February 16 CMS Quality Vendor Workgroup

February 16, 2017
12:00 – 1:30 p.m. ET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda

Topic	Speaker
PQRS Announcements	**Alesia Hovatter** *Division of Electronic and Clinical Quality (DECQ), CMS*
EHR Vendor Support for Clinical Quality Language (CQL) Testing	**Shanna Hartman** *Division of Electronic and Clinical Quality (DECQ), CMS*
eCQM Data Reporting Update	**Mitra Biglari** *The Joint Commission*
EHR Incentive Program Attestation Extension Update	**Kathleen Johnson** *Division of Health Information Technology (DHIT), CMS*
HIMSS Update	**Kathleen Johnson** *Division of Health Information Technology (DHIT), CMS*
Questions	

2016 PQRS Electronic Health Record (EHR) Reporting Announcements

Alesia Hovatter

Division of Electronic and Clinical Quality, CMS

Disclaimer

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

Electronic Reporting Disclaimer

If a group is reporting for PQRS through another CMS program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment.

Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, VM, etc. requirements for each of these programs.

Agenda

- Announcements
- Resources & Where to Go for Help

Announcements

1. **EIDM Reminder:**
   - EIDM can be accessed from the “CMS Secure Portal” portion of the of the CMS Enterprise Portal (http://Portal.cms.gov)
   - New PQRS users or EIDM users whose accounts were inactive will need to register for an account in EIDM
   - Users will then access the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) to submit data, retrieve submission reports, view feedback reports, and conduct various administrative and maintenance activities
   - For more information, see the Quick Reference Guides
   - Any questions should be directed to the QualityNet Help Desk

Announcements (Cont.)

2. **Update to Submission Engine Validation Tool (SEVT) for QRDA:** 2016 test data can be entered and submitted through the Portal at all times, except during maintenance periods
   - Applies only to vendors and group practices submitting data via EHR Direct
3. **Please note, CMS recently launched a new Portal site at https://qnpapp.qualitynet.org/pqrs/home.html**
   - This new site should be used for SEVT, submission, and all other activities that used to be managed through the previous Portal site.
   - Starting December 15, 2016, CMS implemented an automatic redirect so anyone accessing the old site will be sent to the new site.

Announcements (cont.)

4. **Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance and will not be accessible during the following periods:
   - **Every Tues.** starting at 8:00am ET–Wed. ending at 6:00am ET
   - **Every Thurs.** starting at 8:00pm ET–Fri. ending at 6:00am ET
   - **Third weekend of each month** starting Fri. at 8:00pm ET-Mon. ending at 6:00am ET
     - Upcoming maintenance weekend: 02/24/2017 - 02/27/2017*
   - See the Portal website for the complete list of scheduled system outages, at https://qnpapp.qualitynet.org/pqrs/home.html

*The third weekend of February (2/17-2/20) is skipped due to a federal holiday

Announcements (cont.)

5. 2016 CERHT Submissions:

- Qualified Clinical Data Registries (QCDRs), Data Submission Vendors and eligible professionals (EPs) reporting via the EHR direct mechanism who wish to satisfactorily report for both the PY2016 Physician Quality Reporting System (PQRS) and the Medicare EHR Incentive Program or submitting for PQRS only must indicate such in the QRDA I or QRDA III file* during submission using the PQRS_MU_INDIVIDUAL or PQRS_MU_GROUP codes. Vendors and EPs who utilize the MU_ONLY code will not have data in that file analyzed for the PQRS. EPs may be considered a satisfactory reporter for PQRS if they successfully reported via another PQRS mechanism.
- Qualified Clinical Data Registries (QCDRs), Data Submission Vendors and eligible professionals (EPs) reporting via the EHR direct mechanism using QRDA I or QRDA III file* format must report on all payers regardless of whether they are electronically reporting for 2016 PQRS only or PQRS and the Medicare EHR Incentive Program. In addition, at least one measure per EP must contain a Medicare Part B patient in order to fulfill PQRS reporting requirements. Failure to submit on at least one Medicare patient per EP will render that EP subject to the downward PQRS payment adjustment in 2018.

