

# July CMS and ONC eHealth Vendor Workgroup

July 16, 2015  
12:00 PM EDT

Agenda Item	Speaker
<p>EHR Incentive Programs Update</p> <ul style="list-style-type: none"> <li>• New and Updated FAQs</li> <li>• 2015 First-Time Hospital Attestation</li> </ul>	<p>Beth Myers <i>Division of Health IT Initiatives (DHIT) Center for Clinical Standards and Quality (CCSQ)</i></p>
<p>National Standards Group (NSG) Update</p> <ul style="list-style-type: none"> <li>• ICD-10:               <ul style="list-style-type: none"> <li>• 75 Days To Go</li> <li>• ICD-10 Announcement</li> </ul> </li> <li>• HPID Public Comment Reminder</li> </ul>	<p>Shana Olshan, NSG <i>Office of Enterprise Information (OEI)</i></p>
<p>Cypress Release Update</p>	<p>Jean Colbert and Dave Czulada <i>Contractors on behalf of the Office of the National Coordinator (ONC)</i></p>
<p>Hospital Inpatient Quality Reporting (IQR) Program Update</p>	<p>Stephanie Wilson <i>Health Services Advisory Group, on behalf of CMS</i></p>
<p>Joint Commission Update</p>	<p>Patty Craig, <i>Joint Commission</i></p>

Beth Myers

# **EHR INCENTIVE PROGRAMS UPDATE**

## **CMS' New and Updated FAQs:**

### **Discontinuation of NIST EHR-Randomizer Application; Effective July 1**

**Question: When reporting on the Summary of Care objective in the EHR Incentive Programs, how can eligible professionals and eligible hospitals meet measure 3 if they are unable to complete a test with the CMS designated test EHR (Randomizer)?**

**Answer:** CMS is aware of difficulties related to systems issues that eligible professionals, eligible hospitals, and CAHs are having in use of the NIST EHR-Randomizer Application to meet measure 3 of the Stage 2 Summary of Care objective, therefore, we discontinued this option effective July 1, 2015.

## **CMS' New and Updated FAQs:**

### **New FAQ related to reporting CQMs with a zero numerator and/or denominator**

**Question:** For the Medicare EHR Incentive Program, can I report a CQM with a zero result in the numerator and/or denominator?

**Answer:** While we strongly encourage providers to report CQMs which are relevant to their patient population, zero is an acceptable result provided that this value was produced by certified EHR technology.

#### **Additional Information**

Please note that this FAQ relates to submission for the EHR Incentive Programs only. Reporting for credit in PQRS, IQR or another CMS quality reporting program may include additional requirements. To learn more, please visit the [CMS Website](#).

For more information visit the [Frequently Asked Questions page](#) on the [CMS website](#).

# Eligible Hospitals Can Attest to First Year of Meaningful Use in 2015

CMS will allow hospitals participating in the EHR Incentive Programs for the first time in 2015 to attest to a 90-day reporting period for FY 2015 **between now and August 14, 2015.**

To begin, hospitals must:

1. Register in the CMS Registration and Attestation System at: <https://ehrincentives.cms.gov/hitech/login.action>
2. Contact Elizabeth Holland at: [elizabeth.holland@cms.hhs.gov](mailto:elizabeth.holland@cms.hhs.gov)
3. Provide the hospital name, CMS Certification Number and contact person information

For more information visit the [EHR Incentives Programs page](#) on the CMS website.

Shana Olshan

# **NATIONAL STANDARDS GROUP UPDATE**

# ICD-10 | Quick Start Guide

This guide outlines 5 steps health care professionals should take to prepare for ICD-10 by the **October 1, 2015**, compliance date. You can complete parts of different steps at the same time if that works best for your practice.

**You must use:** ICD-10 codes for all services provided on or after October 1  
ICD-9 codes for all services provided before October 1

★ = Crucial activity

## 1 Make a Plan

- Assign target dates for completing steps outlined here

★ Obtain access to ICD-10 codes. The codes are available from many sources and in many formats:

- Code books
- CD/DVD and other digital media
- [Online](#) (e.g., go to [cms.gov/ICD10](http://cms.gov/ICD10) and select "2016 ICD-10-CM and GEMS" to download 2016 Code Tables and Index)
- Practice management systems
- Electronic health record (EHR) products
- Smartphone apps

- Decide role(s) your clearinghouse(s) will play in your transition. Some providers who are not ready could benefit from contracting with a clearinghouse to submit claims.

