October 20 CMS Quality Vendor Workgroup

October 20, 2016
12:00 – 1:30 p.m. ET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda

Topic	Speaker
Medicare Quality Payment Program	**Kateisha Martin** *Center for Clinical Standards and Quality (CCSQ), CMS*
Hospital Inpatient Quality Reporting Update	**Artrina Sturges** *Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), CMS*
HIPAA and the Cloud – New Guidance from the Office for Civil Rights	**Deven McGraw** *Office for Civil Rights (OCR), HHS*
Updated 2016 QRDA I Schematron v2.3	**Shanna Hartman and Reshma Patel** *Division of Electronic Clinician and Quality (DECQ) ESAC, Inc.*
The Joint Commission's 2017 Measure Selection Requirements	**Patty Craig and Sharon Sprenger** *The Joint Commission*
Questions	

Medicare Quality Payment Program

Kateisha Martin

Center for Clinical Standards and Quality (CCSQ), CMS

Medicare Quality Payment Program

Background

On October 14, 2016 HHS issued the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule with comment period, which implements the Quality Payment Program.

- The Quality Payment Program reforms Medicare Part B payments for more than 600,000 clinicians.

- The Quality Payment Program has two tracks eligible clinicians can choose from:
  - Advanced Alternative Payment Models (Advanced APMs)
  - Merit-based Incentive Payment System (MIPS)

Medicare Quality Payment Program

For more information

- Learn more about the specific provisions of the Quality Payment Program at https://qpp.cms.gov/
- To see the press release and obtain more information about the announcement, including a fact sheet, please visit: http://www.hhs.gov/about/news/2016/10/14/hhs-finalizes-streamlined-medicare-payment-system-rewards-clinicians-quality-patient-care.html
- To learn more about the rule, visit: https://qualitypaymentprogram.cms.gov/education

Hospital Inpatient Quality Reporting Update

Artrina Sturges, EdD

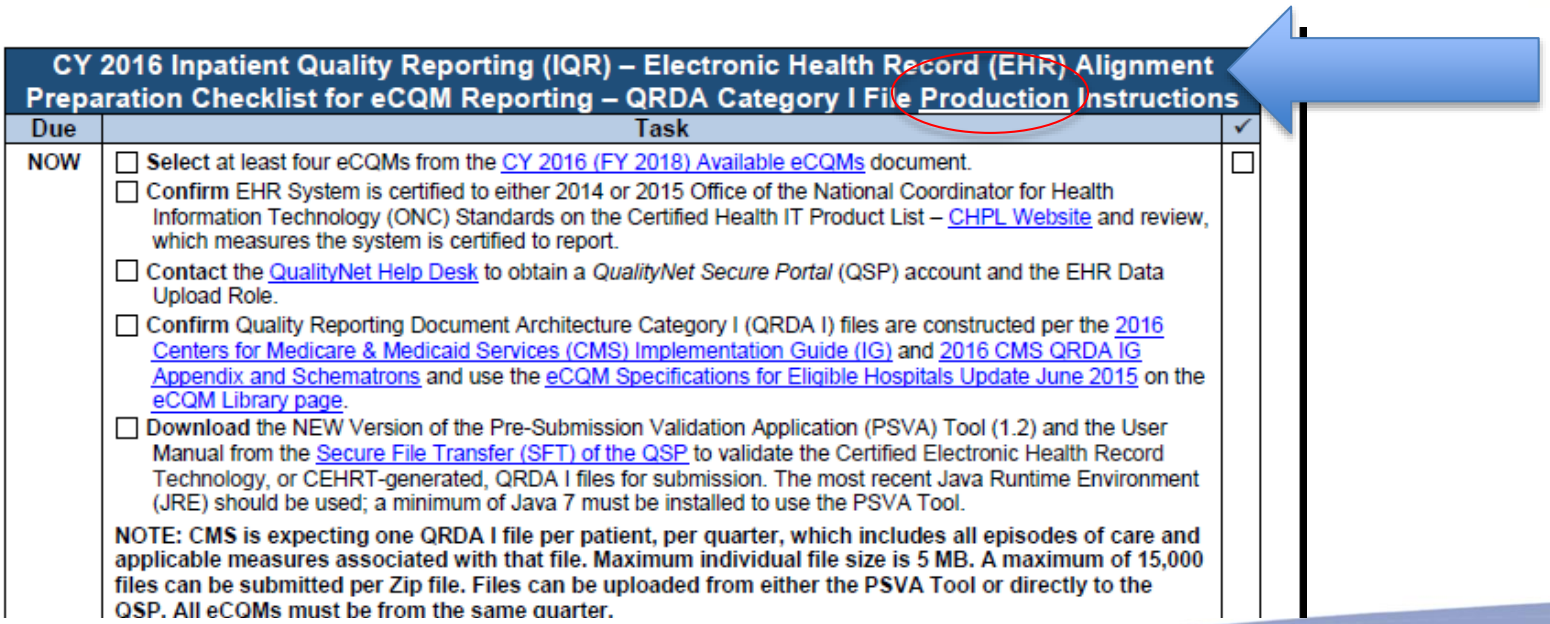
Outreach and Education Support Contractor (SC)

