

eHealth Vendor Workgroup

August 21, 2014



Agenda

Agenda Item	Speaker
ICD-10 Update	Denesecia Green
Quality Updates	
<ul style="list-style-type: none"> • IPPS Regulation <ul style="list-style-type: none"> • Validation of eCQMs: Current Process and Future Plans 	Cindy Tourison Nancy Sonnenfeld
<ul style="list-style-type: none"> • Combined QRDA Guide 	Yan Heras
<ul style="list-style-type: none"> • GPRO Reminder • New CAHPS and CEHRT FAQs • New MAV Course 	Lauren Fuentes

I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency
I078 Other rheumatic tricuspid valve diseases
I079 Rheumatic tricuspid valve disease, unspecified



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10 Update

Denesecia Green
Acting Director
Administrative Simplification Group
August 21, 2014





eCQM/IQR System Update & 2015 Final Rule Update:



Cindy Tourison, MSHI

***Program Lead of Hospital Inpatient Quality
Reporting & Value Based Purchasing
Programs***

***Center for Clinical Standards and Quality
Centers for Medicare and Medicaid
Services***

eCQM/IQR System Update

- The 6.0 Version deployed July 2014
- System is available to submit test and production QRDA-I files
- Situation discovered during analysis of test files
 - CMS Certification Number (CCN)
 - Majority of submitters placing CCN in Service Event Section
 - System was searching for CCN in the Custodian Section
 - System being modified to look in both locations for valid CCN
 - Change accommodates reporting needs for Eligible Professionals and Eligible Hospitals/Critical Access Hospitals
 - Implementation Date: To Be Determined
- Questions about file submission process? Please contact the QualityNet HelpDesk: qnetsupport@hcqis.org – 1-866-288-8912

Purpose

- Provide participants with the Fiscal Year (FY) 2015 Inpatient Prospective Payment System (IPPS) CMS Quality Program Final Rule
- Alignment of the Hospital Inpatient Quality Reporting (IQR) Program and Electronic Health Record (EHR) Incentive Program

Timelines: EHR Incentive Program and Hospital IQR Program

- Align reporting and submission periods for clinical quality measures
 - Medicare EHR Incentive Program: Fiscal year
 - Hospital IQR Program: Calendar year
- Final: **Calendar year**
- File Submission Deadline: **November 30, 2015**

28 EHR Incentive Program eCQM Measures

1 of 3

Acute Myocardial Infarction (AMI)

- AMI-2-Aspirin prescribed at discharge
- AMI-7a- Fibrinolytic therapy received within 30 minutes of hospital arrival
- AMI-8a- Primary PCI received within 90 minutes of hospital arrival
- AMI-10- Statin prescribed at discharge

Emergency Department (ED)

- ED-1- Median time from ED arrival departure for admitted ED patients
- ED-2- Admit decision time to ED departure time for admitted patients

Pneumonia (PN)

- PN-6- Initial antibiotic selection for community-acquired pneumonia in immunocompetent patients

28 EHR Incentive Program eCQM Measures

2 of 3

Perinatal Care (PC) + Healthy Term Newborn (HTN)

- PC-01- Effective delivery prior to 39 completed weeks gestation
- PC-05- Exclusive breast milk feeding
- HTN- Healthy Term Newborn

Stroke (STK)

- STK-2- Discharged on anti-thrombotic therapy
- STK-3- Anticoagulation therapy for atrial fibrillation/flutter
- STK-4- Thrombolytic therapy
- STK-5- Antithrombotic therapy by end of hospital day 2
- STK-6- Discharged on statin medication
- STK-8- Stroke education
- STK-10- Assessed for rehabilitation

Venous Thromboembolism (VTE)

- VTE-1-VTE prophylaxis
- VTE-2- Intensive Care Unit VTE prophylaxis
- VTE-3- VTE patients with anticoagulation overlap therapy
- VTE-4- VTE patients receiving unfractionated Heparin with dosages/platelet count monitoring by protocol (or normogram)
- VTE-5- VTE discharge instructions
- VTE-6- Incidence of potentially preventable VTE

28 EHR Incentive Program eCQM Measures

3 of 3

Surgical Care Improvement Project (SCIP)

