RFI Questions – CMS 2023 Fee Schedule

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

Question 1: 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?

Question 2: 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?

Question 3: 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?

Question 4: 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?

Question 5: 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.

Question 6: 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?

Question 7: 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?

Question 8: 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?

Question 9: Should we consider inclusion of organizations that are accredited to provide continuing clinicians education (for example, CME, certified nurse educator (CNE), etc.)?

Question 10: 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.

Question 11: 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?

Question 12: 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?

To Submit Responses to Questions – Due September 6, 2022

https://www.regulations.gov/document/CMS-2022-0113-0001