

January CMS and ONC eHealth Vendor Workgroup

January 28, 2016
12:00 PM EDT

Agenda Item	Speaker
Medicare EHR Incentive Program Hardship Exception Process Update	Tyres Jones and Beth Myers <i>CMS' Center for Clinical Standards and Quality (CCSQ)</i>
Hospital Inpatient Quality Reporting Update	Stephanie Wilson <i>Health Services Advisory Group on behalf of CMS' Center for Clinical Standards and Quality (CCSQ)</i>
Measure Population Codes Value Set Update: IPP vs. IPOP	Yan Heras <i>Principal Informaticist, ESAC Inc.</i>
Tips for Successfully Submitting eQMs for PQRS Group Practices, EIDM	Daniel Green, Jessica Schumacher, and Brahma Sen <i>CMS' Center for Clinical Standards and Quality (CCSQ)</i>
New Guidance for EPs Reporting the Diabetes: Hemoglobin A1c (CMS122v3) Measure for Program Year 2015	Shanna Hartman <i>CMS' Center for Clinical Standards and Quality (CCSQ)</i>
CMS and ONC eCQI Resource Center Demonstration Announcement	Shanna Hartman <i>CMS' Center for Clinical Standards and Quality (CCSQ)</i>

Questions

Tyres Jones and Beth Myers

**MEDICARE EHR INCENTIVE
PROGRAM HARDSHIP
EXCEPTION PROCESS UPDATE**

CMS Launches Important Changes to the Medicare EHR Incentive Program Hardship Exception Process

Visit the CMS EHR Incentive Programs Website for More Information

CMS has posted new, streamlined hardship applications, reducing the amount of information, which eligible professionals (EPs), eligible hospitals, and CAHs must submit to apply for an exception. Visit the Payment Adjustments and Hardship Information page on the CMS EHR Incentive Programs Website for more information:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/paymentadj_hardship.html

Deadlines to Submit a Hardship Exception Application:

- Eligible Professionals: March 15, 2016
- Eligible Hospitals & CAHs: April 1, 2016

Please note: CAHs should use the form specific for the CAH hardship exceptions related to an EHR reporting period in 2015. CAHs that have already submitted a form for 2015 are not required to resubmit.

As a result of the Patient Access and Medicare Protection Act (PAMPA):

- The Secretary may consider hardship exceptions for “categories” of EPs, eligible hospitals, and CAHs that were identified on CMS’ website as of December 15, 2015;
- Groups of providers may apply for a hardship exception on a single application;
- Providers will have the option to submit an electronic file (in excel or csv formats) with all National Provider Identifiers (NPIs) or CMS Certification Numbers (CCNs) for providers within the group or use a multiple NPI or CCN form to submit their application; and
- Facilities which include both inpatient and outpatient settings may include both the individual NPIs for any eligible professionals and the CCN for the eligible hospitals and CAHs on the same single submission for their organization.

Stephanie Wilson

HOSPITAL INPATIENT QUALITY REPORTING UPDATE



Hospital Inpatient Quality Reporting (IQR) Program Update

Stephanie Wilson, MBL

Project Lead, IQR-EHR Alignment (formerly eCQM)
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

January 28, 2016

eCQM Receiving System Update

The electronic Clinical Quality Measure (eCQM) Receiving System in the *QualityNet Secure Portal*:

- Closed on December 31, 2015
 - Any files submitted after this date should be rejected
- Is expected to re-open in May 2016
 - To accept Test File submission
- Will be available in October 2016
 - To accept Production File submission
- Will remain open until the submission deadline of February 28, 2017

Pre-Submission Validation Application

The Pre-Submission Validation Application (PSVA) was developed in response to interest and demand from the Hospital Quality Reporting (HQR) community to validate Quality Reporting Data Architecture (QRDA) Category I files. It:

- Is a downloadable tool that operates on a User's system
- Tests QRDA Category I file submissions and validates against 2016 Centers for Medicare & Medicaid Services (CMS) QRDA constraints at any time
- Allows submitters to catch and correct errors prior to data submission to CMS
- Provides validation feedback within a User's system
- Allows valid files to be separated and submitted while invalid files are identified for error correction

PSVA

Access and Acquisition

- The PSVA is currently available for download in the Secure File Transfer (SFT) section of qualitynet.org.
- Users must have the Electronic Health Record (EHR) Data Upload role assigned to their *QualityNet* Account in order to access the PSVA.