** Please note that QCDRs are only able to support QRDA III files.*

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/ PhysicianFeedback Program/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
  7:00am–7:00pm CT 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 Option 1 (TTY 888-734-6563)
  7:30am–6:30pm CT Monday through Friday
- **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

EHR Vendor Support for Clinical Quality Language (CQL) Testing

Disclaimer

This presentation was prepared as a tool to assist electronic healthcare record (EHR) vendors and electronic clinical quality measure (eCQM) implementers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

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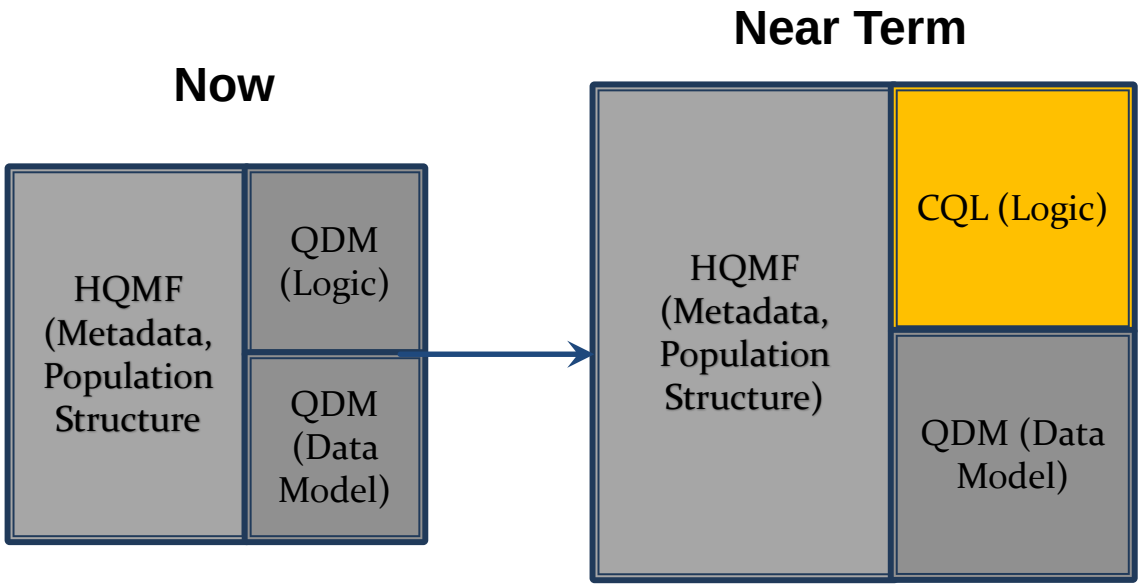
Agenda

- The new CQL standard
- Plans for implementing CQL into CMS eCQMs
- Vendor support for the development and implementation of CQL

Evolving eCQM standards



Definitions:

