Distributed January 2, 2018:

News Updates

Eligible Hospitals and CAHs: Remember to Use QualityNet for Attestation in 2018

The Centers for Medicare & Medicaid Services (CMS) is streamlining the attestation process for the Medicare Electronic Health Record (EHR) Incentive Program by migrating attestation from the Medicare & Medicaid EHR Incentive Program Registration and Attestation System to the QualityNet Secure Portal (QNet).

As of January 2, 2018, Medicare eligible hospitals and CAHs attesting to CMS for the EHR Incentive Program must use QNet. The change applies to calendar year (CY) 2017 attestations, as well as future reporting periods. QNet is the same system Medicare eligible hospitals and CAHs currently use for clinical quality measure (CQM) reporting.

- **Medicaid eligible hospitals** should contact their state Medicaid agencies for specific information on how to attest.
- **Dually eligible hospitals and CAHs** will register and attest for Medicare on the QNet portal and update and submit registration information in the Registration and Attestation System.

QNet Help Desk

Starting on January 2, 2018, you should **contact the QNet Help Desk** rather than the EHR Incentive Program Information Center if you need help with the registration and attestation process. The QNet Help Desk is available 8 a.m. - 8 p.m. ET, Monday through Friday:

E-mail: qnetsupport@hcqis.org

Phone: (866) 288-8912

TTY: (877) 715-6222

Fax: (888) 329-7377

Distributed January 3, 2018:

News Updates

Now Available: Updated CY 2018 CMS QRDA I Schematron for Hospital Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) has published an updated schematron for the 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting. **This guidance is for electronic clinical quality measure (eCQM) submissions for calendar year (CY) 2018 and QRDA Category I files only.** QRDA Category I file submissions are for the following:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Hospitals and Critical Access Hospitals

The updated schematron addresses an issue in the implementation of the QRDA I conformance statement CONF: CMS_0009, which states that a patient identifier other than the Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) must be present in the *recordTarget* element. Prior to the schematron

update, a file submitted without an additional patient identifier would not be flagged in error.

This update ensures the presence of the additional patient identifier beyond HICN and MBI.

Please visit the Electronic Clinical Quality Improvement (eCQI) Resource Center QRDA page for the updated Schematron file.

Additional QRDA-Related Resources:

Additional QRDA-related resources, as well as current and past implementation guides, are found on the eCQI Resource Center QRDA page.

For questions related to this guidance, the QRDA Implementation Guides, or Schematrons, visit the ONC QRDA JIRA Issue Tracker.

Distributed January 4, 2018:

News Updates

Now Available: CMS Data Submission System for Clinicians in the Quality Payment Program

CMS Launches New Data Submission System on QPP.CMS.GOV for Clinicians in the Quality Payment Program

On Tuesday, January 2, the Centers for Medicare & Medicaid Services (CMS) launched a new data submission system for clinicians participating in the Quality Payment Program. Clinicians can now submit all of their 2017 Merit-based Incentive Payment System (MIPS) data through one platform on the qpp.cms.gov website. Data can be submitted and updated any time from **January 2, 2018 to March 31, 2018**, with the exception of CMS Web Interface users who will have a different timeframe to report quality data from January 22, 2018 to March 16, 2018. Clinicians are encouraged to log-in early to familiarize themselves with the system.

How to Login to the Quality Payment Program Data Submission System

To login and submit data, clinicians will use their Enterprise Identity Management (EIDM) credentials.

- The EIDM account provides CMS customers with a single user identification they can use to access many CMS systems.
- The system will connect each user with their practice Taxpayer Identification Number (TIN). Once connected, clinicians will be able to report data for the practice as a group, or for individual clinicians within the practice.
- To learn about how to create an EIDM account, see this user guide.

Real-Time Scoring

As data is entered, clinicians will see real-time initial scoring within the MIPS performance categories. Data is automatically saved and clinician records are updated in real time. This means a clinician can begin a submission, leave without completing it, and then finish it at a later time without losing the information.

Payment Adjustment Calculations

Payment adjustments will be calculated based on the last submission or submission update that occurs before the submission period closes on March 31, 2018.

Determining Eligibility

There are two eligibility look-up tools available to confirm a clinician's status in the Quality Payment Program. Clinicians who may be included in MIPS should check their National Provider Identifier (NPI) in the MIPS Participation Status Tool, which will be updated with the most recent eligibility data, to confirm whether they are required to submit data under MIPS for 2017. For clinicians who know they are in an MIPS APM or Advanced APM, CMS is working to improve the Qualifying APM Participant (QP) Look-up Tool to include eligibility information for Advanced APM and MIPS APM participants. We anticipate sharing this updated tool in January 2018.

For More Information

To learn more about the Quality Payment Program data submission system, please review this fact sheet or view any of the following training videos:

1. Merit-based Incentive Payment System (MIPS) Data Submission
2. Advancing Care Information (ACI) Data Submission for Alternative Payment Models (APMs)

3. Data Submission via a Qualified Clinical Data Registry and Qualified Registry

Visit qpp.cms.gov to explore measures and activities and to review guidance on MIPS, APMs, what to report, and more.

Go to the Quality Payment Program Resource Library on CMS.gov to review Quality Payment Program resources.

Questions?

Contact the Quality Payment Program at QPP@cms.hhs.gov or 1-866-288-8292 (TTY: 1-877-715-6222).

Distributed January 5, 2018:

News Updates

The *Skilled Nursing Facility Quality Reporting Program Assessment-Based Measures Confidential Feedback Report Webinar* Materials and Full Confidential Feedback Reports are Now Available

On December 6, 2017, the Centers for Medicare and Medicaid Services (CMS) held a webinar on the Confidential Feedback Reports for the assessment-based measures adopted for the Skilled Nursing Facility Quality Reporting Program (SNF QRP). If you were unable to attend this session or would like to review the information again, the webinar audio and transcript are now available for download here.

Additionally, the SNF QRP Confidential Feedback Reports/Quality Measure Reports containing the assessment and claims-based IMPACT Act measures are now available via the Certification and Survey Provider Enhanced Reports (CASPER) Reporting System. For more information on these reports, please visit the SNF Measures and Technical Information and the SNF QRP Training websites.

Assessment-based quality measures:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)
- Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

Claims-based quality measures:

- Total Estimated Medicare Spending Per Beneficiary (MSPB) Measure
- Discharge to Community-Post Acute Care– SNF QRP
- Potentially Preventable 30-Day Post Discharge Readmission Measure

Please note: CMS has discovered an error in some of the MSPB measure calculations contained in the SNF October 2017 Confidential Feedback/Quality Measure reports. The error affects the risk adjustment of the measure. CMS has corrected this issue and the data has been loaded into the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. These facility level quality measures reports are on-demand, user-requested reports in your CASPER folder in QIES. Providers should request an updated version of the report to review the corrected MSPB measure calculation.

