



# **AUGUST 22 CMS QUALITY VENDOR WORKGROUP**

August 22, 2019  
12:00 – 1:30 p.m. ET



## Agenda

Topic	Speaker
<b>CMS Reporting Document Architecture (QRDA) III Updates: 2020 CMS QRDA III IG, Schematron, and Sample Files and the Updated 2019 CMS QRDA III IG Addendum</b> (10 min)	<b>Yan Heras</b> <i>Healthcare IT and Life Sciences Data Management Solutions Contractor                      ESAC, Inc</i>
<b>Cypress™ – Cypress Validation Utility + Calculation Check (CVU+)</b> (10 min)	<b>David Czulada</b> <i>MITRE</i>
<b>Inpatient Quality Reporting (IQR) Updates</b> (5-10 min)	<b>Artrina Sturges</b> <i>Inpatient Value, Incentives, and Quality Reporting Support Contractor</i>
<b>Fiscal Year 2020 Inpatient Prospective Payment System and Long-term Care Hospital Final Rule – Medicare Promoting Interoperability Program Updates</b> (5 min)	<b>Dylan Podson, MPH</b> <i>Division of Health Information Technology, CMS</i>
<b>Quality Payment Program Updates</b> (10 min)	<b>Kati Moore</b> <i>Division of Electronic and Clinician Quality, CMS</i>
<b>Post- Acute Care Announcements</b> <ul style="list-style-type: none"> <li>• IRF PPS FY 2020 Final Rule</li> <li>• IPPS/LTCH PPS FY 2020 Final Rule</li> <li>• SNF PPS FY 2020 Final Rule</li> <li>• FY 2020 Hospice Final Rule</li> </ul> (10 min)	<b>Ariel Adams, MSN, RN, AGCNS-BC</b> <b>Cindy Massuda, JD</b> <i>Division of Chronic and Post Acute Care, CMS</i>
Questions	



# **CMS QRDA III Updates: 2020 CMS QRDA III IG, Schematron, and Sample Files and the Updated 2019 CMS QRDA III IG Addendum**

Yan Heras

*Healthcare IT and Life Sciences Data Management Solutions Contractor  
ESAC, Inc.*



# CMS QRDA III UPDATES



# CMS QRDA III UPDATES

- 2020 CMS QRDA III IG, Schematrons, and Sample Files
- Updated 2019 CMS QRDA III IG Addendum



# 2020 CMS QRDA III IG, SCHEMATRONS, AND SAMPLE FILES



# 2020 CMS QRDA III IG, SCHEMATRONS, AND SAMPLE FILES

- In July 2019, the Centers for Medicare & Medicaid Services (CMS) released the [2020 CMS QRDA III Implementation Guide \(IG\)](#), [Schematron](#), and [Sample Files](#)
- The 2020 CMS QRDA III IG outlines requirements for eligible clinicians and eligible professionals to report electronic clinical quality measures (eCQMs), improvement activities, and promoting interoperability measures for the calendar year 2020 performance period for:
  - Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
  - Comprehensive Primary Care Plus (CPC+)
  - Medicaid Promoting Interoperability



# 2020 CMS QRDA III IG, SCHEMATRONS, AND SAMPLE FILES

- The 2020 CMS QRDA III IG contains several high-level changes as compared with the 2019 CMS QRDA III IG:
- Changes to Performance Period Reporting:
  - Performance period reporting for the Quality and the Improvement Activities performance categories under MIPS is changed from either the individual measure/activity level or performance category level to performance category level only for the 2020 performance period
  - Performance period reporting for the Promoting Interoperability performance category and for CPC+ for the Quality performance category remain at the performance category level only
- eCQM Universally Unique Identifiers (UUIDs) have been updated for the 2020 performance period eCQMs that were published on May 13, 2019

*Please note, measures will not be eligible for 2020 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for the applicable program.*



# 2020 CMS QRDA III IG, SCHEMATRONS, AND SAMPLE FILES

- Changes to the CMS EHR Certification ID requirement:
  - CPC+ participants must include a CMS EHR Certification ID that represents the Certified EHR Technology (CEHRT) used by the CPC+ practice sites during the performance period
  - The CMS EHR Certification ID is optional for the MIPS Quality performance category and remains required for the Promoting Interoperability performance category



# 2019 CMS QRDA III IG ADDENDUM



# UPDATED 2019 CMS QRDA III EP/ELIGIBLE CLINICIAN IG ADDENDUM

- In July 2019, CMS has released an [updated addendum to the 2019 CMS QRDA Category III IG for Eligible Clinicians and Eligible Professionals Programs](#) to support Calendar Year (CY) 2019 eCQM, Improvement Activity, and Promoting Interoperability reporting
- The 2019 QRDA III IG and addendum provides technical instructions for reporting for:
  - Quality Payment Program: MIPS and Advanced APMs
  - CPC+
  - Medicaid Promoting Interoperability Program



# UPDATED 2019 CMS QRDA III ELIGIBLE PROFESSIONAL/ELIGIBLE CLINICIAN IG ADDENDUM

- This latest addendum provides an update for the retroactive change to the Query of Prescription Drug Monitoring Program (PDMP) measure based on the newly released [FY 2020 Physician Fee Schedule Notice of Proposed Rule Making \(NPRM\)](#). Based on the Promoting Interoperability category, the addendum reflects the Query of PDMP measure reporting metric change from a Numerator/Denominator measure to a Yes/No response. This change is retroactively applied to the 2019 performance period.