- SCIP-INF-1a- Prophylactic antibiotic received within 1 hour prior to surgical incision
- SCIP-INF-2a- Prophylactic antibiotic selection for surgical patients
- SCIP-INF-9- Urinary catheter removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero

Hearing Screening (EHDI)

- EHDI-1a- Hearing screening before hospital discharge

Home Management Plan of Care (CAC)

- CAC-3- HMPC document given to patient/caregiver

Hospital IQR and Voluntary eCQM Data Submission Alignment

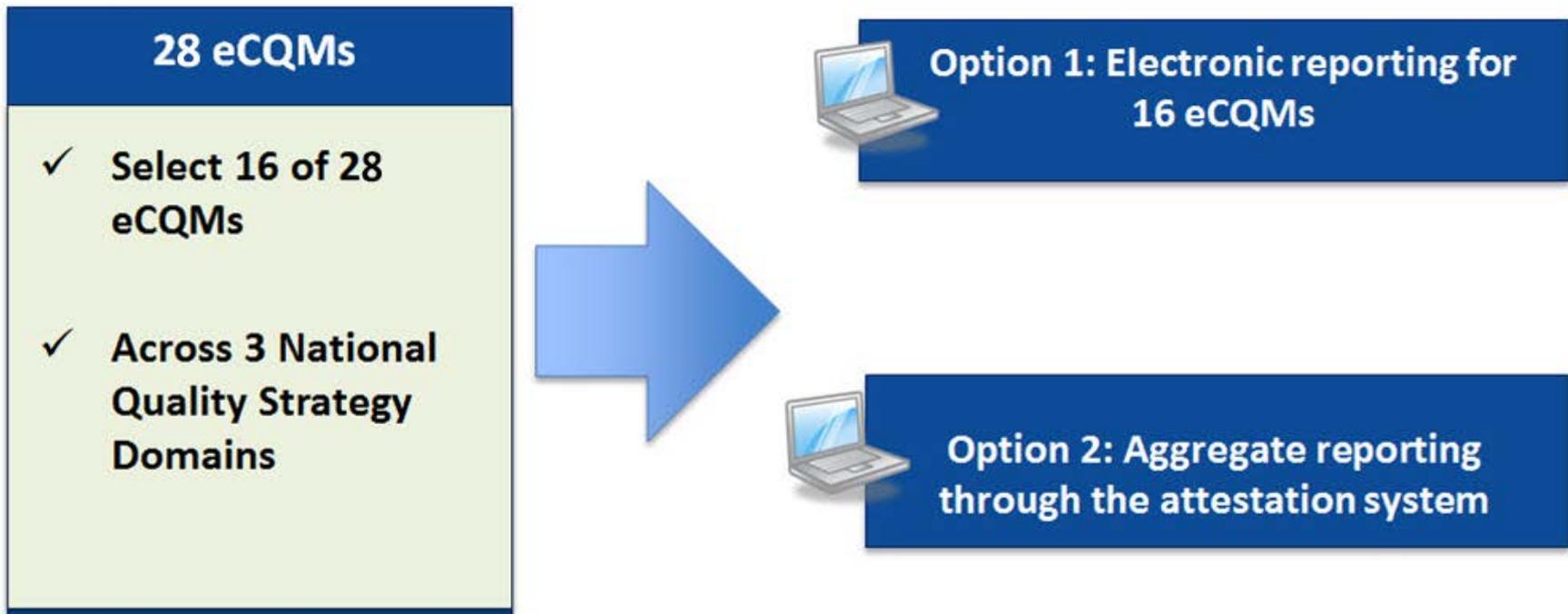
- **FY 2017 Payment Determination:**
- Electronically report any 16 of the 28 Hospital IQR eCQMs that align with the Medicare EHR incentive program and span 3 different **National Quality Strategy (NQS)** domains
- There are 12 measures which are required under IQR that are available as chart abstracted or eCQMs.

