

# **eHealth Vendor Workgroup**

April 17, 2014  
12:00 PM ET

# Agenda

Item	Speaker
2013 EHR-based Reporting Submission Lessons Learned	Anastasia Robben and Kelly Dhont
2013 EHR-based Reporting Data Issues	Anastasia Robben and Kelly Dhont
2014 Test Submission Information	Anastasia Robben and Kelly Dhont
Demonstration of Bonnie (eCQM Testing Tool)	Andre Quina
Hardship Exceptions Update	Beth Myers
Request for Comment on Sepsis eCQM	Beth Myers



# Physician Quality Reporting System Electronic Health Record Reporting Information



**eHealth Vendor Workgroup**

**April 17, 2014**

**Anastasia Robben, Vetting Contractor  
Kelley Dhont, Reports and Analytics  
Contractor**

# Agenda

1. 2013 EHR-based Reporting Submission Lessons Learned
2. 2013 EHR-based Reporting Data Issues
3. 2014 Test Submission Information
4. Help Resources

# 2013 EHR-based Reporting Submission Lessons Learned

Presenter: Vetting Contractor

# Submission Lessons Learned

- IACS Accounts
  - Vendors and eligible professionals (EPs) should obtain their IACS accounts as early as possible.
  - Vendors and EPs should have a back-up submitter account just in case people leave the organization.
    - Vendors may acquire an unlimited number of IACS accounts.
  - Please note that the identity management system may be updated this year. Please watch for information posted on the Electronic Health Record Reporting page and conveyed at the National Provider Call.

# Submission Lessons Learned

- Portal Options
  - Submit the data through the correct submission options in the portal.
    - A few vendors/EPs submitted QRDA files underneath the EHR Aggregate option. These files were rejected and will not be processed.
    - This will be important as we move towards the PY 2014 as vendors and EPs will have both the QRDA I and QRDA III file options to utilize.

# Submission Lessons Learned

- Final Action Processing
  - When multiple documents are received with identical submission data (e.g., Provider TIN, Provider NPI, and Patient ID), the FAP will mark the most recent submission (based on the submission timestamp and version ID of the document, if applicable) as final and all of the previous submissions as not final. Submissions marked as not final will NOT be used for analysis when determining incentive eligibility.

# Submission Lessons Learned

- Submit correct information
  - Vendors should verify/validate all data is accurate prior to submissions.
- Submit all data prior to the deadline.
  - Corrections and resubmissions will not be accepted once portal is closed.

# Submission Lessons Learned

- Submit early and often
  - Begin preparing for submissions as early in the process as possible.
  - Do not wait until the deadline is near to begin to begin submitting data.
  - The portal is much busier towards the end of submission and tends to be slower due to the increased workload.

# Submission Lessons Learned

- Vendor Support
  - QualityNet Help Desk Incidents are processed in the order they are received.
  - The support staff is much busier towards the end of the submissions, which means it may take longer to receive a resolution if you submit near the deadline.
    - Incidents that need to be escalated to a different contractor may take time to research and resolve, which means it may take longer to receive a resolution.

# 2013 EHR-based Reporting Data Issues

Presenter: Reports and Analytics  
Contractor

# Inaccurate TIN/NPI Values

- Ensure TIN/NPI combinations are accurate
  - Report line-level Medicare billing numbers
    - Report the TIN to which Medicare Part B claims are billed
    - Report the individual NPI for the eligible professional
      - *NOT* a group NPI
- NPIs can be checked in NPPES' Registry
  - <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

# Inaccurate TIN/NPI Values

- EPs are effectively ineligible for an incentive if they have either:
  - Incorrect TIN/NPI combinations submitted
  - TIN/NPI submitted without Medicare Part B PFS charges

# Inaccurate Beneficiary HICs

- Ensure beneficiary HIC# is accurate for all Medicare Part B patients submitted.

# Missing Dates

- Applicable Start, Center and/or End dates must be associated with all measure-specific data to ensure accurate reporting and performance rates.

# Missing Status Codes

- Based on measure-specific requirements status codes may need to be submitted.
  - The following status codes are required for Measure #1 (Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus):
    - Diabetes (active)
    - Polycystic Ovaries (Active, Chronic, Intermittent, Recurrent)
    - Gestational or Steroid Induced Diabetes (active)
    - Medications Indicative of Diabetes (active)

# Accurate Calculation of Reporting and Performance Data

- In XML files, the following errors in calculations were identified:
- Performance Numerator > Reporting Denominator.
- Performance Numerator + Exclusions > Reporting Denominator

# 2014 Test Submission Information

Presenter: Vetting Contractor

# 2014 Test Submission Information

- The PQRS qualification process was discontinued for PY 2014. EHR products/modules need to obtain certification for their EHR technology through the Office of the National Coordinator for Health Information Technology (ONC). This certification process requires successful testing through Cypress.
- CMS strongly encourages all EHR products/modules to also test using the Submission Engine Validation Tool (SEVT), in addition to CYPRESS. Despite our best efforts to make the file requirements for SEVT and Cypress the same, there may be some differences. Using the SEVT to submit test files may help alleviate any issues prior to the production submission.
  - Please note that the SEVT requires an IACS account.

