



MARCH 2023 CMS QUALITY PROGRAMS BI-MONTHLY FORUM

March 28, 2023



AGENDA

Topic	Speaker
Updates to the 2023 CMS QRDA I IG and Schematron	<ul style="list-style-type: none"> Jennifer Seeman, <i>ICF, Inc.</i>
May 2023 HL7 FHIR Connectathon	<ul style="list-style-type: none"> Jennifer Seeman, <i>ICF, Inc.</i>
Recent eCQM Known Issues	<ul style="list-style-type: none"> Jamie Lehner and Michael Kerachsky, <i>Mathematica</i>
Recap of EC eCQM Education & Outreach Webinar	<ul style="list-style-type: none"> Jamie Lehner and Michael Kerachsky, <i>Mathematica</i>
AU Pre-Publication Document	<ul style="list-style-type: none"> Jamie Lehner and Michael Kerachsky, <i>Mathematica</i>
Medicare Promoting Interoperability Program Updates	<ul style="list-style-type: none"> Drew Morgan, <i>Division of Value-Based Incentives and Quality Reporting, CMS</i>
Quality Payment Program (QPP) Updates	<ul style="list-style-type: none"> Dan Herrmann, <i>Division of Electronic and Clinician Quality, CMS</i>
Alternative Payment Model (APM) Updates	<ul style="list-style-type: none"> Brian Patterson, <i>Center for Medicare and Medicaid Innovation, CMS</i>



UPDATED 2023 CMS QRDA I IMPLEMENTATION GUIDE (IG) AND SCHEMATRON FOR HOSPITAL QUALITY REPORTING

Presenter: Jennifer Seeman, ICF, Inc.



UPDATED 2023 CMS QRDA I IG AND SCHEMATRON FOR HOSPITAL QUALITY REPORTING

The Centers for Medicare & Medicaid Services (CMS) has published an [update to the 2023 CMS Quality Reporting Document Architecture \(QRDA\) Category I Implementation Guide \(IG\) and Schematron for Hospital Quality Reporting](#). This is an update to the IG version 1.1 published in January 2023.

The 2023 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals (CAHs) to report electronic clinical quality measures (eCQMs) for the calendar year 2023 reporting period for these programs:

- Hospital Inpatient Quality Reporting Program
- Medicare Promoting Interoperability Program
- Outpatient Quality Reporting Program (voluntary)



UPDATES

Changes to the 2023 CMS QRDA I IG (v.1.2) include:

Updated Section 5.1.2 recordTarget to relax requirements for patient telephone number and patient email added to version 1.1.

Changes to the 2023 CMS QRDA I schematron file:

Conformance statements requiring patient telephone number and patient email added to version 1.1 have been relaxed to SHOULD statements.



ADDITIONAL QRDA-RELATED RESOURCES

- To find out more about QRDA and eCQMs, visit the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#).
- For questions related to the QRDA IGs and/or Schematrons, 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 2023 HL7[®] FHIR[®] CONNECTATHON

Presenter: Jennifer Seeman, ICF, Inc.



HL7® FHIR® CONNECTATHON MAY 2023

- CMS continues to investigate the adoption and use of FHIR-based Quality Measures.
- Integral to this investigation is a focus on testing of standards related to Quality Measurement.
- HL7 FHIR Connectathons provide a venue for conducting this testing and an 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 of FHIR-based quality measures in key use cases:
 - CMS Quality Reporting Programs
 - Gaps in Care (GIC)
 - Clinical Decision Support (CDS)
 - Multi-facility and multi-provider data originating from a single API



HL7[®] FHIR[®] CONNECTATHON MAY 2023 (CONT'D)

Examples of 2023 Reporting CMS Measures for QI-Core that will be tested include:

- Eligible Clinician (EC) Measures
 - CMS127v12: Pneumococcal Vaccination Status for Older Adults
 - CMS157v12: Oncology: Medical and Radiation - Pain Intensity Quantified
 - CMS2v13: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
 - CMS347v7: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- Eligible Hospital (EH) Measures
 - CMS190v12: Intensive Care Unit Venous Thromboembolism Prophylaxis
 - CMS334v5: Cesarean Birth
 - CMS986v2: Global Malnutrition Composite Score (pre rule-making)
 - CMS996v4: Appropriate Treatment for STEMI Patients in the ED (OQR voluntary)

Plan to use test cases from the Measure Authoring Development Integrated Environment (MADiE), which supports QI-Core profile informed authoring and testing of FHIR measures.



