the MIPS eligible clinician, group, virtual group, subgroup, or APM Entity phone number, address, and, if available, email. We invite public comment on this proposal.

(5) Requests for Information

(a) Request for Information on Third Party Intermediary Support of MVPs

In the 2022 PFS rule (86 FR 65394 through 65395) we discussed our proposals related to furthering our transition to MVPs. We believe it is important to allow third party intermediaries to support MVPs. Furthermore, we noted that we expect QCDRs, qualified registries, and Health IT vendors who support MVPs to support all measures and activities across the quality, Promoting Interoperability, and improvement activities performance categories that are included in the MVP (86 FR 65543). Thus, we believe it is important for third party intermediaries to have the capabilities to support MVPs (86 FR 65415 and 65542 through 65544).

Although our MVP proposals have generally been supported, some third party intermediaries have had questions and expressed concerns with the requirement for third party intermediaries to support all measures within an MVP due to operational limitations (86 FR 65543). While we recognize these limitations, we believe allowing third party intermediaries to only support specific measures in an MVP creates undue burden on the MVP Participant and limits the clinicians' choice of measures available.

Given public comments on the challenges of the current requirement to support all quality measures within an MVP (86 FR 65543), we are requesting input on the following:

- Should third party intermediaries have the flexibility to choose which measures they will support within an MVP?
- What are the barriers/burdens that third party intermediaries face to supporting all measures within an MVP?
- What type of technical educational resources would be helpful for QCDRs, qualified registries, and Health IT vendors to support all measures within an MVP?

We request comments on these questions.

(b) Request for Information on National Continuing Medical Education (CME) Accreditation Organizations Submitting Improvement Activities

We have signaled an interest in aligning MIPS with efforts clinicians undertake to maintain their state licensure and, as appropriate, board certification status, which often requires completion of Continuing Medical Education (CME) requirements and/or Maintenance of Certification (MOC) requirements. We are considering whether national continuing medical education (CME) accreditation organizations that provide certification of CME could serve as a new type of third party intermediary to submit data for clinicians seeking improvement activities performance category credit for IA_PSPA_28, "Completion of an Accredited Safety or Quality Improvement Program," and IA_PSPA_2, "Participation in MOC Part IV," which are both medium-weighted improvement activities, so that clinicians would not need to attest to completion of the improvement activities through the QPP web portal. We are considering how to include information from national CME accreditation organizations in MIPS.

Currently, the only entities that are permitted to submit attestations on behalf of clinicians are third party intermediaries which includes QCDRs, qualified registries, health IT vendors, and CMS-approved survey vendors. We are considering approaches to including CME accreditation organizations as third party intermediaries, however our current third party intermediary policies do not allow third party intermediaries to submit data solely for the improvement activities performance category. We have established that QCDRs and quality registries must support the reporting of three performance categories: quality; Promoting Interoperability; and improvement activities (§ 414.1400(b)(1)(i). We have finalized requirements that Health IT vendors supporting MVPs must be able to submit data for the quality, Promoting Interoperability, and improvement activities performance categories (§ 414.1400(c)(1)(i)). In the quality performance category, QCDRs, quality registries and Health IT vendors are not required to support the Consumer Assessment of Healthcare Provider and Systems (CAHPS) for MIPS surveys and qualified registries and Health IT vendors are not required to support QCDR measures (85 FR

84926). CMS-approved survey vendors are allowed to report the CAHPS for MIPS survey only for the quality performance category (§ 414.1400(d)).

We are considering establishing a different type of third party intermediary, that allows national CME accreditation organizations to submit improvement activities based on completion of CME or MOC for the improvement activities performance category. We are seeking comment on whether a new type of third party intermediary would be valuable to clinicians. We believe that if we add a new type of third party intermediary, we should consider only national CME accreditation organizations to reduce potential clinician confusion and program complexity. We realize there are numerous issues on which we need feedback to determine the usefulness of CME accreditation organizations reporting for clinicians and to fully implement policies. We are interested in the value to clinicians, including burden reduction, to allow CME accreditation organizations to submit one or two improvement activities. We are interested in the types of organizations that should be considered if we establish a different type of third party intermediary and seek feedback on criteria for selection. We also are interested in benefits and barriers to the CME accreditation organizations if we established a different type of third party intermediary. It is important to note that all requirements that apply to third party intermediaries would need to be applied to CME Accreditation Organizations. We would need to establish criteria for the types of CME accreditation organizations that would be included, a review process to evaluate vendor application forms, requirements for yearly vendor training and additional training as required, submission of a Quality Assurance Plan (QAP) regarding the data submitted, and policies about the public posting of information submitted.