# SEVT File Size Limitations

- The SEVT is available year round.
- The SEVT is currently available for testing the 2014 QRDA category I and category III file formats.
- The SEVT is currently available for testing the December 2012 eCQM specifications. The June 2013 eCQM specifications will be available for testing in late summer.
- The SEVT will validate individual files up to 1.2 MB.
- The SEVT validates file format not content.
- Zip files cannot be submitted to the SEVT.
- For security reasons, only test data should be submitted to the SEVT.
- User receives real-time information if uploaded file passed validation or number of errors returned.

# Help Resources

Presenter: Vetting Contractor

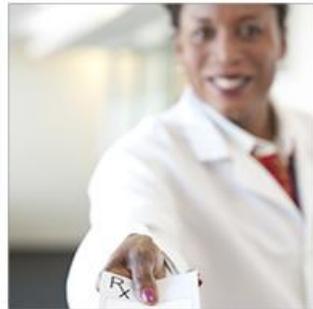
# Help Resources

- PQRS Portal and PQRS Portal SEVT User Guides:  
[https://www.qualitynet.org/portal/server.pt/community/pqri\\_home/212](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212)
- QualityNet Help Desk:  
866-288-8912 or [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)  
(Monday – Friday, 7:00 AM – 7:00 PM CT)
- EHR Incentive Program - EHR Information Center  
888-734-6433  
(Monday – Friday, 7:30 AM to 6:30 PM CT)

# Bonnie

## An electronic Clinical Quality Measure (eCQM) Testing Tool

Andre Quina



# Goals of This Effort

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- **Development of Bonnie, a testing tool for electronic clinical quality measures (eCQMs) sponsored by:**
  - Centers for Medicare & Medicaid Services (CMS)
  - Office of the National Coordinator for Health Information Technology (ONC)
- **Target user: Measure developers**
- **Supports streamlined and efficient pretesting of eCQMs**

# eCQM Testing Today

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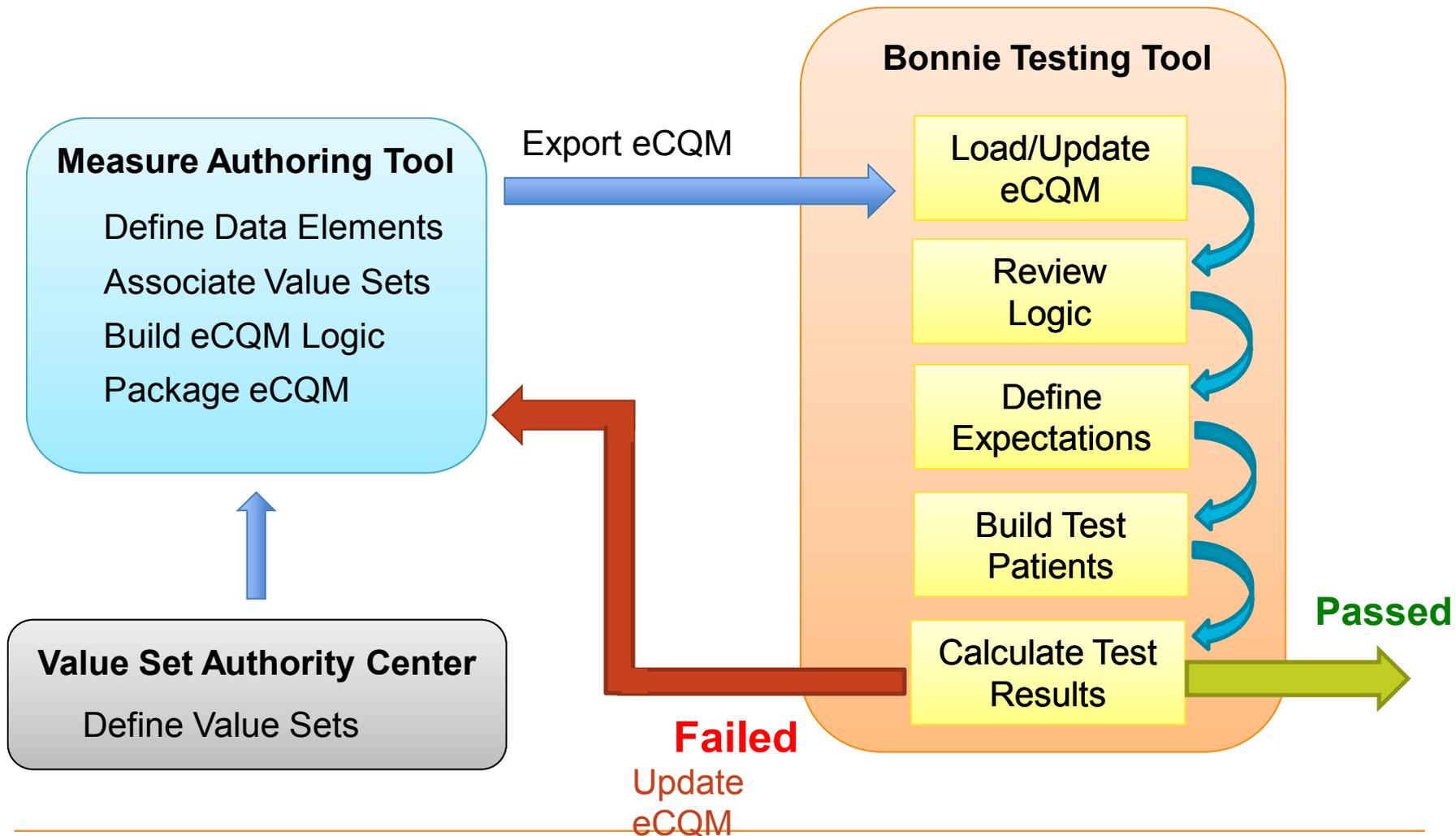
- **Today: Manual Testing**
  - Time-consuming
  - Prone to error
  - Impossible to automate
  
