December 13 CMS Quality Vendor Workgroup

December 13, 2018
12:00 – 1:30 p.m. ET
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| Quality Payment Program Updates                      | Ashley Spence  
Division of Electronic and Clinician Quality, CMS                  |
| Cypress™ – Cypress Validation Utility + Calculation Check (CVU+) | Lauren DiCristofaro, Laura Clark, and Sam Sayer  
MITRE                                                                 |
| 2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files | Shanna Hartman  
CMS Division of Electronic and Clinician Quality  
CMS/CCSQ/QMVIG  
Matt Tiller  
ESAC, Inc.  
Healthcare IT and Life Sciences Data Management Solutions Contractor |
| Questions                                            |                                                                         |
Quality Payment Program Updates
Ashley Spence

Division of Electronic and Clinician Quality, CMS
QPP Resource Library

• The Centers for Medicare & Medicaid Services (CMS) has moved Quality Payment Program resources from CMS.gov to the redesigned Quality Payment Program Resource Library on qpp.cms.gov.

• CMS wanted to make Quality Payment Program information and resources easier to find by including a search function that allows users to search for resources by year, reporting track, performance category, and document type.

• Additional resources including materials from educational webinars will be added to the new Quality Payment Program Resource Library soon.
Resource Library

General Resources

MIPS Participation & Overview Fact Sheet (PDF 631KB)

Enterprise Identity Data Management (EIDM) User Guide (PDF 2.2MB)

2018 MIPS Scoring 101 Guide (PDF 4.1MB)

+ View more general resources
Full Resource Library

Search - Hide filters

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<th>Performance Year</th>
<th>OPP Reporting Track</th>
<th>Performance Category</th>
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<tr>
<td>2018</td>
<td>All</td>
<td>All</td>
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85 Resources
QPP Resource Library

• For more information
  • Go to the Quality Payment Program Resource Library to review QPP resources.
  • Visit the Quality Payment Program website to check your participation status, explore measures, and to review guidance on MIPS, APMs, what to report, and more.
The Centers for Medicare & Medicaid Services (CMS) recently released its Final Rule for Year 3 (2019) of the Quality Payment Program.

In Year 3 of the Quality Payment Program, CMS is continuing to use the framework established by the Patients Over Paperwork initiative, implement meaningful measures, promote interoperability, support small and rural practices, reduce clinician burden, and improve patient outcomes.
QPP Final Rule

• To learn more about the PFS Final Rule and the Year 3 Quality Payment Program policies, review the following resources:
  • Executive Summary – provides a high-level summary of the Quality Payment Program Year 3 final rule policies
  • Fact Sheet – offers an overview of the policies for Year 3 (2019) and compares these policies to the current Year 2 (2018) requirements

• For technical assistance, please visit the Quality Payment Program website, or contact QPP@cms.hhs.gov.

• Slides from the November 15th Quality Payment Program Year 3 Final Rule Overview Webinar can be found here.
Cypress™ – Cypress Validation Utility + Calculation Check (CVU+)

Lauren DiCristofaro
Laura Clark
Sam Sayer

MITRE
Cypress

- Cypress is the rigorous and repeatable testing tool for Electronic Health Records (EHR) and EHR modules in calculating electronic clinical quality measures (eCQM).
- Cypress serves as the official testing tool for the EHR Certification program supported by the Office of the National Coordinator for Health IT (ONC).
- The Cypress tool is open source and freely available for use or adoption by the health IT community, including EHR vendors and testing labs.
- Cypress v4 supports the eCQMs released in the Annual Update for 2019 Reporting/Performance
Introducing, Cypress Validation Utility + Calculation Check (CVU+)

- Cypress v5 will include an expanded, integrated Cypress Validation Utility
- Expected production release during Summer 2019
- This feature is currently under development
- The Cypress team will be soliciting feedback on requirements from the vendor community early in development
  - Beta releases will begin in Spring 2019
- Updates and feedback sessions will take place during Cypress-hosted Bi-Weekly Tech Talks
  - Next session December 4, 2018
  - See https://healthit.gov/cypress/ for meeting logistics
CVU+

- This feature seeks to address the vendor concern that the ‘certification process does not mirror a production scenario for eCQM reporting’
  - Certification uses a constrained set of test patients
  - Certification does not enforce reporting program requirements (i.e., CMS Implementation Guide)
- CVU+ builds on the ease of use of the CVU, with the calculation checks of Cypress
- CVU+ will supplement the existing certification program
  - Use of CVU+ is not a currently requirement of the program
CVU+ – Features