Note: CMS provided a webinar entitled *Pre-Submission Validation Application Overview for eCQM Data Submission in CY 2016* on January 20, 2016. The recording of that webinar is available for review at <http://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>.

Upcoming Training

- CMS will be hosting a webinar on February 16, 2016 covering the eCQM Requirements for the Hospital IQR and the Medicare EHR Incentive Program for Calendar Year 2016 reporting.
- A ListServe message with registration information will be sent to all ListServe participants.

How to Get Involved

CMS strongly encourages vendors and hospitals to continue working toward the successful submission of eCQM data by:

- Testing QRDA Category I file structure utilizing the PSVA
- Submitting test files through the CMS eCQM Receiving System (*QualityNet Secure Portal*) once the system re-opens in May 2016
- Signing-up for the Hospital Reporting EHR ListServe and participating in training opportunities at:
www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register

Thank You!

- **Stephanie Wilson – IQR eCQM Program Support**
 - stephanie.wilson@area-m.hcqis.org
- **eCQM General Program Questions**
 - <https://cms-ip.custhelp.com>
 - 866.800.8765 or 844.472.4477, 7 a.m.–7 p.m. CT Monday–Friday (except holidays)

Resources

- **QualityNet HelpDesk**
 - Qnetsupport@hcqis.org
 - 1.866.288.8912 7 a.m.–7 p.m. CT, Monday through Friday
- **The JIRA – ONC Project Tracking Website**
 - (<http://oncprojecttracking.org/>) is a resource to submit questions/comments regarding:
 - Issues identified with eCQM logic
 - Frequently Asked Questions (FAQs)
 - Clarification on specifications
 - CQM certification
 - The Combined QRDA Implementation Guide (IG) for 2016
 - The EHR Incentive Program

Yan Heras

MEASURE POPULATION CODES VALUE SET UPDATE: IPP VS. IPOP



Measure Population Codes Value Set Change: IPP vs. IPOP

January 28, 2016



Objectives

- Provide an overview and clarification about the measure population codes value set and code system changes in both eCQMs and QRDA Category III and their implications to the 2016 Reporting Period
 - Applicable to QRDA-III reporting for Eligible Professional Programs
 - No impact to the 2015 Reporting Period

Value Set and Code System Change

- **Deprecated: ObservationPopulationInclusion Value Set**
 - Value Set OID: 2.16.840.1.113883.1.11.20369
 - Code System: Observation Value 2.16.840.1.113883.5.1063
 - Codes:
 - **IPP (Initial Patient Population)**, DENOM, NUMER, DENEX, DENEXCEP, NUMEX, MSRPOPL, IP
- **Replaced by: PopulationInclusionObservationType Value Set**
 - Value Set OID: 2.16.840.1.113883.1.11.20476
 - Code System: Act Code 2.16.840.1.113883.5.4
 - Codes:
 - **IPOP (Initial Population)**, DENOM, NUMER, DENEX, DENEXCEP, NUMEX, MSRPOPL, MSRPOPLEX, IPPOP

No Impact to 2015 Reporting Period

- No impact to the 2015 Reporting Period
 - [eCQM Specifications for Eligible Professionals Update July 2014](#) were specified based on Health Quality Measure Format (HQMF) Release 1
 - Both the eCQM specifications and the 2015 CMS QRDA IG (Part B: QRDA-III) used the code **IPP** and other population codes from the deprecated ObservationPopulationInclusion Value Set drawn from the Observation Value (2.16.840.1.113883.5.1063) code system