HQMF – Health Quality Measure Format

CQL – Clinical Quality Language

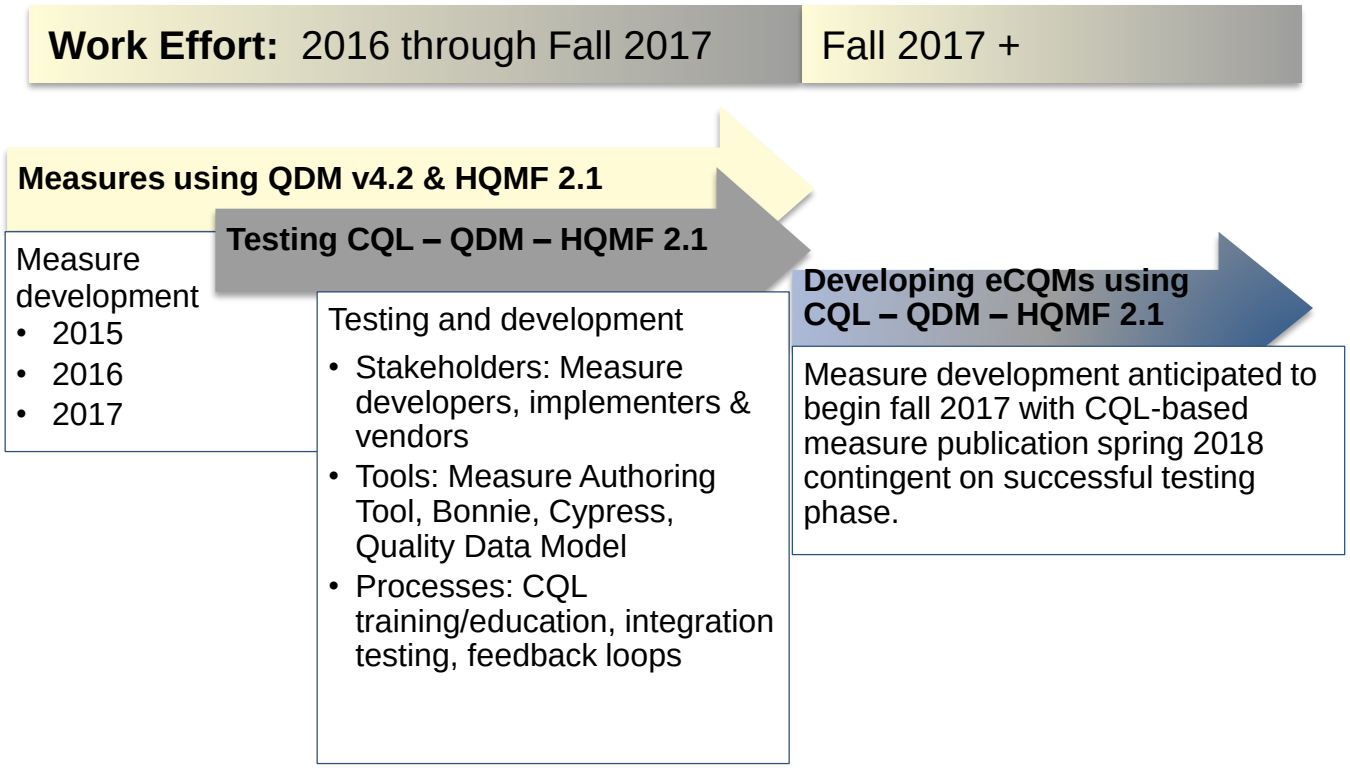
QDM – Quality Data Model

How is CMS supporting the transition to CQL?

- Supporting definition of standards
- Supporting update of tools used in eCQM development, testing, and expression
- Supporting update of eCQMs to CQL-based standards

- Goal: **All eCQMs in CMS quality programs will be expressed in CQL-based XML for reporting or performance periods that occur in CY2019.**
- Contingent on testing and feedback

Measures transition to CQL



What happens in the testing phase?

- 2016-2017: Tool development and testing
  - Revised Measure Authoring Tool and Bonnie testing tool are in development
  - 4 planned phases of testing

Phase	Activities	Stakeholder Involvement
1 (Oct – Dec 2016)	Update sample measures from QDM- to CQL-based standards using draft tools	Tool developers, measure developers, standards developers
2 (Jan – Apr 2017)	Review and consume sample measure generated in Phase 1	Vendors, tool developers, standards developers, measure developers
3 (May – Jul 2017)	End-to-end integration testing: development through consumption	Vendors, tool developers, standards developers, measure developers
4 (Aug – Oct 2017)	User acceptance testing	Vendors, tool developers, standards developers, measure developers

- We need your help to make this successful!

What do we need from vendors?

