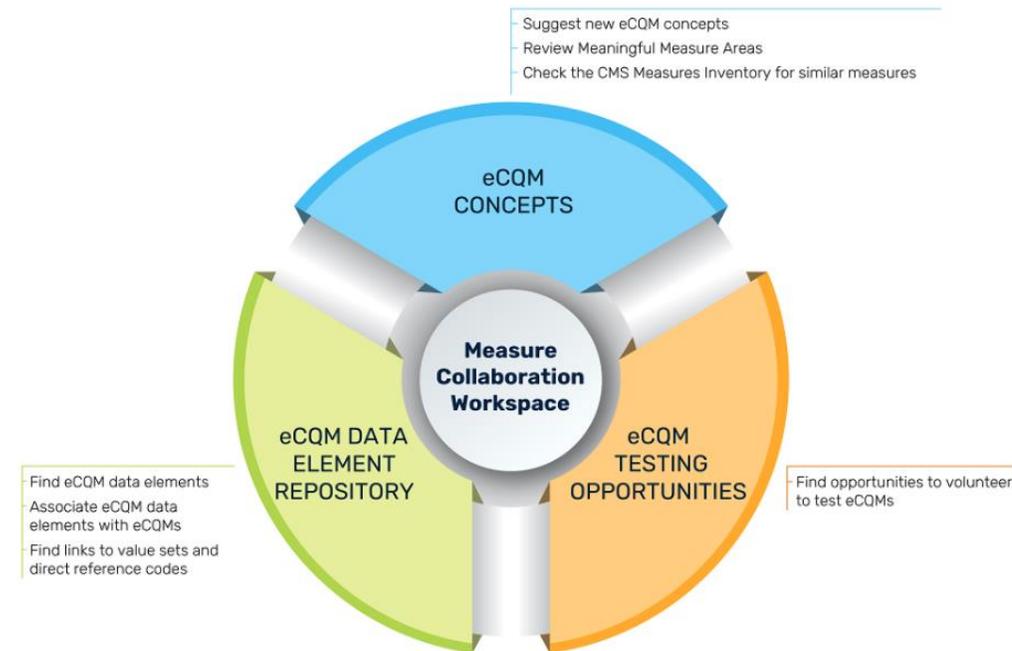
NAVIGATING THE ECQI RESOURCE CENTER – MC WORKSPACE

Measure Collaboration (MC) Workspace

About eCQM Concepts eCQM Testing Opportunities 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 (eCQMs).



NAVIGATING THE ECQI RESOURCE CENTER – ECQM CONCEPTS



Electronic Clinical Quality Measure (eCQM) Concepts

The Measure Collaboration Workspace Electronic Clinical Quality Measures (eCQM) Concepts module gives users the ability to search for eCQM concepts suggested by others and comment on those suggested eCQM concepts, submit new eCQM concepts, describe the population(s), and assign a care setting. There are hyperlinks to the CMS Measures Inventory Tool (CMIT) and the National Quality Forum's (NQF) Quality Positioning System (QPS) to help identify whether similar eCQMs already exist. Feedback provided through the eCQM Concepts Module can help guide a measure developer to refine the concept and purpose behind a new eCQM and develop detailed specifications to meet the needs of targeted quality measurement stakeholders.

Review the [MC Workspace User Guide \(PDF\)](#) and [view past education sessions](#) on the MC Workspace.

How to Comment on or Suggest an eCQM Concept

If you have an eCQM concept in mind or want to comment on an eCQM concept someone else has suggested, follow these simple steps to propose your idea:

1. Search the [CMS Measures Inventory Tool](#) to see if your suggested eCQM concept is in progress or already exists.
2. Search the [NQF QPS](#) to see if your suggested eCQM concept already exists and has been submitted for endorsement.
3. Review the list of suggested eCQMs, click the name of the concept of interest to see if the details of the suggested concept are similar to your idea for an eCQM. If yes, it is similar, offer comments to the submitter in the Add new comment box. Review the list of suggested eCQMs, click the name of the concept of interest to see if the details of the suggested concept are similar to your idea for an eCQM. If yes, it is similar, offer comments to the submitter in the Add new comment box.



ECQM CONCEPTS – SUGGEST AN ECQM CONCEPT

[About](#) | [eCQM Concepts](#) | [eCQM Testing Opportunities](#) | [eCQM Data Element Repository](#)

Electronic Clinical Quality Measure (eCQM) Concepts

The Measure Collaboration Workspace Electronic Clinical Quality Measures (eCQM) Concepts module gives users the ability to search for eCQM concepts suggested by others and comment on those suggested eCQM concepts, submit new eCQM concepts, describe the population(s), and assign a care setting. There are hyperlinks to the CMS Measures Inventory Tool (CMIT) and the National Quality Forum's (NQF) Quality Positioning System (QPS) to help identify whether similar eCQMs already exist. Feedback provided through the eCQM Concepts Module can help guide a measure developer to refine the concept and purpose behind a new eCQM and develop detailed specifications to meet the needs of targeted quality measurement stakeholders.

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4. If no, suggest your eCQM concept by clicking [Suggest an eCQM Concept](#) and fill out the form.