# UPDATED 2019 CMS QRDA III ELIGIBLE PROFESSIONAL/ELIGIBLE CLINICIAN IG ADDENDUM

- As a reminder, for 2019, MIPS eligible clinicians and groups are required to submit data for a full calendar year for the Quality performance category, a minimum of 90 continuous days for the Improvement Activities performance category, and a minimum of 90 continuous days for the Promoting Interoperability performance category.



# RESOURCES AVAILABLE ONLINE

CMS has QRDA-related resources available:

- Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#)
- For questions related to this guidance, the QRDA IGs, Schematrons, or Sample Files, visit the [Office of the National Coordinator \(ONC\) Project Tracking System \(Jira\) QRDA project](#)
- For questions related to Quality Payment Program/MIPS data submissions visit the [Quality Payment Program website](#), contact by phone 1-866-288-8292, or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



# Cypress™ – Cypress Validation Utility + Calculation Check (CVU+)

David Czulada  
*MITRE*



# CYPRESS™

- Cypress v5.0 with Cypress Validation Utility + Calculation Check (CVU+) is now available
  - Supports 2015 Edition Certification for the Office of the National Coordinator for Health Information Technology Certification Program for electronic clinical quality measures (eCQM)
  - Supports testing the Eligible Hospital/Critical Access Hospital eCQMs and Eligible Professional/Eligible Clinician eCQMs for calendar year 2020 reporting
  - Tool and release notes are available on the Cypress website <https://healthit.gov/cypress/>



# CYPRESS VALIDATION UTILITY + CALCULATION CHECK (CVU+)

- Supports validation with the **CMS Implementation Guide** for Quality Reporting Document Architecture for 2020
- Supports multi-measure tests, allowing vendors to test eCQM calculations with a **single test deck** across **multiple measures**
- Supports code system preference, allowing vendors to choose **preferences** for the **code systems** to be used in test patients
- Supports **developer-generated test patients**, allowing **vendors** to supplement Cypress test patients with their **own test patients** to increase eCQM logic/code coverage.
  - Evaluates the **rigor** of a set of test patients



# CVU+ TESTING WITH DEVELOPER-GENERATED TEST PATIENTS

- CVU+ supports developer-generated test patients, allowing vendors to supplement Cypress test patients with their own test patients to increase eCQM logic/code coverage
  - These test patients can be used to augment Cypress generated test patients during pre-certification testing

The screenshot shows the Cypress 5.0.x interface for a Health IT Vendor Patient List. The top navigation bar includes 'Dashboard', 'Master Patient List', 'dczulada@mitre.org', 'Admin', and 'Log Out'. Below this, a breadcrumb trail shows 'Dashboard > Vendor: Health IT Vendor > Patient List'. A '+ Import Patients' button is visible in the top right. The main content area is titled 'Health IT Vendor Patient List' and features a 'Filter Patients' section with a search input field labeled 'Type to search by measure' and a value of 'Cypress 5.0.0 Beta Bundle'. Below the filter is an 'Annual Update Bundle' section. The 'All Patients' section includes a 'View Patient Analytics' link and a table with the following data:

Select	Patient Name	DOB	Gender
<input type="checkbox"/>	B GP Adult	February 1, 1958	Female
<input type="checkbox"/>	D BH Adult	January 7, 1990	Male
<input type="checkbox"/>	B AMI	January 5, 1945	Female
<input type="checkbox"/>	B NEWBORN	May 2, 2012	Female
<input type="checkbox"/>	D AMI	January 12, 1945	Female
<input type="checkbox"/>	A Cancer Female	September 1, 1957	Female
<input type="checkbox"/>	A BH Infant	November 1, 2011	Female

# CVU+ VERIFICATION OF QRDA CONTENT AND ECQM CALCULATIONS

- CVU+ performs and displays eCQM calculation for developer-generated test patients in real time.
  - eCQM calculations are displayed for each eCQM where the developer-generated test patient meets the IPOP requirements.
- CVU+ displays a human readable representation of the data elements parsed from uploaded QRDA documents

cypress 5.0.x | Dashboard | Master Patient List | dczulada@mitre.org | Admin | Log Out

Dashboard | Vendor: Health IT Vendor | Patient List | Patient: B GP Adult

### Measure Information

	IPOP	DENOM	NUMER	DENEX	DENEXCEP
CMS2v9 - PopulationSet_1	●	●	○	○	○
CMS22v8 - PopulationSet_1	●	●	●	○	○
CMS50v8 - PopulationSet_1	●	●	●	○	○
CMS68v9 - PopulationSet_1	2	2	1	○	○
CMS69v8 - PopulationSet_1	●	●	●	○	○
CMS124v8 - PopulationSet_1	●	●	●	○	○
CMS125v8 - PopulationSet_1	●	●	●	○	○
CMS130v8 - PopulationSet_1	●	●	○	○	○
CMS138v8 - PopulationSet_1	●	●	●	○	○
CMS138v8 - PopulationSet_2	●	●	●	○	○
CMS138v8 - PopulationSet_3	●	●	●	○	○
CMS147v9 - PopulationSet_1	●	●	○	○	○
CMS249v2 - PopulationSet_1	●	●	○	○	○
CMS347v3 - PopulationSet_1	●	○	○	○	○
CMS347v3 - PopulationSet_2	●	○	○	○	○
CMS347v3 - PopulationSet_3	●	○	○	○	○
CMS349v2 - PopulationSet_1	●	●	○	○	○