HL7® FHIR® CONNECTATHON MAY 2023 (CONT'D)

- HL7 FHIR Connectathon 33 will take place May 6-7, 2023, in New Orleans, LA. General Connectathon information can be found here: <https://confluence.hl7.org/display/FHIR/2023+-+05+Connectathon+33>.
- Registration is open and early bird will close on Friday, April 7th. Registration details are available here: <https://hl7.my.site.com/LightningMemberPortal/s/It-event?id=a1Y7V00000YrACtUAN#/Connectathon>
- Participation includes, but is not limited to:
 - Measure Developers
 - Application and Standards Developers
 - EHR Vendors
 - Data Providers



HL7® FHIR® CONNECTATHON MAY 2023 (CONT'D)

Join the Clinical Reasoning Track:

- April 12—Track Kickoff
- April 19—Working/Planning Session
- April 26—Working/Planning Session
- May 3 —Working/Planning Session
- All meeting login and track details can be found on the track page:
<https://confluence.hl7.org/display/FHIR/2023+-+05+Clinical+Reasoning>.

If you have any questions, feel free to email us at fhir@icf.com



eCQMs KNOWN ISSUES (EKI) TRACKER

Presenters: Jamie Lehner and Michael Kerachsky, Mathematica



OVERVIEW: eCQM KNOWN ISSUES TRACKER

Location:

- The electronic clinical quality measure [\(eCQM\) Known Issues Tracker](#) is located on the Office of the National Coordinator Project Tracking System ([ONC Jira](#))

Purpose:

- The eCQM Known Issues Tracker provides information on eligible clinician and eligible hospital eCQMs with known implementation-related or technical issues, for which a solution is under development, but not yet available in a published eCQM specification. Known issues may impact the ability to accurately report on the eCQMs.

Goal:

- Reduce implementer burden and improve transparency with reporters by identifying and posting CMS-approved known issues that affect could affect measure implementation or calculation

VIEWING KNOWN ISSUES

Navigate to the [eCQM Known Issues Tracker](#) and select “Issues” in the left-hand pane

- Default view displays all open issues (i.e., those correspond to the current reporting or future reporting periods), sorted by EKI number, in descending order
- The “Type” field, located under each issue, distinguishes between issues applicable to eligible clinician (“EP/EC”) and eligible hospital (“EH/CAH”) eCQMs

The screenshot displays the 'eCQM Known Issues' interface. On the left is a navigation sidebar with 'Issues' selected. The main area shows a list of 'Open issues' sorted by priority. The top issue is EKI-14 (CMS127v10). To the right, the details for EKI-14 are shown, including the issue title 'CMS127v10', buttons for 'Add vote' and 'Watch issue', and a 'Details' section with fields for Type (EP/EC), Status (TO DO), and Priority (Moderate).

To view all issues

- Click the “Switch filter” drop-down and select “All issues”
- OR Navigate to the [eCQM Known Issues Dashboard](#) to view all Eligible Clinician and Eligible Hospital Known Issues

LOCATE KNOWN ISSUES ON ECQI RESOURCE CENTER



Eligible Clinician eCQMs

[Receive updates on this topic](#)

Select Performance Period: 2023 ▾

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

[eCQM Resources](#) **EC eCQMs** [About](#)

2023 Performance Period Eligible Clinician eCQMs

Total number of EC eCQMs: 1

Search eCQMs

127 [Apply](#) [Reset](#)

Title ▾	CMS eCQM ID ▾	NQF Number ▾	MIPS Quality ID ▾	Telehealth Eligible* ▾	Notes ▾
Pneumococcal Vaccination Status for Older Adults	CMS127v11	Not Applicable	111	Yes	*Note: There is a known issue on CMS127v11. See issue EKI-15 on the ONC eCQM ↗



