

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

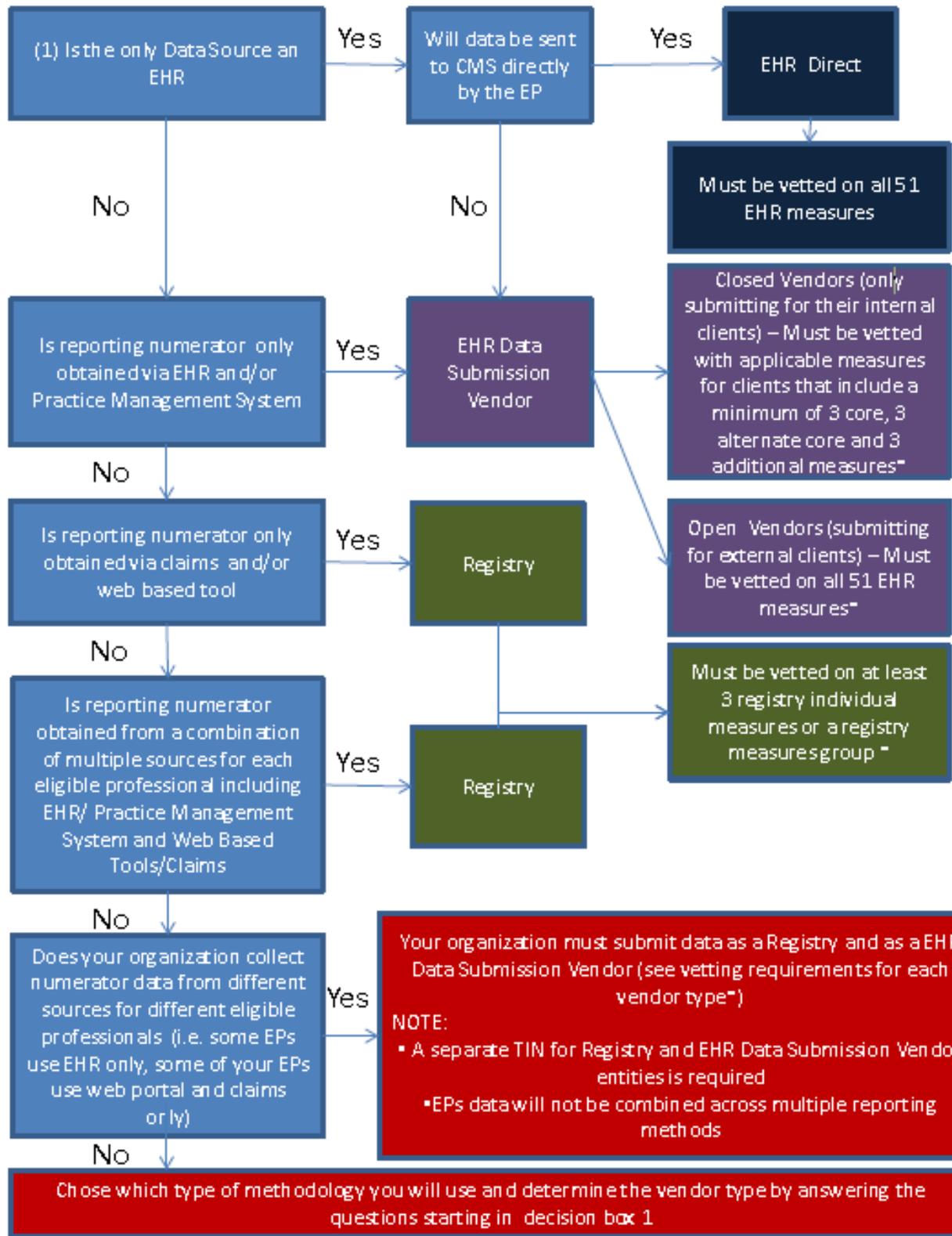
## **Background**

The Physician Quality Reporting System was initially implemented in 2007 where quality-data codes submitted through claims were collected and analyzed. In 2010 an additional reporting method, reporting via a qualified EHR, 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.

An EHR data submission vendor (DSV) is a vendor that collects an eligible professional’s clinical quality data (at least the numerator data) directly from the eligible professional’s EHR. DSVs will be responsible for submitting Physician Quality Reporting System measures data from an Eligible Professional’s EHR system to CMS in a CMS-specified format(s) on behalf of the eligible professional for the respective program year.

Please review the following decision tree to ensure that you are selecting the appropriate vendor type requirements.

# Vendor Type Decision Tree



This document describes the requirements for EHR data submission vendors including important deadlines for qualification. Please note that 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 will be reporting HITECH for eligible professionals, both certification from ONC (for the eligible professional's EHR) and meeting the "qualified" requirements as outlined in this document for the Physician Quality Reporting System are required.

## Requirements

The deadline for self-nomination for EHR data submission vendors for the 2012 Physician Quality Reporting System Program year is January 31, 2012, with the vetting process occurring in 2012. Please review the list of requirements for qualification located in the table at the end of this document.

CMS will post on the Physician Quality Reporting System website the names of those EHR data submission vendors that have met all of the EHR data submission vendor requirements and have passed the qualification process by the summer of 2012.

Eligible professionals who choose to use an EHR data submission vendor will electronically provide Medicare clinical quality data extracted from their EHR to a qualified EHR data submission vendor, who will then submit the Physician Quality Reporting System measures data to CMS in a CMS-specified format(s) on the eligible professional's behalf for the respective program year.