If you have questions about the information contained in your report, please contact the SNF QRP Help Desk at SNFQualityQuestions@cms.hhs.gov.

Distributed January 8, 2018:

News Updates

The *Proposed Removal of Influenza Vaccination Measure from Home Health Quality of Patient Care Star Rating Webinar* Materials are Now Available Online

On December 14, 2017, the Centers for Medicare & Medicaid Services (CMS) hosted a webinar for Medicare-certified home health agencies. CMS presented the rationale, comments received, timing, and impact of CMS' decision to remove the Influenza Vaccination Measure from the Quality of Patient Care Star Ratings (QoPC). If you were unable to attend this session or would like to review the information again, the webinar audio and transcript are now available for download here.

The updated methodology to compute the QoPC Star Ratings will be implemented in the April 2018 Home Health Compare refresh.

Distributed January 29, 2018:

News Updates

Eligible Hospitals and CAHs: Get Help with Attestation on QNet

Medicare attestation for the CMS Electronic Health Record (EHR) Incentive Program for eligible hospitals and critical access hospitals (CAHs) has transitioned to a new platform.

As of January 2, 2018, eligible hospitals and CAHs attesting to CMS for the EHR Incentive Program must now submit their Calendar Year (CY) 2017 attestations through the QualityNet Secure Portal (QNet).

- **Medicaid eligible hospitals** should contact their state Medicaid agencies for specific information on how to attest.
- **Dually eligible hospitals and CAHs** will register and attest for Medicare on the QNet portal and update and submit registration information in the Registration and Attestation System.

Attestation Resources

CMS has developed a series of user guides to help with the enrollment, registration, and attestation process:

- QNet Enrollment User Guide — a guide for creating and updating QNet accounts to prepare for Medicare attestation. The user guide includes step-by-step instructions for creating a new account on QNet.
- QNet User Role Management Guide — a guide for updating provider and administrator QNet accounts with the appropriate user account "roles" required for attestation.
- QNet Hospital Registration and Attestation User Guide — a guide for registering for attestation on QNet.
- QNet Hospital Objectives and Clinical Quality Measures User Guide — a guide for navigating the data submission process on QNet.

A video demonstration of the attestation process on QNet from a recent CMS webinar is also available. Slides from the demonstration webinar are available on the Eligible Hospital Information page.

QNet Help Desk

For help with registration and attestation on QNet, **contact the QNet Help Desk** rather than the EHR Incentive Program Information Center. The QNet Help Desk is available 8 a.m. - 8 p.m. ET, Monday through Friday.

E-mail: qnetsupport@hcqis.org

Phone: (866) 288-8912

TTY: (877) 715-6222

Fax: (888) 329-7377

Distributed February 5, 2018:

News Updates

New Medicare Card Information

New Medicare Card: Web Updates

To help you prepare for the transition to the Medicare Beneficiary Identifier (MBI) on Medicare cards beginning April 1, 2018, review the new information about remittance advices.

Beginning in October 2018, through the transition period, when providers submit a claim using a patient's valid and active Health Insurance Claim Number (HICN), CMS will return both the HICN and the MBI on every remittance advice. Here are examples of different remittance advices:

- Medicare Remit Easy Print (Medicare Part B providers and suppliers)
- PC Print for Institutions
- Standard Paper Remits: FISS (Medicare Part A/Institutions), MCS (Medicare Part B/Professionals), VMS (Durable Medicare Equipment)

Find more new information on the New Medicare Card provider webpage.

New Medicare Card: When Will My Medicare Patients Receive Their Cards?

Starting April 2018, CMS will begin mailing new Medicare cards to all people with Medicare on a flow basis, based on geographic location and other factors. Learn more about the Mailing Strategy. Also starting April 2018, your patients will be able to check the status of card mailings in their area on Medicare.gov.

For More Information:

- Mailing Strategy
- Questions from Patients? Guidelines
- New Medicare Card overview and provider webpages

Distributed February 13, 2018:

News Updates

Advancing Care Information Improvement Activities Bonus for 2017 CMS QRDA III

The Centers for Medicare & Medicaid Services (CMS) has identified an additional advancing care information identifier for use with the 2017 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) Version 1.0 for Eligible Clinicians and Eligible Professionals Programs.

The identifier, ACI_IACEHRT_1 for Advancing Care Information Improvement Activities Bonus, should be used when submitting for an advancing care information bonus for the use of certified electronic health record technology (CEHRT) for an improvement activity. An updated version of the 2018 CMS QRDA III IG will be published to reflect the addition of this identifier.

This announcement is for vendors and data submitters about the additional identifier missing from the table 'Advancing Care Information Objectives and Measures Identifiers'.

- **Identifier**: ACI_IACEHRT_1
- **Description**: Advancing Care Information Improvement Activities Bonus
- **Reporting Metric**: Yes/No

If you have **not** yet submitted QRDA III data to the Quality Payment Program (QPP) for 2017 and need to account for the ACI_IACEHRT_1, you can simply include this measure identifier as part of your advancing care information section of your submission file.

If you have already submitted QRDA III data to QPP for 2017 and need to include the ACI_IACEHRT identifier, you can either:

- Submit a full QRDA III submission which includes all the data previously submitted, plus the ACI_IACEHRT_1 measure, or
- Submit a QRDA III for only the advancing care information category which includes all the data previously submitted for advancing care information, plus the ACI_IACEHRT_1 measure.

Additional QRDA-Related Resources:

You can find additional QRDA related resources, as well as current and past implementation guides, on the eCQI Resource Center. For questions related to the QRDA Implementation Guides and/or Schematrons, visit the ONC QRDA JIRA Issue Tracker.

For questions related to QPP/Merit-based Incentive Payment System data submissions, visit the QPP website or contact us by phone 1-866-288-8292, TTY: 1-877-715-6222 or email QPP@cms.hhs.gov.

Distributed February 21, 2018:

News Updates

Now Available: eCQM Annual Update Pre-Publication Document

The Centers for Medicare & Medicaid Services (CMS) has published the Electronic Clinical Quality Measures (eCQM) Annual Update Pre-Publication Document, which describes changes in the standards and code set versions used in the updated measures for potential use in CMS quality reporting programs for 2019 reporting/performance.

This document reflects changes that will go into effect for the 2019 reporting/performance period.

The Pre-Publication Document is designed to help health information technology developers, Eligible Professionals, Eligible Clinicians, and Eligible Hospitals prepare for the 2019 reporting/performance period through transparent pre-release of expected standards and code system versions.

The eCQM annual update for 2019 reporting/performance is expected to be available Spring 2018. Please follow the electronic Clinical Quality Improvement (eCQI) Resource Center, CMS, and the Office of the National Coordinator for Health Information

Technology (ONC) listservs to receive updates and announcements on the eCQM Annual Update publication and related supporting materials.