- A basic understanding of CQL
- Recognizing systems are at varying states of supporting CQL, feedback to ensure that vendors can:
  - Parse the measure artifacts using pre-existing automated tools

  OR

  - Understand the measure artifacts and assess the feasibility of implementation
- Feedback on utility of the measure artifacts
  - CQL, human readable, HQMF, ELM
- Commitment to providing feedback through the remaining testing cycles

What will we provide to vendors?

- MAT output – human readable, CQL, ELM, and HQMF artifacts for each measure package
- CQL resources
  - Clinical Quality Language Specification: http://www.hl7.org/implement/standards/product_brief.cfm?product_id=400
  - CQL-to-ELM Translator Source: https://github.com/cqframework/clinical_quality_language
  - CQL ONC Jira Issues Tracker: https://oncprojectracking.healthit.gov/support/browse/CQLIT
  - Link for the CQL Engine, Open Source (Apache 2.0 License), Java-Based: https://github.com/DBCG/cql_engine
  - CQL Educational Materials: http://ecqi.healthit.gov/cql
  - Link for the HeD Schema Framework (ELM Processing, Open Source (Apache 2.0 License), .NET-Based: https://github.com/cqframework/healthedecisions
- Bonnie tool and test cases to test CQL calculations
- Technical assistance

What's in it for me?

- First review of updated measures
  - Opportunity to provide feedback and refinement prior to finalization
- Head start on transition to new standards
- Listserv access to latest information on testing, measures, and standards
- One-stop shop technical assistance

What is the timeline for participation?

- January-February 2017
  - Recruitment
- February-April 2017
  - Review and provide feedback on sample measures and artifacts
- May-July 2017
  - Review and provide feedback on additional measures and artifacts
- August-October 2017
  - Review and provide feedback on measures and artifacts

How do I participate?

- Send an email expressing interest to cql-esac@esacinc.com and provide contact information for 2 staff
- Artifacts to be provided starting in February
- Provide feedback/comments through JIRA CQL project: https://oncprojectracking.healthit.gov/support/browse/CQLIT

The Joint Commission
eCQM Data Reporting Update

CMS Quality Partner and Vendor Workgroups
February 2017

Mitra Biglari, MS CS
Project Director
Division of Healthcare Quality Evaluation
The Joint Commission

The Joint Commission

Agenda

- 2016 Data Submission Update
- 2016 Successful Submission
- Most Frequent Rejection Errors
- Some Frequent Reasons for Incorrect Measure Outcome
- 2017 data submission

The Joint Commission

Measure Popularity, According to TJC Data

eCQM ORYX Vendors: 19

Hospitals (HCO)
Selected eCQM: 563

By Selection

	Measure	Total HCOs	
	eED-1a	465	
	eED-2a	441	
	eVTE-1	290	
	eVTE-2	274	
	eVTE-6	195	
	eVTE-5	171	
	eVTE-3	167	
	eVTE-4	164	
	eSTK-2	102	
	eSTK-6	102	
	eSTK-5	91	
	ePC-01	89	
	eSTK-4	81	
	eSTK-10	62	
	eSTK-3	61	
	eSTK-8	54	
	ePC-05	40	
	eEHDI-1a	19	
	eCAC-3	8	
	eSCIP-Inf-9	7	
	eAMI-8a	5	
	eAMI-7a	4	
	eSCIP-Inf-1	4	

Data Submission Statistics*

Trial Submission

- Vendors: 17
- Hospitals: 379
- XMLs: 3,886,708
- Final Accepted: 985,170
- Final Rejected: 27,820

Production Submission

- Vendors: 12
- Hospitals: 168
- XMLs: 591,935
- Final **Accepted: 428,026**
- Final Rejected: 4,543

Total XML processed: 4,478,643**

*As of 2/12/2017

* * Not counting the files rejected by Schematron and not counting files directly submitted to the Schematron tool

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Successful 2016 eCQM Data Submission