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Preparation Checklist – Production

Posted on the qualityreportingcenter.com website

Home » Inpatient Quality Reporting Programs » Hospital Inpatient Quality Reporting (IQR) Program » Resources and Tools



CY 2016 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment
Preparation Checklist for eCQM Reporting – QRDA Category I File Production Instructions

Due	Task	✓
NOW	☐ **Select** at least four eCQMs from the CY 2016 (FY 2018) Available eCQMs document. ☐ **Confirm** EHR System is certified to either 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) Standards on the Certified Health IT Product List – CHPL Website and review, which measures the system is certified to report. ☐ **Contact** the QualityNet Help Desk to obtain a *QualityNet Secure Portal* (QSP) account and the EHR Data Upload Role. ☐ **Confirm** Quality Reporting Document Architecture Category I (QRDA I) files are constructed per the 2016 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) and 2016 CMS QRDA IG Appendix and Schematrons and use the eCQM Specifications for Eligible Hospitals Update June 2015 on the eCQM Library page. ☐ **Download** the NEW Version of the Pre-Submission Validation Application (PSVA) Tool (1.2) and the User Manual from the Secure File Transfer (SFT) of the QSP to validate the Certified Electronic Health Record Technology, or CEHRT-generated, QRDA I files for submission. The most recent Java Runtime Environment (JRE) should be used; a minimum of Java 7 must be installed to use the PSVA Tool. **NOTE: CMS is expecting one QRDA I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that file. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per Zip file. Files can be uploaded from either the PSVA Tool or directly to the QSP. All eCQMs must be from the same quarter.**	☐

October 2016 ListServe Distributions

- **10/3/2016** - CY 2016 IQR – EHR Alignment Preparation Checklist for eCQM Reporting – QRDA Category I File Production Instructions Document Is Now Available

- **10/3/2016** - QRDA eCQM Submission Customer Satisfaction Survey

To ensure you're receiving program updates, please visit the QualityNet.org website and locate the Join ListServes tab on the left side of the main page.

Upcoming Presentations and Archived Webinar Materials

Upcoming presentations: "*Pioneers in Quality Expert-to-Expert Series*" JointCommission.org

10/27/16 *STK-6, STK-8, STK-10*
11/8/16 *PC-01, PC-05*
11/29/16 *AMI-8a*
12/6/16 *ED-1, ED-2*
12/13/16 *STK-2, STK-3, STK-5*
12/15/16 *CAC3, EDHI-1*

For archived IQR-EHR Incentive Program Alignment webinar materials, please visit QualityReportingCenter.com.

- ✓ **10/14/2016** – *A Demonstration for Submitting QRDA Category I Files for CY 2016 Reporting*

Frequently Asked Question (FAQ) - #1
Delay in Processing Batches of QRDA Category I Files

Question

If we submit two batches of files, and we receive the data-upload notification email (first email), but we have not received the uploaded data-processed notification email (second email), what do we do? Does the process change if we submit test versus production files?

Answer

Whether submitting test or production files, wait a full 24 hours after receiving the initial data-upload notification email. If the second email (the data-processed notification) has not arrived, contact the *QualityNet* Help Desk to request assistance troubleshooting the status [qnetsupport@hcqis.org; (866) 288-8912]. Be sure to have the batch ID(s) available. It is important to submit your production files in a timely manner to prevent reporting delays.

FAQ - #2
CONF Number Isn't Listed in the CMS IG

Question

If I am attempting to address a specific CMS conformance (CONF) error, and the CONF number is not listed in the CMS Quality Reporting Document Architecture (QRDA) Implementation Guide (IG) for CY 2016, how do I troubleshoot the error?

Answer

As an example, the data submitter receives the following error message: "Reporting Period Effective Date Range does not match one of the Program's Calendar Year (CY) Discharge Quarters (CONF: CMS_0079)." If the data submitter is unable to locate the CONF number by using the search function (CTRL + F), keywords like "Reporting Period" can be used.