Please submit questions or comments regarding the standards being used or the upcoming eCQM annual update to the eCQM Issue Tracker.

Distributed March 2, 2018:

News Updates

You Can Now Find the EHR Incentive Programs Frequently Asked Questions (FAQs) on the EHR Incentive Programs Website

You can now find the EHR Incentive Programs FAQs on the EHR Incentive Programs website. To find a specific FAQ, health care providers can search the FAQ page on the EHR Incentive Programs website by topic or within the comprehensive FAQ document by FAQ number.

For More Information

For more information on the EHR Incentive Programs, please contact the EHR Information Center at 888-734-6433 (press option 1) or 888-734-6563 (TTY number). The EHR Information Center is open Monday – Friday from 9:00 a.m. to 5:00 p.m. CT, except federal holidays.

Distributed March 13, 2018:

News Updates

Additional Advancing Care Information Identifier for Use with the 2018 CMS QRDA III Implementation Guide

The Centers for Medicare & Medicaid Services (CMS) has published an updated 2018 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) for Eligible Clinician and Eligible Professional Programs. This is a republication of the 2018 CMS QRDA III IG for Eligible Clinicians and Eligible Professionals published on 11/27/2017. The updated version now includes an additional identifier (ACI_IACEHRT_1) for the Advancing Care Information Improvement Activities Bonus to be used when an eligible improvement activity using certified electronic health record technology (CEHRT) is submitted to the Quality Payment Program. The 2018 CMS QRDA III IG provides implementation guidance for the calendar year 2018 performance period.

- **Identifier**: ACI_IACEHRT_1
- **Description**: Advancing Care Information Improvement Activities Bonus
- **Reporting Metric**: Yes/No

When you're submitting QRDA III data to the Quality Payment Program for 2018 and you need to account for the ACI_IACEHRT_1, you can simply include this identifier as part of the Advancing Care Information section of your submission file.

Additional QRDA-Related Resources:.

- You can find additional QRDA related resources, as well as current and past implementation guides, on the eCQI Resource Center.
- For questions related to the QRDA Implementation Guides and/or Schematrons, visit the ONC QRDA JIRA Issue Tracker.
- For questions related to Quality Payment Program/Merit-based Incentive Payment System data submissions, visit the Quality Payment Program website. You can also contact the Quality Payment Program Service Center by phone: 1-866-288-8292/TTY: 1-877-715-6222 or via email: QPP@cms.hhs.gov.

Distributed March 21, 2018:

News Updates

CMS' HIMSS18 Presentations Are Now Available on the CMS Website

The Centers for Medicare & Medicaid Services (CMS) recently participated in the 2018 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Las Vegas from March 5-9, 2018.

CMS has posted the presentations from HIMSS18. Use the link below to access the presentations on each topic.

HIMSS18 Presentations:

- Meaningful Measures Initiative
- Quality Payment Program Year 2
- Quality Payment Program: Advancing Care Information
- Advanced Alternative Payment Models
- Quality Payment Program Developer Tools & EHRs Town Hall

Thank you all for your participation in this year's HIMSS18 conference, and we look forward to seeing you at HIMSS19!

Distributed April 24, 2018:

CMS Changes Name of the EHR Incentive Programs and Advancing Care Information to "Promoting Interoperability"

To continue our commitment to promoting and prioritizing interoperability of health care data, the Centers for Medicare & Medicaid Services (CMS) is overhauling and streamlining the Electronic Health Record (EHR) Incentive Programs for hospitals as well as for the Advancing Care Information performance category of the Merit-based Incentive Payment System (MIPS), which is one track of the Quality Payment Program. This change will move the programs beyond the existing requirements of meaningful use to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information.

To better reflect this focus, effective immediately CMS is renaming:

- The EHR Incentive Programs to the **Promoting Interoperability (PI) Programs** for eligible hospitals, critical access hospitals, and Medicaid providers
- The MIPS Advancing Care Information performance category to **the Promoting Interoperability performance category** for MIPS eligible clinicians

Please note that this rebranding does not merge or combine the EHR Incentive Programs and MIPS. In the coming weeks, CMS will be updating its websites and educational resources to reflect this change.

Distributed May 1, 2018:

Learn More about the FY 2019 Medicare Hospital Inpatient Prospective Payment System and Long-Term Acute Care Hospital Prospective Payment System Proposed Rule, and Request for Information

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On April 24, 2018, the Centers for Medicare & Medicaid Services (CMS) issued proposed updates to Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS), as well as a Request for Information (RFI) to solicit feedback on ways to better achieve interoperability.

The changes outlined in the proposed rule aim to:

- Empower patients through better access to hospital price information;
- Improve patients' access to their electronic health records; and
- Make it easier for providers to spend time with their patients.

The deadline for submitting comments on the proposed rule and RFI is **June 25, 2018.** CMS will provide further instructions on how to submit comments after the rule has been published in the Federal Register in early May.

EHR Incentive Programs Name Change

Effective immediately, CMS has changed the name of the EHR Incentive Programs to the **Promoting Interoperability (PI) Programs** for eligible hospitals, critical access hospitals (CAHs) and Medicaid providers.

This new name better reflects the new focus of the programs.

Major Provisions in the Proposed Rule

CMS has proposed the following changes:

- Eliminate a total of 19 measures (and decrease duplication for an additional 21 measures) acute care hospitals are currently required to report across the 5 hospital quality and value-based purchasing programs, while still maintaining meaningful measures of hospital quality and patient safety.
- For eligible hospitals and CAHs that report clinical quality measures (CQMs) electronically, make the PI reporting period one, self-selected calendar quarter of the calendar year (CY) 2019 and report on 4 self-selected CQMs from the set of 16. The submission period would be January 1- February 29, 2020.
- Beginning with the 2020 reporting period, remove 8 of the 16 CQMs consistent with CMS' commitment to producing a smaller set of more meaningful measures and in alignment with the Hospital IQR Program.
- Make the PI EHR reporting period in 2019 and 2020 for new and returning participants attesting to CMS or their State Medicaid agency be a minimum of any continuous 90-day period within each of the calendar years 2019 and 2020.
- Overhaul the PI Programs to focus on interoperability, improve flexibility, relieve burden, and incentivize providers to make it easier for patients to obtain their medical records electronically.

Other proposals include:

- Removing certain measures that do not emphasize interoperability and the electronic exchange of health information;
- Adding new measures, such as Query of the PDMP, and Verify Opioid Treatment Agreement, related to e-prescribing of opioids (Schedule II controlled substances) that align with the overall agency initiative on the treatment of opioid and substance use disorders; and
- Creating a new scoring methodology.