- **The Future: Automated Testing**
  - Less time
  - More accurate
  - Automated execution
  - Provides test coverage
  - Allows generation of a standards-based test deck
    - QRDA Cat 1 exports of patient test decks

# Bonnie's Key Functions

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- **Independently load eCQM definitions from the Measure Authoring Tool (MAT)**
- **Convert eCQM definitions into an executable format allowing execution of the logic**
- **Build test patients using the data elements defined as part of eCQM definitions for rapid patient generation**
- **Provide expected results for test patients and evaluate if the defined logic aligns with the developer intent**

# Testing Process



# Demo

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- Load an eCQM from the MAT
- View the eCQM logic
- Build test patients and set expectations
- Test the eCQM
- Update the eCQM
- Retest the eCQM using existing patients

# Bonnie

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- **Bonnie is a Clinical Quality Measure testing tool**
  - <https://bonnie.healthit.gov>
- **The Measure Authoring Tool (MAT) is a Clinical Quality Measure authoring tool**
  - <https://www.emeasuretool.cms.gov/web/guest/training-resources>

# Dashboard

BONNIE

[Measures](#)
[Account](#)
[Logout](#)

MEASURES	<a href="#">UPLOAD</a>	EXPECTED	STATUS	TEST PATIENTS
Anti-depressant Medication Management	0105	<a href="#">UPDATE</a>		5
population: 84 days			PASS	5 /5
population: 180 days			PASS	5 /5
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	0069	<a href="#">UPDATE</a>		2 /5
population: 84 days			FAIL	2 /5
Discharged on Antithrombotic Therapy	0435	<a href="#">UPDATE</a>		2 /3
population: 84 days			FAIL	2 /3

# Measure View

BONNIE
Measures Account Logout

0435: Discharged on Antithrombotic Therapy

**Description:**  
Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge

**Initial Patient Population:**

- **AND** : Patient Characteristic Birthdate: birth date >= 18 years starts before start of Occurrence A: Encounter, Performed: Inpatient Encounter
- **AND** : Occurrence A: Encounter, Performed: Inpatient Encounter ( Length of Stay <= 120 days )
- **AND** : Occurrence A: Encounter, Performed: Inpatient Encounter ( Discharge Date/Time ) during "Measurement Period"
- **AND** :
  - **OR** : Diagnosis, Active: Hemorrhagic Stroke ( Ordinal : Principal Diagnosis ) starts during Occurrence A: Encounter, Performed: Inpatient Encounter
  - **OR** : Diagnosis, Active: Ischemic Stroke ( Ordinal : Principal Diagnosis ) starts during Occurrence A: Encounter, Performed: Inpatient Encounter