- Population data for all the selected measures by Hospital is submitted to the **ePop** application for the 3Q2016 and/or 4Q2016
- The same number of unique clinical **episodes of care** for each measure, reported as population size in the ePop application, is submitted to **eHCD** application
- It's NOT a requirement to report outcome or clear all the mismatches between TJC's calculated outcome and
  - Please note that the Joint Commission's calculated outcome will be used as the final outcome to report back to the Hospital

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Most Frequent Data Integrity errors

- There are some data issues that are mostly linked to construction of QRDA-I file and not patient care or EHR system.
- TJC has asserted **rejection Edit** Rules to prevent such data issues and to ensure more accurate measure outcomes
- These edits are listed in the Joint Commission Data Integrity Edits file posted on TJC Vendor site (PET)
- For 2016, by rejecting such data we are drawing attention to these unintentional and easy to fix issues

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Most Frequent Data Integrity errors
Joint Commission added Edit

- **Error 100023: There exists one or more effectiveDate with high@value < low@value**
  - Effective Dates are used almost in every eCQM rule
  - Reversing the start-date with end-date of an event is the highest occurring error in QRDA-I data
  - Such data will result in incorrect measure outcome
  - Example: Medication, Administered <= 1 day(s) starts after end of Procedure, Performed

Data Entry	Procedure Start Date	Procedure End Date	Medication Start Date	Medication End Date
Correct	07/09 09:00	07/09 10:00	07/10 8:00	07/13 8:00
Incorrect	07/09 09:00	07/09 10:00	07/13 8:00	07/10 8:00

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Most Frequent Integrity Edits
Joint Commission added Edit

- **Error 100025 :** There exist inconsistent **encounter ID (root, extension)/code/code system, and EffectiveTime** for the same inpatient episode
  - An Episode of care is represented as given keys

*<id **root**="2a620155-9d11-439e-92b3-5d9815ff4de8"*
*   **extension**="0001"/>*
*<code **code**="183452005"*
*   **codeSystem**="2.16.840.1.113883.6.96"*
*   sdtc:valueSet="2.16.840.1.113883.3.666.5.307"*
*   ……*
*<**effectiveTime**>… </effectiveTime>*

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Most Frequent Integrity Edits
Joint Commission added Edit

- **Error 100022:** There exists an Inpatient Encounter with discharge date outside the Reporting Period specified in the Reporting Parameter section
  - All Inpatient Encounters must have a Discharge date inside the Reporting Period quarter
  - **Any discharge outside** the period will cause the file to be rejected to ensure no unnecessary data is submitted to The Joint Commission.

The Joint Commission

Most Frequent Integrity Edits
Joint Commission added Edit

- **Error 99919 :** The file doesn't contain a valid Inpatient Encounter. At least one EncounterPerformed template with a valid Inpatient Encounter code is expected.
- Files reporting only eED-3 (outpatient measure) are not accepted to TJC since this eCQM is not a TJC supported measure
- To ensure no unnecessary data is submitted to The Joint Commission

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System Error

- **Error 99996:** A System Error has occurred and we have been unable to properly process this XML file
- One of troubling errors in eHCD that calls for Support request. Most frequent reasons:
- System times out due to processing too much unnecessary submitted data
  - Examples: Reporting data from months outside the reporting encounter. (i.e. March through October to report 3Q16 data)
  - Reporting Data and Values sets for CMS eCQMs, not supported by TJC (eSCIP-inf-2, ePN-6)

The Joint Commission

System Error

- Another reason for System error is Bad data, which engine or database cannot process.
  - Open the file with System error in TJC Style Sheet to make it easier to spot the trouble data
  - Example: in this example, year is 0001, which trips the database

Act

Description	Start Time	Stop Time	Code	CodeDescription	ValueSetOID
Discharge Medication	0001-01-01 00:00		855338	Warfarin Sodium 6 MG Oral Tablet	2.16.840.1.113883.3.117.1.7.1.232

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Frequent Data Issues Affecting Outcome

There are few frequent instances of missing data or incorrect data, that are not detected prior to rule engine processing and are causing incorrect measure outcome. The most frequent one among many vendors is:

