

# Vendor Workgroup

September 26, 2013

12:00 to 1:30 PM ET



# Agenda

- Attestation Batch Upload Overview
- Pioneer ACO QRDA Reporting Update
- Program and FAQ Updates
- Q&A

# Medicare and Medicaid EHR Incentive Programs

## Attestation Batch Upload Overview

Omer Khan – Northrop Grumman

9/26/2013



# Attestation Batch Upload Overview

Attestation Batch Upload is a new functionality which will allow multiple providers to submit attestations in a single file via the HITECH Registration and Attestation System.

- Functionality will be available in Program Year 2014
- For Eligible Professionals and Eligible Hospitals
- Benefits for large provider groups
- Accepted file formats of CSV and XML
- Rules regarding batch attestations submission mirror manual attestations



# Attestation Batch Upload Overview

## Registration and Attestation System Attestation Selection Page

DAVIS HOSPITAL & MEDICAL CENTER LP	68-0562507 (EIN)	1548205818	460041		2011		
DAVIS HOSPITAL & MEDICAL CENTER LP	68-0562507 (EIN)	1548205818	460041	Payment Issued	2012		
DAVIS HOSPITAL & MEDICAL CENTER LP	68-0562507 (EIN)	1548205818	460041		2013		
DAVIS HOSPITAL & MEDICAL CENTER LP	68-0562507 (EIN)	1548205818	460041	Accepted	2014	3	<input type="button" value="Modify"/> <input type="button" value="View"/>
DAVIS HOSPITAL & MEDICAL CENTER LP	68-0562507 (EIN)	1548205818	460041		2015		<input type="button" value="Attest"/>

### Medicare Attestation Batch

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

### Medicare Attestation Batch

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[Accessibility](#)

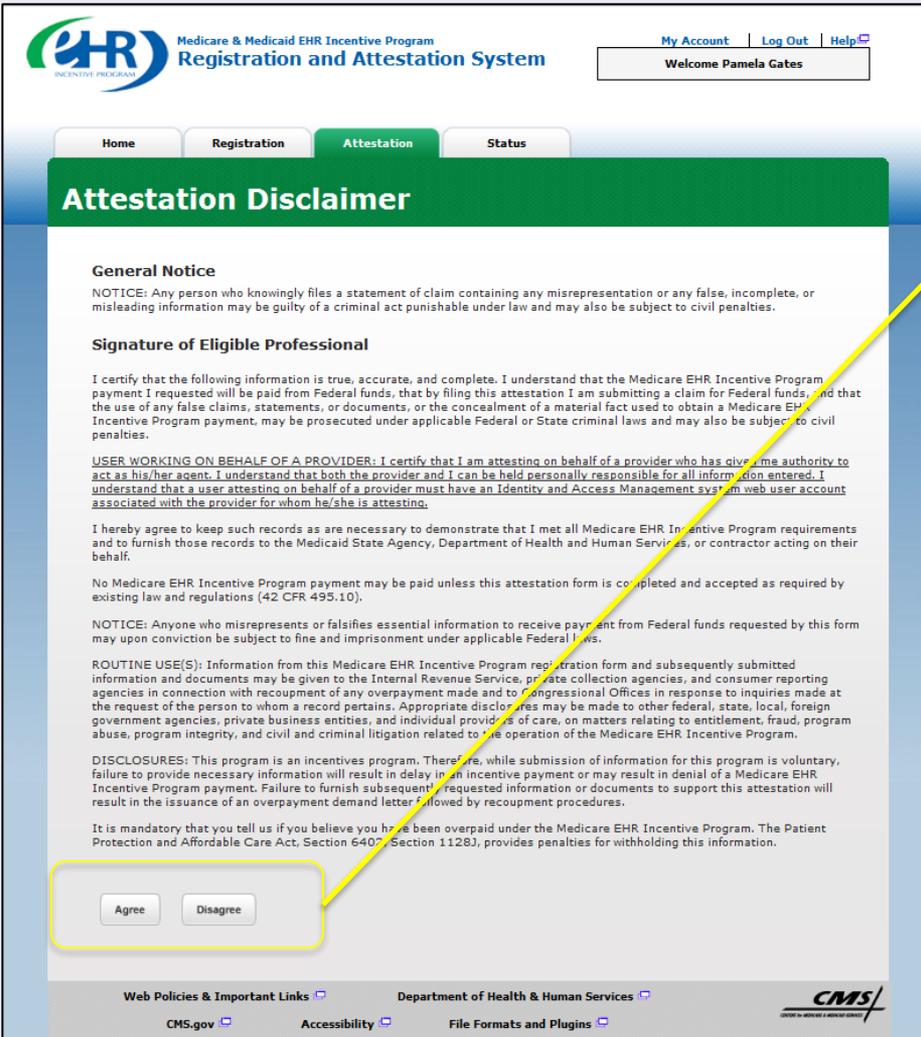
[File Formats and Plugins](#)