In the rule, CMS also reaffirms its commitment to APIs (Application Programming Interfaces) and the use of the most current version of Certified EHR Technology by 2019.

To learn more about these and other proposed changes, review the proposed rule, press release, and the fact sheet on the proposed rule.

Distributed May 4, 2018:

Updated eCQM Specifications and New eCQM Reading Guide Now Available

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The Centers for Medicare & Medicaid Services (CMS) has posted the eCQM annual update for the 2019 reporting period for Eligible Hospitals and Critical Access Hospitals (CAHs), and the 2019 performance period for Eligible Professionals and Eligible Clinicians. CMS updates the specifications annually to align with current clinical guidelines and code systems so they remain relevant and actionable within the clinical care setting. These updated eCQMs are fully specified and are to be used to electronically report 2019 clinical quality measure data for CMS quality reporting programs. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

CMS has updated eCQMs for potential inclusion in the following programs:

- The Hospital Inpatient Quality Reporting (IQR) Program
- The Medicare Promoting Interoperability Program (formerly known as the Medicare Electronic Health Record (EHR) Incentive Program)
- The Medicaid Promoting Interoperability Program (formerly known as the Medicaid EHR Incentive Program)
- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Comprehensive Primary Care Plus (CPC+)

What's New for 2019 Reporting/Performance

Use of Clinical Quality Language (CQL) - eCQMs for 2019 reporting will be expressed using the new CQL standard for logic expression and will continue to use the Quality Data Model (QDM) as the conceptual model to express clinical concepts. Refer to the QDM v5.3 Annotated version and

current version of the CQL standard to better understand how they work together to provide eCQMs that are human-readable and structured for electronic processing.

Guide to Reading eCQMs - This updated resource assists stakeholders in interpreting and understanding eCQMs. The guide provides information on eCQMs such as file naming conventions, understanding an eCQM human-readable rendition, QDM data criteria, value sets, and more.

Where to Find the Updated Measure Specifications

The updated measure specifications are available on the eCQI Resource Center for Eligible Hospitals and Critical Access Hospitals and Eligible Professionals and Eligible Clinicians under the 2019 Reporting/Performance Year.

Where to Find the 2019 eCQM Value Sets

The 2019 Reporting/Performance Period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center (VSAC). The value sets are available as a complete set, as well as value sets per measure.

Provide Feedback on the Updated Measures

To report questions and comments regarding the updated measures, visit the eCQM Issue Tracker. Note that an ONC Issue Tracking System account is required to ask a question or comment.

For More Information

To find out more about eCQMs, visit the eCQI Resource Center.

Distributed May 7, 2018:

The 2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting, Schematron, and Sample Files Are Now Available

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The Centers for Medicare & Medicaid Services (CMS) has published the 2019 CMS Quality Reporting Document Architecture (QRDA) Category I Hospital Quality Reporting (HQR) Implementation Guide (IG), Schematron, and sample files.

The 2019 CMS QRDA I HQR IG provides technical instructions for QRDA Category I reporting for eligible hospitals and critical access hospitals (CAHs) reporting electronic clinical quality measures for the calendar year 2019 reporting period for the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability (PI) Programs (formerly known as the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs) for eligible hospitals and CAHs

The 2019 CMS QRDA I IG contains the following high-level changes as compared with the reporting specifications for eligible hospitals and CAHs in the 2018 CMS QRDA I HQR IG:

- The 2019 CMS QRDA I HQR IG is based on the Health Level Seven (HL7) IG for CDA Release 2: QRDA Category I, Release 1, Standard for Trial Use (STU) Release 5
- The HL7 IG includes template updates to support the Quality Data Model version 5.3 Annotated
- Updated CMS program name codes from the former EHR Incentive Programs to the newly named PI Programs

Additional QRDA-Related Resources:

You can find additional QRDA-related resources, as well as current and past implementation guides, on the eCQI Resource Center QRDA page. For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the ONC QRDA JIRA Issue Tracker.

Distributed May 18, 2018:

Learn More about eCQMs for the 2019 Reporting/Performance Period

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The Centers for Medicare & Medicaid Services (CMS) recently posted the electronic clinical quality measure (eCQM) annual update for the 2019 reporting period for eligible hospitals and critical access hospitals (CAHs), and the 2019 performance period for eligible professionals (EPs) and eligible clinicians. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

These updated eCQMs are to be used to electronically report 2019 CQM data for the following CMS quality reporting programs:

- The Hospital Inpatient Quality Reporting Program
- The Medicare and Medicaid Promoting Interoperability Programs (formerly known as the EHR Incentive Programs)
- Quality Payment Program: The Merit-based Incentive Payment System and Advanced Alternative Payment Models
- Comprehensive Primary Care Plus

New updates for the 2019 reporting/performance period include:

- The use of clinical quality language logic;
- eCQM Reading Guide; and
- Updated eCQM Value Sets and Specifications.

Provide Feedback

CMS encourages you to submit questions and comments regarding the updated measures via the eCQM Issue Tracker.

For More Information

To learn more about 2019 eCQM annual update, click here. To learn more about eCQMs, visit the eCQI Resource Center.

Distributed July 2, 2018:

Now Available: Quality Data Model (QDM) v5.4

The Centers for Medicare & Medicaid Services has published the Quality Data Model (QDM) standard, version 5.4. The standard has been updated to align with the emerging standard, Health Level Seven International (HL7) Fast Healthcare Interoperability Resources (FHIR) and add increased explicit capabilities. Support for these features and modifications will be implemented in the production version of the Measure Authoring Tool (MAT) to be released in Fall 2018 (MAT v5.6). Measures produced using QDM v5.4 are anticipated for implementation in calendar year 2020, whereas QDM v5.3 is for calendar year 2019.

QDM v5.4 contains the following changes from QDM v5.3, Annotated:

- Added QDM datatype Assessment, Order
- Added "setting" attribute to QDM datatype Medication, Order
- Removed the "method" attribute from all datatypes with a recommended or order context
- Provided additional guidance to the use of the QDM datatype Device, Applied
- Provided additional guidance for the use of the QDM datatype Symptom
- Removed the "supply" attribute from QDM datatypes for which clinical data does not provide supply information
- Removed the "anatomical approach site" attribute from several QDM datatypes
- Retained the distinction between QDM categories Intervention and Procedure even though interoperability standards do not provide any differentiation between the two concepts
- Merged three Communication QDM datatypes – Communication, Provider to Patient; Communication, Patient to Provider; Communication, Provider to Provider into a single QDM datatype, Communication, Performed

- Provided some guidance on the use of the QDM substance category with existing use cases (blood product administration and exclusive breast milk feeding for newborn infants in the hospital)

Previously published versions of the QDM (through version 4.3) included the data model and logic required to compare one data element to another. With the implementation of Clinical Quality Language (CQL) in Fall 2017, the QDM includes only the data model, so this and future versions require the use of CQL as a separate method for expressing logic. QDM will continue to evolve based on stakeholder input and feedback from the QDM User Group.