12 Required IQR Measures

(electronic submission or chart-abstraction)

AMI -7a	VTE -3
STK-4	VTE-5
STK-6	VTE-6
STK-8	ED-1
VTE-1	ED-2
VTE-2	PC-01

Meaningful Use eCQM Submission Options



Submission Scenario 1 (Slide 1 of 2)

Select 16 CQMs which fulfill 3 National Quality Strategy Domains

STK-2	STK-3	ED-1	ED-2
STK-4	STK-5	VTE-1	VTE-2
STK-6	STK-8	VTE-3	VTE-4
STK-10	PC-01	VTE-5	VTE-6
AMI-2	AMI-7a	SCIP-Inf-1a	PN-6
AMI-8a	AMI-10	SCIP-Inf-2a	SCIP-Inf-9
PC-05	HTN	CAC-3	EHDI-1a

Legend: National Quality Strategy Domains

Orange = Population and Public Health

Yellow = Clinical Process/Effectiveness

Red = Efficient Use of Health care Resources

Blue = Care Coordination

Green = Patient and Family Engagement

Pink = Patient Safety

Submission Scenario 1 (Slide 2 of 2)

Selected 16 CQMs across 3 National Quality Strategy Domains

Care Coordination

Clinical Process/Effectiveness

STK-2 STK-3
STK-4 PC-01
AMI-7a AMI-2
AMI-8 AMI-10

Efficient Use of Healthcare Resources

SCIP-Inf-2a
PN-6

Patient and Family Engagement

ED-1
ED-2
VTE-5

Patient Safety

VTE-6
SCIP-Inf-1a
SCIP-Inf-9

Population and Public Health

Voluntary eCQM Data Submission Requirements

- **FY 2017 Payment Determination:**
- Report names of hospitals who successfully submit CY1, CY2 **or** CY3 electronic data
 - November 30, 2015
 - Symbol on Hospital Compare
 - Not publicly reporting eCQM data or measure rates;
 - Not including a preview period; and
 - Unable to suppress their participation

EHR Incentive and Hospital IQR Program Alignment Reporting Timeline

CY 2015/FY2017 Electronic Clinical Quality Measures Data Reporting Periods and Finalized Submission Deadlines		
CY 2015 Quarter	Reporting Period (2015)	Finalized Submission Deadlines
1	January 1 - March 31	November 30, 2015
2	April 1 - June 30	November 30, 2015
3	July 1 - September 30	November 30, 2015

Medicare EHR Incentive Program Submission Options

- Finalized: Two options to submit CQMs for the EHR Incentive Program Stage 2
 - Option 1: QRDA-I:
 - Electronically submit patient-level data using QRDA-1 reporting
 - CY Q1, CY Q2, or CY Q3
 - Option 2: Aggregate:
 - Report aggregate CQM results **through the CMS Registration and Attestation System**
 - Submit one full year (not quarter) CQM data (October 1, 2014 – September 30, 2015)
 - Medicare EHR Incentive Program only

Please Note: QRDA-III, not feasible to collect in 2015 for eligible hospitals and CAHs under the Medicare EHR Program

Electronically Specified Clinical Quality Measures (CQMs) Reporting for 2015

- Eligible hospitals and CAHs that seek to report CQMs *electronically* under the Medicare EHR Incentive Program **must use** the April 2014 version of the electronic specifications for the CQMs
- 2014 CEHRT is required, however, recertification to the most recent version of the electronic specifications (April 2014) for the CQMs is not required for submission

EHR Incentive and Hospital IQR Program: Zero Denominator Declaration Clarification

- **Zero denominator can be used when**
 - The hospital's EHR is certified for an eCQM and
 - The hospital does not have patients that meet the denominator criteria of that CQM
- **Submitting a zero denominator**
 - Counts as a successful submission for that eCQM for both: EHR Incentive Program and Hospital IQR Program

EHR Incentive Program Requirement Updates: Changes for 2014 and 2015

1. Case Threshold Exemption can be used when:
 - The hospital's EHR system is certified to report data
 - Five or fewer discharges during the relevant EHR reporting period (if attesting to a 90-day EHR reporting period), or
 - Twenty or fewer discharges during the year (if attesting to a full year EHR reporting period) as defined by the CQM's denominator population

EHR Incentive Program Requirement Updates: Changes for 2014 and 2015- Con't

2. Beginning in 2014 (interim final rule):

- Eligible hospitals/CAHs would need to qualify for more than 13 CQMs to report fewer than 16 required
- If the hospital or CAH can meet the case threshold, but not cover at least 3 domains, the hospital would be exempt from the requirement to cover the remaining domains
- Must choose another CQM to submit data or continue to invoke exemption until it exceeds 13 CQMs
 - Reporting fewer than 16 CQMs