### Cypress Certification Patient Test Record: B GP Adult

Patient	B GP Adult	Sex	
Date of birth		Date of expiration	
Race		Ethnicity	
Insurance Providers		Patient IDs	5d2de151c1c38835d22a0be4 Cypress
Contact info			

**QDM::AssessmentPerformed**

Tobacco Use Screening  
**Codes:**  
 LOINC: 72166-2  
**Time Elements:**  
 Author Date/Time: 2012-06-25T14:15:00.000+00:00  
**Other Fields:**  
 Result: 110483000 (SNOMEDCT)

**QDM::CommunicationPerformed**

Consultant Report  
**Codes:**  
 LOINC: 11488-4  
 SNOMEDCT: 371530004  
**Time Elements:**  
 Relevant Period Start: 2012-04-02T15:00:00.000Z  
 Author Date/Time: 2012-04-02T15:00:00.000+00:00  
**Other Fields:**

**QDM::DiagnosticStudyPerformed**



# CVU+ ANALYSIS OF RIGOR OF DEVELOPER-GENERATED TEST PATIENTS

- CVU+ performs analysis on uploaded developer-generated test patients
- Statistics include:
  - Measure Coverage
  - Logic Coverage
  - Value sets used
  - Code Systems used
  - Data element types used

cypress 5.0.x

Dashboard Vendor: Health IT Vendor Patient List > Analysis

### Analysis of Patients

Data Type	Value
# Patients ⓘ	7
Measure Coverage ⓘ	37.3% (22 of 59)
Population Coverage ⓘ	44.8% <input type="text" value="Missing Populations"/>
# Data Element Types ⓘ	20
# Valuesets Used ⓘ	61
Valuesets Coverage ⓘ	8.3%
Uncovered Valuesets ⓘ	677 <input type="text" value="Uncovered Valuesets"/>
Code System per Valueset Coverage ⓘ	8.2%
Uncovered Code Systems in each Valueset ⓘ	1076 <input type="text" value="Uncovered Code Systems"/>
Average Percent Code Coverage per Valueset ⓘ	3.0%
Logic Coverage ⓘ	<input type="text" value="Logic Coverage Per Measure"/>
Least Logic Coverage ⓘ	CMS190v8 (9.4%)
Average Logic Coverage ⓘ	44.2%



# CYPRESS RESOURCES

- **Cypress Bi-Weekly Tech Talks**
  - Next session August 27, 2019
  - Check <https://healthit.gov/cypress/> for logistics
- **Cypress Talk List**
  - [project-cypress-talk@googlegroups.com](mailto:project-cypress-talk@googlegroups.com)
- **ONC JIRA Cypress Issue Tracker**
  - <http://oncprojecttracking.healthit.gov/>
- **GitHub Source Code Repository**
  - <https://www.github.com/projectcypress/cypress>
- **Website**
  - <https://healthit.gov/cypress>
- **Demo Server**
  - <https://cypressdemo.healthit.gov>
  - <https://cypressvalidator.healthit.gov>



# Inpatient Quality Reporting (IQR) Updates

Artrina Sturges

*Inpatient Value, Incentives, and Quality Reporting Support  
Contractor*



# **2020 Hospital Inpatient Prospective Payment System and Long-Term Acute Care Hospital Final Rule Update: Medicare Promoting Interoperability Program**

Dylan Podson, MPH

*Division of Health Information Technology, CMS*



# 2020 IPPS AND LTCH FINAL RULE: MEDICARE PROMOTING INTEROPERABILITY PROGRAM

- The 2020 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Acute Care Hospital (LTCH) Final Rule for the Medicare Promoting Interoperability Program was released on August 2, 2019
- The final rule (CMS-1716) is available for review on the [Federal Register](#)



# **MEDICARE PROMOTING INTEROPERABILITY PROGRAM: CURRENT REQUIREMENTS**



# MEDICARE PROMOTING INTEROPERABILITY PROGRAM REQUIREMENTS

- Performance-based scoring methodology that requires a minimum total score of 50 points to be considered a meaningful EHR user
- Mandatory use of 2015 Edition CEHRT
- An EHR reporting period for new and returning participants is a minimum of any continuous 90-day period
- Submit a “yes” to the Prevention of Information Blocking Attestation
- Submit a “yes” for the Security Risk Analysis measure