For More Information

You can find current and past versions of the QDM and QDM User Group meeting information on the eCQI Resource Center QDM page.

Distributed July 13, 2018:

CMS Releases Proposed Rule for 2019 Medicare Quality Payment Program

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On July 12, the Centers for Medicare & Medicaid Services (CMS) released its proposed policies for Year 3 (2019) of the Quality Payment Program via the Medicare Physician Fee Schedule (PFS) Notice of Proposed Rulemaking (NPRM). The provisions included in the NPRM are reflective of the feedback we received from many stakeholders, and continue to provide additional flexibilities to reduce burden and smooth the transition, where possible, so that doctors and other clinicians can spend more time with patients.

Key proposals for Year 3 of the Quality Payment Program include:

- Expanding the definition of Merit-based Incentive Payment System (MIPS) eligible clinicians to include new clinician types (physical therapists, occupational therapists, clinical social workers, and clinical psychologists).
- Adding a third element (Number of Covered Professional Services) to the low-volume threshold determination and providing an opt-in policy that offers eligible clinicians who meet or exceed one or two, but not all, elements of the low-volume threshold the ability to participate in MIPS.
- Providing the option to use facility-based scoring for facility-based clinicians that doesn't require data submission.
- Modifying the MIPS Promoting Interoperability (formerly Advancing Care Information) performance category to support greater electronic health record (EHR) interoperability and patient access while aligning with the proposed new Promoting Interoperability Program requirements for hospitals.
- Moving clinicians to a smaller set of Objectives and Measures with scoring based on performance for the Promoting Interoperability performance category.
- Continuing the small practice bonus, but including it in the Quality performance category score of clinicians in small practices instead of as a standalone bonus.

- Streamlining the definition of a MIPS comparable measure in both the Advanced Alternative Payment Models (APMs) criteria and Other Payer Advanced APM criteria to reduce confusion and burden amongst payers and eligible clinicians submitting payment arrangement information to CMS.
- Updating the MIPS APM measure sets that apply for purposes of the APM scoring standard.
- Increasing flexibility for the All-Payer Combination Option and Other Payer Advanced APMs for non-Medicare payers to participate in the Quality Payment Program.
- Updating the Advanced APM Certified EHR Technology (CEHRT) threshold so that an Advanced APM must require that at least 75% of eligible clinicians in each APM Entity use CEHRT.
- Extending the 8% revenue-based nominal amount standard for Advanced APMs through performance year 2024.

Additionally, as result of our Human-Centered Design research, we've included new language that more accurately reflects how clinicians and vendors interact with MIPS. We look forward to your feedback on this approach. Please note that the official commenting mechanisms are outlined below.

Submit Comments by September 10

CMS is seeking comment on a variety of proposals in the NPRM. **Comments are due by September 10, 2018.**

You must officially submit your comments in one of the following ways:

- Electronically, through Regulations.gov
- Regular mail
- Express or overnight mail
- By hand or courier

For More Information

To learn more about the PFS NPRM and the Quality Payment Program proposals, review the following resources:

- Press release – provides more details about the announcement
- Fact sheet – offers an overview of the proposed policies for 2019 (Year 3) and compares these policies to the current 2018 (Year 2) requirements
- Webinar – overview of the proposed rule for the 2019 performance period with the opportunity to ask questions

To learn more about the Quality Payment Program, visit: https://qpp.cms.gov.

Distributed July 27, 2018:

Updates to the 2018 CMS QRDA III Implementation Guide

The Centers for Medicare & Medicaid Services (CMS) has published an updated 2018 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) for Eligible Clinicians and Eligible Professionals (EPs). This is an update to the 2018 CMS QRDA III IG for Eligible Clinicians and EPs originally published on 11/27/2017 and updated previously on 3/12/2018.

This latest update includes:

- Renaming of the Merit-based Incentive Payment System (MIPS) Advancing Care Information performance category to the Promoting Interoperability (PI) performance category.

- Changes to the MIPS performance period reporting which can be reported at either the individual measure level for the MIPS quality measures and at the individual activity level for the MIPS Improvement Activities, as defined by CMS; or the performance category level for the Quality and Improvement Activities performance categories, as previously specified in the 2018 CMS QRDA III IG.

  - Performance period reporting for PI will remain at the performance category level only.
  - Performance period reporting for Comprehensive Primary Care Plus (CPC+) for the Quality performance category remains at the category level only.

- The 2015 Edition (c)(4) filter certification criterion (45 CFR 170.315(c)(4)) is no longer a requirement for CPC+ reporting. However, practices must continue to report eCQM data at the CPC+ practice site level [practice site location, TIN(s)/NPI(s)].

- New CMS program name code created “MIPS_VIRTUALGROUP” to support MIPS virtual group reporting.

- Eight new PI measure identifiers have been developed that indicate active engagement with more than one registries.

- The new measure identifiers consist of an existing measure identifier appended with "_MULTI". For example, the new measure identifier "PI_PHCDRR_1_MULTI" indicates immunization registry reporting for multiple registry engagement.

Additional QRDA-Related Resources:

- You can find additional QRDA related resources, as well as current and past IGs, on the Electronic Clinical Quality Improvement Resource Center.
- For questions related to the QRDA IGs and/or Schematrons, visit the ONC QRDA JIRA Issue Tracker.
- For questions related to Quality Payment Program/MIPS data submissions, visit the Quality Payment Program website or contact by phone 1-866-288-8292, TTY: 1-877-715-6222 or email QPP@cms.hhs.gov.

Distributed August 1, 2018:

CMS Announces Updates to eCQM Value Sets for 2019 Reporting and Performance Periods

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The Centers for Medicare & Medicaid Services (CMS) and the National Library of Medicine (NLM) will publish updates to the electronic clinical quality measure (eCQM) value sets to align with the most recent releases to terminologies, including, but not limited to, International Classification of Diseases, 10th revision (ICD-10), Clinical Modification and Procedure Coding System, SNOMED CT, LOINC, RxNorm, and Current Procedural Terminology.

When will the addendum be published and what programs are affected by the addendum?

In September 2018, CMS will publish an addendum to the eCQMs (published in May 2018) to update relevant eCQM value sets for the 2019 reporting/performance year. This addendum will affect the electronic reporting of eCQMs for the following programs:

- The Quality Payment Program: Merit-based Incentive Payment System and Advanced Alternative Payment Models
- Comprehensive Primary Care Plus
- CMS Hospital Inpatient Quality Reporting
- Medicare and Medicaid Promoting Interoperability Programs

What changes are included in the addendum?