# Attestation Batch Upload Overview

## Registration and Attestation System Attestation Legal Disclaimer Page



**Medicare & Medicaid EHR Incentive Program  
Registration and Attestation System**

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Welcome Pamela Gates

Home | Registration | **Attestation** | Status

### Attestation Disclaimer

**General Notice**  
NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may also be subject to civil penalties.

**Signature of Eligible Professional**  
I certify that the following information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

USER WORKING ON BEHALF OF A PROVIDER: I certify that I am attesting on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered. I understand that a user attesting on behalf of a provider must have an Identity and Access Management system web user account associated with the provider for whom he/she is attesting.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare EHR Incentive Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

**ROUTINE USE(S):** Information from this Medicare EHR Incentive Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare EHR Incentive Program.

**DISCLOSURES:** This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of a Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6407, Section 1128J, provides penalties for withholding this information.

Agree Disagree

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Agree Disagree

# Attestation Batch Upload Overview

## Registration and Attestation System Attestation Batch Upload Page



Medicare & Medicaid EHR Incentive Program  
**Registration and Attestation System**

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Attestation Batch Upload

Attestation for the Medicare EHR Incentive Program can be submitted using batch instead of entering data in the Attestation System. To submit attestations using batch file, upload the file containing the attestation information for one or more providers using this page. Each batch file can contain a maximum of 10,000 provider attestations. The batch file can be either a CSV (comma separated) file or a XML file.

Please note that you can only upload a maximum of 25 batch files per day. Once you meet the maximum, you will not be allowed to upload files until the next day.

For the file templates and instructions on creating the file, please visit the [Attestation Batch Specifications Page](#).

**(\*) Red asterisk indicates a required field.**

**\*Batch File:**

Please select the Browse button to choose the file to be uploaded:

**Note:** The file extension should match the batch file format: '.csv' for a CSV file and '.xml' for a XML files.

**\* Email Address:**

**Note:** The emails related to the batch file status updates will be sent to this email address.

**\* Confirm Email Address:**

**\* Attestation Statements**

You are about to submit your attestation batch file.

Please check the box next to the statement below to attest, and then select the Upload button to complete your attestation:

The information submitted for Meaningful Use Core and Menu measures accurately reflects the use of the Certified EHR Technology and if CQMs are included they were generated as output from an identified Certified EHR Technology

Please select the **Upload** button to save your entry and proceed with attestation batch file upload. Select the **Cancel** button to go back to the Attestation Selection page and your attestation batch file will not be uploaded.