Suggest an eCQM Concept

Create an eCQI Resource Center account to suggest an eCQM Concept.

[Create new account](#) >

Already have an eCQI RC account? [Sign in](#)



SUGGEST AN ECQM CONCEPT PAGE

Suggest an eCQM Concept

Title *

Description *

Place of Care *

Rationale *

Concept Population

Files

Description *
Describe the characteristics of who or what you would include in the eCQM.

B I U | | | | |

[About text formats ?](#)



NAVIGATING THE ECQI RESOURCE CENTER – ECQM TESTING OPPORTUNITIES



Electronic Clinical Quality Measure (eCQM) Testing Opportunities

The eCQM Testing Opportunity module provides stakeholders with available opportunities to participate in eCQM testing. Measure developers use testing for a variety of reasons throughout the Measure Lifecycle. They need pilot sites to:

- assess measure feasibility
- determine the extent to which the required data elements are available and retrievable in the electronic health record (EHR)/health information technology (IT)
- determine the extent to which measured entities can implement without undue burden for performance measurement
- assess measure reliability
- assess measure validity
- reassess after updating specifications
- assess measure usefulness

Are you a stakeholder interested in testing eCQMs?

There are several potential benefits:

- Test site staff will gain insight into quality measurement that could help your organization refine its internal efforts to improve quality.
- Test site staff will help provide insight for a measure that CMS may use in its quality reporting programs.

<https://ecqi.healthit.gov/mc-workspace-2/testing-opportunities>



CONTACT THE ECQI RESOURCE CENTER

- We encourage you to visit and provide feedback on the eCQI Resource Center by emailing comments, suggestions, questions, and requests to post events and news to ecqi-resource-center@hhs.gov.
- Visit the [eCQI Resource Center Frequently Asked Questions](#)



**eCQM
PRE-PUBLICATION DOCUMENT
NOW AVAILABLE
FOR THE 2023 REPORTING/PERFORMANCE PERIOD**

Presenter: Stephanie Parver, Health Analyst, Mathematica



NOW AVAILABLE: eCQM ANNUAL UPDATE PRE-PUBLICATION DOCUMENT

FOR THE 2023 REPORTING/PERFORMANCE PERIOD

- The electronic clinical quality measures (eCQM) Annual Update Pre-Publication Document for the 2023 reporting/performance period is now available
- Describes changes in the standards and code system versions used in the updated eCQMs for potential use in CMS quality reporting programs
- Visit the electronic clinical quality improvement [\(eCQI\) Resource Center](#) for most current information on code systems and standard versions



ANTICIPATED STANDARDS*

FOR THE 2023 REPORTING/PERFORMANCE PERIOD

- [HQMF R1 Normative](#) – HL7 Version 3 Standard: Representation of the Health Quality Measure Format (eMeasure) Release 1
- [HL7 V3 CQL-based HQMF Implementation Guide R1 STU 4.1](#) – HL7 Version 3 Implementation Guide: Clinical Quality Language (CQL)-based Health Quality Measure Format (HQMF), Release 1 - US Realm, Standard for Trial Use 4.1
- [CQL R1 Mixed Normative/Trial-Use \(CQL 1.5\)](#) – Clinical Quality Language Specification, Release 1 Mixed Normative/Trial-Use and the derivative CQL-to-ELM translator v1.5.3
- [QRDA I R1 STU 5.3](#) – Quality Reporting Document Architecture - Category I Release 1, Standard for Trial Use Release 5.3 (November 2021)
- [QRDA III R1 Normative](#) – Quality Reporting Document Architecture - Category III Release 1 (September 2021)
- [QDM v5.6](#) – Quality Data Model Version 5.6
- [CMS QRDA IGs](#) – CMS Quality Reporting Document Architecture Implementation Guides (CMS QRDA I IG for Hospital Quality Reporting released in Spring 2022 for the 2023 reporting period. CMS QRDA III IG v1.0 for Eligible Clinician Programs will be released in Summer 2022 and an updated version will be released in the Fall 2022 after publication of the Physician Fee Schedule Final Rule for the 2023 performance period)

**Note: CMS may elect to update the eCQM specifications and supporting materials during reporting/performance periods due to code system changes, clinical guidelines, standards enhancements, etc.*



ANTICIPATED CODE SYSTEM VERSIONS*

FOR 2023 REPORTING/PERFORMANCE PERIOD

- **ActCode** – HL7V3.0_2021-03
- **AdministrativeGender HL7V3.0_2021-03** – Administrative Gender Value Set
- **CDCREC 1.2** – Centers for Disease Control and Prevention Race and Ethnicity Code Set Version
- **CDT 2022** – Current Dental Terminology
- **CPT 2021** – Current Procedural Terminology
- **CVX 2021-12** – Clinical Vaccine Formulation
- **HCPCS 2022** – Healthcare Common Procedure Coding System
- **HSLOC 2020** – NHSN Healthcare Service Location Codes
- **ICD-9-CM 2013** – International Classification of Diseases, Ninth Revision, Clinical Modification (in use due to look-back periods of some eQMs)
- **ICD-10-CM 2022** – International Classification of Diseases, Tenth Revision, Clinical Modification
- **ICD-10-PCS 2022** – International Classification of Diseases, Tenth Revision, Procedure Coding System
- **LOINC 2.71** – Logical Observation Identifiers Names and Codes
- **RxNorm 2022-01** – A normalized naming system for generic and branded drugs
- **SNOMED CT US Edition 2021-09** – A comprehensive and precise health terminology for electronic exchange of clinical health information
- **SOP 9.2** – Source of Payment