Changes will only affect the value sets for eCQMs. The Health Quality Measure Format specifications, the value set object identifiers, and the measure version numbers for 2019 eCQM reporting will not change.

The changes to the value sets consist of (1) deletion of expired codes, (2) addition of relevant replacement codes, and (3) addition of newly available codes that represent concepts consistent with the intent of the value set and corresponding measure(s).

Where will CMS and the NLM post the addendum?

All changes to the eCQM value sets will be available through the NLM's Value Set Authority Center download tab. The value sets will be available as a complete set, as well as value sets per measure.

Updated measure information, including revised technical release notes, will be available on the eCQI Resource Center website.

What do I need to do?

Measure implementers should review these changes to ensure their submissions comply with the updated requirements.

Where do I go for assistance?

Measure implementers can report questions regarding the addendum, eCQM value sets, and appropriateness of mapping to the ONC eCQM Issue Tracker. Visit the eCQI Resource Center to review additional frequently asked questions and answers regarding the addendum.

Distributed August 2, 2018:

Learn More About the FY 2019 Medicare IPPS and LTCH Final Rule

On August 2, the Centers for Medicare & Medicaid Services (CMS) issued updates to Fiscal Year (FY) 2019 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule.

The final rule changes the following aspects of the Promoting Interoperability (PI) Programs (formerly known as the EHR Incentive Programs):

- Sets a new performance-based scoring methodology for the Medicare Promoting Interoperability Program, that has a smaller set of objectives that will provide a more flexible, less-burdensome structure.
- Requires the use of 2015 Edition CEHRT for eligible hospitals and critical access hospitals (CAHs) beginning in Calendar Year (CY) 2019.
- Finalizes an EHR reporting period of any consecutive 90-day period for new and returning CMS or State Medicaid agency participants in CYs 2019 and 2020.
- Finalizes changes to measures and removes certain measures that do not emphasize interoperability and the electronic exchange of health information beginning in CY 2020.
- Requires eligible hospitals and CAHs to select one quarter of CY 2019 data during the EHR reporting period and choose at least four self-selected electronic clinical quality measures (eCQMs) from a set of 16 for eCQM reporting.

For More Information

To learn more about these and other finalized changes, review the final rule, press release, and the fact sheet.

For more information on the PI Programs, visit the PI Programs landing page.

Distributed August 27, 2018:

2019 eCQM Flows are Available Now

The Centers for Medicare & Medicaid Services (CMS) developed and published the 2019 performance period electronic clinical quality measure (eCQM) flows for eligible clinicians and eligible professionals (EPs) to the eCQI Resource Center. The eCQM flows are designed to assist in interpretation of the eCQM logic and calculation methodology for performance rates. eCQM flows provide an overview of each of the population criteria components and associated data elements that lead to the inclusion or exclusions into the eCQM's quality action (numerator).

eCQM flows supplement eCQM specifications for eligible clinicians and EPs for the following programs:

- **Quality Payment Program**: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- **Comprehensive Primary Care Plus** (CPC+)
- **The Promoting Interoperability Program**

These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes.

CMS plans to publish flows for eligible hospital and critical access hospital (CAH) eCQMs in September. This will be a new resource for EH and CAH eCQMs for 2019 reporting, developed in response to stakeholder feedback.

Questions on the eCQM flows should be directed to the ONC eCQM Issue Tracker available at http://jira.oncprojectracking.org/browse/CQM/.

Distributed August 29, 2018:

Now Available: Quality Data Model (QDM) v5.4 August 2018 Publication

The Centers for Medicare & Medicaid Services has published the Quality Data Model (QDM), v5.4. The standard has been updated to align with the emerging standard, Health Level Seven International (HL7) Fast Healthcare Interoperability Resources (FHIR) and add increased explicit capabilities. Support for these features and modifications will be implemented in the production version of the Measure Authoring Tool (MAT) to be released in the fall of 2018 (MAT v5.6). Measures produced using this QDM v5.4 publication are anticipated for implementation in calendar year 2020, whereas QDM v5.3 is for calendar year 2019.

Note that the referenced document fixes minor errata noted in the document initially published to the eCQI Resource Center in June 2018 and contains these changes:

- Updates to address errata: inadvertent inclusions in attribute table 22 (p. 51) – Laboratory Test, Order and Laboratory Test, Recommended removed from status attribute
- Adds the attribute daysSupplied for Medication, Order; Medication, Dispensed; and Medication, Discharge
- Adds the attribute prescriberIdentifier to Medication, Order and Medication, Dispensed
- Adds the attribute dispenserIdentifier to Medication, Dispensed

Previously published versions of the QDM (through v4.3) included the data model and logic required to compare one data element to another. With the adoption of Clinical Quality Language (CQL) by CMS in the fall of 2017, the QDM includes only the data model. This and future versions of the QDM require the use of CQL as a separate method for expressing logic. QDM will continue to evolve based on stakeholder input and feedback from the QDM User Group.

For More Information

You can find current and past versions of the QDM and QDM User Group meeting information on the eCQI Resource Center QDM page.

Distributed September 14, 2018:

Now Available: CMS Hospital Quality Reporting System is Now Open for Calendar Year 2018 Electronic Clinical Quality Measure (eCQM) Data

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The Centers for Medicare & Medicaid Services (CMS) would like to notify hospitals and vendors that as of September 12, 2018, the Hospital Quality Reporting system is available to accept eCQM data for the Calendar Year (CY) 2018 reporting period. The system, accessible via the *QualityNet Secure Portal,* has been updated to accept Quality Reporting Document Architecture (QRDA) Category I test and production files utilizing the CY 2018 requirements.

NOTE: Test QRDA Category I data submissions are considered practice and do not count towards CMS program credit. Production QRDA Category I data submissions are provided by hospitals, or by health IT vendors on the hospital's behalf, and are the final data submissions intended to fulfill the electronic CQM reporting requirements for the Hospital Inpatient Quality Reporting and Promoting Interoperability Programs.

Pre-Submission Validation Application (PSVA) Availability

CMS notified hospitals and vendors via ListServe 2018-127-IP, in July 2018, that the PSVA tool was updated to contain the CY 2018 eCQM specifications so that hospitals and their vendors can conduct format checks of test and production files. The PSVA tool also provides a report to identify errors in the file(s) prior to file submissions. The CMS system is open to accept test and production QRDA Category I

file submissions utilizing the PSVA tool. Visit *QualityReportingCenter.com* to locate materials for the August 8, 2018 webinar, *PSVA Overview for eCQM Data Submission in Calendar Year 2018.*

NOTE: The PSVA tool will require users to download a new version of the PSVA tool and the 2018 Schematron, if it has not been updated since July 20, 2018. If a PSVA tool update is available, users will be prompted to update the tool. Users can download the latest version of the tool after logging into the Secure File Transfer application within the *QualityNet Secure Portal.* When users open the PSVA tool, the application will run a check against the Schematron that the user currently has installed. The PSVA tool will identify that a new Schematron is available and will prompt users to download the new Schematron to their workstation.