3. Beginning in 2015: threshold exception policy changes:

- If eligible hospital or CAH qualifies for exemption for CQM
- Count toward the 16 required CQMs

2015 Final Rule

Details regarding various quality reporting programs begin on the Final Rule pages noted:

- Hospital Value-Based Purchasing (VBP) Program – pp. 822
- Hospital Inpatient Quality Reporting (IQR) Program - pp. 1443
- Electronic Health Records (EHRs) – pp. 1908

Validation of Electronic Clinical Quality Measures (e-CQMs)



Current Process and Future Plans

*Nancy Sonnenfeld, Ph.D.
Validation Lead, Hospital Quality Reporting Programs*

August 21, 2014

Presentation Objectives

- Validation pilot test goals
- Validation processes
- Summarize major comments and CMS responses
- Future collaboration

Plans to Validate e-CQM data

Goals of 100 hospital pilot

- Assess accuracy of eCQM data
- Assess Hospital IQR Program readiness for eCQM reporting
- Identify needs for updates to measure specifications
- Plan future validation requirements

Plan to Validate eCQM Data - Overview

Highly interactive

Hospitals will:

- Allow CDAC to view records real-time
- Generate patients lists
- Generate QRDA Category 1 files
- Navigate through the EHR system for selected records

CDAC will:

- Abstract data following eCQM specifications
- Compare abstracted data with QRDA file data
- Assess and refine operational processes

Plan to Validate eCQM Data - Overview

CMS and its contractors will:

- Determine reliability between extracted and abstracted measures
- Work with measure stewards to refine guidance
- Share conflicting findings with hospitals
- Publicize common patterns of conflicting findings
- Produce statistics to estimate sample size
- Reimburse hospitals for burden

Public Comments Overview

- Validation process for eCQMs needed
- Comparison of chart-abstracted specifications and eCQM results
- Vendors did not feel engaged
 - Ask vendors directly about functionality and capacity
 - Functionalities not included in Meaningful Use requirements
- Security concerns

Validation Next Steps

Finalized policy changes

- **Compare** outcomes abstracted from eCQM to those abstracted from chart-abstracted specifications
- **Remove** questions related to E.H.R. functionality and acceptability of remote technology
- **Allow** flexibility to produce patient lists and QRDA-1 files within data collection period for the pilot project
- **Collaborate** with vendors and stakeholders
 - phone calls to discuss process/share results

Collaboration

Please share your thoughts

- Does the revised process address concerns about functionalities for the current validation pilot?
 - If not, what concerns remain?
- What would you suggest that CMS do to collaborate with vendors regarding validation of eCQMs in the future?

Email us: Validation@hcqis.org

eCQM Polling Question

- When will your hospitals be certified according to meaningful use 2014 specifications for at least 6 of the 16 eCQMs in the stroke (STK), venous thromboembolism (VTE), emergency department (ED) and perinatal care (PC) topic areas (STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-5, VTE-6, ED-1, ED-2, PC-01)?
 - a. some by October or November 2014, most by January 2015
 - b. some by January 2015, most by April 2015
 - c. some or most after April 2015

2015 CMS QRDA Implementation Guide for Eligible Professional Programs & Hospital Quality Reporting

Overview: 2015 CMS QRDA Implementation Guide (IG)

- **Now available: 2015 CMS QRDA IG** Posted to eCQM Library page of CMS EHR Incentive Programs Website on July 29, 2014
- **For all eligible providers:** Combined for both eligible professionals and eligible hospitals
- **For both QRDA Category I and QRDA Category III:** Combined for both patient level quality report (QRDA-I) and aggregate quality report (QRDA-III)
- **For 2015 Reporting Period:** To be used for the 2015 Reporting Period with 2014 version electronic clinical quality measures (eCQMs)
- **QRDA-I Applicable CMS Programs:** Physician Quality Reporting System (PQRS), Pioneer ACO, Hospital Quality Reporting (HQR), EHR Incentive Program for eligible hospitals & critical access hospitals (CAHs)
- **QRDA-III Applicable CMS Programs:** Comprehensive Primary Care (CPC) initiative, EHR Incentive Program (Meaning Use) for eligible professionals, PQRS