**Note: CMS may elect to update the eQCM specifications and supporting materials during reporting/performance periods due to code system changes, clinical guidelines, standards enhancements, etc.*



eCQM RESOURCES

- Please submit questions or comments regarding the standards and/or code system versions used in the upcoming eCQM updates for 2023 reporting/performance to the eCQM Issue Tracker
- Visit the eCQI Resource Center to find published eCQM specifications and resources



UPDATED 2022 CMS QRDA III IMPLEMENTATION GUIDE AND SAMPLE FILES FOR ELIGIBLE CLINICIANS PROGRAM

Presenter: Yan Heras, Principal Informaticist, ICF



2022 CMS QRDA III IG AND SAMPLE FILES

- CMS has published an update to the 2022 CMS Quality Reporting Document Architecture (QRDA) Category III [Implementation Guide \(IG\)](#) and [Sample Files](#).
- The 2022 CMS QRDA III IG outlines requirements for eligible clinicians to report electronic clinical quality measures (eCQMs) for the calendar year 2022 performance period.



UPDATES TO THE 2022 CMS QRDA III IG AND SAMPLE FILES

- Added to Table 14: UUID List for MIPS CY 2022 Performance Period eCQM Specifications Eligible Professionals and Eligible Clinicians
 - The missing UUID of population 2 numerator exclusion for CMS156v10. This issue was reported in QRDA Known Issue QKI-6
 - Missing measure CMS646v2
- CMS added these tables based on the CY 2022 Medicare Physician Fee Schedule (PFS) Final Rule
 - Table 15: Improvement Activities Identifiers for the MIPS CY 2022 Performance Period
 - Table 16: Promoting Interoperability Objectives and Measures Identifiers for the MIPS CY 2022 Performance Period
 - Table 17: Promoting Interoperability Attestation Statements Identifiers
- CMS made minor edits to the 2022 CMS QRDA III Sample Files header comments.



ADDITIONAL QRDA-RELATED RESOURCES

- Find additional QRDA-related resources, as well as current and past IGs, on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#).
- For questions related to this guidance, the QRDA IGs, or Schematron, visit the [ONC Project Tracking System \(Jira\) QRDA project](#).
- See the [QRDA Known Issues Dashboard](#) for solutions under development for both QRDA I and III known technical issues. These known issues supplement the information in QRDA IGs and other supporting documents.



MAY 2022 HL7® FHIR® CONNECTATHON 30

Presenter: Jennifer Seeman, Project Manager, ICF



HL7® FHIR® CONNECTATHON 30 MAY 2022

- Virtual Event Date: May 2-4, 2022 (Time: Eastern)
- <http://www.hl7.org/events/fhir/connectathon/2022/05/>
- Early bird savings for registration is available until April 4th
- Opportunity to work directly with other FHIR developers and senior members of the FHIR standards development team.
- The CMS eCQM Standards Team will continue the testing and use of FHIR-based Quality Measures for use in Quality Measurement programs, including CMS, Gaps in Care (GIC) and Clinical Decision Support (CDS) Use Cases.
- If you have any questions, feel free to email us at fhir@icf.com



CMS INNOVATION CENTER UPDATES

*Presenter: Corey Henderson, Center for Medicare & Medicaid
Innovation, CMS*



PARTICIPATION STATUS TOOL

- CMS updated its [Quality Payment Program Participation Status Tool](#) in January 2022 based on the third snapshot of data from APM Entities.
 - The third snapshot includes data from Medicare Part B claims with **dates of service between January 1, 2021 and August 31, 2021.**
 - The tool includes 2021 Qualifying APM Participant (QP) and MIPS APM participation status.
- If you join a MIPS APM in the last 4 months of the year (from the end of snapshot 3 until the end of the performance year), you:
 - Will be considered a participant in the MIPS APM, and
 - Will be eligible to voluntarily report through the APP
- The fourth snapshot will be released in March 2022 for MIPS APMs.



NEW RESOURCES

- [2021 APP Data Submission Guide](#) - Provides details on how to submit data to QPP through the APP for the 2021 performance year.
- [2021 APP Data Submission Videos](#) – Provides an overview of how groups and ow Medicare Shared Savings Program Accountable Care Organizations (ACOs) can submit data and report the APP through the QPP website for the 2021 performance period.

UPCOMING RESOURCES

- 2022 APP Zip File
- 2022 APP Measures



QUESTIONS?

CMSQualityTeam@Ketchum.com



THANK YOU!

The next CMS Quality Programs Bi-Monthly Forum is tentatively scheduled for May 2022. CMS will share more information when it becomes available.