In response to provider need, CMS has developed and posted updated resources to assist with the reporting of CY 2018 eCQM data for the Hospital IQR Program and the Promoting Interoperability Program for eligible hospitals and critical access hospitals. These documents include:

- CY 2018 Available eCQMs
- CY 2018 eCQM Overview
- CY 2018 Preparation Checklists for Test and Production Files
- CY 2018 EHR Report Overview

You may view these documents under the eCQM Resources pages on the *QualityNet.org* and *QualityReportingCenter.com* websites. We hope that you will find them useful as you outline the steps needed for the submission of eCQM data for CY 2018.

As a reminder, hospitals are required to submit at least four of the available 15 eCQMs for one self-selected quarter of CY 2018 data (Q1, Q2, Q3 or Q4) by the reporting deadline, February 28, 2019, 11:59 p.m. PT. The successful submission of eCQMs includes any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and/or case threshold exemptions. Utilization of the zero denominator and case threshold exemption only apply if the hospital has EHR technology certified to report the eCQMs.

Additional Resources

- Calendar Year 2018 QRDA Category I Schematrons and Sample Files for Hospital Quality Reporting on the eCQI Resource Center: https://ecqi.healthit.gov/system/files/eCQM_2018SchematronsSampleFilesHospital_1_0.zip
- *QualityNet* eCQM overview information: http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716

Contacts

- For questions concerning the *QualityNet Secure Portal*, PSVA tool, and file error messages, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-2912.
- For questions regarding eCQM specifications, value sets, and appropriateness of mapping, contact the Office of the National Coordinator for Health Information Technology (ONC) eCQM Issue Tracker at https://oncprojectracking.healthit.gov/support/projects/CQM/summary.
- For questions regarding the Hospital Inpatient Quality Reporting Program, contact the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contract team at https://cms-ip.custhelp.com or (844) 472-4477.
- For questions regarding the Promoting Interoperability Program (formerly referred to as the Electronic Health Record Incentive Program) contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-2912.

Please do not respond directly to this email. This email box is not monitored.

Distributed September 17, 2018:

CMS Publishes Updates to eCQM Value Sets for 2019 Reporting and Performance Periods

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The Centers for Medicare & Medicaid Services (CMS) and the National Library of Medicine (NLM) published updates to the electronic clinical quality measure (eCQM) value sets to align with the most recent releases to terminologies, including, but not limited to, International Classification of Diseases (ICD)-10 Clinical Modification (CM) and Procedure Coding System (PCS), SNOMED CT, LOINC, and RxNorm.

What programs are affected by the addendum?

CMS published an addendum to the eCQMs (published in May 2018) to update relevant eCQM value sets for the 2019 reporting/performance year. This addendum affects the electronic reporting of eCQMs for the following programs:

- The Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Comprehensive Primary Care Plus (CPC+)
- CMS Hospital Inpatient Quality Reporting (IQR)
- Medicare and Medicaid Promoting Interoperability (PI) Programs

What changes are included in the addendum?

Changes only affect the value sets for eCQMs. The Health Quality Measure Format (HQMF) specifications, the value set object identifiers (OIDs), and the measure version numbers for 2019 eCQM reporting will not change.

The changes to the value sets consist of (1) deletion of expired codes, (2) addition of relevant replacement codes, and (3) addition of newly available codes that represent concepts consistent with the intent of the value set and corresponding measure(s).

Where is the addendum posted?

All changes to the eCQM value sets are available through the NLM's Value Set Authority Center download tab. The value sets are available as a complete set, as well as value sets per measure.

Updated measure information, including revised technical release notes, are available on the eCQI Resource Center website.

What do I need to do?

Measure implementers should review these changes to ensure their submissions comply with the updated requirements.

Where do I go for assistance?

Measure implementers can report questions regarding the addendum, eCQM value sets, and appropriateness of mapping to the ONC eCQM Issue Tracker. Visit the eCQI Resource Center to review additional frequently asked questions and answers regarding the addendum.

Distributed September 25, 2018:

2019 Eligible Hospital eCQM Flows are Available Now

The Centers for Medicare & Medicaid Services (CMS) developed and published the 2019 reporting period electronic clinical quality measure (eCQM) flows for eligible hospitals and critical access hospitals (CAH) to the eCQI Resource Center. This is a new resource for eligible hospital and CAH eCQMs for the 2019 reporting period, developed in response to stakeholder feedback.

The eCQM flows are designed to assist in interpretation of the eCQM logic and calculation methodology for reporting rates. These flows provide an overview of each of the population criteria components and associated data elements that lead to the inclusion or exclusions into the eCQM's quality action (numerator).

The eCQM flows supplement eCQM specifications for eligible hospitals and CAHs for the following programs:

- **Medicare and Medicaid Promoting Interoperability (PI)**
- **Hospital Inpatient Quality Reporting (IQR)**

These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes. A "Read Me First" guide to understanding the flows is also available to assist users as they navigate this new resource. The guide can be found on the eCQI Resource Center website within the eCQM flows zip file.

Questions on the eCQM flows should be directed to the ONC eCQM Issue Tracker available at https://oncprojectracking.healthit.gov/support/secure/Dashboard.jspa.

Distributed October 11, 2018:

The 2019 CMS QRDA III Implementation Guide, Schematron, and Sample Files Are Now Available

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The Centers for Medicare & Medicaid Services (CMS) has published the 2019 CMS Quality Reporting Document Architecture (QRDA) Category III Implementation Guide (IG), Schematron, and Sample files. The 2019 CMS QRDA III IG will help eligible clinicians and eligible professionals report electronic clinical quality measures (eCQMs), improvement activities, and/or promoting interoperability measures for the calendar year 2019 performance period.

The IG provides technical instructions for QRDA III reporting for the following programs:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)
- Comprehensive Primary Care Plus (CPC+)
- Promoting Interoperability (PI)

The 2019 CMS QRDA III IG contains the following high-level changes from the 2018 QRDA III IG Version 2 (last updated July 27, 2018):

- 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. Please note, measures will not be available for 2019 reporting unless they are proposed and finalized through notice-and-comment rulemaking for the applicable program year.

The following changes are present in both the 2018 CMS QRDA III IG V2 (last updated July 27, 2018) and 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.
- The addition of a new CMS program name code "MIPS_VIRTUALGROUP" to support MIPS virtual group reporting.