FAQ - #3
QualityNet Report – Successful Submission

Question

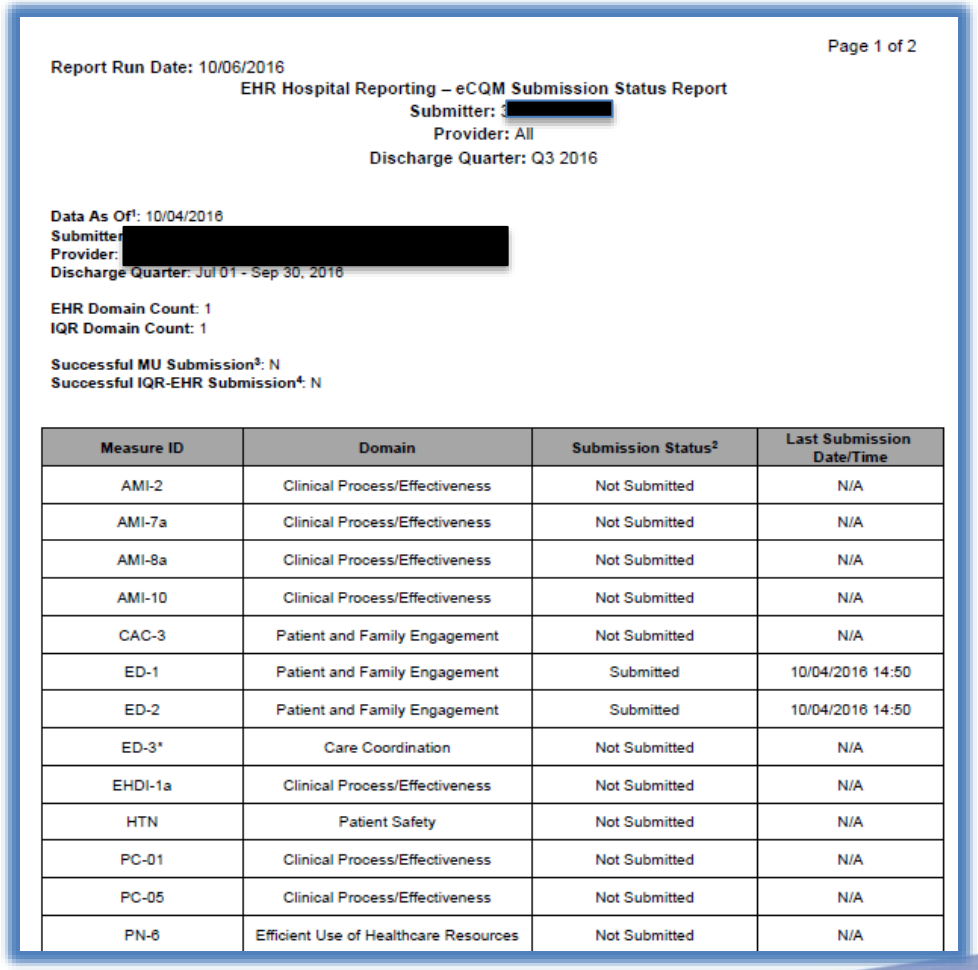
Which *QualityNet* Report can provide a breakdown if we've successfully submitted eCQMs to the IQR Program for the reporting of production files? Does this report review the submission of QRDA Category I files and tell me if we've successfully reported Zero Denominators, too?

Answer

The eCQM Submission Status Report

- Production file submissions **only**
- Summary-level view signaling successful submission of eCQMs, Zero Denominators, and Case Threshold Exemptions

eCQM Submission Status Report Screenshot



Report Run Date: 10/06/2016

EHR Hospital Reporting – eCQM Submission Status Report

Submitter: [redacted]

Provider: All

Discharge Quarter: Q3 2016

Data As Of[1]: 10/04/2016
Submitter
Provider:
Discharge Quarter: Jul 01 - Sep 30, 2016

EHR Domain Count: 1
IQR Domain Count: 1

Successful MU Submission[3]: N
Successful IQR-EHR Submission[4]: N

Measure ID	Domain	Submission Status[2]	Last Submission Date/Time
AMI-2	Clinical Process/Effectiveness	Not Submitted	N/A
AMI-7a	Clinical Process/Effectiveness	Not Submitted	N/A
AMI-8a	Clinical Process/Effectiveness	Not Submitted	N/A
AMI-10	Clinical Process/Effectiveness	Not Submitted	N/A
CAC-3	Patient and Family Engagement	Not Submitted	N/A
ED-1	Patient and Family Engagement	Submitted	10/04/2016 14:50
ED-2	Patient and Family Engagement	Submitted	10/04/2016 14:50
ED-3*	Care Coordination	Not Submitted	N/A
EHDI-1a	Clinical Process/Effectiveness	Not Submitted	N/A
HTN	Patient Safety	Not Submitted	N/A
PC-01	Clinical Process/Effectiveness	Not Submitted	N/A
PC-05	Clinical Process/Effectiveness	Not Submitted	N/A
PN-6	Efficient Use of Healthcare Resources	Not Submitted	N/A

FAQ - #4
Vendor Authorization

Question

Are hospitals allowed to have more than one vendor submit eCQM data? Is there a deadline to authorize the vendor(s) for CY 2016 reporting?