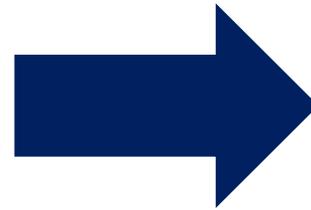
# **MEDICARE PROMOTING INTEROPERABILITY PROGRAM: FINAL CHANGES FOR CY 2020**



# 2019 VS 2020 EHR REPORTING PERIOD

## 2019 EHR Reporting Period

- Required to report a minimum of any continuous 90-day period between January 1-December 31, 2019



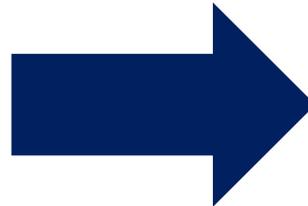
## 2020 EHR Reporting Period

- Same requirements as 2019

# 2019 VS 2020 OBJECTIVES AND MEASURES

## 2019 Objectives and Measures

- Query of PDMP
  - Optional
  - Up to 5 bonus points
  - Yes/No attestation
- Verify Opioid Treatment Agreement
  - Optional
  - Up to 5 bonus points
  - Will remain optional in 2020
  - Numerator/Denominator



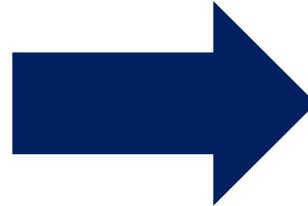
## 2020 Objective and Measure Modifications

- Query of PDMP
  - Will remain optional in 2020
  - 5 bonus points
  - Yes/No attestation (retroactive for 2019)
- Verify Opioid Treatment Agreement
  - Will be removed beginning in 2020

# 2019 VS 2020 CQM CHANGES

## 2019 CQM Requirements

- No changes to the CQM requirements in CY 2019



## 2020 CQM Requirements

- Reducing the number of CQMs available from 16 to 8
- Reporting period is one, self-selected calendar quarter of CY 2019

# ADDITIONAL RESOURCES

For more information to changes to the Medicare Promoting Interoperability Program:

- Review [fact sheet](#) on final rule (CMS-1716)
- View final rule (CMS-1716) on [Federal Register](#)
- Visit [CMS website](#) and subscribe to [CMS Promoting Interoperability listserv](#)



# Quality Payment Program Updates

Kati Moore

*Division of Electronic and Clinician Quality, CMS*



# **QUALITY PAYMENT PROGRAM YEAR 4 PROPOSED RULE**



# QPP YEAR 4 PROPOSED RULE

- Please submit comments in writing using the formal process; feedback during this presentation will not be considered as formal comments
- See the proposed rule for information on submitting comments by close of 60-day comment period on **September 27** (When commenting **refer to file code CMS-1715-P**)
- Instructions for submitting comments can be found in proposed rule; fax transmissions will **not** be accepted
- You must officially submit your comments in one of following ways:
  - Electronically through [Regulations.gov](https://www.regulations.gov)
  - By regular mail
  - By express or overnight mail
  - By hand or courier



# QPP YEAR 4 PROPOSED RULE

- CMS hosted an in-depth webinar, Overview of the Proposed Rule for the Quality Payment Program 2020 Performance Period, on **Tuesday, August 6 at 2:00 p.m. ET.**
- For more detailed information regarding the proposed rule, please reference the **presentation, recording, and transcript** from this webinar, which can be found on the [QPP Webinar Library](#)
- For additional information, please go to: [qpp.cms.gov](http://qpp.cms.gov)