Comment period: 2015 CMS QRDA IG

- CMS posted draft guide for public feedback from June 10, 2014 to July 8, 2014
- CMS acknowledges public comments received during comment period and made revisions accordingly for inclusion in this release

Previous CMS QRDA IG Resources

Guide updated for 2015 reporting year, and combines business requirements and information from three previously published CMS QRDA guides:

1. [The 2014 CMS QRDA Implementation Guide for Eligible Hospital Clinical Quality Measures](#) (Effective July 1, 2014)
2. [The 2014 CMS QRDA I Implementation Guides for Eligible Professionals Clinical Quality Measures](#) [zip file]
3. [The 2014 CMS QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures](#) [zip file]

Contents: 2015 CMS QRDA IG

- I. Overview
- II. Part A: QRDA-I DSTU R2 Supplementary Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting
- III. Part B: QRDA-III DSTU R1 Supplementary Implementation Guide for Eligible Professional Programs
- IV. Appendix, including:
 - Troubleshooting and Support
 - QRDA-I DSTU R2 Supplemental Implementation Guide Changes to Base Standard
 - QRDA-III DSTU R1 Supplemental Implementation Guide Changes to Base Standard
 - Change Log for 2015 CMS QRDA Supplementary Implementation Guide from the 2014 CMS QRDA-I and CMS QRDA-III Guides
 - Acronyms, Glossary, References

Benefits: 2015 CMS QRDA IG

- Combining 3 guides into single document provides unified resource for implementers
- Eliminates need to locate individual program guides
- Harmonizes differences among earlier versions of QRDA guides
 - Especially between QRDA-I guides for eligible professionals, eligible hospitals, and CAHs
- Incorporates applicable technical corrections made in new 2014 HL7 errata updates to HL7 Implementation Guides for QRDA I and III

Resources: 2015 CMS QRDA IG & Questions

- 2015 CMS QRDA Implementation Guide available for download on eCQM Library Page in “QRDA Information” section: http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- For questions and comments about the 2015 QRDA Implementation Guide, submit JIRA ticket to the ONC JIRA site under the “QRDA” project or the “HQRIG” project:
<http://jira.oncprojecttracking.org>
- For questions about reporting requirements using 2015 QRDA Implementation Guide, please refer to specific program’s help desk or information center
- To learn more about CQMs, visit Clinical Quality Measures webpage:
<http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

PQRS Updates – GPRO Registration

Reminder: GPRO Registration Open until September 30

- » Eligible professionals who wish participate in 2014 PQRS as a group practice can register for the Group Practice Reporting Option
- » To register, access the PV-PQRS Registration System at <https://portal.cms.gov>
 - Use a valid IACS User ID and password to choose your group's reporting mechanism

PQRS Updates – New CAHPS FAQs

- » **FAQ 100442: What survey meets CMS' participation requirements for the 2014 PQRS?**
 - CMS will use the CAHPS for PQRS survey to measure patient experience with group practices participating in the GPRO. The survey contains the core CG-CAHPS questions, plus additional questions to meet the requirements of the PQRS program and CMS' information needs.
 - For 2014, CMS will pay for the survey and partner with a vendor to administer the survey on the groups' behalf. The survey will generate results and scores at the level of the group practice.
 - A copy of the survey can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_CAHPS_for_PQRS_Survey-07082014.pdf or you can request a copy of the survey from the CAHPS for PQRS Survey Project Team at pqrscahps@hcqis.org.

PQRS Updates – New CAHPS FAQs

- » **FAQ 10444: What is included in the CAHPS for 2014 PQRS patient survey?**
 - The patient survey includes the core questions contained in the CAHPS Clinician & Group Survey (Version 2.0), plus additional questions to measure access to and use of specialist care, experience with care coordination, patient involvement in decision-making, experiences with a health care team, health promotion and patient education, patient functional status, and general health.
 - The survey will generate results and scores at the level of the group practice.