2016 Reporting Period: PQRS System Only Accepts IPP

- Beware that population code IPOP in eCQM specifications maps to population code IPP in QRDA-III
 - [eCQM Specifications for Eligible Professionals Update June 2015](#) were specified based on HQMF R2.1
 - The new code IPOP was used to replace IPP in all measures
- PQRS receiving system will accept the code IPP in QRDA-III per the 2016 CMS QRDA IG and will reject IPOP if submitted
 - *SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHOULD be selected from ValueSet ObservationPopulationInclusion 2.16.840.1.113883.1.11.20369 DYNAMIC (CONF:17618).*

2017 Reporting Period: PQRS System Only Accepts IPOP

- The code IPOP will be consistently used in both eCQM specifications and QRDA-III
 - Related standards will be updated and aligned.
 - The Measure Authoring Tool (MAT) has already made the updates to use IPOP and other population codes with the correct code system based on the QDM-based HQMF DSTU Release 1.3
- PQRS receiving system will accept the code IPOP in QRDA-III and will reject IPP if submitted

Daniel Green, Jessica Schumacher,
Brahma Sen

TIPS FOR SUCCESSFULLY SUBMITTING ECQMS FOR PQRS GROUP PRACTICES, EIDM



Tips for Successfully Submitting eCQMs for 2015 PQRS Group Practices and EIDM



**EHR Vendor
Workgroup**

Dr. Daniel Green, CMS

January 28, 2016

Announcements

- 1. EIDM Reminder for Submitters:** Be sure you have set up your EIDM account and established the correct EIDM roles for quality reporting
 - In order to submit data, submitters' accounts must be associated with the EIDM "PQRS Submitter" role
 - For more information, see the [EIDM Quick Reference Guides](#)
 - All EIDM-related questions should be directed to the [QualityNet Help Desk](#)

Announcements (cont.)

2. **Update to Submission Engine Validation Tool (SEVT) for QRDA:** 2015 test data can be entered and submitted through the Physician and Other Health Care Professionals Quality Reporting Portal ([Portal](#)) at all times, except during maintenance periods
 - Applies only to vendors and group practices submitting data via EHR Direct

Announcements (cont.)

- 3. Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance and will not be accessible during the following periods:
- **Every Tuesday** starting at 8:00 pm ET through Wednesday at 6:00 am ET (on a as needed basis)
 - **Every Thursday** starting at 8:00 pm ET through Friday at 6:00 am ET (on a as needed basis)
 - **Upcoming Potential Downtime Dates:**
 - January: 1/22/2016 8:00PM ET – 1/25/2016 6:00AM ET
 - February: 2/26/2016 8:00PM ET – 2/29/2016 6:00AM ET
 - See the Portal website for the complete list of scheduled system outages, at <https://www.qualitynet.org/pqrs>

Announcements (cont.)

4. Upcoming 2015 PQRS Support Calls for PQRS Group Practices using Electronic Reporting:

Date	Time (ET)	Topic
2/18/2016	12:00-1:30 PM	Updates, Errors, and How to Correct
4/21/2016	12:00-1:30 PM	Vendor Workgroup: Lessons Learned

Reminders

1. 2015 PQRS GPRO Electronic Reporting Requirements



Report 9 measures covering at least 3 domains

If the group practice's direct EHR product or EHR data submission vendor product does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is patient data*

** The PQRS group practice must report on at least 1 measure for which there is Medicare patient data.*

Reminders (cont.)

- **2015 EHR & CAHPS for PQRS Reporting Requirements**

All CAHPS for PQRS survey measures must be reported on the group's behalf via a CMS-Certified Survey Vendor, **AND**

The group must report at least 6 additional measures (outside of CAHPS for PQRS) covering at least 2 of the NQS domains using the direct EHR product or EHR DSV product that is CEHRT

If less than 6 measures apply to the group practice, the group practice must report up to 5 measures*

** The PQRS group practice must report on at least 1 measure for which there is Medicare patient data.*

CMS- Certified Survey



Group Practice

EHR: 2-99 EPs



Group Practice

EHR: 100+ EPs

Presenter: Jessica Schumacher, Contractor

TIPS FOR SUCCESSFUL ELECTRONIC REPORTING

Confirm Registration in 2015 GPRO

- Confirm that the organization successfully registered to participate via 2015 PQRS GPRO
 - A Registration Identification Number is provided in the Confirmation Message that is sent via email after a group practice completes GPRO registration
 - EHR vendors can work with their clients to confirm they received a Registration Identification Number