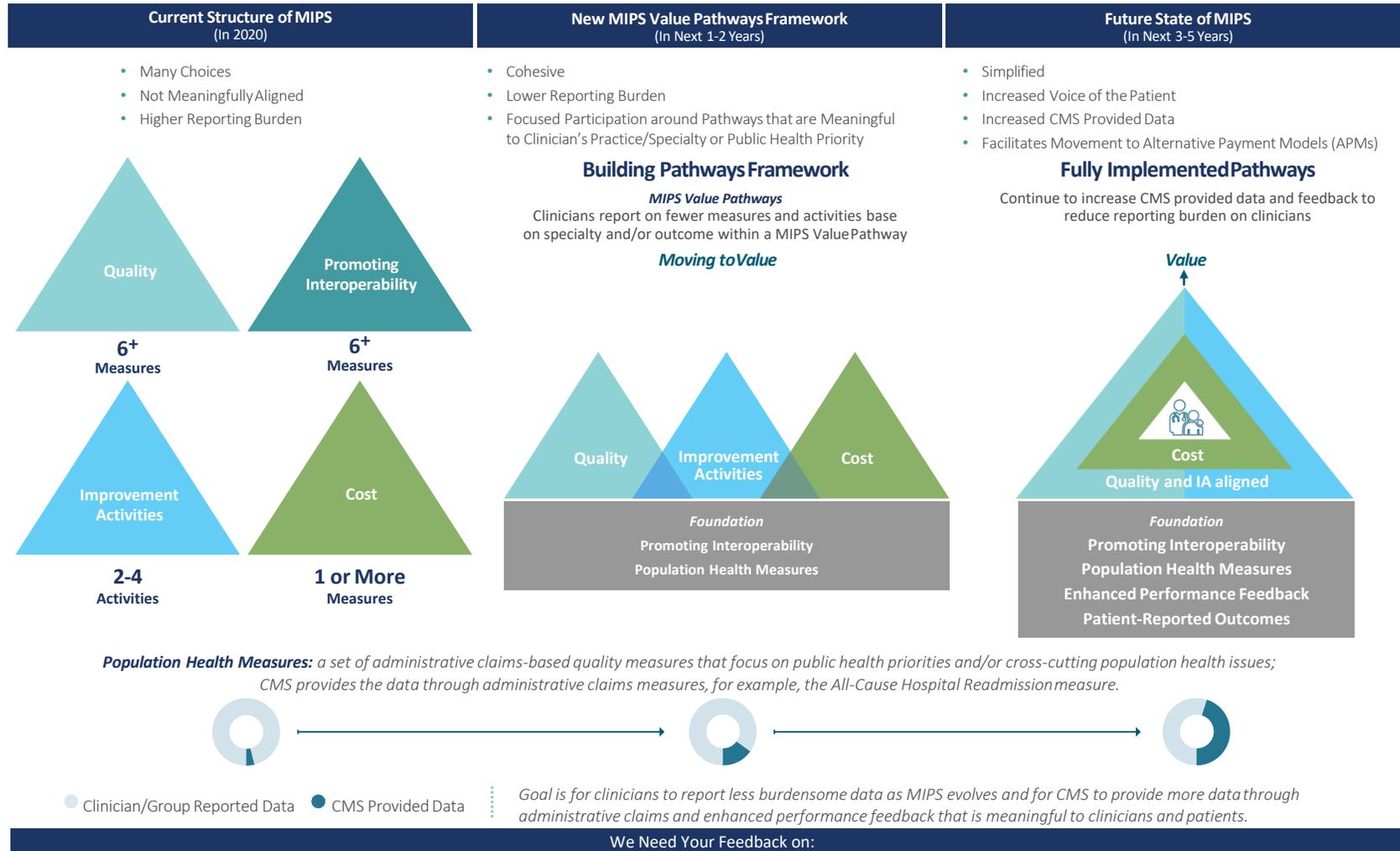


# MIPS VALUE PATHWAYS

- While there have been incremental changes to the program each year, additional long-term improvements are needed to align with CMS' goal to develop a meaningful program for every clinician, regardless of practice size or specialty
- CMS is proposing MIPS Value Pathways (MVPs) to create a new participation framework beginning with the 2021 performance year. This new framework would:
  - Unite and connect measures and activities across the Quality, Cost, Promoting Interoperability, and Improvement Activities performance categories of MIPS
  - Incorporate a set of administrative claims-based quality measures that focus on population health/public health priorities
  - Streamline MIPS reporting by limiting the number of required specialty or condition specific measures
- CMS encourages the health care community to review the MIPS Value Pathways Request for Information (RFI) and our [illustrative diagram](#) and submit formal comments. We look forward to working with you to establish this new framework



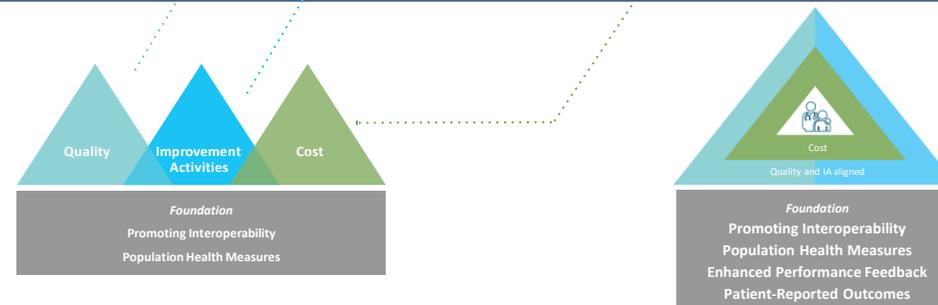
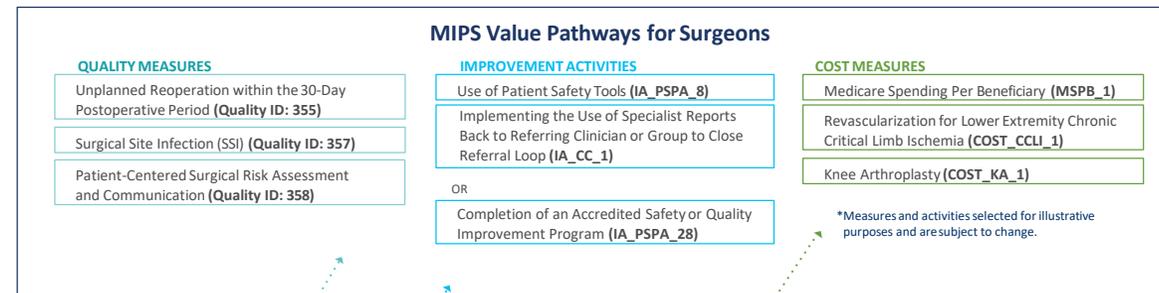
# MIPS VALUE PATHWAYS