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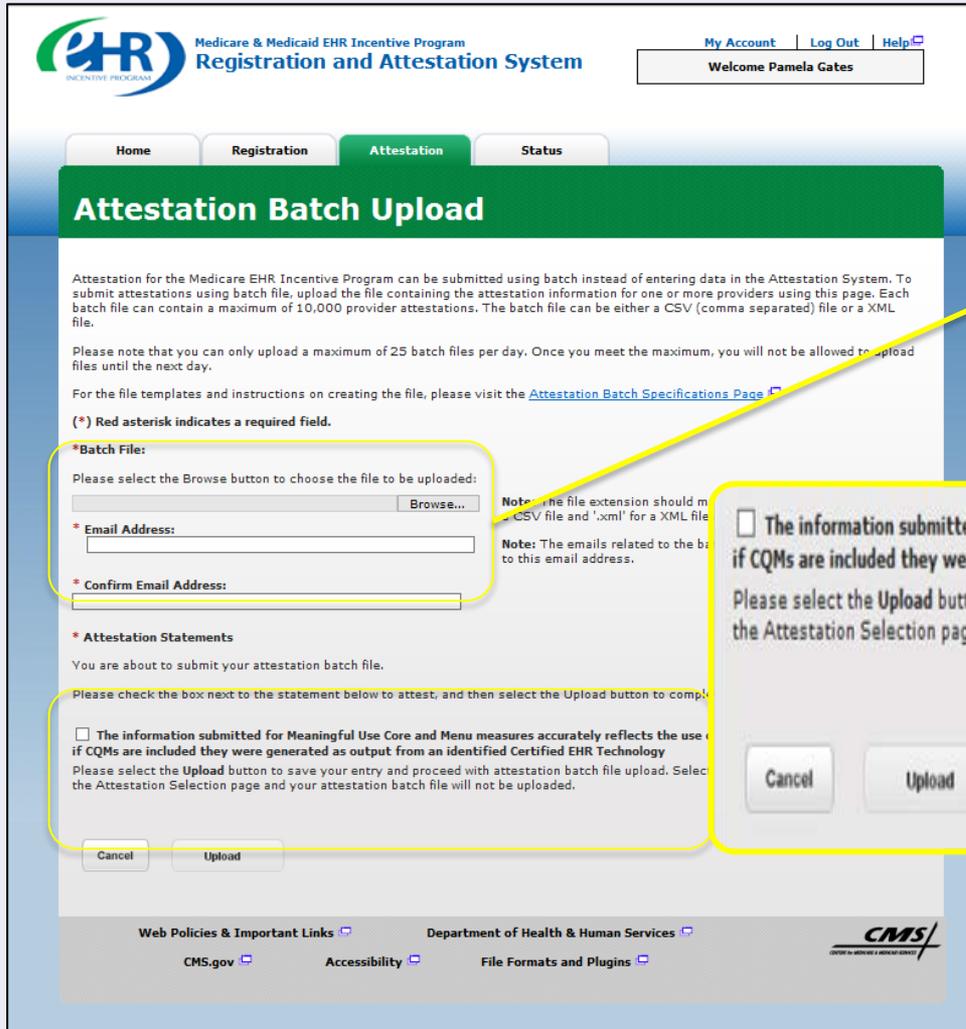
[Department of Health & Human Services](#)

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CENTERS FOR MEDICARE & MEDICAID SERVICES

# Attestation Batch Upload Overview



**Medicare & Medicaid EHR Incentive Program Registration and Attestation System**

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Browse...

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**\* Confirm Email Address:**

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**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## Registration and Attestation System Attestation Selection Page

Please select the Browse button to choose the file to be uploaded:

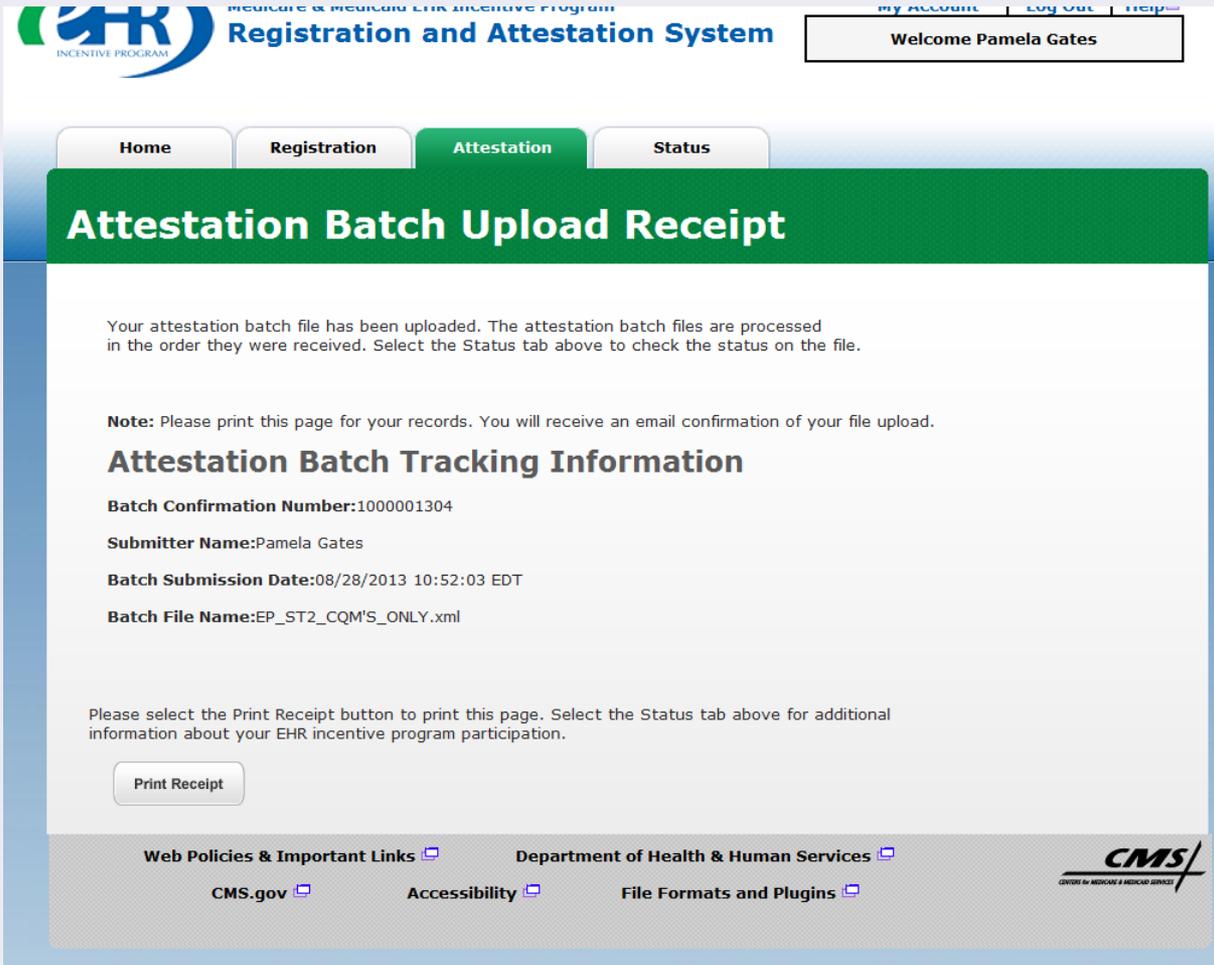
**\* Email Address:**

**\* Confirm Email Address:**

The information submitted for Meaningful Use Core and Menu measures accurately reflects the use of the Certified EHR Technology and if CQMs are included they were generated as output from an identified Certified EHR Technology

Please select the Upload button to save your entry and proceed with attestation batch file upload. Select the Cancel button to go back to the Attestation Selection page and your attestation batch file will not be uploaded.

# Attestation Batch Upload Overview



The screenshot shows the 'Registration and Attestation System' interface. At the top left is the EHR Incentive Program logo. To its right, the text 'Medicare & Medicaid EHR Incentive Program' is visible above the main title 'Registration and Attestation System'. On the far right, there are links for 'my Account', 'Log Out', and 'Help'. A box below these links says 'Welcome Pamela Gates'. Below the main title are four navigation tabs: 'Home', 'Registration', 'Attestation' (which is highlighted in green), and 'Status'. A large green banner below the tabs reads 'Attestation Batch Upload Receipt'. The main content area contains a message: 'Your attestation batch file has been uploaded. The attestation batch files are processed in the order they were received. Select the Status tab above to check the status on the file.' Below this is a 'Note' stating: 'Please print this page for your records. You will receive an email confirmation of your file upload.' This is followed by the section 'Attestation Batch Tracking Information' with the following details: 'Batch Confirmation Number: 1000001304', 'Submitter Name: Pamela Gates', 'Batch Submission Date: 08/28/2013 10:52:03 EDT', and 'Batch File Name: EP\_ST2\_CQM'S\_ONLY.xml'. At the bottom of the main content area, there is a 'Print Receipt' button and a note: 'Please select the Print Receipt button to print this page. Select the Status tab above for additional information about your EHR incentive program participation.' The footer contains links for 'Web Policies & Important Links', 'Department of Health & Human Services', 'CMS.gov', 'Accessibility', and 'File Formats and Plugins', along with the CMS logo and the Department of Health & Human Services logo.