- Missing Medication Route Code Or value set
  - eVTE-1 and eVTE-2 definitions require the **Route** attribute with **code, code system and value set**
  - The eCQM rule/condition fails when any part of route attribute is missing

Frequent Data Issues Affecting Outcome Medication Route Missing

- OR: Union of:
  - "Risk Category Assessment: VTE Risk Assessment (result: Low Risk)"
  - "Laboratory Test, Performed: INR (result > 3.0)"
  - "Medication, Administered: Unfractionated Heparin (route: Intravenous route)"
  - "Medication, Administered: Direct Thrombin Inhibitor"
  - "Medication, Administered: Glycoprotein IIb/IIIa Inhibitors"
  - <= 1 day(s) starts after start of Occurrence A of $EncounterInpatient

Act

Missing Route

Description	Start Time	Stop Time	Code	CodeDescription	ValueSetOID	ValueSetDescription	CodeSystemOID	Attribute
Medication administered	2016-07-10 10:00		1361226	heparin sodium, porcine 1000 UNT/ML Injectable Solution	2.16.840.1.113883.3.117.1.7.1.218		2.16.840.1.113883.6.88	
Medication administered	2016-09-10 10:00		1361226	heparin sodium, porcine 1000 UNT/ML Injectable Solution	2.16.840.1.113883.3.117.1.7.1.218		2.16.840.1.113883.6.88	Route code: 419993007 codeSystem: 2.16.840.1.113883.6.96 valueSet: 2.16.840.1.113883.3.117.1.7.1.222

<!-- Medication administered -->

……

</effectiveTime>

<routeCode code="419993007" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMEDCT“ displayName="Intravenous peripheral route (qualifier value)" sdtc:valueSet="2.16.840.1.113883.3.117.1.7.1.222" />

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Frequent Data Issues Affecting Outcome Incorrect Reason Template

Based on TJC 2016 requirement and XPath document "Reason" entry relationship template should be **outside "Substance Administration"** template and must use the **General Reason Template ID** for both type of reasons:

<templateId root="2.16.840.1.113883.10.20.24.3.88" extension="2014-12-01" />

"Medication, Administered not done: Medical Reason" for "Warfarin"

"Medication, Administered not done: Patient Refusal" for "Warfarin"

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Frequent Data Issues Affecting Outcome
Incorrect Reason Template

Only One Reason Entry relationship directly under the Act medication template:

```
<act …. negationInd="true">
        …
    <entryRelationship typeCode="SUBJ">
        <substanceAdministration……>                    …
            <consumable>    …    </consumable>
        </substanceAdministration>
    </entryRelationship>
    <entryRelationship typeCode="RSON">
        <observation classCode="OBS"…>
            <!– Not Done Reason -->   …
        </observation>
    </entryRelationship>
</act>
```

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Frequent Data Issues Affecting Outcome Missing Result data

- ePC-01, ePC-05 and eSTK-4 require physical exam finding **Result** and if missing, the case fails either the IPP section or Denominator section

- **Initial Population** =
  - AND: Occurrence A of $EncounterInpatient
  - AND: "Physical Exam, Performed: Estimated Gestational Age at Birth (result >= 37 week(s))"

PC-05

- **Denominator** =
  - AND: Initial Population
  - AND: "Physical Exam, Performed: Estimated Gestational Age at Delivery" satisfies all
    - (result >= 37 week(s))
    - (result < 39 week(s))

PC-01

Frequent Data Issues Affecting Outcome Missing Result Data

<!-- QDM Attribute: Result in Observation Template-->

<value xsi:type="PQ" value="38" unit="weeks"/>

Observation

Description	Start Time	Stop Time	Code	CodeDescription	Attribute
Physical Exam Performed	2016-11-02 13:44	2016-11-02 13:44	444135009	Estimated fetal gestational age at delivery (observable entity)	Result

