

# Requirements for Electronic Health Record (EHR) Direct Vendors Qualification for the 2012 PHYSICIAN QUALITY REPORTING SYSTEM

## Background

The Physician Quality Reporting System was initially implemented in 2007 analyzing quality-data codes submitted through claims. In 2010 an additional reporting method through qualified EHRs was added. The 2012 Medicare PFS final rule continues to allow submission of clinical quality data extracted from CMS “qualified” EHRs, which are now referred to as EHR direct vendors as well as through a new reporting option via qualified EHR data submission vendors. See 2012 EHR Data Submission Vendor requirements for specific requirements.

EHR direct vendors are those vendors who are qualifying an EHR product and version for Eligible Professionals to utilize to directly submit their Physician Quality Reporting System measures data to CMS in the CMS-specified format on their own behalf.

The self-nomination and vetting process for EHR direct vendors for 2012 Physician Quality Reporting System was completed in 2011; however, an additional vetting period for new EHR direct vendors will be available in 2012. Those vendors who previously qualified during the 2011 vetting period do not need to repeat vetting requirements. This document describes the requirements for self-nomination for the additional vetting period, including important deadlines for qualification.

## Requirements

For an EHR direct vendor and their product to qualify, they must submit test information on 2012 Physician Quality Reporting System measures and the EHR system must be updated according to the Final 2012 EHR Measure Specifications and EHR Data Submission Specifications Utilizing HL7 QRDA, which are posted on the Physician Quality Reporting System section of the CMS website.

In addition, 2012 Physician Quality Reporting System EHR direct qualified vendors must meet the following requirements:

- Be able to collect and transmit all required data elements according to the 2012 EHR Data Submission Specifications
- Be able to separate out and report on ALL Medicare Part B PFS patients only
- Be able to include Tax Identification Number (TIN)/National Provider Identifier (NPI) information submitted with an eligible professional’s quality data.
- Be able to transmit this data in the CMS-approved format
- Comply with a secure method for data submission
- Not be in a beta test form
- Have at least 25 active users
- Participate in ongoing Physician Quality Reporting System mandatory support conference calls hosted by CMS (approximately one call per month). Failure to attend more than one call per year will result in the removal of the EHR direct vendor from the 2012 EHR qualification process
- Indicate the reporting options the vendor seeks to qualify for its users to submit, including individual measures, eRx for individuals, and eRx for GPROs
- Be able to report (and test submission) for all 51 e-specified measures
- Be able to report only the measures selected by the eligible professional
- Report only those data elements (in a QRDA level 1 format) needed to calculate the measures (if possible)

## Self Nomination

EHR direct vendors who wish to become qualified to participate in 2012 Physician Quality Reporting System should submit a self-nomination letter. The letter should be sent to:

**2012 Physician Quality Reporting System EHR Direct Nomination  
Centers for Medicare & Medicaid Services  
Office of Clinical Standards and Quality  
Quality Measurement and Health Assessment Group  
7500 Security Boulevard  
Mail Stop S3-02-01  
Baltimore, MD 21244-1850**

### **Please allow two weeks for mail processing**

The self-nomination letter must be received no later than **5 p.m. on January 31, 2012**. Failure to meet this milestone will preclude the EHR direct vendor from testing their system and from subsequent qualification to submit 2012 Physician Quality Reporting System quality measure data from their EHR product.

The process for qualifying EHR direct vendor systems to submit clinical quality data by eligible professionals for 2012 Physician Quality Reporting System are expected to follow the process listed below:

1. Vendors will self-nominate their EHR product as described above
2. Nominees will go through a vetting process consisting of a test file submission process where TEST data (that is, mocked-up data) is submitted on all 51 EHR measures in the CMS-approved file format
3. Vendors who pass may need to adapt their system to any changes in the measure specifications that may arise due to alignment of Physician Quality Reporting System with the EHR Incentive Program (HITECH) implementation of meaningful use

CMS will post on the Physician Quality Reporting System website the names of those EHR direct vendors and their version-specific products (i.e., soap notes version 2.1) that have met all of the EHR direct vendor requirements and have passed the qualification process. Users of these qualified products may submit quality data directly from their EHRs to CMS for 2012 Physician Quality Reporting System or subsequent program years.

All of the information contained within this document will also apply for EHR direct vendors that would like to become qualified to report on the electronic prescribing (eRx) measure for the 2012 eRx Incentive Program. EHR vendors that want to report the 2012 eRx measure for the 2012 Group Practice Reporting Option (GPRO) will also have to follow the requirements contained in this document. Any EHR vendor that wants to report on the 2012 eRx measure and/or the 2012 eRx measure for GPRO should indicate this in their self-nomination letter.