## Registration and Attestation System Attestation Batch Upload Receipt Page



# Attestation Batch Upload Overview

Batch confirmation Number	Submission Date	Batch File Name	File Format	Stage Number	Provider Type	Measure Categories	Group NPI	Batch Status	Action
1000001304	08/28/2013 10:52:03 EDT	EP_ST2_CQM_ONLY.xml	XML					Batch Received	
1000001260	08/27/2013 10:43:05 EDT	EH_ST2_FULL_FILE_SUCCESSFULL.csv	CSV	2	Eligible Hospitals or CAH	MU Core, MU Menu and CQM	1548205818	Processed Successfully	Download View
1000001259	08/27/2013 10:23:26 EDT	EH_ST2_FULL_FILE.csv	CSV	2	Eligible Hospitals or CAH	MU Core, MU Menu and CQM	1548205818	Processed with Errors	Download View
1000001258	08/27/2013 09:56:21 EDT	EH_ST2_CQM_ONLY_SUCCESSFUL.csv	CSV	2	Eligible Hospitals or CAH	CQM Only	1548205818	Processed Successfully	Download View
1000001248	08/26/2013 16:58:25 EDT	EH_ST2_CQM_ONLY.csv	CSV	1	Eligible Hospitals or CAH	CQM Only	1548205818	Processed with Errors	Download View
1000001216	08/23/2013 16:15:23 EDT	Stage2_EH_FULL_FILE_SAMPLE_New_exempt.xml	XML	2	Eligible Hospitals or CAH	MU Core, MU Menu and CQM		Processed Successfully	Download View
1000001214	08/23/2013 16:00:16 EDT	Stage2_EH_FULL_FILE_SAMPLE_with_new_exemptions.xml	XML		N/A	N/A		Batch Invalid	
	08/23/2013	EH_STG1_C	XML		N/A	N/A		Batch	

Registration and Attestation System  
Attestation Batch Upload Status Page

Batch Status	Action
Batch Received	
Processed Successfully	Download View
Processed with Errors	Download View

# Attestation Batch Upload Overview

## Batch Attestation File Definitions

- **File Formats** are CSV and XML
- **Templates** for both CSV and XSD/XML are provided
- **Instructions** provided regarding entering the data in the batch file
- **Specifications** for each file format are defined in the reference data
- **Attestation Measures** are also defined in the reference data
- **Samples** of batch files with mock attestation data will also be available
- **Validations** are listed in the validations reference sheet

# Attestation Batch Upload Overview

## CSV File Format

BatchAttestationUpload\_Template.xlsx - Microsoft Excel

#	Header Description	File Name	File Creation Date	File Control Number	Submitter User ID	Group NPI	Group Name	Group Address Line 1	Group Address Line 2	
2	Header	NLR-Attestation-Batch-Upload-Version-1.0	file.csv	1/1/2011	0	user	0	name	address 1	address 2
3	#	Transaction Number	EHR Certification Number	MAO Contract Number	ED Admission Method Code	eReporting Yes No Answer	EHR Report Start Date	EHR Report End Date	Provider NPI	Provider CC
4	Attestation	0	0	0	ALL_ED_VISITS_METHOD	NO	1/1/2011	12/1/2011	0	0
#	Category Description	Objective Number	Exemption Yes No Answer	Exemption Numeric Answer	Measure Number	Patient Records Indicator	Sub Measure Number	Sub Measure Yes No Answer	Sub Measure Numeric Answer	
6	Measure Data	CLINICAL_QUALITY_MEASURES				0	NO			
7	Measure Data	CLINICAL_QUALITY_MEASURES				0	NO			
8	Measure Data	CLINICAL_QUALITY_MEASURES				0	NO			
9	#	Record Count								
10	Trailer					1				

