March 23 CMS Quality Vendor Workgroup

March 23, 2017
12:00 – 1:30 p.m. ET
<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIMSS17 Presentations</td>
<td>Kathleen Johnson&lt;br&gt;Division of Health Information Technology (DHIT), CMS</td>
</tr>
<tr>
<td>2016 PQRS Electronic Health Record (EHR) Reporting Announcements</td>
<td>Alesia Hovatter&lt;br&gt;Division of Electronic and Clinical Quality (DECQ), CMS</td>
</tr>
<tr>
<td>2017 eCQM Annual Update Pre-Publication Document and Draft Measures</td>
<td>Shanna Hartman and Edna Boone Temaner&lt;br&gt;Division of Electronic and Clinical Quality (DECQ), CMS</td>
</tr>
<tr>
<td>Post-Acute Care Quality Reporting Program Updates</td>
<td>Amanda Barnes&lt;br&gt;Division of Chronic and Post Acute Care, CMS</td>
</tr>
<tr>
<td></td>
<td>Questions</td>
</tr>
</tbody>
</table>
HIMSS17 Presentations

Kathleen Johnson

Division of Health Information Technology (DHIT), CMS
HIMSS17 Presentations Now Available Online

- **Delivery System Reform**
- **Quality Payment Program Overview**
- **MIPS: Advancing Care Information and Improvement Activities**
- **MIPS: Quality and Cost**
- **Overview of MIPS for Small, Rural and Underserved Practices**
- Additionally, all presentations can be found on the [events page](#) of the QPP website.
2016 PQRS Electronic Health Record (EHR) Reporting Announcements

Alesia Hovatter

Division of Electronic and Clinical Quality (DECQ), CMS
Disclaimer

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
If a group is reporting for PQRS through another CMS program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, Pioneer Accountable Care Organizations), please check the program’s requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment.

Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, VM, etc. requirements for each of these programs.
1. **EIDM Reminder:**
   - New PQRS users or EIDM users whose accounts were inactive will need to register for an account in EIDM
   - Users will then access the Physician and Other Health Care Professionals Quality Reporting Portal ([Portal](http://Portal.cms.gov)) to submit data, retrieve submission reports, view feedback reports, and conduct various administrative and maintenance activities
   - For more information, see the [Quick Reference Guides](http://Quick Reference Guides)
   - Any questions should be directed to the [QualityNet Help Desk](http://QualityNet Help Desk)
2. **Update to Submission Engine Validation Tool (SEVT) for QRDA:** 2016 test data can be entered and submitted through the Portal at all times, except during maintenance periods
   - Applies only to vendors and group practices submitting data via EHR Direct

3. **Please note, CMS recently launched a new Portal site at** [https://qnpapp.qualitynet.org/pqrs/home.html](https://qnpapp.qualitynet.org/pqrs/home.html)
   - This new site should be used for SEVT, submission, and all other activities that used to be managed through the previous Portal site.
   - CMS implemented an automatic redirect on December 15, 2016 so that anyone accessing the old site will be sent to the new site.
4. **Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance and will not be accessible during the following periods:

- **Every Tues.** starting at 8:00am ET–Wed. ending at 6:00am ET
- **Every Thurs.** starting at 8:00pm ET–Fri. ending at 6:00am ET
- **Third weekend of each month** starting Fri. at 8:00pm ET-Mon. ending at 6:00am ET

- See the Portal website for the complete list of scheduled system outages, at [https://qnpapp.qualitynet.org/pqrs/home.html](https://qnpapp.qualitynet.org/pqrs/home.html)

5. **Outage Downtime to EIDM this weekend:**

- **3/24** – 9:00 PM ET till **3/25 2:00 PM ET**
- **3/25** – 9:00 PM ET till **3/26 2:00 PM ET**

*This may affect 2016 PQRS Data Submission so plan submission accordingly.*
Announcements (cont.)

6. Data Submission Deadline Extension:
   2016 PQRS data can be entered and submitted now through March 31, 2017 8:00 p.m. ET
   - CMS extended the original submission date of February 28, 2017 to March 31, 2017
Resources

- **CMS PQRS Website**

- **PFS Federal Regulation Notices**
  [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html)

- **Medicare and Medicaid EHR Incentive Programs**

- **CMS Value-based Payment Modifier Website**
  [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html)

- **Physician Compare**
  [http://www.medicare.gov/physiciancompare/search.html](http://www.medicare.gov/physiciancompare/search.html)

- **Frequently Asked Questions (FAQs)**
  [https://questions.cms.gov/](https://questions.cms.gov/)

- **MLN Connects Provider eNews**

- **PQRS Listserv**
Where to Call for Help

• **QualityNet Help Desk:**
  866-288-8912 (TTY 877-715-6222) or qnetsupport@hcqis.org
  7:00am–7:00pm CT Monday through Friday
  You will be asked to provide basic information such as name, practice, address, phone, and e-mail.

• **EHR Incentive Program Information Center:**
  888-734-6433 Option 1 (TTY 888-734-6563)
  7:30am–6:30pm CT Monday through Friday

• **Value Modifier Help Desk:**
  888-734-6433 Option 3 or pvhelppdesk@cms.hhs.gov

• **CPC Help Desk:**
  E-mail: cpcisupport@telligen.org

• **Physician Compare Help Desk:**
  E-mail: PhysicianCompare@Westat.com
2017 eCQM Annual Update Pre-Publication Document and Draft Measures

Shanna Hartman and Edna Boone Temaner
Division of Electronic and Clinical Quality (DECQ), CMS
What is included within the pre-publication document?

- Pre-release of expected technical changes and requirements for use in 2018 eCQM reporting/performance periods
- Includes:
  - Standards versions
  - Code system versions
  - Guidance on use of ICD-9 and ICD-10
  - Binding Parameter Specification
Where can I find the pre-publication document?