**NOTE:** Participation in HITECH requires the use of an EHR product that is ONC certified. If your organization is participating in the Physician Quality Reporting System, and HITECH EHR Direct Pilot, both certification from ONC and meeting the “qualified” requirements for EHRs as outlined in this document for the Physician Quality Reporting System are required. An eligible professional (EP) will need to submit 3 core measures, and up to 3 alternate core measures plus an additional 3 measures from the remaining 44 HITECH measures. At a minimum an EP will need to have patient information for at least one of these measures. That is, an EP will need to have at least 1 patient in the denominator of at least 1 submitted measure.

The following table identifies the differences in EHR vendor requirements to become qualified to participate in the Physician Quality Reporting System during program year 2012.

<b>Requirements</b>	<b>EHR Direct (PQRS Only)</b>	<b>EHR Data Submission Vendor (PQRS Only)</b>	<b>Medicare EHR Incentive Pilot (HITECH requirements)</b>
Be able to collect and transmit all required data elements according to the 2012 EHR Data Submission Specifications at the beneficiary level	X	X	
Be able to separate out and report on Medicare Part B PFS patients only	X	X	X
Provide the measure numbers for the quality measure that are being reported	X	X	X
Be able to collect all needed data elements and transmit to CMS the data at the TIN/NPI level			X
Be able to include Tax Identification Number (TIN)/National Provider Identifier (NPI) information submitted with an eligible professional's quality data.	X	X	X
Be able to calculate and submit measure-level reporting rates or, upon request, the data elements needed to calculate the reporting rates by TIN/NPI			X
Be able to calculate and submit, by TIN/NPI, a performance rate for each measure on which the TIN/NPI report or, upon request the Medicare beneficiary data elements needed to calculate the reporting rates.			X
Report the number of eligible instances (reporting denominator)			X
Report the number of instances a quality service is performed (reporting numerator)			X
Report the number of performance exclusions, meaning the quality action was not performed for a valid reason as defined by the measure specification			X
Report the number of reported instances, performance not met, meaning the quality action was not performed for no valid reason as defined by the measure specification			X
Be able to transmit this data in the CMS-approved QRDA format	X	X	
Be able to transmit this data in a CMS-approved XML format			X
Comply with a secure method for data submission	X	X	X
Not be in a beta test form	X	X	X
Be in existence as of January 1, 2012	X	X	X
Have at least 25 active users	X	X	X

Requirements	EHR Direct (PQRS Only)	EHR Data Submission Vendor (PQRS Only)	Medicare EHR Incentive Pilot (HITECH requirements)
Participate in ongoing Physician Quality Reporting System mandatory support conference calls hosted by CMS (approximately one call per month). Failure to attend more than one call per year will result in the removal of the EHR vendor from the 2012 EHR qualification process	X	X	X
Have access to the identity management system specified by CMS	X	X	X
Submit a test file containing dummy clinical quality data	X	X	X
Submit a file containing the eligible professional's 2012 Physician Quality Reporting System Medicare clinical quality data extracted from the EHR for the entire 12-month reporting period.		X	X
Provide at least 1 feedback report		X	X
Indicate the reporting options the vendor seeks to qualify for its users to submit in addition to individual measures (eRx for individuals, eRx for GPROs)	X	X	
Self nomination	Due January 31, 2012	Due January 31, 2012	Due January 31, 2012
Enter into and maintain appropriate Business Associate Agreement which includes the TIN/NPI of the eligible professional and establishes permission for the vendor to submit data on behalf of the eligible professional		X	X
Obtain and keep on file, signed documentation that each holder of an NPI whose data are submitted, has authorized approval to submit patient-specific data to CMS		X	X
Provide CMS access to review Medicare beneficiary data if requested		X	X
Use Physician Quality Reporting System measure specifications and the CMS provided measure calculation algorithm, or logic, to calculate reporting rates or performance rates			X
Provided a calculated result using the CMS supplied measure calculation logic and XML file for each measure that will be submitted. Show calculations for proper measure results using the CMS-supplied logic and send the calculated data back to CMS in the specified format, if requested			X
Submit an acceptable validation strategy		X due March 31, 2012	X due March 31, 2012

Requirements	EHR Direct (PQRS Only)	EHR Data Submission Vendor (PQRS Only)	Medicare EHR Incentive Pilot (HITECH requirements)
Perform the validation outlined in the strategy and send the results to CMS by June 30, 2013 for the 2012 reporting year's data		X	X
Provide CMS a signed, written attestation statement which states that the quality measure results and any and all data including numerator and denominator data provided to CMS are accurate and complete		X	X
Provide only those data elements needed to calculate the measure (per the e-specification) if able	X	X	
Pledge to send in PQRS data in the QRDA format if HITECH data is submitted via XML			X

PLEASE NOTE - This is a sample Self Nomination Letter. As with all documents of this nature, legal counsel review before use would be prudent. No additional information should be included in the Self Nomination Letter.