# Attestation Batch Upload Overview

## XML File Format

```

BatchAttestationRequest.xsd
1  <?xml version="1.0" encoding="UTF-8"?>
2  <xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema" xmlns="http:
3  targetNamespace="http://cms.gov/xlr/attestation/batch/request/1.0
4  attributeFormDefault="qualified">
5
6  <xsd:annotation>
7  <xsd:documentation>
8  -----
9  The XML Schema
10 Definition includes the details of the data structure and
11 the batch submission of Attestations under the Medicare P
12 system.
13 -----
14 Change History:
15 2013-03-08 -- Initial Version
16 2013-04-10 -- Removed TIN from Group, Hospital and EP
17 2013-04-16 -- Removed Submitter NPI
18 2013-9-10 -- Added Exemption
19 2013-9-12 -- Added EReporting
20 Change History:
21 </xsd:documentation>
22 </xsd:annotation>
23
24 <xsd:element name="Header" type="HeaderType" />
25 <xsd:element name="Trailer" type="TrailerType" />
26 <xsd:element name="Attestations" type="AttestationsType" />
27 <xsd:element name="Attestation" type="AttestationType" />
28
29 <xsd:element name="BatchAttestationRequest" type="BatchAttestatio
30 <xsd:complexType name="BatchAttestationRequestType">
31 <xsd:sequence>
32 <xsd:element ref="Header" />
33 <xsd:element ref="Attestations" />
34 <xsd:element ref="Trailer" />
35 </xsd:sequence>
36 </xsd:complexType>
37 <xsd:complexType name="AttestationsType">
38 <xsd:sequence>
39 <xsd:element ref="Attestation" maxOccurs="unbounded" />
40 </xsd:sequence>
41 </xsd:complexType>
42
43 <xsd:complexType name="AttestationType">
44 <xsd:sequence>
45 <xsd:element name="TransactionNumber" type="TransactionNu
46 <xsd:element name="Provider" type="ProviderType" />
47 <xsd:element name="EHRCertificationNumber">
48 <xsd:simpleType>
49 <xsd:restriction base="xsd:string">
50 <xsd:length value="15" />
51 </xsd:restriction>
52 </xsd:simpleType>
53 </xsd:element>
54 <xsd:element name="MROContractNumber" minOccurs="0">
55 <xsd:simpleType>

```

```

<xsd:element name="BatchAttestationRequest" type="BatchAtt
<xsd:complexType name="BatchAttestationRequestType">
  <xsd:sequence>
    <xsd:element ref="Header" />
    <xsd:element ref="Attestations" />
    <xsd:element ref="Trailer" />
  </xsd:sequence>
</xsd:complexType>
<xsd:complexType name="AttestationsType">
  <xsd:sequence>
    <xsd:element ref="Attestation" maxOccurs="unbounde
  </xsd:sequence>
</xsd:complexType>
<xsd:complexType name="AttestationType">
  <xsd:sequence>
    <xsd:element name="TransactionNumber" type="Transa
    <xsd:element name="Provider" type="ProviderType" /
    <xsd:element name="EHRCertificationNumber">
      <xsd:simpleType>
        <xsd:restriction base="xsd:string">

```

# Attestation Batch Upload Overview

## Referenced Documentation

### Attestation Batch Upload - Instructions Documents

- Attestation Batch Upload Instructions
- Stage 1\_Core and Menu\_Attestation Data Reference Sheet
- Stage 2\_Core and Menu\_Attestation Data Reference Sheet
- CQM\_Attestation\_Data\_Reference\_Sheet
- CSV\_Mapping\_Specification\_Request\_and\_Response
- XML\_Mapping\_Specification\_Request\_and\_Response

### Attestation Batch Upload – XSD-CSV-Templates

- BatchAttestationRequest.xsd
- BatchAttestationResponse.xsd
- BatchAttestationUpload\_Template.xls
- BatchAttestationUpload\_Template.xlsx