**Denominator: None**

**Numerator:**

- **AND** : Medication, Discharge: Antithrombotic Therapy during Occurrence A: Encounter, Performed: Inpatient Encounter

**Denominator Exceptions:**

- **AND** :
  - **OR** : Medication, Order: Antithrombotic Therapy ( Not Done: Medical Reason ) starts during Occurrence A: Encounter, Performed: Inpatient Encounter
  - **OR** : Medication, Order: Antithrombotic Therapy ( Not Done: Patient Refusal ) starts during Occurrence A: Encounter, Performed: Inpatient Encounter

**Denominator Exclusions:**

- **AND** :
  - **OR** : Occurrence A: Encounter, Performed: Inpatient Encounter ( Reason : Carotid Intervention )
  - **OR** : Occurrence A: Encounter, Performed: Inpatient Encounter ( Discharge Status : Discharge To Another Hospital )
  - **OR** : Occurrence A: Encounter, Performed: Inpatient Encounter ( Discharge Status : Left Against Medical Advice )
  - **OR** : Occurrence A: Encounter, Performed: Inpatient Encounter ( Discharge Status :

**TEST PATIENTS**

67

**FAIL**

2 / 3

Total Coverage: 21%

		Hemorrhagic No Meds	<b>FAIL</b>
		Ischemic No Meds	<b>PASS</b>
		Ischemic With Meds	<b>PASS</b>

Population	Expected	Actual
IPP	1	1
DENOM	1	1
NUMER	1	1
DENEXCEP	0	0
DENEX	0	0

# Patient Builder

BONNIE

Measures Account Logout

**TEST PATIENT**

**LAST NAME**  
Hemorrhagic

**FIRST NAME**  
No Meds

**PAYER**  
Other

**DOB**  
10/10/1970 12:00 AM

**RACE**  
American Indian or Alaska Native

**GENDER**  
Male

**LIVING STATUS**  
Alive

**ETHNICITY**  
Not Hispanic or Latino

**MEASURE ASSOCIATED**  
Discharged on Antithrombotic Therapy

**EXPECTED VALUE**

1 IPP 0 DEN 0 NUM 0 EXCP  
0 EXCL

**ELEMENTS**

- CONDITIONS
- INTERVENTIONS
- ENCOUNTERS
- MEDICATIONS

**PATIENT HISTORY RELATIVE TO MEASURES**

encounter: Encounter, Performed: Inpatient Encounter

**START** 11/07/2012 6:00 AM **STOP** 11/09/2012 6:00 AM

UNDEFINED

**VALUE**  
Scalar input units

**FIELD VALUE**  
DISCHARGE\_DATETIME: 11/09/2012 12:00 AM

Scalar input units

NOT PERFORMED

**MEASURE**

MEASURE:

**Initial Patient Population:**

- AND: Patient Characteristic Birthdate: birth date >= 18 years starts before start of Occurrence A: Encounter, Performed: Inpatient Encounter
- AND: Occurrence A: Encounter, Performed: Inpatient Encounter ( Length of Stay <= 120 days )
- AND: Occurrence A: Encounter, Performed: Inpatient Encounter ( Discharge Date/Time ) during "Measurement Period"
- AND:
  - OR: Diagnosis, Active: Hemorrhagic Stroke ( Ordinal : Principal Diagnosis ) starts during Occurrence A: Encounter, Performed: Inpatient Encounter
  - OR: ~~Diagnosis, Active: Ischemic Stroke ( Ordinal : Principal Diagnosis ) starts during Occurrence A: Encounter, Performed: Inpatient Encounter~~

**Denominator:**

- ~~AND: ~~Diagnosis, Active: Ischemic Stroke ( Ordinal : Principal Diagnosis ) starts during~~~~

# HARDSHIP EXCEPTIONS

# Updated Hardship Exception Forms

## » Form updates include:

- Subsection d clarification for hospitals
- List of unforeseen/ uncontrollable circumstances
- Date of emergence for bankruptcy or debt restructuring
- Not-yet-certified vendor issues
- Documentation
  - If documentation is not specifically required for a hardship, it does not need to be submitted, but please retain for record keeping
  - CMS will accept only in specific formats—PDF, DOC, DOCX, XML, XLS, XLSX

## Submit Comments to Sepsis eCQM

- » Submit feedback on NQF #500 “Severe Sepsis and Septic Shock: Management Bundle”
- » Measure to be retooled as an eCQM
- » Limit comments to the eSpecification, and not the measure construct itself
- » Deadline: May 14, 2014
- » Listserv to be distributed with more details
- » <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html>

**QUESTIONS?**