eCQM KNOWN ISSUE

CMS127v11: Pneumococcal Vaccination Status for Older Adults

Key	Summary	Description	Solution	Reporting Year	Link
EKI-15	CMS127v11	<p>eCQM Impacted – CMS127v11 Pneumococcal Vaccination Status for Older Adults</p> <p>Issue – Measure does not include all relevant coding specific to the newly approved formulations, PCV15 and PCV20, to meet numerator requirements. This does not align with recently updated Advisory Committee on Immunization Practices guidelines.</p>	<p>The measure’s CPT value set to capture the procedure of administering the pneumococcal vaccine does not currently contain the specific codes to capture administration of the pneumococcal conjugate vaccine 15 valent or the pneumococcal conjugate vaccine 20 valent. Implementers that would otherwise utilize the CPT value set to satisfy numerator requirements can map:</p> <ul style="list-style-type: none">• administration of PCV15 to CVX code 215• administration of PCV20 to CVX code 216 <p>in the Adult Pneumococcal Vaccine (OID: 2.16.840.1.113883.3.464.1003.1161) value set.</p>	2023	None



eCQM KNOWN ISSUE

CMS156v11: Use of High-Risk Medications in Older Adults

Key	Summary	Description	Solution	Reporting Year	Link
EKI-17	CMS156v10 CMS156v11	eCQM Impacted – CMS156v10/CMS156v11 - Use of High-Risk Medications in Older Adults Issue – Numerator rate 3 is expected to be the deduplicated sum of rates 1 and 2. Rate 3 does not account for a scenario where the patient meets rates 1 and 2, as well as numerator 2 exclusions. This issue has the potential to artificially improve the performance for rate 3.	To determine the deduplicated sum of numerator rates 1 and 2, implementers will need to manually perform the calculation to assess quality improvement needs. This issue does not impact CMS Merit-based Incentive Payment System (MIPS) benchmarking for 2022 as rate 1 is used for benchmarking.	2023	CQM-5714



ELIGIBLE CLINICIAN ECQM EDUCATION AND OUTREACH WEBINAR FOR 2023 REPORTING/PERFORMANCE

Presenters: Jamie Lehner and Michael Kerachsky, Mathematica



OVERVIEW OF WEBINAR SERIES

Purpose/Goals

Increase measure-specific education and outreach through:

- Identification and exemplification of specific 2023 clinician-level eCQM update themes
- Promote the use of published resources, available on the [eCQI Resource Center](#)

Webinar Topics

1. 2023 eCQM Global Changes
 - Review Annual Updates to the measure header and logic, including how to locate and use resources
2. eCQMs That Underwent Significant Changes from Performance Period 2022 to 2023
 - Review of significant updates in CMS69v11, CMS156v11, and CMS144v11
3. New eCQM For 2023
 - Review of CMS951v1 – Kidney Health Evaluation



WEBINAR SERIES DOCUMENTATION

Presentation materials posted to eCQI Resource Center's

[Get Started with eCQMs:](#)

Implementing eCQMs - Eligible Clinicians

- Performance Period 2023 Eligible Clinician  eCQM Webinar: Highlights for Performance Period 2023 - February 2, 2023
 - [Performance Period 2023 Eligible Clinician eCQM Webinar Slides \(PDF\)](#) - February 2, 2023
 - [Performance Period 2023 Eligible Clinician eCQM Webinar Recording !\[\]\(537a389cfb3629f5a1df5d54d17bb414_img.jpg\)](#) (YouTube) - February 2, 2023



ECQM ANNUAL UPDATE PRE-PUBLICATION DOCUMENT

Presenters: Jamie Lehner and Michael Kerachsky, Mathematica



NOW AVAILABLE: ECQM ANNUAL UPDATE PRE-PUBLICATION DOCUMENT

FOR THE 2024 REPORTING/PERFORMANCE PERIOD

- The electronic clinical quality measures (**eCQM**) **Annual Update Pre-Publication Document for the 2024 reporting/performance period** is now available
- Describes 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 2024 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 \(IG\) 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 with errata](#) – Quality Reporting Document Architecture - Category I Release 1, Standard for Trial Use Release 5.3 (December 2022 errata)
- [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 2023 for the 2024 reporting period. CMS QRDA III IG v1.0 for Eligible Clinician Programs will be released in Summer 2023 and an updated version will be released in the Fall 2023 after publication of the Physician Fee Schedule Final Rule for the 2024 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 2024 REPORTING/PERFORMANCE PERIOD