### Attestation Batch Upload Validations Reference Sheet

- NGC\_NLR\_REF\_R14.01\_Attestation\_Batch\_Upload\_Validations\_Reference\_Sheet

# QRDA Presentation



# Overview of QRDA

- QRDA is a HL7 standard for Quality Reporting. Built on top of HL7 standard - Clinical Document Architecture (CDA Rerease-2)
- Pioneer ACO program QRDA Implementation Guide (IG) uses QRDA IG developed for CMS PQRS program (which is based on HL7 QRDA-I Release 1). (Note: MU Stage-2 uses HL7 QRDA-I Release 2)

# QRDA Categories

QRDA standard supports three categories of Quality reports

- **Category-I**: (Single Patient report): Each report contains clinical quality data for one patient for one or more Clinical Quality measures. Pioneer ACO program uses QRDA Category-I
- **Category-II**: (Patient List report): This is a multi-patient level quality report. Each report contains clinical quality data for a set of patients for one or more Clinical Quality measures
- **Category-III**: (Aggregate Quality report): Each report contains calculated summary data for one or more Clinical Quality measures for specific population of patients within a particular health care setup over a period of time

# Evolution of QRDA

- QRDA Category-I has two releases
- QRDA-I Release 1 was out in April, 2010 and adopted by CMS PQRS program
- With the evolution of eMeasures, NQF Quality Data Model (QDM), HL7 released QRDA-I Release 2 in July, 2012
- Progression from QRDA-I R1 to R2 can be iterative rather than implementing QRDA-I R2 from scratch

# QRDA Process Overview

- Publish QRDA Supporting Documents (Data Submission Specifications, Errors & Edits, Downloadable Resources Table).  
**Completed**
- Distribute QRDA Supporting documents to Pioneer ACOs.  
**Completed**
- Provide training to the Pioneer ACOs on QRDA. **Completed**
- Vendors for the Pioneer ACOs update their software, if needed, to produce QRDA files for the 22 Pioneer ACO 2013 measures.
- Pioneer ACOs use their EHR software to produce QRDA files for each sampled patient.
- Pioneer ACOs submit QRDA files individually or as a concatenated file.

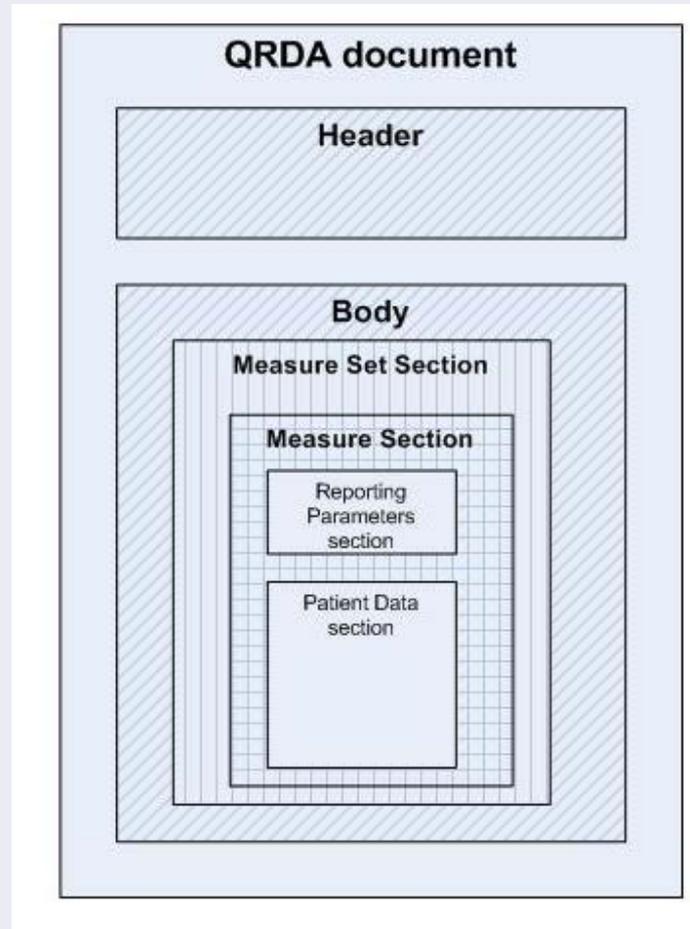
# QRDA Process Overview (cont'd)