Please refer to the CMS website for the requirements for becoming an EHR Data Submission Vendor for the 2013 program year.

## Self-Nomination

For an EHR data submission vendor to qualify, they must submit test information on 2012 Physician Quality Reporting System measures and their measures engine must be updated according to the 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. Certified EHR Technology is not automatically qualified as a Physician Quality Reporting System qualified EHR. EHR data submission vendors are required to pass qualification requirements prior to being considered qualified to submit Physician Quality Reporting System data.

EHR data submission 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 Data Submission Vendor 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. E.T. on January 31, 2012**. Failure to meet this milestone will preclude the EHR data submission vendor from testing their system and from subsequent qualification to submit 2012 Physician Quality Reporting System quality measure data.

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

1. Vendors will self-nominate as described above
2. Nominees will go through a vetting process consisting of submission of TEST data (that is, mocked-up data) in the CMS-approved file format(s). The extent of the testing of the vendor's system will be dependent on whether they are an "open" or "closed" vendor.
  - i. EHR data submission vendors who only submit data on behalf for their internal clients are considered 'Closed'. Vetting will include the applicable measures for their internal clients and the three Medicare EHR Incentive Program core measures, the three alternate core measures, and three additional Medicare EHR Incentive Program measures
  - ii. EHR data submission vendors who submit data on behalf of external clients (and are open to new clients) are considered 'Open'. Vetting will require submission of test data on all 51 EHR measures
3. There are 2 basic requirements to become a qualified DSV. These include:
  - a. Be able to collect clinical quality measures data from an EHR and transmitting that data to CMS (via a portal) in a CMS approved format. For purposes of this program, that format is HL7 QRDA (level 1).
  - b. If the data submission vendor also desires to become qualified to submit HITECH clinical quality measure data on behalf of their EP clients, they would also have to be able to collect the requisite information from the EP's ONC-certified EHR, calculate the measure results (numerator, denominator, exclusions and reporting and performance rates) and report this information to CMS (via a portal) in a CMS specified format (XML). Furthermore, the DSV would need to report this information for the EP which includes the 3 core, and/or 3 alternate core (if any of the core measures have a zero in their denominator the DSV would need to collect 1 or more alternate core measures) plus 3 additional (of the 44) HITECH measures from the EP.  
**PLEASE NOTE:** EPs who do not have patients that meet the measure denominator criteria will not be eligible to participate in the Medicare EHR Incentive Pilot AND the data collection period (reporting period) for this pilot is 1 year regardless of the year of meaningful use the EP is in.
  - c. If an EP intends to report the HITECH clinical quality measures via a DSV, the DSV would need to send the individual data elements in the aforementioned requirement in a QRDA file. A DSV can simply report 3 or more of the 51 e-specified PQRS measures (in a level 1 QRDA) if the EP only wants to report for PQRS. In this case, the EHR need not be ONC certified, only PQRS qualified.
  - d. All of the data referred to (above) should be for Medicare Part B patients only.
4. Vendors who become qualified 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 (HITECH) implementation of meaningful use

CMS will post on the Physician Quality Reporting System website the names of those EHR data submission vendors that have met all of the EHR data submission vendor requirements and have therefore become PQRS "qualified." Qualified data submission vendors will submit their clients data to CMS for 2012 Physician Quality Reporting System in January 2013.

All of the information contained within this document will also apply for EHR data submission vendors that would like to become qualified to report on the electronic prescribing (eRx) measure for the 2012 eRx Incentive Program. EHR data submission 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 data submission vendor who wants to report the 2012 eRx measure, the 2012 eRx

measure for GPRO, or the Medicare EHR Incentive Pilot should indicate this information in their self-nomination letter.

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

Requirements	EHR Direct (PQRS Only)	EHR Data Submission Vendor (PQRS Only)	Medicare EHR Incentive Pilot (HITECH requirements)
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
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

Requirements	EHR Direct (PQRS Only)	EHR Data Submission Vendor (PQRS Only)	Medicare EHR Incentive Pilot (HITECH requirements)
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
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 Data Submission Vendor 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 Data Submission Vendor program. The ABC EHR<sup>iv</sup> meets all of the detailed requirements posted in the EHR Data Submission Vendor 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
- 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
- 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.
- Provide at least 1 feedback report
- 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 )
- 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
- 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
- Provide CMS access to review Medicare beneficiary data if requested
- Submit an acceptable validation strategy
- Perform the validation outlined in the strategy and send the results to CMS by June 30, 2013 for the 2012 reporting year's data

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.

- 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
- Provide only those data elements needed to calculate the measure (per the e-specification) if able
- Pledge to send in PQRS data in the QRDA format if HITECH data is submitted via XML

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

ABC EHR will utilize our internally<sup>vi</sup> developed electronic health record for EHR Data Submission Vendor submission. The ABC EHR has been developed with functionality to submit all of the EHR Data Submission Vendor 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 Data Submission 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 Data Submission Vendor, EHR Data Submission Vendors, Maintenance of Certification & GPRO).

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

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

<sup>v</sup> Specify if the EHR Data Submission Vendor 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 Data Submission Vendor will be using is an internal product.

<sup>vii</sup> Specify that the EHR is capable of submitting all of the EHR Data Submission Vendor 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.