Additional QRDA-Related Resources:

- You can find additional QRDA related resources, as well as current and past IGs, on the Electronic Clinical Quality Improvement Resource Center.
- For questions related to the QRDA IGs and/or Schematrons, visit the ONC QRDA JIRA Issue Tracker.
- For questions related to Quality Payment Program/MIPS data submissions, visit the Quality Payment Program website or contact by phone 1-866-288-8292, TTY: 1-877-715-6222 or email QPP@cms.hhs.gov.

Distributed November 27, 2018:

New and Improved eCQI Resource Center Website

The Centers for Medicare & Medicaid Services (CMS) is excited to share an updated and redesigned Electronic Clinical Quality Improvement (eCQI) Resource Center website. The eCQI Resource Center is a one-stop shop for federal eCQI initiatives that includes the most current electronic clinical quality measure (eCQM) specifications, as well as links to the tools, standards, education, and materials critical to support development, testing, implementation, and reporting of eCQMs.

The eCQI Resource Center has updated its look and feel to promote a more user-friendly experience based on feedback from the community. The redesign aligns with the Quality Payment Program website to promote continuity amongst CMS resources. The update also simplifies navigation and presents eCQI resources and information in a more manageable and meaningful way.

Tell us what you think! We are always working to improve the eCQI Resource Center. Please send us any suggestions for improvement, news, events, and content to ecqi-resource-center@hhs.gov.

Distributed November 29, 2018:

Now Available: Updated CMS QRDA I Conformance Statement Resource for Hospital Submissions

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The Centers for Medicare & Medicaid Services (CMS) has updated the Quality Reporting Document Architecture (QRDA) Category I Conformance Statement Resource to support Calendar Year (CY) 2018 electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) and the Promoting Interoperability programs. The Conformance Statement Resource assists data submitters to troubleshoot the most common conformance errors by providing detailed information to resolve the errors causing the file to be rejected. Error messages are identified with a conformance statement, or system-requirement specification, which explains why a test or production QRDA I file was rejected and unable to be processed by the CMS data receiving system within the *QualityNet Secure Portal*.

Data submitters may benefit from testing the QRDA Category I files with the Pre-Submission Validation Application (PSVA) tool. This tool will ensure that the file format issues associated with the Health Level Seven International QRDA I Standard for Trial Use (STU) 4 are addressed before submitting the QRDA I files to the test or production system within the *QualityNet Secure Portal*. Visit the PSVA tab on the QualityNet website for additional details regarding the PSVA tool.

Additional QRDA-Related Resources:

To find out more about QRDA and eCQMs, visit the eCQI Resource Center.

For questions related to the QRDA IGs and/or Schematrons, visit the ONC Project Tracking System (JIRA) QRDA project.

For questions about the *QualityNet Secure Portal*, contact the QualityNet Help Deskor call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.

Distributed December 5, 2018:

Now Available: Addendum to the 2018 CMS QRDA I Implementation Guide for Hospital Quality Reporting

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The Centers for Medicare & Medicaid Services (CMS) has published an addendum to the 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG), originally published in July 2017. This addendum includes six new conformance statements specific to CMS programs and updates the description of one other conformance number. The IG provides technical instructions for QRDA Category I reporting for eligible hospitals and critical access hospitals (CAHs) reporting electronic clinical quality measures for the calendar year 2018 reporting period for the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Promoting Interoperability (PI) Programs for eligible hospitals and CAHs

The conformance numbers, validations performed, and descriptions of the error messages and file rejections are listed below and are intended to be included in Table 13: Other Validation Rules for HQR Programs in section 5.3 of the updated IG.

- CMS_0078: QRDA file size exceeds (10) MB.
- CMS_0082: CMS EHR Certification ID does not meet year/version criteria – The EHR system needs to be certified to 2014 or 2015 Edition or a combination of 2014 and 2015 for CY18/PY20.
- CMS_0083: CMS EHR Certification ID format is not valid – CMS EHR Certification ID must be 15 alpha numeric characters in length.
- CMS_0084: Either the Patient HICN or MBI is required for hybrid measure/Core Clinical Data Elements (CCDE) submissions – QRDA files for hybrid measure/CCDE submissions must contain a HICN or MBI.

- CMS_0085: CMS Program name and Measure ID are not compatible – CMS Program name for hybrid measure/CCDE submissions must be HQR_IQR_VOL.
- CMS_0086: Measure type is not consistent across QRDA files within the batch – Files containing hybrid measure/CCDE submissions and eCQM cannot be submitted within the same batch.

Additional QRDA-Related Resources:

To find out more about QRDA and eCQMs, visit the Electronic Clinical Quality Improvement (eCQI) Resource Center.

For questions related to the QRDA IGs and/or Schematrons, visit the ONC Project Tracking System (JIRA) QRDA project.

For information and guidance about commonly occurring QRDA conformance errors, the 2018 QRDA I Conformance Statement Resource is available on the eCQI Resource Center.

For questions about the *QualityNet Secure Portal*, contact the QualityNet Help Desk or call (866) 288-8912, Monday through Friday, 8 a.m. – 8 p.m. ET.

Distributed December 11, 2018:

Now Available: Sample Hybrid Hospital-Wide Readmission Measure QRDA I File for Hospital IQR Voluntary Reporting

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The Centers for Medicare & Medicaid Services (CMS) has released a sample Quality Reporting Document Architecture (QRDA) I file for reporting the voluntary Hybrid Hospital-Wide Readmission (HWR) Measure under the Hospital Inpatient Quality Reporting (IQR) Program. The Hybrid HWR measure was developed to address complex and critical aspects of care that cannot be derived through claims data alone. Hospitals can voluntarily submit data for this measure and participation will not impact payments to hospitals. To calculate the Hybrid HWR measure, hospitals submit a set of core clinical data elements (CCDEs) extracted from electronic health records (including vital signs and laboratory test results) for risk-adjustment in calculating hospital-wide readmission rates.

This sample file conforms to the 2018 CMS QRDA I Implementation Guide (IG) for Hospital Quality Reporting (HQR) and recently published addendum to the 2018 CMS QRDA I IG and contains the 13 CCDEs and six linking variables required by hybrid measure/CCDE submissions. The sample QRDA Category I file for the Hybrid HWR measure, 2018 CMS QRDA I IG and addendum are available for download on the Electronic Clinical Quality (eCQI) Resource Center QRDA page. More information about the voluntary hybrid HWR measure can be found on the QualityNet website.

Additional QRDA-Related Resources:

For more information about QRDA and eCQMs, visit the eCQI Resource Center.

For questions related to the QRDA IGs and/or Schematrons, visit the ONC Project Tracking System (JIRA) QRDA project.

The 2018 QRDA I Conformance Statement Resource is available on the eCQI Resource Center for information and guidance on commonly occurring QRDA conformance errors.

For questions about the *QualityNet Secure Portal*, contact the QualityNet Help Desk or call (866) 288-8912, Monday through Friday, 7 a.m. – 7 p.m. CT.