- **ActCode – 2022-11**
- **AdministrativeGender 2022-11** – Administrative Gender Value Set
- **CDCREC 1.2** – Centers for Disease Control and Prevention Race and Ethnicity Code Set Version
- **CDT 2023** – Current Dental Terminology
- **CPT 2023** – Current Procedural Terminology
- **CVX 2022-12-19** – Clinical Vaccine Formulation
- **HCPCS 2023** – Healthcare Common Procedure Coding System
- **HSLOC 2022** – 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 eCQMs)
- **ICD-10-CM 2023** – International Classification of Diseases, Tenth Revision, Clinical Modification
- **ICD-10-PCS 2023** – International Classification of Diseases, Tenth Revision, Procedure Coding System
- **LOINC 2.73** – Logical Observation Identifiers Names and Codes
- **PresentOnAdmission 2021** – Present on Admission
- **RxNorm 2023-01** – A normalized naming system for generic and branded drugs
- **SNOMED CT US Edition 2022-09** – 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 eCQM 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 2024 reporting/performance to the [eCQM Issue Tracker](#)
- Visit the [eCQI Resource Center](#) to find published eCQM specifications and resources



MEDICARE PROMOTING INTEROPERABILITY PROGRAM UPDATES

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



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION

Participants of the Medicare Promoting Interoperability Program may be exempt from a Medicare downward payment adjustment if they can show that compliance with the requirement for being a meaningful electronic health record user would result in a significant hardship.

For the 2022 EHR Reporting Period, 332 CAHs will be receiving Payment Adjustments in 2022, and 360 eligible hospitals will be receiving Payment Adjustments in 2024.

MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION, CONT.

- Hardship Exception Applications for the Medicare Promoting Interoperability Program for the CY 2022 reporting period will be available **on May 1, 2023**.
- Hardship Exception applications will **be due on July 1, 2023 for eligible hospitals and September 1, 2023 for CAHs**.
 - *Note:* Applications will be available online (Links will be available on the Medicare Promoting Interoperability Program website). If an electronic submission is not possible, you may contact the CCSQ Help Desk and work with a representative to verbally submit an application at 1 (866) 288-8912.



MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION, CONT.

- Reminder: The application must cite one of the following specified reasons for review and approval by CMS:
 - Using decertified EHR technology
 - Insufficient internet connectivity
 - Extreme and uncontrollable circumstances
 - Lack of control over the availability of CEHRT
- If approved, the hardship exception will be valid for only **one** payment adjustment year and participants need to submit a new application for any following years.
 - *Note: in no circumstance may exception be granted for more than 5 years.*



QUALITY PAYMENT PROGRAM UPDATES

*Dan Herrmann, Division of Electronic and
Clinician Quality, CMS*



2022 MIPS DATA SUBMISSION

- As a reminder, Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2022 performance year of QPP have until **8 p.m. ET on March 31, 2023**, to submit their data.
- To submit your 2022 MIPS data:
 - Go to the [QPP website](#).
 - Sign in using your QPP access credentials.
 - Submit your MIPS data or review the data reported on your behalf by a third party.
- For more information, view the [2022 Data Submission User Guide](#) and the [2022 Data Submission FAQs](#).



2023 CALL FOR MIPS MEASURES AND ACTIVITIES

- 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.
- You can now submit measures for the cost, quality, and Promoting Interoperability performance categories, and activities for the improvement activities performance category for future years of MIPS.
 - Cost and quality proposed measures can be submitted until **May 19, 2023**.
 - Promoting Interoperability proposed measures and improvement activities can be submitted until **July 1, 2023**.
- To learn more and to find out how to propose new measures and activities for MIPS, review the [2023 Call for Measures and Activities](#) documents on the [QPP Resource Library](#).



2021 QPP PERFORMANCE INFORMATION FOR DOCTORS AND CLINICIANS

- On March 9, 2023, CMS publicly released new QPP performance information for doctors, clinicians, groups, and Accountable Care Organizations on profile pages on the [Medicare.gov compare tool](#) and in the [Provider Data Catalog \(PDC\)](#).
- Categories of performance information publicly reported on profile pages include quality, Promoting Interoperability, and improvement activities.
- This performance information plus additional performance and general information not selected for reporting on profile pages are publicly reported in downloadable format in the PDC.
- More information is available on the [Care Compare: Doctors and Clinicians Initiative page](#).
- Questions? Contact the QPP Service Center at 1-866-288-8292 or QPP@cms.hhs.gov.