• The document is located in the **Downloads** section of the Eligible Hospital and Eligible Professional/MIPS Eligible Clinician webpages of the eCQI Resource Center
  - https://ecqi.healthit.gov/eh
  - https://ecqi.healthit.gov/ep

• The document can also be located by using the Search feature on the eCQI Resource Center
What does the pre-publication document look like?

2017 Electronic Clinical Quality Measures (eCQM) Annual Update Pre-Publication Document

March 2017

This document describes important standards, terminology, and measure changes slated for the 2017 eCQM Annual Update. This update corresponds to the 2018 reporting period for the Centers for Medicare & Medicaid Services (CMS) programs that use eCQM. It is designed to help electronic health record (EHR) developers, Eligible Professionals (EP)/Eligible Clinicians, and eligible hospitals (EHs) prepare for the 2018 reporting through transparent pre-release of expected changes and requirements.

Where and when to obtain the 2017 eCQM Annual Update for 2018 CMS quality programs:

The 2017 eCQM Annual Update is expected to be available late spring 2017. Please follow the electronic Clinical Quality Improvement (eCQI) Resource Center, CMS, and the Office of the National Coordinator for Health Information Technology (ONC) listserv to receive live updates and announcements on the measure specification publication and related content. The 2017 eCQMs will be posted on the Eligible Provider/Eligible Clinician and Eligible Hospital pages of the eCQI Resource Center.

Standards used in the 2017 eCQM specifications:

- EHR 1.0 - Clinical Document Architecture - Release 2
- HQM2 1.1 - Health Quality Measures Format - Release 2.1
- CTEP eCQI Implementation Guide 1.4 - Quality Data Model-based Health Quality Measures Format Implementation Guide - Release 1.4
- QREML1.0.0 - Quality Reporting Document Architecture - Category III: Standard for Trial Use Release 4 (December 2017: tentative)
- CTEP 1.4 - Quality Data Model - Version 4.3
What else has been updated?

• The eCQM Standards and tools version chart on the eCQI Resource Center has been updated to reflect expected standards, tools and resource versions.

Watch for additional standards and tools updates on the eCQI Resource Center:

https://ecqi.healthit.gov/ecqm-tools-key-resources
How do I provide feedback?

• For questions related to eCQM implementation specifications, logic, data elements, standards, or tools, please use the JIRA online tracking tool at https://oncprojectracking.healthit.gov

• Provide feedback and/or suggestions on the eCQI Resource Center to ecqi-resource-center@hhs.gov
Draft measure packages for eCQMs

- CMS invites health IT vendors and stakeholders to review and provide feedback on draft eCQM measure packages that include logic and header changes for eCQMs under consideration for CMS quality reporting and payment programs.

- This review allows CMS to learn from vendors who have the technical capabilities to test the Health Quality Measures Format (HQMF) code by directly consuming machine readable XML files for eCQMs. Testing will help CMS to identify instances in which XML code produces errors so that issues can be resolved prior to posting the fully specified measures this spring.
Where and when do I find draft measure packages eCQMs?

- The draft measure packages in both HTML and ML formats are now available on the ONC CQM Issue Tracker via the following tickets:
  - Eligible hospital and critical access hospital measures (CQM-2550)
  - Eligible professional and eligible clinician measures (CQM-2551)

- Report questions and comments regarding the draft measure packages to the ONC CQM Issue Tracker tickets listed above.

- Deadline for providing feedback is March 28, 2017
Post-Acute Care Quality Reporting Program Updates

Amanda Barnes
Division of Chronic and Post Acute Care, CMS
1. IMPACT Act: Standardized Patient Assessment Data Activities MLN Connects® Call

Wednesday, March 29 from 1:30 to 3:00 pm ET

- During this call, find out about efforts to develop, implement, and maintain standardized Post-Acute Care (PAC) patient assessment data, including pilot testing results and plans for the upcoming national field test.

- To register or for more information, please visit MLN Connects Event Registration.

- Target Audience: PAC providers, healthcare industry professionals, clinicians, researchers, and other interested stakeholders.
2. IRF & LTCH QRP Provider Preview Reports Now Available Until March 30

- Inpatient Rehabilitation Facility (IRF) and Long-term Care Hospital (LTCH) Quality Reporting Program (QRP) Provider Preview Reports are now available.

- We encourage providers to review their performance data on each quality measure based on Quarter 3 - 2015 to Quarter 2 - 2016 data, prior to the June 2017 IRF and LTCH Compare refresh, during which this data will be publicly displayed. Providers have until the end of the 30-day preview period (March 30, 2017) to review their data.

- Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data is inaccurate.
2. IRF & LTCH QRP Provider Preview Reports Now Available Until March 30, continued

• For more information:
  • IRF Quality Public Reporting webpage and Preview Report Access Instructions
  • LTCH Quality Public Reporting webpage and Preview Report Access Instructions
3. Home Health Quality Reporting Program Provider Training – May 3 and 4

- CMS is hosting a 2-day, in person training event on the Home Health (HH) Quality Reporting Program in Baltimore, MD. Visit the [HH Quality Reporting Training](#) webpage for more information and to register.
4. Hospice Quality Reporting Program: Rerun Your Quality Measure Reports

• An issue was identified and corrected with calculations for the following reports with implementation dates of December 18, 2016 through February 26, 2017:
  • Hospice-Level Quality Measure Report
  • Hospice Patient Stay-Level Quality Measure Report

• Providers should rerun any reports during this date range. Visit the HIS Technical Information webpage for more information.
Questions?

cmsqualityteam@ketchum.com
Thank you!
The next CMS Quality Vendor Workgroup will be held on Thursday, April 20 from 12:00 – 1:30 p.m. ET.