# MIPS VALUE PATHWAYS: SURGICAL EXAMPLE

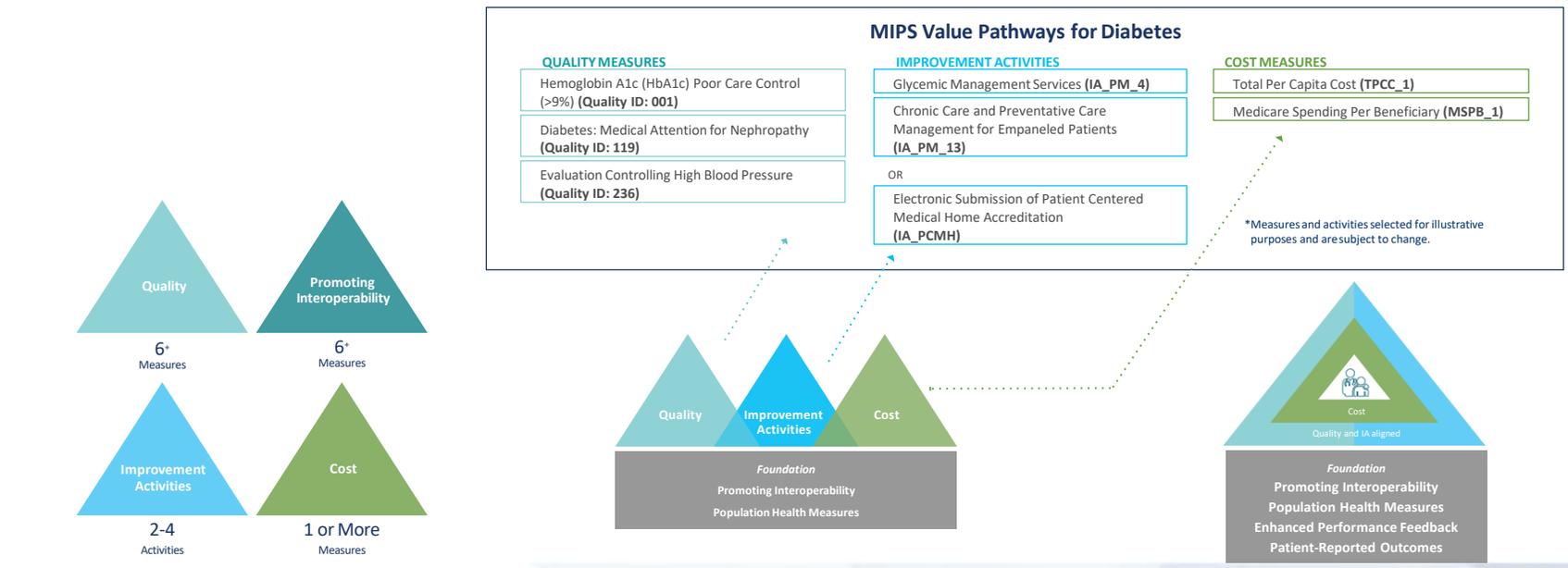
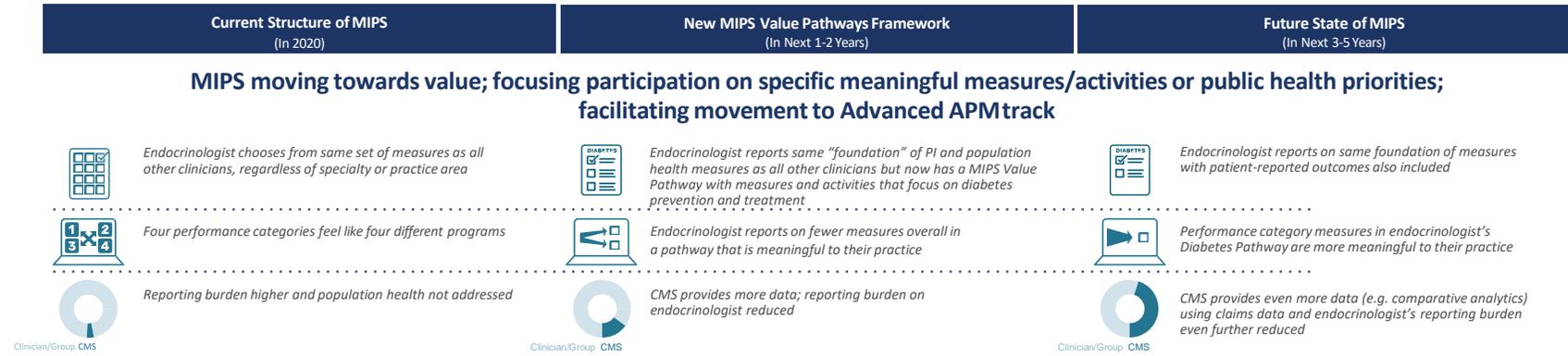


MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track



Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.

# MIPS VALUE PATHWAYS: DIABETES EXAMPLE



Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.



