ELECTRONIC HEALTH RECORD (EHR) DATA SUBMISSION VENDOR (DSV) CRITERIA FOR SUBMISSION OF 2013 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) DATA

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The Tax Relief and Health Care Act of 2006 (TRHCA), enacted December 20, 2006, initially authorized the Physician Quality Reporting System (formerly Physician Quality Reporting Initiative or PQRI). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made the Physician Quality Reporting System permanent. As required by the Medicare, Medicaid, SCHIP Extension Act (MMSEA), signed into law on December 29, 2007 (Pub. Law 110-173), the Centers for Medicare & Medicaid Services (CMS) established alternative criteria for satisfactorily reporting and alternative reporting periods. In 2008 and 2009, CMS tested the submission of clinical quality data submitted by Electronic Health Record (EHR) vendors. In the 2010 Medicare Physician Fee Schedule (PFS) final rule, CMS authorized eligible professionals to be able to submit clinical quality data extracted from a CMS qualified EHR. In the 2012 Medicare Physician Fee Schedule (PFS) final rule, CMS announced an additional reporting mechanism referred to as an EHR Data Submission Vendor. An EHR Data Submission Vendor is an entity that receives and transmits clinical quality data extracted from an EHR product to CMS on behalf of an eligible professional.

In January and February 2014, CMS will accept clinical quality data for 2013 Physician Quality Reporting System (PQRS) measures submitted by EHR Data Submission Vendors on behalf of their participants. This option is an alternative submission mechanism that eligible professionals can choose to submit PQRS data in lieu of submitting via claims or EHR Direct Vendors. These submissions must relate to MPFS Part B covered professional services furnished in the 12-month, 2013 program year reporting period beginning January 1, 2013 and concluding December 31, 2013. All clinical quality data must be received by CMS in the CMS specified format prior to February 28, 2014 for consideration.

Eligible professionals who satisfactorily report 2013 PQRS EHR quality measure information through an EHR Data Submission Vendor may earn a PQRS incentive payment equal to 0.5 percent of their total allowed charges for all MPFS covered professional services furnished during the 2013 reporting period. Eligible professionals who satisfactorily report 2013 PQRS EHR quality measure information through an EHR Data Submission Vendor may avoid the prospective PQRS payment adjustment equal to 1.5 percent of their allowed charges for all MPFS covered professional services furnished during the 2015 reporting period.

For the 2013 program year, prospective vendors wishing to submit data on PQRS quality measures for a particular reporting period will be required to qualify for submission. This qualification process is necessary to verify that EHR Data Submission Vendors are able to submit data on PQRS quality measures on behalf of eligible professionals to CMS. EHR Data Submission Vendors who wish to report PQRS quality measures for 2013 will undergo (1) a self-nomination process and (2) a qualification process regardless of whether the EHR Data Submission Vendor was qualified for the previous program year.

Additional information on the Physician Quality Reporting System can be found on the Physician Quality Reporting System section of the CMS Web site at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS.

Program Year 2014 and Beyond

For 2014 and beyond, CMS will discontinue the qualification requirement for EHR Data Submission Vendors. CMS will continue to provide monthly EHR Data Submission Vendor support calls and allow EHR Data Submission Vendors access to the Submission Engine Validation Tool to submit test files for PQRS. CMS expects that the measures and reporting criteria available for PQRS and the Medicare EHR Incentive Program will be sufficiently aligned to justify requiring that an EHR Data Submission Vendor product undergo the Office of the National Coordinator for Health Information Technology (ONC) Certification process by 2014.

Electronic Prescribing Incentive Program

The eRx Incentive Program is a reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals. The program provides an incentive payment to eligible professionals who successfully e-prescribe for covered MPFS services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare as a Secondary Payer). In 2012, the program applied a payment adjustment to those eligible professionals who were not successful electronic prescribers.

Vendors participating as a 2013 EHR Data Submission Vendor have the opportunity to submit data for the Electronic Prescribing (eRx) Incentive Program. EHR Data Submission Vendors who wish to submit data for the eRx Incentive Program must indicate such during the PQRS self-nomination process.

Additional information on the eRx Incentive Program can be found on the Electronic Prescribing (eRx) incentive Program section of the CMS Web site at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html?redirect=/ERxIncentive/.