UPCOMING DATES TO REMEMBER

- Registration opens for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey on **April 3, 2023, and closes at 8 p.m. ET on June 30, 2023.**
- Groups, virtual groups, and APM Entities with 2 or more clinicians can register through 2023 to administer the CAHPS for MIPS Survey under [traditional MIPS](#) or the [APM Performance Pathway \(APP\)](#).
 - Groups, virtual groups and APM Entities only need to register if they intend to administer the CAHPS for MIPS Survey for the 2023 performance period.
- Learn more about how to register at the [QPP website](#).



UPCOMING DATES TO REMEMBER, CONT.

- To report using a [MIPS Value Pathway \(MVP\)](#) in the 2023 performance year, you'll need to register between **April 3 and November 30, 2023**.
- During the registration process, you'll have the option to select if you want to submit as a subgroup.
- To report the CAHPS for MIPS Survey associated with an MVP, you must complete the MVP registration and separately the CAHPS for MIPS Survey registration by **June 30, 2023**.
- To learn more about how to register, visit the [QPP website](#), or download the [2023 MVP Registration Form and Fact Sheet](#) and the [2023 MVPs Implementation Guide](#).



NEW RESOURCES AVAILABLE

New resources are available on the QPP Resource Library, including:

- [2023 Small Practice Action Planning Tool](#)
- [Introduction to 2023 Small Practice Action Planning Tool Video](#)
- [2022 Data Submission User Guide](#)
- [2023 MVP Registration Form and Fact Sheet](#)
- [2023 MIPS Measures and Activities Specialty Guides](#)
- [2023 MVPs Implementation Guide](#)
- [MIPS Value Pathways \(MVPs\) Development Resources](#)



UPCOMING WEBINARS

- CMS is hosting the following webinars to provide more information around traditional MIPS during the 2023 performance year, and to provide the opportunity to engage in Q&A sessions with CMS subject matter experts:
 - 2023 MIPS Overview Webinar
 - 2023 Improvement Activities and Promoting Interoperability Performance Category Webinar
 - 2023 Cost and Quality Performance Category Webinar
- More details on the webinars, including how to register, will be shared via the [QPP listserv](#).



ALTERNATIVE PAYMENT MODELS (APM) UPDATES

*Presenter: Brian Patterson, Center for
Medicare and Medicaid Innovation, CMS*



PARTICIPATION STATUS TOOL

- CMS will update its [Quality Payment Program Participation Status Tool](#) in March 2023 based on the fourth snapshot of performance year 2022 data from APM Entities.
- The fourth snapshot includes data from Medicare Part B claims with dates of service between January 1, 2022 and December 31, 2022.
 - The tool includes 2022 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 4 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.



APM INCENTIVE PAYMENT EXTENSION

- As a reminder, the Advanced Alternative Payment Model (APM) Incentive Payment has been extended for one additional year under the Advanced APM Consolidated Appropriations Act, 2023. However, 2022 is the last time eligible clinicians can qualify for the 5% APM Incentive Payment, as **QPs will receive a 3.5% APM Incentive Payment for the 2023 performance year.**
 - If you meet the requirements to be a QP in the 2023 performance period, you will not need to do anything to receive your payment in 2025, unless CMS is unable to verify your Medicare billing information.
 - If you do not receive your payment after initial payments are made, a public notice will be posted with a list of names, which indicates that you will need to verify your Medicare billing information. If you do not verify your Medicare billing information by the date in the notice, then CMS will not be able to issue your APM Incentive Payment.
- Additionally, for performance year 2023, the Act continued to **freeze the QP payment amount and patient count thresholds for participation in Advanced APMs at 50% and 35%,** respectively.
- For additional information on the legislative changes, see page 3711 in section 4111 of the [Consolidated Appropriations Act, 2023](#).



UPCOMING RESOURCES

- CMS will publish new resources on the QPP Resource Library in the coming weeks, including:
 - **2023 Learning Resources for QP Status & APM Incentive Payment Zip File (ZIP):** Provides resources related to APM incentive payments for the 2023 payment year, as well as guidance documents for APM participants who may be QPs for the 2023 performance year.
 - **2023 Learning Resources for All Payer (ZIP):** Provides details around QP determinations under the All-Payment Combination Option for performance year 2023.
 - **2023 APP Measures (ZIP):** Contains details around the APP quality data submission options, APP quality measure set, and APP quality measure specifications.



Q&A



THANK YOU