Observation

Description	Start Time	Stop Time	Code	CodeDescription	Attribute
Physical Exam Performed	2016-03-16 11:00	2016-03-16 11:30	412726003	Length of gestation at birth (observable entity)	Result value: 38weeks

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eCQM Data Submission Deadline

2016 Discharged eCQM data for both ePop (population size data) and eHCD (QRDA-I data)

March 15, 2017

The Joint Commission

2017 ORYX eCQM Data Submission

ORYX Vendor
or
Direct Submission

The Joint Commission

2017 ORYX eCQM Data Submission

- For eCQMs:
  - Reporting Options
    - 1) Vendor submission through a Joint Commission listed ORYX vendor (using a QRDA I file format)
    - 2) Direct submission through a Joint Commission portal using a QRDA I file format

      Hospital must select **The Joint Commission-Direct Submission Vendor -P010004** for each eCQM from the drop-down list of vendors
- No changes in chart-abstracted data submission

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Direct Submission

- Selection process underway to determine the best technology solution partner to provide a secure portal for submission of QRDA I file

- Goal: The portal for direct submission of 2017 data will be available:
  - During 4th quarter 2017 for trial data submissions
  - 2018 for production data submission.

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Direct submission of QRDA-I from all certified EHRs

- The EHR technology must have obtained certification by an Office of the National Coordinator for Health Information Technology (ONC) Authorized Certification Body (ONC-ACB)
  - Meeting the 2014 or 2015 Edition of the certification criteria for importing and calculating (c.2), and electronically submitting (c.3) eCQMs.
- The EHR technology must be listed on the ONC Certified Health IT Product List (CHPL) **(**https://chpl.healthit.gov/#/search**)** with the appropriate certification Edition

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2017 QRDA I File Format

- The Joint Commission continues to actively pursue the ability to receive the same QRDA I file format as CMS, with no changes needed for submission to The Joint Commission.
  - currently require that data elements related to PHI be removed before submission to The Joint Commission
- Working to ensure that all the required security around the receipt and storage of PHI data is in place.

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Detail regarding direct submission will be provided when available

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Questions?

Post them on TJC WIKI Support site:

manual.jointcommission.org

Use category **eHCD** or **Transmission** for eCQM processing questions or issues

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EHR Incentive Program Attestation Extension Update

Kathleen Johnson

Division of Health Information Technology, CMS

Meaningful Use Attestation Extension Deadline

- CMS has extended the attestation deadline for providers participating in the Medicare EHR Incentive Program to **Monday, March 13, 2017, at 11:59 p.m. ET.**

- Providers participating in the Medicare EHR Incentive Program must attest to the 2016 program requirements by March 13, 2017 to avoid a 2018 payment adjustment.

- If you are participating in the Medicaid EHR Incentive Program, please refer to your state's deadlines for attestation information.

- For follow up questions specific to the EHR Incentive Program, please email EHRinquiries@cms.hhs.gov.

HIMSS 2017 Annual Conference

Kathleen Johnson

Division of Health Information Technology (DHIT), CMS

HIMSS 2017 Annual Conference

- This will take place from February 19 – 23 in Orlando, Florida
- CMS will conduct five educational sessions at the conference
- CMS will be at booth number **229**

CMS Educational Sessions	
Monday, February 20	**"The Future of Delivery System Reform"** 10:30-11:30 a.m. ET Room W230A
Tuesday, February 21	**"CMS Quality Payment Program Overview"** 10:00-11:00 a.m. ET Room W230A
Tuesday, February 21	**"MIPS: Advancing Care Information and Improvement"** 1:00-2:00 p.m. ET Room W230A
Wednesday, February 22	**"MIPS: Quality and Cost"** 8:30-9:30 a.m. ET Room W230A
Wednesday, February 22	**"Overview of MIPS for Small, Rural and Underserved Practices"** 11:30-12:30 p.m. ET Room W230A

Questions?

cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will be held on **Thursday, March 23 from 12:00 – 1:30 p.m. ET**.