Use the Correct Program Name

- Files submitted with the wrong code within the CMS Program Name will be rejected
 - You must select the Program Name that correctly applies to your submission in order to ensure that CMS properly analyzes your quality reporting data
 - Valid CMS Program Names are found on the next two slides, and in the [2015 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting](#)
 - Only codes listed in the 2015 QRDA Implementation Guide will be accepted

Use the Correct Program Name (cont.)

- Using the correct program identifier is critical for successful submissions
 - **PQRS_MU_INDIVIDUAL** is a code within the CMS Program Name to select for individual EPs reporting for PQRS and the Medicare EHR Incentive Program
 - **PQRS_MU_GROUP** is a code within the CMS Program Name to select for PQRS group practices reporting through GPRO for PQRS and the Medicare EHR Incentive Program

*Note: File with program identifier MU_only will **not** count for PQRS.*

QRDA-I CMS Program Name

- Use one of the following QRDA-I codes to indicate 2015 PQRS submission

Table 6: QRDA-I CMS Program Name

Value Set: QRDA-I CMS Program Name 2.16.840.1.113883.3.249.14.103
Specifies the CMS Program for QRDA-I report submissions.

Code	Code System	Code System OID	Print Name
PQRS_MU_INDIVIDUAL	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Individual
PQRS_MU_GROUP	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Group
PIONEER_ACO	CMS	2.16.840.1.113883.3.249.7	Pioneer ACO

QRDA-III CMS Program Name

- Use one of the following QRDA-III codes to indicate 2015 PQRS submission

Table 11: QRDA-III CMS Program Name

Value Set: QRDA-III CMS Program Name 2.16.840.1.113883.3.249.14.101 Specifies the CMS Program for QRDA-III report submissions.			
Code	Code System	Code System OID	Print Name
CPC	CMS Program	2.16.840.1.113883.3.249.7	CPC
PQRS_MU_INDIVIDUAL	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Individual
PQRS_MU_GROUP	CMS Program	2.16.840.1.113883.3.249.7	PQRS Meaningful Use Group
MU_ONLY	CMS Program	2.16.840.1.113883.3.249.7	Meaningful Use Only

Aggregating Data for GPRO Submission

- PQRS group practice data **must be aggregated at the TIN level** to ensure that it is calculated correctly for group practice reporting
 - If the data is *not* aggregated at the TIN level, then some encounters may not be included when computing the measure, resulting in an incorrect reporting/performance rate

Example of Aggregating Data for GPRO Submission

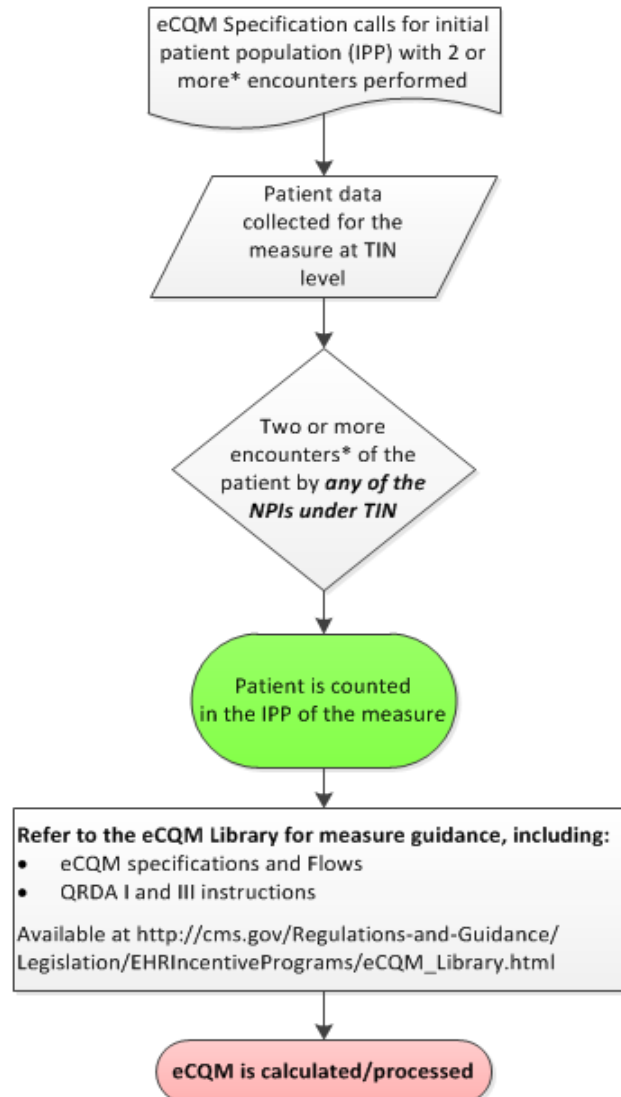
CMS measure #147- Preventive Care and Screening: Influenza Immunization:

- The measure requires two or more encounters during the measurement period
- The EHR vendor must take into account all patient visits from all EPs under the TIN
 - If a patient has multiple encounters with different EPs under the TIN, then the patient will be counted in the IPP for this measure only once
 - The group should submit data for the measure regardless of whether the group met the performance for this patient or not

Resource: [2015 GPRO Guide for EHR Direct and EHR Data Submission Vendors](#)

Example (cont.)

2015 GPRO EHR Reporting – Example of how Vendors Aggregate at TIN Level



*This is an illustrative example only, as different measures may have different encounter criteria.

QRDA Considerations

- QRDA-I submissions for GPRO should contain all information for the patient, containing no duplications, and should represent the patient as seen by the TIN, not the individual NPIs within the TIN
- QRDA-III submissions for GPRO should consist of one aggregate file for the entire TIN, containing no duplications, and should represent the data at the TIN level

QRDA Considerations (cont.)

- All EPs within a PQRS group practice must be using CEHRT for the group to be eligible to report via EHR GPRO
 - EHR vendors do not need to submit all NPIs under the group TIN within the QRDA-I or QRDA-III file
 - For purposes of the Medicare EHR Incentive Program, CMS will determine which NPIs satisfactorily report within a PQRS group practice
- When submitting for a PQRS group practice, the NPI is an optional field within the QRDA-III and should not be included for PQRS GPRO reporting

Resource: 2015 CMS QRDA Implementation Guides for EP Clinical Quality Measures is available in the Downloads section of the [Clinical Quality Measures webpage](#).

QRDA Submission Requirements

- Submitters must:
 - Submit PQRS data in one file format, either QRDA category I or category III
 - Collect data for all payer types
 - To be eligible for PQRS, data must also contain at least one Medicare Part B Patient

QRDA Submission Requirements (cont.)

Submitters must (cont'd):

- DSVs must enter into and maintain with participating professionals an appropriate Business Associate Agreement that provides for the EHR vendor's receipt of patient-specific data from the group practice, as well as the EHR vendor's disclosure of patient-specific data on behalf of the group practice that wishes to participate in PQRS
 - Vendor to obtain and keep on file signed documentation that each holder of an NPI has authorized the EHR vendor to submit PQRS data on all patients to CMS for the purpose of PQRS and EHR Incentive Program participation
 - This documentation must be obtained at the time the group practice signs up with the EHR vendor for purposes of PQRS participation and must meet any applicable laws, regulations, and contractual business associate agreements
 - Make sure that the data submitted are accurate
 - EHR data for 2015 PQRS will be submitted one time during the submission period, ending on **February 29, 2016**
 - Make sure all reporting periods under the 2015 PQRS fall within the dates January 1 – December 31, 2015

Ensure Submission

- Submit final EHR reporting files with quality measure data or ensure your data submission vendor has submitted your files by the data submission deadline of **February 29, 2016** to be analyzed and used for 2015 PQRS EHR measure calculations
- If reporting QRDA-I files, a single file must be uploaded/submitted for each patient
 - Files can be batched, but there will be file upload size limit of 20MB individual xml and zip file and 40MB uncompressed single xml file inside a zip
 - It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice

Ensure Submission (cont.)