• Enhanced verification of a Health IT system’s eCQM calculation
  • Using a combination of Cypress defined patients, and “bring your own” patients
  • Calculation for multiple eCQMs at once
• Verification of a Health IT system’s ability to be configured (by a provider) to report to CMS programs
  • CVU+ will test conformance with program specific requirements in the CMS QRDA Implementation Guides
Resources

- **Cypress Bi-Weekly Tech Talks**
  - Next session December 18, 2018
  - Check [https://healthit.gov/cypress/](https://healthit.gov/cypress/) for logistics
- **Cypress Talk List**
  - [project-cypress-talk@googlegroups.com](mailto:project-cypress-talk@googlegroups.com)
- **ONC JIRA**
  - [http://oncprojecttracking.healthit.gov/](http://oncprojecttracking.healthit.gov/)
- **GitHub**
  - [https://www.github.com/projectcypress/cypress](https://www.github.com/projectcypress/cypress)
- **Website**
  - [https://healthit.gov/cypress](https://healthit.gov/cypress)
- **Demo Server**
  - [https://cypressdemo.healthit.gov](https://cypressdemo.healthit.gov)
  - [https://cypressvalidator.healthit.gov](https://cypressvalidator.healthit.gov)
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THANK YOU
2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files

Shanna Hartman
CMS Division of Electronic and Clinician Quality
CMS/CCSQ/QMVIG

Matt Tiller
ESAC, Inc.
Healthcare IT and Life Sciences Data Management Solutions Contractor
2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files

• Background
  • The Centers for Medicare & Medicaid Services (CMS) has published the final 2019 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) Schematron, and Sample Files.
  • The 2019 CMS QRDA III IG provides technical instructions for QRDA III reporting for
    • Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
    • Promoting Interoperability (PI)
    • Comprehensive Primary Care Plus (CPC+)
2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files (1 of 3)

- The high-level changes from the 2018 QRDA III IG Version 2 (last updated July 27, 2018) to 2019 CMS QRDA III IG
  - Increased alignment with its base standard, the HL7 QRDA III STU R2.1 IG
  - Now shows the template changes from the base HL7 QRDA III STU R2.1 IG only
  - Updated eCQM Universally Unique Identifiers (UUIDs) for the 2019 performance period eCQMs* that were released on May 4, 2018.

- The Improvement Activities identifiers and Promoting Interoperability measure identifiers to be published in subsequent addendum with publication of the 2019 Physician Fee Schedule Rule.

*Please note, measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for the applicable program.
The changes made in the 2018 CMS QRDA III IG V2 last updated July 27, 2018 that are also in the 2019 CMS QRDA III IG:

- The templates have been updated to report the performance period at the individual measure/activity level. The performance period under MIPS can be reported at the individual measure level for the MIPS quality measures and at the individual activity level for the MIPS improvement activities (IA), as defined by CMS, or the performance category level for Quality and IA performance categories.
- Performance period reporting for Promoting Interoperability (formerly Advancing Care Information) and CPC+ remains at the category level.
- Addition of a new CMS program name code “MIPS_VIRTUALGROUP” to support MIPS virtual group reporting.
2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files (3 of 3)

- Schematron and Sample File includes:
  - Schematron file for the 2019 CMS QRDA III IG that contains a list of assertion rules used to validate QRDA reports and conform to the requirements specified in the IG.
  - Sample QRDA III files for the CPC+ program and the MIPS group reporting
    - Updated for the 2019 Performance Period
    - Validates against the 2019 CMS QRDA III IG Schematron file
Additional QRDA Resources

- **2019 CMS QRDA III IG**
- **2019 CMS QRDA Schematron and Sample Files**
- You can find additional QRDA-related resources, as well as current and past IGs, on the [eCQI Resource Center QRDA page](ecqi.healthit.gov/qrda) at ecqi.healthit.gov/qrda
- For questions related to the QRDA Implementation Guides and/or Schematrons, visit the [ONC QRDA JIRA Issue Tracker](https://oncqrda-jira.healthit.gov)
- For questions related to Quality Payment Program/Merit-based Incentive Payment System data submissions, visit the Quality Payment Program [website](https://www.cms.gov/Medicare/Medicare-Payment/Quality-Payment-Program/) or contact by phone 1-866-288-8292, TTY: 1-877-715-6222 or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)
Questions?
cmsqualityteam@ketchum.com
Topics?
Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening! Please email cmsqualityteam@Ketchum.com with your suggestions.
Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held in February 2019. CMS will share more information when it becomes available.