

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

Background

The Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative or PQRI) was initially implemented in 2007. For the 2007 PQRI reporting period (that is July 1, 2007 through December 31, 2007), quality-data codes were accepted only through claims submission. In 2008 and 2009, CMS tested the submission of clinical quality data submitted from EHR vendors. In the 2010 Medicare PFS final rule, CMS supported accepting submission of clinical quality data extracted from CMS “qualified” EHRs on January 1, 2011. The 2011 Medicare PFS final rule continues to allow submission of clinical quality data extracted from CMS “qualified” EHRs.

EHR Vendor Qualification Requirements for the 2012 Physician Quality Reporting Program Year

The self-nomination and vetting process for EHR vendors for 2012 Physician Quality Reporting will occur in 2011. This document describes the requirements for self-nomination including important deadlines for qualification.

For an EHR vendor and their product to qualify, they must submit test information on 2012 Physician Quality Reporting measures and the EHR system must be updated according to the Draft 2012 EHR Measure Specifications and EHR Data Submission Specifications Utilizing HL7 QRDA, which will be posted on the Physician Quality Reporting section of the CMS website in the summer of 2011.

In addition, 2012 Physician Quality Reporting EHR 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 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 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
- 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)

EHR Vendor Qualification Process

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

**2012 Physician Quality Reporting EHR 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**

The self-nomination letter must be received no later than **5 p.m. on January 31, 2011**. Failure to meet this milestone will preclude the EHR vendor from testing their system and from subsequent qualification to submit 2012 Physician Quality Reporting quality measure data from their EHR product.

EHR vendors who participated in the 2011 EHR testing process and had a system that was fully “qualified” to report Physician Quality Reporting for 2011 will not need to go through the full requalification process for that system for 2012, but may need to update their system in accordance with changes to specifications, system updates for new measures, etc. EHR vendors who participated in the 2011 EHR testing process and had systems that were not fully “qualified” will need to go through a full qualification process as described below. Those EHR vendors must also submit a self-nomination letter to the above address no later than **January 31, 2011**.

The process for qualifying EHR vendor systems to submit clinical quality data by eligible professionals for 2012 Physician Quality Reporting 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 an interview and a 2-step testing process
3. Those vendors passing step 2 will be asked to submit TEST data (that is, mocked-up data) in the CMS-approved file format
4. Vendors who pass step 2 may need to adapt their system to any changes in the measure specifications that may arise due to alignment of Physician Quality Reporting with the EHR Incentive Program (HITECH) implementation of meaningful use

CMS will post on the Physician Quality Reporting website the names of those EHR vendors and their version-specific products (i.e., soap notes version 2.1) that have met all of the EHR 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 or subsequent program years.

All of the information contained within this document will also apply for EHR 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) I or II 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 I or II should indicate this in their self-nomination letter.