- Following each successful file upload, notification will be sent to the EIDM user's e-mail address indicating the files were submitted and received
 - Submission reports will then be available to indicate file errors, if applicable
- If data need to be corrected, files can be updated and submitted again
- Users registered for individual submissions will receive a warning if they submit as a PQRS group practice and vice-versa

Presenter: Brahma Sen, Contractor

COMMON SUBMISSION ERRORS

QRDA-I Common Submission Errors (Revised)

Error Code	Definition
PQRS_10710	Value Set validation failed. Code, Code system and value Sets used in the QRDA1 file do not correspond to correct QRDA sections
PQRS_P0034	Medication Order Date Time is missing or invalid.
CMS_0010	As per CMS IG, the language Code is always 'en' for English.
PQRS_10705	The Effective Time element or the value for the effective Time is incorrect format in the Patient Characteristic Payer or other sections
12868	Missing or incorrect root element for Measure Set element in QRDA1
PQRS_10700	Invalid QRDA template used

QRDA-I Common Submission Errors (Revised) (cont.)

Error Code	Definition
14431	Missing or invalid Patient Payer Characteristic Section
10716	HIC number, in a valid format, is required for Medicare patients. The HIC number is not allowed for non-Medicare patients.
12813	Missing or incorrect root element and extension to identify eMeasure Version specific identifier.
PQRS_10707	This is a PQRS validation rules against provide TIN failed due to invalid TIN format, root or extension for TIN is not included
PQRS_10807	QRDA1 Individual file submitted with MSSP ACO TIN

QRDA-III Common Submission Errors (Revised)

Error Code	Definition
10763	Incorrect GUID values for the reported data element for the related measure as specified in CMS IG
PQRS_10727	The Performance Numerator should be less than or equal to reporting denominator.
10765	Invalid number of population templates have been found in the submitted data for various measures
PQRS_10725	The required number of performance rates, in a QRDA III file submission, are not included for a multi-performance rate measure.
26992	In the measure data section, the Version Neutral Identifier GUID should be identified for the submitted measure. Note: This is a different GUID than that of the version specific identifier. (CONF 21159).

QRDA-III Common Submission Errors (Revised) (cont.)

Error Code	Definition
26933 and 26934	The effective Time element or the “low value” for the effective Time element is required in the Patient Characteristic Payer section.
PQRS_10722	Invalid eMeasure Version Specific Identifier for the reporting program year 2015 as published in CMS IG
21159	This “@extension” SHALL equal to the version specific identifier for eMeasure (i.e. QualityMeasureDocument/id)
PQRS_10724	Performance rate should be specified as REAL number and value should be less than or equal to 1.0
10707	Tax Identification Number (TIN) length and/or format validation failed.

Presenter: Jessica Schumacher, Contractor

RESOURCES & WHERE TO CALL FOR HELP

Resources

- **CMS PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>
- **CMS Value-based Payment Modifier Website**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- **Physician Compare**
<http://www.medicare.gov/physiciancompare/search.html>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **MLN Connects Provider eNews**
<http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>
- **PQRS Listserv**
https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Where to Call for Help

- **QualityNet Help Desk:**

866-288-8912 (TTY 877-715-6222) or qnetsupport@hcqis.org

7:00 a.m.–7:00 p.m. CST Monday through Friday

You will be asked to provide basic information such as name, practice, address, phone, and e-mail.