- QRDA files will be validated against HL7 CDA R2 schema, and QRDA Schematron rules. (Schematron bundle is made available for Pioneer ACOs and EHR Vendors)
- If errors are identified in a QRDA file, that file will be rejected. The errors will be provided in an error report for the ACOs.
- Each QRDA file submitted successfully (no errors found in validation) will be processed and the QMAT will be populated with the clinical data elements.
- When QRDA files are processed, it will be necessary to identify if a file was already submitted for that ACO/patient. “Final Action Processing” will be used to identify the latest QRDA submission.

# QRDA-I Structure

- A QRDA-I Report contains a header and a body as dictated by CDA R2 standard.
- Header contains attributes of quality report such as patient demographics, author, custodian
- Body of a quality report contains Measure Set section, which contains nested Measure section
- A Measure section contains a Reporting Parameters section and a Patient Data section
- A Patient Data section contains clinical data sections such as problems, procedures...

# QRDA-I Structure



# QRDA-I Header

The Header contains metadata that describes the document. The header portion is further divided into two groups:

## Header Attributes:

### Contains Clinical Document Details

- realmCode
- typeId
- templateId
- id
- code
- title
- effectiveTime
- confidentialityCode
- setId
- versionNumber

## Document Participants:

### Describes the participants submitting the report

- recordTarget ( Patient demographics)
- author
- custodian
- legalAuthenticator
- documentationOf (encounters)

# QRDA-I Body Sections

- Measure Set Section: The Measure Set Section identifies the set of measures appropriate for the current program year (e.g. QMAT 2013)
- Measure Section: The Measure section contains information about the CQMs being reported for a patient. Measure section is a nested section within the Measure Set Section.
  - The Measure section contains two nested sections which are both required:
    - Reporting Parameters Section
      - ◇ Provides information about the reporting time interval and provides context for the patient data being reported.
    - Patient Data Section
      - ◇ This section contains patient clinical data elements as defined by the particular CQM(s).

# Patient Data Section

Patient Data section uses standard HL7 CCD templates with the following nested sections:

- Problems Section
- Procedures Section
- Payers Section
- Alerts Section
- Medications Section
- Immunizations Section
- Results Section
- Vital Signs Section
- Plan of Care Section
- Social History Section
- Medical Equipment Section

# QRDA-I R1 VS. R2

- A QRDA-I document structure mostly remains the same for Release 1 and Release 2.
- The main difference is “how” the QRDA document is generated by EHR systems.
- Release 1 doesn’t expect the EHRs to be knowledgeable on CQMs/eMeasures, but Release 2 documents are expected to contain “just enough” clinical data to satisfy the CQMs.
- For example, Release 1 may contain 10 patient encounters data, Release 2 may contain just 2 encounters to satisfy the CQMs.

# FAQ Update



# New FAQs for the EHR Incentive Programs

- When meeting the meaningful use measure for computerized provider order entry (CPOE) in the EHR Incentive Programs, does an individual need to have the job title of medical assistant in order to use the CPOE function of certified EHR technology for the entry to count toward the measure, or can they have other titles as long as their job functions are those of medical assistants?
- For the Medicare and Medicaid EHR Incentive Programs, how should an eligible professional (EP), eligible hospital, or critical access hospital attest if the certified EHR vendor uses 2011 edition certified EHR technology for the first part of 2013 and 2014 edition certified EHR technology for the remainder of 2013?
- The specifications for Denominator 2 for measure CMS64v2 do not produce an accurate calculation according to the measure's intent. When will a correction to this clinical quality measure (CQM) be published?
- For the meaningful use Stage 2's transitions of care and referrals objective, in what ways can the second measure be met that requires more than 10% of the summary care records provided for transitions of care and referrals to be electronically transmitted in the EHR Incentive programs?

# Question and Answer Session