We are seeking feedback on the value to clinicians of adding CME accreditation organizations as third party intermediaries including burden reduction, criteria for selecting CME accreditation organizations including the types of entities that should be considered and implementation policies.

(i) Request for Information on Value of Adding CME Accreditation Organizations as Third Party Intermediaries

We are requesting feedback on the value to clinicians of the program including CME accreditation organizations as a new type of third party intermediary that submits data on improvement activities that align with efforts clinicians undertake to complete CME, rather than attest to completing the activity at the time of submission.

- What is the value to clinicians for adding a new third party intermediary as an alternative method of data submission for the two improvement activities noted above, rather than attesting to completion of the improvement activities?

- What considerations are there for including a new type of third party intermediary that supports only select improvement activities in the improvement activities performance category? Currently, completion of the improvement activities related to CME and MOC do not satisfy the requirements of the improvement activities performance category; additional improvement activities must be submitted to meet the requirements. Improvement activities related to CME and MOC are not included in all MVPs. We are concerned that including an additional reporting method might be confusing for clinicians, who would need to attest to additional improvement activities to meet requirements of the improvement activities performance category. If a new type of third party intermediary was created that allowed a CME accreditation organization to submit data for select improvement activities, would there be any additional burden or operational costs to clinicians using multiple vendors to submit data to meet the requirements of the improvement activities performance category?

- If a new type of third party intermediary was created for reporting only the improvement activities performance category, are CME accreditation organizations interested in developing capacity over time to submit additional improvement activities in the Improvement Activities Inventory, especially activities that address CMS priority issues, such as closing the

health equity gap, inclusion of the patient voice in quality improvement, shared decision-making, and care coordination?

- As the program transitions to MVPs, we are interested in reducing complexity and burden for clinicians. Would CME accreditation organizations need to be able to support MVPs (submission of measures and activities for quality, Promoting Interoperability and improvement activities performance categories) to reduce burden?

- Are there other approaches to aligning MIPS and MVP requirements with completion of CME requirements and/or MOC requirements that we should consider?

(ii) Request for Information on Criteria for Selecting the CME Accreditation Organizations

We request feedback on the types of organizations that should be considered for this potential new type of third party intermediary.

- If we add a new type of third party intermediary, we believe we should develop criteria that permit only national CME accreditation organizations to become a new third party intermediary, to reduce confusion and complexity for clinicians. Are there special considerations or factors we should consider in the criteria related to regional CME accreditation organizations?

- If we develop a new type of third party intermediary that allows only reporting for specific improvement activities for the improvement activities performance category, what type of selection criteria should be established? What type of entity would be eligible to be this new third party intermediary type? For example, would only national certifying accrediting organizations for CME with the ability to report for all MIPS clinicians meet the requirement when we initially implement the policy because the relevant improvement activity is specific to physicians: IA_PSPA_28, "Completion of an Accredited Safety or Quality Improvement Program" and IA_PSPA_2, "Participation in MOC Part IV"? Should we consider only organizations that can support submission of all improvement activities in the improvement activities performance category to reduce clinician confusion and burden?

- Should we allow only CME accreditation organizations that can submit all measures and activities required in MVPs, to parallel the requirements for QCDRs, qualified registries and Health IT vendors? Are there technical resources that would be helpful to CME accreditation organizations to describe how measures and activities are submitted to CMS to assist a transition to supporting three performance categories? If CME accreditation organizations could support measures and activities in MVPs, would we need to develop any separate third party intermediary policies for the selection and approval of national CME accreditation organizations?

- Should we consider inclusion of organizations that are accredited to provide continuing clinicians education (for example, CME, certified nurse educator (CNE), etc.)?

- Should we consider organizations that accredit facilities and clinical practices as part of this new third party intermediaries type?

(iii) Request for Information on Third Party Intermediary Implementation Policies

We request feedback on how third party intermediary policies should be maintained or modified if we add a new type of third party intermediary.

- If we develop a new type of third party intermediary, we believe we should align with existing third party intermediary requirements and policies to the extent possible. Are there concerns with current policies used for CMS-approved vendors that includes completion of a vendor application form; completion of yearly vendor training and additional training as required; submission of a QAP; and the requirement that CMS be able to publicly post submitted data? Are there recommendations about this approval process?

- Third party intermediaries currently submit data via a file upload or application programming interface or API submission. Should we maintain submission requirements? Are there advantages or concerns with allowing the direct, log in and upload, and attestation submission types? Would any other submission types or methodologies be needed to submit improvement activity data for this new third party intermediary type?

We request feedback on these topics.