



## Questions Asked During 2026 Changes to the QPP Webinar 8/20/25

**Q: From slide 33 what do QCDR and QR stand for?**

A: **QCDR** – Qualified Clinical Data Registry; **QR** – Qualified Registry

**Q: So, for MVP they can "pick" or attest to their specialty. But for ASM, it is based on claims? Odd that it's different.**

A: Yes, we agree. Medisolv will be watching the final rule closely for more clarification.

**Q: For ACOs, I understand that the ACO has to submit QRDA III to CMS. But for the individual organizations within the ACO, is there a standard for how they provide the ACO with data? Does it also have to be in QRDA I format or can it be a data extract or?**

A: There is not a standard for how organizations provide an ACO their data. The most common format we see is QRDA I files, and direct data extracts.

**Q: If MIPs CQMs are like chart abstracted, can you describe what the submission process is for these?**

A: QPP accepts JSON files for CQM submissions through the QPP submission portal.

**Q: Are they excluded from ASM if they report to ACO?**

A: Medisolv is watching the final rule closely for further clarification on if ASM participants will be excluded from an ACO.

**Q: Is a CCA required for all patients and their PCP's even if out of network?**

A: Medisolv is watching the final rule closely for further clarification.

**Q: If we are not chosen for ASM, now, what is your recommendation for future?**

A: It is our recommendation to prepare for ASM as you may be selected in future years.

**Q: For the ASM model - what happens if you are selected and also participate in an ACO and/or also the TEAM model? How do these different models interact with one another?**

A: We are watching the final rule closely for further information on how these payment models will work together.

**Q: What if the system we set up sometimes does not capture 100% of the data of the eCQMs submission? Any penalty if the % is not met?**

A: To meet data completeness requirements, you must include 100% of your patient population.

**Q: Where can I find clarification on what Critical Access Hospitals must report?**

A: Further information on special status can be found on [qpp.cms.gov](http://qpp.cms.gov)

**Q: How do RHC clinics fall into this? Are they exempt?**

A: Further information on special status can be found on [qpp.cms.gov](http://qpp.cms.gov)

**Q: If eCQMs is the gold standard, why are there more new CQMs than eCQMs, along with measures withing MVPs. Only vascular surgery MVP out of the 6 new MVP has enough eCQMs to submit. Same with the ASM Low Back pain, having to have a CQM (Q220). This seems backwards for those only submitting eCQMs.**

A: We agree! Feedback like this is valuable to provide to CMS through the rule making process.