Answer

Hospitals may have more than one vendor submit eCQM data. Both the hospital and vendor must contact the *QualityNet* Help Desk and obtain the EHR Data Upload Role to be authorized to submit data on the hospital's behalf. Vendor(s) must be authorized prior to any eCQM data being uploaded into the *QualityNet Secure Portal.*

FAQ - #5
CY 2016 eCQM Submission

Question

This question is in regards to CY 2016 reporting: Can a facility submit some patient files from Quarter 3 discharge data and other patient files from Quarter 4 discharge data to fulfill the minimum of four eCQMs to meet that portion of the IQR Program requirement?

Answer

The EHR must be certified to report the four eCQMs the facility self-selects and the data must be representative of their total patient population from **either** Quarter 3 or Quarter 4 of CY 2016. To meet program requirements, all eCQM data must be within the **same** discharge quarter and submitted by the February 28, 2017 deadline.

Facilities must successfully report a combination of QRDA Category I files, Zero Denominator Declarations, and/or Case Threshold Exemptions, for at least four of the 28 available eCQMs for the

IQR Program.

Resources

***QualityNet* Help Desk – PSVA and Data Upload**

Qnetsupport@hcqis.org

(866) 288-8912, 7 AM–7 PM CT, Monday through Friday

eCQM General Program Questions – IQR Program & Policy

https://cms-ip.custhelp.com

(866) 800-8765 or (844) 472-4477, 7 AM–7 PM CT, Monday through Friday (except holidays)

Resources

EHR (Meaningful Use) Information Center – EHR Incentive Program

(888) 734-6433, 7:30 AM–6:30 PM CT, Monday through Friday

JIRA – Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System

http://oncprojectracking.org

Resource to submit questions and comments regarding:

- Issues identified with eCQM logic
- Clarification on specifications
- The Combined QRDA IG for 2016

HIPAA and the Cloud – New Guidance from the Office for Civil Rights

Deven McGraw

Deputy Director, Health Information Privacy, Office for Civil Rights (OCR), HHS

Purpose

- To assist HIPAA covered entities (CEs) and business associates (BAs), in understanding their HIPAA obligations to protect the privacy and security of electronic protected health information (ePHI) when they take advantage of cloud technologies
- http://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing/index.html

Definition of Business Associate

… a person who: (i) On behalf of such covered entity… **creates, receives, maintains, or transmits protected health information** for a function or activity regulated by this subchapter, including claims processing or administration, data analysis, processing or administration… or (ii) **Provides … services** to or for such covered entity, … …involves the disclosure of protected health information from such covered entity…to the person.

…includes: …other person that provides **data transmission services…that requires access on a routine basis** to such protected health information. (ii) A person that offers a personal health record to one or more individuals on behalf of a covered entity.. (iii) **A subcontractor** that creates, receives, maintains, or transmits protected health information on behalf of the business associate….

45 CFR 160.103 Definitions

CSPs are Business Associates…

- When a covered entity engages the services of a CSP *to create, receive, maintain, or transmit* ePHI on its behalf, the CSP is a business associate under HIPAA.
- When a business associate of a covered entity subcontracts with a CSP *to create, receive, maintain, or transmit* ePHI for purposes of assisting the business associate in performing functions or services for the covered entity, the CSP subcontractor is a business associate of the original business associate

IF CSP is a BA

- CE & CSP, or BA & CSP, must establish HIPAA-compliant business associate agreements (BAA), and
- CSP is both contractually liable for meeting the terms of the agreement, and directly liable for compliance with the applicable requirements of the HIPAA Rules.

Questions

- If a CSP stores only encrypted ePHI and does not have a decryption key, is it a business associate?
- Yes, because it receives, transmits and maintains ePHI - even if it cannot view the ePHI. We refer to these as *no-view* services in guidance.
  - Lacking a decryption key does not alone assure the confidentiality, integrity & availability of ePHI.
  - Guidance walks through considerations for addressing particular requirements of the Rules, e.g., implementing appropriate access controls.
  - Entities should document how each party will address requirements.