ABC EHR  
123 EHR Avenue  
Sample, MD 12345  
Tel: 123-456-7890  
Email: abcehr@abcehr.org

December 15, 2011

2012 Physician Quality Reporting EHR Direct Nomination<sup>ii</sup>  
Centers for Medicare & Medicaid Services  
Office of Clinical Standards and Quality  
Quality Measurement and Health Assessment Group  
7500 Security Boulevard  
Mail Stop S3-02-01  
Baltimore, MD 21244-1850

Dear PQRS Nomination Committee,

Please accept this submission as the Self Nomination of ABC EHR<sup>iii</sup> for possible inclusion in the 2012 Physician Quality Reporting System (PQRS) EHR Direct program. The ABC EHR<sup>iv</sup> meets all of the detailed requirements posted in the EHR Direct Requirements for submission of 2012 Physician Quality Reporting System document on the CMS PQRS website.

- Be able to collect and transmit all required data elements according to the 2012 EHR Data Submission Specifications at the beneficiary level
- Be able to separate out and report on Medicare Part B PFS patients only
- Provide the measure numbers for the quality measure that are being reported
- Be able to include Tax Identification Number (TIN)/National Provider Identifier (NPI) information submitted with an eligible professional's quality data.
- Be able to transmit this data in the CMS-approved QRDA format
- Comply with a secure method for data submission
- Not be in a beta test form
- Be in existence as of January 1, 2012
- Have at least 25 active users
- Participate in ongoing Physician Quality Reporting System mandatory support conference calls hosted by CMS (approximately one call per month). Failure to attend more than one call per year will result in the removal of the EHR vendor from the 2012 EHR qualification process
- Have access to the identity management system specified by CMS
- Submit a test file containing dummy clinical quality data
- Indicate the reporting options the vendor seeks to qualify for its users to submit in addition to individual measures (eRx for individuals, eRx for GPROs and Medicare EHR HITECH Pilot)
- Provide only those data elements needed to calculate the measure (per the e-specification) if able

ABC EHR intends to report both PQRS and eRx for eligible professionals<sup>v</sup>.

ABC EHR will utilize our internally<sup>vi</sup> developed electronic health record for EHR Direct submission. The ABC EHR has been developed with functionality to submit all of the EHR Direct PQRS and eRx measures<sup>vii</sup>.

Please address any questions to our project manager Jon Doe (123-456-7891 / [jdoe@abcehr.org](mailto:jdoe@abcehr.org)), our clinical representative Susie Nurse (123-456-7892 / [snurse@abcehr.org](mailto:snurse@abcehr.org)), and our technical representative Dan Jones (123-456-7893 / [djones@abcehr.org](mailto:djones@abcehr.org))<sup>viii</sup>.

Thanks

*Joe Smith*

Joe Smith  
CEO  
ABC EHR

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<sup>i</sup> Letter must be received no later than **5 p.m. ET on January 31, 2012.**

<sup>ii</sup> This Sample Self Nomination Letter is for an EHR Direct vendor. A Self Nomination Letter needs to be received for each of the vendor entities you would like to nominate for (e.g. Registry, EHR Direct, EHR Data Submission Vendors, Maintenance of Certification & GPRO).

<sup>iii</sup> Specify your Sponsoring Organization name and EHR Direct name if the two are different.

<sup>iv</sup> Specify your intent to participate as an EHR Direct vendor or an EHR Data Submission Vendor.

<sup>v</sup> Specify if the EHR Direct intends to report eRx for individual eligible professionals, eRx for GPROs, and Medicare EHR HITECH Pilot.

<sup>vi</sup> Specify that the product the EHR Direct vendor will be using is an internal product.

<sup>vii</sup> Specify that the EHR is capable of submitting all of the EHR Direct PQRS Measures and eRx Measure, if choosing to report eRx Measure.

<sup>viii</sup> Specify the appropriate individuals to contact when beginning the vetting processes. Provide a phone and an email address for a program, clinical, and technical representative. A minimum of two representatives need to be provided.