- Clearinghouses can help by:
  - Identifying problems that lead to claims being rejected
  - Providing guidance about how to fix rejected claims (e.g., more or different data need to be included)
- Clearinghouses **cannot** help you code in ICD-10 unless they offer third-party billing/coding services

## 2 Train Your Staff

- Train staff on ICD-10 fundamentals using the wealth of free resources from CMS, which include the [ICD-10 website](#), [Road to 10](#), [Email Updates](#), [National Provider Calls](#), and [webinars](#). Free resources are also available from:

- Medical societies, health care professional associations
- Hospitals, health systems, health plans, vendors

★ Identify top codes. What ICD-9 diagnosis codes does your practice see most often? Target the top 25 to start. You might want to look at common diagnosis codes available from:

- [Road to 10](#) (see Specialty References)
- Medical specialty societies

- Using the documentation available, code current cases in ICD-10. Flag any cases where more documentation is needed.

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## 3 Update Your Processes

★ Update hard-copy and electronic forms (e.g., superbills, [CMS 1500 forms](#))

- Resolve any documentation gaps identified while coding top diagnoses in ICD-10
- Make sure clinical documentation captures key new coding concepts:

- Laterality—or left versus right
- Initial or subsequent encounter for injuries
- Trimester of pregnancy
- Details about diabetes and related complications
- Types of fractures

## 4 Talk to Your Vendors and Health Plans

★ Call your vendors to confirm the ICD-10 readiness of your practice's systems

- Confirm that the health plans, clearinghouses, and third-party billing services you work with are ICD-10 ready
- Ask vendors, health plans, clearinghouses, and third-party billers about testing opportunities

## 5 Test Your Systems and Processes

★ Verify that you can use your ICD-10-ready systems to:

- Generate a claim
- Perform eligibility and benefits verification
- Schedule an office visit
- Schedule an outpatient procedure
- Prepare to submit quality data
- Update a patient's history and problems
- Code a patient encounter

- Test your systems with partners like vendors, clearinghouses, billing services, and health plans; focus on those partners that you work with most often

- Medicare providers can conduct [acknowledgment testing](#) with their Medicare Administrative Contractors (MACs) until the Oct 1 compliance date to confirm that Medicare can accept your ICD-10 claims

- Explore alternate ways to submit claims to health plans if you think your systems might not be ready for ICD-10 by Oct 1.

For Medicare providers, options include:

- Free billing software available from every [MAC website](#)
- Paper claims for providers who meet [Administrative Simplification Compliance Act Waiver](#) requirements
- Part B claims submission by online provider portal (in about 1% of MAC jurisdictions)
- Each of these options requires you to code in ICD-10

Ask other health plans you work with about the options they offer.

To learn more about getting ready, visit [cms.gov/ICD10](http://cms.gov/ICD10) for free resources including the Road to 10 tool designed especially for small and rural practices but useful for all health care professionals.



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## CMS and AMA ICD-10 Announcement



Visit the [ICD-10 Website](#) to read the full announcement and find answers to the frequently asked questions.

## Comment on the HPID RFI

### Topics:

- Enumeration structure outlined in the [HPID final rule](#)
- Use of both HPID and Payer ID in electronic transactions
- How evolving trends in health care have changed views about the function of the HPID

**Due by July 28, 2015.**

Learn more at the [Latest News](#) page of the CMS Administrative Simplification website.

Submit comments here:

[http://www.regulations.gov/#!documentDetail;D=HHS\\_FRDOC\\_0001-0581](http://www.regulations.gov/#!documentDetail;D=HHS_FRDOC_0001-0581)

Jean Colbert and Dave Czulada Update on  
behalf of

**THE OFFICE OF THE NATIONAL  
COORDINATOR**

# Cypress Tools Release in July 2015

- **New Versions of the Cypress eCQM Testing Tool will be released on Thursday, July 23<sup>rd</sup>, 2015.**
  - **Cypress v2.7.0 – Pretesting Version Only**
  - **Cypress v2.6.1 Patch Release – Replacing v2.6.0**
  - **Cypress Validation Utility for 2015 & 2016 Reporting**