PQRS – Medicare EHR Incentive Pilot

Vendors participating as a 2013 EHR Data Submission Vendor also have the opportunity to submit data for the PQRS – Medicare EHR Incentive Pilot. EHR Data Submission Vendors who wish to report the PQRS – Medicare EHR Incentive Pilot must indicate such during the PQRS self-nomination process.

Eligible Professionals participating in the Medicare EHR Incentive Program may satisfy the clinical quality measure (CQM) component through participation in the PQRS – Medicare EHR Incentive Pilot.

The Medicare EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that successfully demonstrate meaningful use of certified EHR technology.

Please note that participation in the PQRS – Medicare EHR Incentive Pilot requires the use of an ONC certified EHR product. Organizations planning to participate in both PQRS and the PQRS – Medicare EHR Incentive Pilot, must meet the EHR Data Submission Vendor criteria as outlined in this document for the PQRS, as well as verify ONC Certification for the eligible professional's EHR product. Eligible professionals participating in the Medicare EHR Incentive Program must also meet the other 14 components of Medicare EHR Incentive Program.

Additional information regarding the PQRS – Medicare EHR Incentive Pilot will be available in the 2013 PQRS Medicare Electronic Health Record (EHR) Incentive Pilot: Quick Reference Guide. This Quick Reference Guide will be available for download by the end of December 2012 on the Electronic Health Record Reporting page of the CMS PQRS website located at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AlternativeReportingMechanism.html. Additional information on the Medicare EHR Incentive Program can be found on the EHR Incentive Program section of the CMS Website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms.

Self-Nomination

Prospective 2013 EHR Data Submission Vendors must submit a self-nomination statement via the Communication Support Page prior to 5:00 PM ET on **January 31, 2013**. The Communication Support Page is located at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234. It can also be accessed by selecting the Communication Support Page link within the Related Links section on the landing page of the PQRS portal at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212. The self-nomination statement simply indicates to CMS an intent to participate as an EHR Data Submission Vendor in PQRS.

Please note an IACS (Individuals Authorized Access to the CMS Computer Services) account is required to access the Communication Support Page. It is important to register for an IACS account as soon as possible. The IACS registration process can take 4-6 weeks. Vendors that have an existing IACS account for PQRS should log into the PQRS portal to verify that the account is active. Vendors can register for a new IACS account or update an existing account by navigating to the CMS Applications Portal located at the following link: https://applications.cms.hhs.gov/. For assistance with new and existing IACS accounts, please refer to the Quick Reference Guides that can be accessed by selecting the Quick Reference Guide link within the Physician and Other Health Care Professionals Quality Reporting Portal section on the landing page of the PQRS portal at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212.

Prospective 2013 EHR Data Submission Vendors experiencing difficulties in submitting a self-nomination statement should contact the QualityNet Help Desk for assistance. The QualityNet Help Desk can assist in

submitting a self-nomination statement, as well as provide assistance in resolving any issues encountered when using the Communication Support Page. Contact information for the QualityNet Help Desk can be found at the end of this document.

EHR Data Submission Vendor Criteria

EHR Data Submission Vendors are classified as either a closed vendor or an open vendor.

1. **Closed Vendor:**
    a. An organization that submits data on behalf of their own internal employees. For example, a vendor that is a medical facility that only submits data on behalf of the eligible professionals within the facility.
    b. An organization that provides their services to a certain specialty. For example, a specialty board that only offers services to clients within their specialty. This organization would only be submitting a subset of the EHR measures that are directly related to the specialty they are serving.

2. **Open Vendor:** An organizations that provides their services to clients in the public domain. For example, a vendor that has developed an EHR that is marketed to the general public.

The vetting criteria are different for closed and open vendors.

1. **Closed Vendor:**
    a. For PQRS, a closed vendor must qualify for all EHR measures they intend to report for their clients (A minimum of 3 measures).
    b. If a closed vendor elects to submit, for the PQRS – Medicare EHR Incentive Pilot, they must qualify for at least the 3 core, 3 alternate core, and a minimum of 3 additional EHR Incentive Program measures.
    c. If a closed vendor elects to submit for eRx Incentive Program, they must qualify for the eRx measure.