- **EHR Incentive Program Information Center:**

888-734-6433 (TTY 888-734-6563)

- **Value Modifier Help Desk:**

888-734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

- **CPC Help Desk:**

E-mail: cpcisupport@telligen.org

- **Physician Compare Help Desk:**

E-mail: PhysicianCompare@Westat.com

Shanna Hartman

**NEW GUIDANCE FOR EPS
REPORTING THE DIABETES:
HEMOGLOBIN A1C
(CMS122V3) MEASURE FOR
PROGRAM YEAR 2015**

CMS Releases Guidance for EPs on Reporting the Diabetes Hemoglobin A1c (CMS122v3) Measure

New Guidance for EPs Reporting the Diabetes: Hemoglobin A1c (CMS122v3) Measure for Program Year 2015

CMS122 measures the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement year. A patient meets the numerator condition if any of the following are true:

- The most recent HbA1c reading is > 9.0%;
- The most recent HbA1c result is missing; or
- If there are no HbA1c tests performed and results documented during the measurement period.

CMS122 is an inverse measure, meaning that lower scores indicate better performance. In 2014, this measure was updated as CMS122v3 to include logic and specifications for numerator condition (2), where there is evidence of a laboratory test having been performed, but the result of the test were not recorded. This logic introduced an error, which results in patients with HbA1c laboratory results of less than 9.0% as being numerator compliant, artificially inflating the (inverse) performance score.

Version [CMS122v3](#) of the measure was posted on the CMS website in May 2014; a subsequent posting of this measure in 2015 ([CMS122v4](#)) resolved this issue for the 2016 program year.

What should you do if you report this measure?

Version CMS122v3 affects the 2015 program year and 2017 payment year for several programs including:

- **PQRS** - Reporting CMS122v3 will count as one of the nine measures required to satisfactorily report for the PQRS program. For PQRS questions regarding CMS122v3, please contact the QualityNet Help Desk at Qnetsupport@hcqis.org or 1-866-288-8912, TTY: 1-877-715-6222.
- **EHR Incentive Programs** - Reporting CMS122v3 will count as one of the nine measures required to satisfactorily report for the EHR Incentive Programs. For questions regarding CMS122v3, please contact the EHR Incentive Programs Information Center at 1-888-734-6433 or TTY: 1-888-734-6563.

What should you do if you report this measure? (continued)

Version CMS122v3 affects the 2015 program year and 2017 payment year for several programs including:

- **Value Modifier (VM) Program** - Based on this logic error, CMS will not include CMS122v3 in the calculation of the Quality Composite for the CY 2017 Value Modifier. For VM questions regarding CMS122v3, please contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 1-888-734-6433 (press option 3).
- **Comprehensive Primary Care Initiative (CPC)** - All practices are required to report 9 measures from the 13 CPC eQIM measures. If a practice is unable to report on a different CPC eQIM, then they should report this measure to meet the 9 measure reporting requirement for the CPC program. For 2015 CPC Medicare shared savings, CMS will not include this measure in performance calculations for quality scoring purposes. Practices that report on CMS122v3 will still be eligible to receive any Medicare shared savings based on their other reported eQIMs. For CPC questions regarding CMS122v3, please contact the CPC Support at: cpcisupport@telligen.org or 1-800-381-4724.

CMS AND ONC ECQI RESOURCE CENTER DEMONSTRATION ANNOUNCEMENT

Join CMS and ONC for a Live Demonstration of the eCQI Resource Center on January 28

Today, CMS and ONC will be hosting a webinar to highlight the Electronic Clinical Quality Improvement (eCQI) Resource Center's core content and provide an overview of the latest website updates, enhancements, and features. The eCQI Resource Center provides a centralized location for critical clinical quality measure resources, including the electronic clinical quality measures and their specifications; and links to tools for measure development, testing, and clinical decision support (CDS). The Resource Center's intent is to unify the eCQI community by connecting related activities and streamlining the process for obtaining guidance and feedback.

Registration Information:

- **Date:** Thursday, January 28, 2016
- **Time:** 3:00 – 4:00pm EST
- **Registration Link:** <https://battelle.webex.com/battelle/onstage/g.php?MTID=ec5fd2f4b79fcede24a5abcc3cbca0dfb>

Due to limitations on the number of conference lines available for this webinar, please register only once and dial in from a common room as a group, when possible.

For More Information

If you have any questions or need any additional information, please contact Jessica Sanford at sanford@battelle.org or (614) 326-1704.

QUESTIONS?

EHRINQUIRIES@CMS.HHS.GOV