**QUALITY PAYMENT PROGRAM  
PROMOTING INTEROPERABILITY  
HARDSHIP EXCEPTIONS AND  
EXTREME AND UNCONTROLLABLE  
CIRCUMSTANCES**



# PROMOTING INTEROPERABILITY HARDSHIP EXCEPTIONS

- The 2019 Quality Payment Program (QPP) [Exception Applications](#) for the Promoting Interoperability performance category and Extreme and Uncontrollable Circumstances for the Merit-based Incentive Payment System (MIPS) are now available on the [QPP website](#)
- If you are participating in MIPS during the 2019 performance year as an individual, group, or virtual group – or participating in a MIPS Alternative Payment Model (APM) – you can submit a [QPP Hardship Exception Application](#) for the Promoting Interoperability performance category, citing one of the following specified reasons for review and approval:
  - You're a small practice
  - You have de-certified EHR technology
  - You have insufficient internet connectivity
  - You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues
  - You lack control over the availability of certified electronic health record technology (CEHRT)



# PROMOTING INTEROPERABILITY HARDSHIP EXCEPTIONS (CONT.)

- An approved Promoting Interoperability Hardship Exception will:
  - Reweight your Promoting Interoperability performance category score to 0 percent of the final score
  - Reallocate the 25 percent weighting of the Promoting Interoperability performance category to the Quality performance category
- Please note that simply lacking CEHRT does not qualify you for reweighting of your Promoting Interoperability performance category
- If you're already exempt from Promoting Interoperability reporting, you do not need to apply for this exception
- You must submit a hardship exception [application](#) by **December 31, 2019** for CMS to reweight the Promoting Interoperability performance category to **0 percent**. You will be notified by email if your request was approved or denied. Approval will be added to your eligibility profile in the [QPP Participation Status Tool](#).



# EXTREME AND UNCONTROLLABLE CIRCUMSTANCES

- MIPS eligible clinicians who are impacted by extreme and uncontrollable circumstances may submit a request for reweighting the Quality, Cost, and Improvement Activities performance categories
- These extreme and uncontrollable circumstances would cause you to either be:
  - Unable to collect information necessary to submit for a performance category, OR
  - Unable submit information that would be used to score a performance category for an extended period (for example, if you were unable to collect data for the Quality performance category for 3 months)
- The [application](#) for extreme and uncontrollable circumstances must be submitted by **December 31, 2019** for the 2019 MIPS performance year. You will be notified by email if your request was approved or denied. Approval will be added to your eligibility profile in the [QPP Participation Status Tool](#) but may not appear until the submission window opens in 2020.



# 2018 MIPS PERFORMANCE FEEDBACK AND FINAL SCORE



# REVIEW PERFORMANCE FEEDBACK

- If you submitted 2018 Merit-based Incentive Payment System (MIPS) data, you can now view your performance feedback and MIPS final score on the [Quality Payment Program website](#)
- You can access your 2018 MIPS performance feedback and final score by:
  - Going to [cms.gov/login](https://cms.gov/login)
  - Logging in using your HCQIS Access Roles and Profile (HARP) system credentials; these are the same credentials that allowed you to submit your 2018 MIPS data
- If you don't have a HARP account, refer to the [QPP Access User Guide](#) and start the process now



# REVIEW PERFORMANCE FEEDBACK (CONT.)

## MIPS Eligible Clinicians Participating in MIPS Alternative Payment Model (APM) Entities

- If you participated in one of the models below in 2018, your MIPS performance feedback is now available via the [Quality Payment Program website](#):
  - Medicare Shared Savings Program Accountable Care Organization (ACO)
  - Next Generation ACO
  - Comprehensive Primary Care Plus
  - Oncology Care Model
  - Comprehensive ESRD Care
- Under the MIPS APM Scoring Standard, the performance feedback will be based on the APM Entity score, and is applicable to all MIPS eligible clinicians within the APM Entity. This feedback and score does not have any impact on assessments performed by the specific model.



# REVIEW PERFORMANCE FEEDBACK (CONT.)

## New Access for Individual Clinicians

- We've created a new QPP role that lets individual clinicians access MIPS performance feedback for all of their practices, virtual groups, and APM Entities. For more information please review the **Connect as a Clinician** document in the [QPP Access User Guide](#)
- Watch this [demo video](#) for a step-by-step overview of adding the new clinician role in the QPP portal



# REVIEW PERFORMANCE FEEDBACK (CONT.)

## Questions?

- If you have questions about your performance feedback or MIPS final score, please contact the Quality Payment Program by:
  - **Phone:** 1-866-288-8292/TTY: 1-877-715-6222 or
  - **Email:** [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



# 2018 TARGETED REVIEW



# TARGETED REVIEW PROCESS

- The targeted review period opened on **July 3, 2019**. MIPS eligible clinicians, groups, and virtual groups who believe an error has been made to their 2020 MIPS payment adjustment may request a targeted review until **September 30, 2019**
- CMS strongly recommends targeted review requests be submitted **as soon as possible** to ensure that payment adjustments are applied correctly at beginning of 2020
- Each request for targeted review is reviewed and either approved or denied based upon information provided - include as much documentation as necessary to detail circumstances of your request
- If targeted review request is **approved**, final score and/or associated MIPS payment adjustment will be updated, if applicable



# NEW RESOURCES



# RESOURCES NOW AVAILABLE ONLINE

CMS has posted following new resources to Quality Payment Program Resource Library:

- [2020 QPP Proposed Rule Overview Factsheet](#)
- [2018 Performance Feedback FAQs](#)
- [2018 Targeted Review Fact Sheet](#)
- [2018 Targeted Review User Guide](#)
- [2018 Targeted Review FAQs](#)
- [2018 QPP Participation Results Infographic](#)
- [2018 MIPS Eligibility Redetermination Fact Sheet](#)
- [Quality Payment Program Access User Guide](#)
- [Participating in QPP in 2019 Infographic](#)
- [2019 CAHPS for MIPS Approved Survey Vendors](#)
- [2020 Self-Nomination Toolkit for QCDRs and Registries](#)
- 2019 MIPS User Guides
  - [MIPS 101](#)
  - [Eligibility and Participation](#)
  - [MIPS APMs](#)
  - [Cost](#)
  - [Quality](#)
  - [Improvement Activities](#)
  - [Promoting Interoperability](#)
- 2019 MIPS Specialty Guides
  - [Cardiologists](#)
  - [Chiropractors](#)
  - [Dentists](#)
  - [Emergency Medicine Clinicians](#)
  - [Nurse Practitioners](#)
  - [Ophthalmologists](#)
  - [Optometrists](#)
  - [Orthopedists](#)
  - [Pathologists](#)
  - [Physician Assistants](#)
  - [Podiatrists](#)
  - [Radiologists](#)



**Post- Acute Care Announcements:  
IRF PPS FY 2020 Final Rule;  
IPPS/LTCH PPS FY 2020 Final Rule;  
SNF PPS FY 2020 Final Rule;  
FY 2020 Hospice Final Rule**

Ariel Adams, MSN, RN, AGCNS-BC  
Cindy Massuda, JD

*Division of Chronic and Post Acute Care, CMS*



# FY 2020 IRF PPS FINAL RULE UPDATE

- FY 2019 IRF Prospective Payment System Final Rule
  - Published on August 8th, 2019 at <https://www.govinfo.gov/content/pkg/FR-2019-08-08/pdf/2019-16603.pdf>
- IRF Help Desks
  - CMS IRF Quality Questions:
    - [IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov)
  - CMS IRF QRP Reconsiderations
    - [IRFQRPreconsiderations@cms.hhs.gov](mailto:IRFQRPreconsiderations@cms.hhs.gov)
  - CMS Public Reporting/IRF Compare Questions:
    - [IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov)



# FY 2020 IPPS/LTCH PPS FINAL RULE UPDATE

- FY 2020 IPPS/LTCH PPS Final Rule
  - Published on August 16, 2019 at <https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf>.
- LTCH Help Desks
  - CMS LTCH Quality Questions:
    - [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov)
  - CMS LTCH QRP Reconsiderations Questions:
    - [LTCHQRPreconsiderations@cms.hhs.gov](mailto:LTCHQRPreconsiderations@cms.hhs.gov)
  - CMS Public Reporting/LTCH Compare Questions:
    - [LTCHPRquestions@cms.hhs.gov](mailto:LTCHPRquestions@cms.hhs.gov)



# FY 2020 SNF PPS FINAL RULE UPDATE

- FY 2020 SNF PPS Final Rule
  - Published on August 7, 2019 at <https://www.govinfo.gov/content/pkg/FR-2019-08-07/pdf/2019-16485.pdf>
- SNF Help Desks
  - CMS SNF Quality Questions:
    - [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)
  - CMS SNF QRP Reconsiderations Questions:
    - [SNFQRPreconsiderations@cms.hhs.gov](mailto:SNFQRPreconsiderations@cms.hhs.gov)
  - CMS Public Reporting/SNF Compare Questions:
    - [SNFQRPPRQuestions@cms.hhs.gov](mailto:SNFQRPPRQuestions@cms.hhs.gov)



# FY 2020 HOSPICE FINAL RULE UPDATE

- FY 2020 Hospice Final Rule
  - Published on August 6, 2019 at <https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16583.pdf>
- General HQRP or HIS-specific Inquiries
  - Hospice Quality Help Desk: [HospiceQualityQuestions@cms.hhs.gov](mailto:HospiceQualityQuestions@cms.hhs.gov)
- CAHPS®-specific Inquiries
  - [hospicecahpssurvey@HCQIS.org](mailto:hospicecahpssurvey@HCQIS.org) or 1-844-472-4621
  - CMS staff about implementation issues: [hospicesurvey@cms.hhs.gov](mailto:hospicesurvey@cms.hhs.gov)
- For Technical Assistance (QTSO, QIES, HART, or CASPER)
  - QTSO Help Desk:
    - Email: [help@qtso.com](mailto:help@qtso.com)
    - Phone: 1-877-201-4721 (M-F, 7AM-7PM CT)



**Questions?**  
[cmsqualityteam@ketchum.com](mailto:cmsqualityteam@ketchum.com)



## Topics?

Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening! Please email [cmsqualityteam@Ketchum.com](mailto:cmsqualityteam@Ketchum.com) with your suggestions.



# Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held in October 2019. CMS will share more information when it becomes available.