2. **Open Vendor:**
    a. For PQRS, an open vendor must qualify for all of the EHR measures.
    b. If an open vendor elects to submit, for the PQRS – Medicare EHR Incentive Pilot, they must qualify for all of the EHR measures.
    c. If an open vendor elects to submit for eRx Incentive Program, they must qualify for the eRx measure.

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To be considered an EHR Data Submission Vendor for 2013 the Vendor, regardless of vendor participation in the previous program year, must complete the Self-Nomination Statement process which will include the vendor's agreement indicating the intent to adhere to the following criteria. The criteria listed in Table #1 and Table #2 that are only applicable to the PQRS – Medicare EHR Incentive Pilot will apply to those vendors indicating participation in the PQRS – Medicare EHR Incentive Pilot.

Please note that in addition to PQRS, prospective 2013 EHR Data Submission Vendors may participate in the eRx Incentive Program and PQRS – Medicare EHR Incentive Pilot. The criteria listed below have been listed in a table format to detail the differences between the programs.

1. Criteria listed in Self-Nomination Statement

Table #1

Vendor Criteria	PQRS & eRx Incentive Program	PQRS – Medicare EHR Incentive Pilot
Provide the measure numbers for the EHR measures on which the EHR Data Submission Vendor is reporting. Vendors reporting on all EHR measures must list the measures individually (e.g. 1, 2, 3). Specific requirements for closed and open vendors are listed above.	✓	✓
Indicate the programs, in addition to PQRS; the vendor seeks to qualify for its users to submit in addition to individual measures. In the Self-Nomination form, please select all that apply, in addition to PQRS: Medicare EHR Incentive Program and/or eRx individual or GPRO.	✓	✓
Have at least 25 active users. In the Self-Nomination form, provide the estimated number of individual Eligible Professionals that you will submit data on their behalf.	✓	✓
Provide the data collection methods that apply. In the Self-Nomination form, select all applicable options.	✓	✓
Be able to separate out and report on Medicare Part B Fee-For-Service (FFS) patients.	✓	✓
Be able to collect and provide the Tax Identification Number (TIN)/National Provider Identifier (NPI) with quality data.	✓	✓
Be in existence as of January 1, 2012. In the Self-Nomination form, please provide the first year of your organization's existence.	✓	✓
Transmit this data in the CMS-approved format.	✓	✓
Comply with a CMS-specified secure method for data submission, such as submitting the EHR vendor's data through an identity management system specified by CMS.	✓	✓

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Vendor Criteria	PQRS & eRx Incentive Program	PQRS – Medicare EHR Incentive Pilot
Participate in all ongoing PQRS mandatory support calls hosted by CMS (approximately one call per month). Failure to attend more than one call per year may result in the formal removal of the EHR Data Submission Vendor from the program.	✓	✓
Be able to collect and transmit all required data elements according to the 2013 EHR Data Submission Specifications.	✓	✓
Must not be in beta test form.	✓	✓
Provide at least 1 feedback report, based on the data submitted for the 2013 PQRS incentive reporting period. Although CMS requires that EHR Data Submission Vendors provide at least 1 feedback report to all participating eligible professionals, CMS encourages EHR Data Submission Vendors to provide an additional interim feedback report, if feasible, so that an eligible professional may determine what steps, if any, are needed to meet the criteria for satisfactory reporting and quality improvement.	✓	✓
Enter into and maintain with participating professionals an appropriate Business Associate Agreement that provides for the EHR Data Submission Vendor's receipt of patient-specific data from the eligible professionals, as well as the EHR Data Submission Vendor's disclosure of patient-specific data on Medicare beneficiaries on behalf of eligible professionals who wish to participate in PQRS.	✓	✓
Obtain and keep on file signed documentation that each holder of an NPI has authorized the EHR Data Submission Vendor to submit patient-specific data on Medicare beneficiaries to CMS for the purpose of PQRS participation. This documentation must be obtained at the time the eligible professional signs up with the EHR Data Submission Vendor for purposes of PQRS participation and must meet any applicable laws, regulations, and contractual business associate agreements.	✓	✓
Provide CMS access (upon request) to review the Medicare beneficiary data on which 2013 PQRS EHR-based submissions are founded or provide to CMS a copy of the actual data.	✓	✓
Provide CMS a signed, written attestation statement stating that the quality measure results and any and all data, including numerator and denominator data provided to CMS, are accurate and complete.	✓	✓
Have access to the identity management system specified by CMS (such as, but not limited to, IACS) to submit Medicare clinical quality data to a CMS clinical data warehouse.	✓	✓

