

## Revisions to MAQI Threshold Data Submission Form - CMS-10673

| Issue # | Page # | Section   | Action to be Performed  | Changes to the Form   | Reason for the Change   |
|---------|--------|---|---|---|---|
| 1       | 1      | Purpose.  | Modify the second paragraph to be consistent with internal documents – delete and add language. | Deleted “The MAQI Demonstration (“the Demonstration”) allows participants to receive waivers from MIPS reporting and payment consequences for a given year if they participate to a certain degree in Advanced Alternative Payment Models (Advanced APMs) through Medicare fee-for-service (FFS) and Qualifying Payment Arrangements through Medicare Advantage (MA).” and inserted “The MAQI Demonstration will allow participating clinicians to have the opportunity to be eligible for waivers that will exempt them from the MIPS reporting requirements and payment adjustment for a given year if they participate to a sufficient degree in Qualifying Payment Arrangements with MAOs (combined with participation in Advanced APMs with Medicare FFS, if any) during the performance period for that year, without requiring them to be QPs or Partial QPs, or to otherwise meet MIPS exclusion criteria.” | Revised for clarification purposes, and to align with internal documents. |
| 2       | 5      | Qualifying Payment Arrangement Participation Data – Section 2 | Insert “furnished services” and delete “bills”  | Replaced “bills” with “furnished services” in the first sentence.   | Revised for clarification purposes.                                       |
| 3       | 5      | Qualifying Payment Arrangement Participation                  | Change “Model participation ID” to “Contract Number”  | Replaced “Model Participation ID” with “Contract #” on line one.  | Revised for clarification purposes.                                       |

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|   |   | Data – Section 2: B2.  |   |  |   |
| 4 | 5 | Qualifying Payment Arrangement Participation Data – Section 2: B2. | Identify the specific data needed in the help bubble test.          | Inserted H#, and R#; and deleted V#. Also replaced “Model Participation ID” with “Contract #” in the help bubble text.   | Revised for clarification purposes.                             |
| 5 | 8 | Certification Statement – Section 3: Third Party ...               | Delete the previous language and inserted the appropriate language. | <p>Replaced the previous language with this:</p> <p><b>MAQI Participant</b></p> <p>I have read the contents of this submission. By submitting this Form, I certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare &amp; Medicaid Services (CMS) to verify this information. If I become aware that any information in this Form is not true, accurate, or complete, I will notify CMS of this fact immediately. I understand that the knowing omission, misrepresentation, or falsification of any information contained in this document or in any communication supplying information to CMS may be punished by criminal, civil, or administrative penalties, including fines, civil damages and/or imprisonment.</p> <p>[DATE, MAQI participant]</p> | Revised for clarification purposes.                             |
| 6 | 8 | Certification Statement – Section 3: Third party ....              | Insert a third party attestation in Section 3.                      | Inserted the following language: For a third party submitting on behalf of a MAQI participant, that third party must also submit as supporting documentation the following certification from each MAQI participant that the third party is reporting on behalf of:  | Revised the certification statement to align with the QPA form. |

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|   |   |   |  | <p>I have read the contents of this submission. I am authorized to submit this form on behalf of the MAQI participant. I certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare &amp; Medicaid Services (CMS) to verify this information. If I become aware that any information in this Form is not true, accurate, or complete, I will notify CMS of this fact immediately. I understand that the knowing omission, misrepresentation, or falsification of any information contained in this document or in any communication supplying information to CMS may be punished by criminal, civil, or administrative penalties, including fines, civil damages and/or imprisonment.</p> <p>[DATE, MAQI participant]</p>      |   |
| 7 | 9 | Certification Statement – Section 3: Third party .... | Insert a third party attestation in Section 3. | <p>Inserted the following language: For a third party submitting on behalf of a MAQI participant, that third party must also submit as supporting documentation the following certification from each MAQI participant that the third party is reporting on behalf of:</p> <p>I have read the contents of this submission. I am authorized to submit this form on behalf of the MAQI participant. I certify that the information contained herein is true, accurate, and complete, and I authorize the Centers for Medicare &amp; Medicaid Services (CMS) to verify this information. If I become aware that any information in this Form is not true, accurate, or complete, I will notify CMS of this fact immediately. I understand that the knowing omission, misrepresentation, or</p> | Revised the certification statement to align with the QPA form. |

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|   |    |                               |   | falsification of any information contained in this document or in any communication supplying information to CMS may be punished by criminal, civil, or administrative penalties, including fines, civil damages and/or imprisonment.<br><br>[DATE, MAQI participant] |  |
| 8 | 10 | PRA Disclosure Statement.     | Add the OMB four digit approval number and the expiration date. | Will need to add OMB approved number and the expiration date in the PRA Disclosure Statement.   | Edit to include the OMB approved number and the expiration date.               |
| 9 | 1  | Top right corner of the Form. | Fill in the OMB approved number and the expiration date.        | Fill in the OMB approved four digit number and the expiration number on the top right corner of the form.   | To display the OMB approved number and the expiration date as required by OMB. |