Questions

- Can a CSP be considered to be a *conduit* like the postal service, and therefore not a business associate that must comply with the HIPAA Rules? ?
  - Unlikely, as the conduit exception is limited to transmission-only services, & temporary storage of PHI incident to such transmissions. Any conduit access to PHI is transient, not persistent.
- Which CSPs offer HIPAA compliant cloud services?
  - OCR does not endorse certify or recommend specific technology or products.

Questions

- What if a covered entity (or BA) uses a CSP for ePHI without first executing a BA agreement with CSP ?
  - The CE is in violation of the HIPAA Rules.
  - CSP that is a BA must comply with Rules regardless of whether it has executed a BAA with the CE using its services.
  - When CSP discovers that a CE or BA customer is using its cloud for ePHI, it must either
    - come into compliance & enter into a BAA or
    - securely return the ePHI to the customer or, if agreed to by the customer, securely destroy the ePHI.

Questions

- Do the HIPAA Rules allow a covered entity or business associate to use a CSP that stores ePHI on servers outside of the United States?
  - Yes. Same requirements apply. However, a CE would need to consider the location of the BA in its risk analysis and risk management, as outsourced storage overseas may present special considerations/increased vulnerabilities.

Questions

- Must CSPs that are business associates provide documentation or allow auditing of their security practices by their customers who are covered entities or business associates?
  - The Rules require assurances in the form of the BAA. CEs may require additional assurances from BAs as part of their risk management.
- If a CSP receives and maintains only information that has been de-identified in accordance with the HIPAA Privacy Rule, is it is a business associate?
  - No. Such de-identified information is not PHI.

BA Access FAQ

May a business associate of a HIPAA covered entity block or terminate access by the covered entity to the protected health information (PHI) maintained by the business associate for or on behalf of the covered entity?

FAQ addresses

- Privacy Rule requirements for permissible uses and disclosures of PHI
- Security Rule considerations for ensuring ePHI confidentiality, integrity, & availability
- Fulfilling PR individual access right
- Special services & CE responsibilities

http://www.hhs.gov/hipaa/for-professionals/faq/2074/may-a-business-associate-of-a-hipaa-covered-entity-block-or-terminate-access/index.html

Updated 2016 QRDA I Schematron v2.3

Shanna Hartman and Reshma Patel

Division of Electronic Clinician and Quality (DECQ)

ESAC, Inc.

Background

- Submission of Quality Reporting Document Architecture (QRDA) Category I files for the 2016 reporting year
- Updated QRDA Category I Schematron v2.3 released to address errors preventing QRDA I files from being accepted
- Programs affected
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Medicare Electronic Health Record (EHR) Incentive Program
  - Physician Quality Reporting System (PQRS)

2016 QRDA I Schematron v2.3

- The issues identified with the 2016 CMS QRDA I Schematron are being resolved with this single update
- CMS Receiving Systems and the larger community will have access to the same updated Schematron
  - CMS eCQM Receiving Systems – November 2016
  - Pre-Submission Validation Application (PSVA) – Anticipated November 2016
  - Submission Engine Validation Tool (SEVT) – Anticipated December 2016
  - Cypress Validation Utility (CVU) – Anticipated October 2016

2016 QRDA I Schematron v2.3

- What it means for submitters
  - Must use new QRDA Category I Schematron v2.3 to successfully submit files
  - IQR Submissions opened October 1, 2016: Previously accepted QRDA Category I files are still considered valid and do not need to be resubmitted
  - PQRS Submissions: open as planned January 2017
  - No changes to QRDA Category III
  - Deadline for eCQM Submission for 2016 reporting has not changed – February 28, 2017

Resources

- CMS Library
  - https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html
- eCQI Resource Center QRDA Space
  - https://ecqi.healthit.gov/qrda
- ONC QRDA JIRA Issue Tracker
  - https://oncprojectracking.healthit.gov/support/browse/QRDA
- QualityNet Support
  - https://www.qualitynet.org/

The Joint Commission's 2017 Measure Selection Requirements

Patty Craig and Sharon Sprenger

The Joint Commission

The Joint Commission's 2017 Performance Measure Selection

- The following documents provide additional information concerning The Joint Commission's 2017 Performance Measure Selection requirements and can be found under the "Measurement" section of The Joint Commission's website, ORYX Performance Measurement Reporting at http://www.jointcommission.org/performance_measurement.aspx
  - 2017 ORYX Performance Measure Reporting Requirements
  - Joint Commission Measures Effective January 1, 2017 (also includes retired measures)
  - Frequently Asked Questions About 2016 ORYX Performance Measure Reporting Requirements and Options

Questions?

Thank you!

CMS will share more information on the next CMS Quality Vendor Workgroup when it becomes available.