Vendor Criteria	PQRS & eRx Incentive Program	PQRS – Medicare EHR Incentive Pilot
Submit a test file containing dummy clinical quality data to a CMS clinical data warehouse during a timeframe specified by CMS. For privacy reasons, only test files containing dummy data shall be accepted.	✓	✓
Submit a production file containing the eligible professional's 2013 PQRS Medicare clinical quality data extracted from an EHR for the entire 12-month reporting period.	✓	✓
If feasible, provide only those data elements needed to calculate the measure (per the EHR measure specifications).	✓	✓
Use PQRS EHR measure specifications to calculate reporting rates or performance rates unless otherwise stated.		✓
Pledge to send to PQRS data in the Quality Reporting Data Architecture (QRDA) Category I format if Medicare EHR Incentive Program data is submitted via XML.		✓

2. The additional criteria listed below are not included within the online Self-Nomination form. An EHR Data Submission Vendor must include the following verbiage in the 'Additional CMS Requirements' field to indicate the vendors' intent to adhere to the criteria listed in Table #2 below.

   'INSERT NAME OF VENDOR' acknowledges we will meet or comply with all of the criteria listed within Table #2 of the Electronic Health Record (EHR) Data Submission Vendor (DSV) Criteria for Submission of 2013 Physician Quality Reporting System (PQRS) Data document.

Table #2

Vendor Criteria	PQRS & eRx Incentive Program	PQRS – Medicare EHR Incentive Pilot
For PQRS, eRx Incentive Program and PQRS – Medicare EHR Incentive Program, all data must be received in proper format by CMS prior to February 28, 2014 for consideration.	✓	✓
For PQRS and eRx data, be able to transmit data in a CMS-approved format utilizing a Clinical Document Architecture (CDA) standard such as QRDA Category I.	✓	
For PQRS – Medicare EHR Incentive Pilot, be able to transmit aggregate data in a CMS approved XML format.		✓
For EHR measures, an eligible professional reporting via EHR Data Submission Vendor needs to report at least three measures with a reporting rate of ≥80% AND a performance rate of >0% during a specified reporting period to be considered incentive eligible.	✓	

Vendor Criteria	PQRS & eRx Incentive Program	PQRS – Medicare EHR Incentive Pilot
Inform CMS of the cost for eligible professionals that the vendor charges to submit PQRS (eRx Incentive Program and PQRS – Medicare EHR Pilot, if applicable) data to CMS.	✓	✓
Agree to verify the information and qualifications of the EHR Data Submission Vendor prior to posting (includes names, contact, measures, cost, etc.) and furnish/support all of the services posted for the EHR Data Submission Vendor on the CMS Website.	✓	✓

Vendors who participate in the 2013 program may need to update their system if there are any changes in the measure specifications that may arise due to alignment of Physician Quality Reporting System with the EHR Incentive Program implementation of meaningful use.

List of 2013 EHR Data Submission Vendors

For the 2013 program year, CMS will post the 2013 List of EHR Data Submission Vendors on the CMS PQRS website as soon as technically feasible.

The List of EHR Data Submission Vendors will include the vendor name, contact information, the programs and measures being supported, participation status for prior program year, participation in the Electronic Prescribing (eRx) Incentive program, and participation in the PQRS – Medicare EHR Incentive Pilot. CMS is requiring that EHR Data Submission Vendors disclose cost information for the services they provide to clients for the 2013 program year and will include the information in the List of EHR Data Submission Vendors.

Help Desk Support

Questions regarding any of the information contained in this document can be submitted to the QualityNet Help Desk.

QualityNet Help Desk:
Available: Monday – Friday; 7:00 AM–7:00 PM CT
Phone: 1-866-288-8912
TTY: 1-877-715-6222
Email: Qnetsupport@sdps.org