PQRS Updates – New CAHPS FAQs

- » **FAQ 10446: How are a group practice's patients identified and sampled for the CAHPS for 2014 PQRS?**
 - CMS will identify and select a random sample of Medicare beneficiaries who have received primary care within the group practice participating in the GPRO for PQRS. The CAHPS sample will be limited to beneficiaries age 18 or older, who are not known to be institutionalized or deceased.
 - The number of patients sampled may vary based on the size of the group practice. For large group practices of 100 or more eligible professionals, CMS will draw a sample of 860 beneficiaries. If the practice has fewer than 860 beneficiaries, but more than 415 beneficiaries, CMS will survey all eligible beneficiaries in program year 2014. If the practice has fewer than 416 beneficiaries, the survey cannot be conducted.
 - For group practices with 25 to 99 eligible providers, CMS will draw a sample of 860 beneficiaries. If the practice has fewer than 860 beneficiaries, but more than 254 beneficiaries, CMS will survey all eligible beneficiaries in program year 2014.
 - CMS completed data collection for program year 2013 in July of 2014. Data collection for program year 2014 will occur January through March 2015.

PQRS Updates – New CAHPS FAQs

- » **FAQ 10448: What is the cost of administering the CAHPS for PQRS survey?**
 - CMS will cover the cost of survey data collection for program years 2013 and 2014, and will not require participating group practices to pay the costs of survey administration in those years.
 - CMS' survey contractor will provide reports directly to the group practices participating in CAHPS for PQRS in program years 2013 and 2014.
 - Results for program year 2013 will be delivered to groups in early 2015.
 - Results for program year 2014 will be delivered to groups by the end of calendar year 2015. Please note that group practices already conducting separate CAHPS efforts outside of PQRS are unable to report that data as only the CAHPS for PQRS survey meets the patient experience of care requirement for PQRS.

PQRS Updates – New CAHPS FAQs

- » **FAQ 10450: Is there a list of vendors approved to administer the CAHPS for 2014 PQRS or can my group practice participating via the GPRO submit the information?**
 - CMS has a single contractor responsible for CAHPS for PQRS survey implementation for the 2014 program year. If a group practice already administers the CG-CAHPS survey, that data cannot be reported for PQRS as only the CAHPS for PQRS survey meets the patient experience of care requirement for PQRS.
 - CMS uses the same survey for all group practices and the same, standardized data collection procedures to ensure comparability of the data and score across group practices.
 - Continue to monitor the CMS web page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html> for updates on use of CAHPS for PQRS. CMS will update the PQRS web page in 2015 with information and instructions for vendors and groups for that program year.

PQRS Updates – New CERHT FAQ

- » **FAQ 10452: Does an eligible professional's (EP's) electronic health record (EHR) system have to be 2014 certified electronic health record technology (CEHRT) on the first day of the Physician Quality Reporting System (PQRS) reporting period, or is it acceptable for the system to be CEHRT by submission time?**
- EPs and group practices are not required to have 2014 CEHRT for the full year of PQRS or have 2014 CEHRT implemented on the first day of the reporting year, which is 1/1/2014. However, in order to participate in PQRS via an EHR-based reporting mechanism, EPs and group practices must submit the final set of data utilizing 2014 CEHRT.
 - Organizations that upgrade to 2014 CEHRT mid-year must push their data from the previous CEHRT to the new system so the full year of data will end up being submitted via 2014 CERHT by the 2/28/2015 submission deadline. The EP or group practice will only be able to participate in 2014 PQRS if the new TIN implements 2014 CEHRT in time for submission. Therefore, EPs and group practices in this scenario will have access to a full year of data via 2014 CEHRT and will be able to participate in both the 2014 EHR Incentive Program and PQRS via EHR reporting method.
 - Please note that group practices participating in 2014 PQRS through the group practice reporting option (GPRO) via Web Interface are also required to use 2014 CEHRT to populate the Web Interface when participating in 2014 PQRS and the EHR Incentive Program.
 - Please contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via qnetssupport@hcqis.org for help with questions. They are available from 7:00 a.m. to 7:00 p.m. CST Monday through Friday.

PQRS Updates – MAV Course

New MAV Course now available on PQRS website

- » Self-paced MAV training course designed for:
 - Eligible professionals reporting measures via claims
 - Eligible professionals or group practices reporting via a registry vendor
- » Presents a high-level overview of MAV process and how MAV process will apply for 2014 PQRS reporting purposes
- » Includes following four modules:
 - Module 1: **MAV Overview**
 - Module 2: **Knowing When MAV Applies**
 - Module 3: **MAV Analysis Process**
 - Module 4: **MAV Scenarios**
- » Available on Analysis and Payment page of PQRS website:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

QUESTIONS?