# Cypress v2.7 Pretesting Version Only

- Cypress v2.7.0, the newest version of the electronic clinical quality measure (eCQM) testing tool.
- Cypress v2.7 supports the following
  - Supports 2015 eCQM Annual Update
  - Aligns with the May 2015 release and the June corrections of Eligible Hospital and Eligible Professional eCQM specifications published by CMS
  - Aligns with HL7 QRDA Category I Release 3 specification
  - **Is *not* initially available for certification because the 2014 Certification Edition only applies to the current HL7 QRDA R2 specification. This version is a tool for testing the 2015 measure specifications and the new QRDA R3 requirements for CMS submissions**
  - Uses Measure Bundle v2.7.0

# Cypress v2.6.1 Patch Release

- Supports improvements in QRDA validation testing
- **Will replace v2.6.0 and continue to be available for use in certification throughout 2015**
- Uses Cypress v2.6.1 to pretest and certify 2014 Eligible Hospital and Eligible Professional eCQM packages
- Evaluates QRDA compliance against the HL7 QRDA Errata IG published in 2014
- Uses Measure Bundle v2.6.0 that was issued with this release

# Cypress Validation Utility for 2015 & 2016 Reporting

- **Separate and optional utility for testing QRDA conformance against the CMS QRDA Combined Implementation Guides (IGs)**
- **Supports both the 2015 and 2016 CMS QRDA Combined IG specifications**
- **Checks additional QRDA constraints required for CMS submission that are not tested with Cypress Certification which tests compliance to the base HL7 QRDA IG**

Stephanie Wilson

**HOSPITAL INPATIENT  
QUALITY REPORTING (IQR)  
PROGRAM UPDATE**



# **Hospital Inpatient Quality Reporting (IQR) Program Update**

**Stephanie Wilson, MBL**

**Project Lead – IQR-EHR Alignment (eCQM)**

**Inpatient Value Incentives and Quality Reporting Education  
Support Contractor**

**July 16, 2015**

# QRDA Implementation Guide Update

The Centers for Medicare & Medicaid Services (CMS) would like to announce that new materials are available for eligible hospitals (EH) and critical access hospitals (CAHs) to use for reporting electronic clinical quality measures (eCQMs). These materials are accessible through the **CMS eCQM Library page** and include the following:

- The **2016 CMS Quality Reporting Document Architecture (QRDA) Implementation Guide (IG)**
- The **2016 CMS Program-Specific QRDA Schematrons and sample files**
- The **2015 CMS QRDA Implementation Guide (IG) Addendum**



# 2016 References

**The 2016 CMS QRDA IG** is to be used for calendar year 2016 file submission.

Applicable sections include:

- Part A: QRDA-I Draft Standard for Trial Use (DSTU) R3 Supplementary Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting
- Appendix: Additional QRDA-I Validation Rules for HQR Programs
- Appendix: Change Log for 2016 CMS QRDA Implementation Guide to the 2015 CMS QRDA Implementation Guide

# 2016 References (Cont'd)

**2016 CMS Program-Specific QRDA Schematron and sample files** can be used to validate QRDA-I files that conform to the 2016 CMS QRDA IG.

The following Schematron and sample files are available:

- QRDA-I Schematron rules for HQR
- QRDA-I sample files for HQR programs

# 2015 Addendum

**The 2015 CMS QRDA IG Addendum** communicates changes made to the IG since it was published.

Changes include the following:

- Updates to the current *CMS QRDA Implementation Guide* that was published on July 29, 2014
- Clarifications to the current *CMS QRDA Implementation Guide* that was published on July 29, 2014

# Report Update

- There are errors with one *Feedback* category report in the Hospital eCQM Receiving System:
  - eCQM Submission and Performance Feedback Report
- The issue:
  - The report query runs for an extended period of time and delays the timeliness of generating the report in the queue. As a result, the eCQM Submission and Performance Feedback Report has been disabled and is not currently available in the feedback category
- Resolution/Workaround:
  - This report is available through the *submission detail* reports category
  - Notification will be send out when the fix is in place

# How to Get Involved

CMS strongly encourages vendors and hospitals to continue working toward the successful submission of eCQM data by:

- Submitting test files through the CMS eCQM Receiving System (*QualityNet Secure Portal*)
- Signing-up for the Hospital Reporting EHR ListServe and participating in training opportunities

[www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register](http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register)

# Thank You!

- **Stephanie Wilson – IQR eCQM Program Support**
  - [stephanie.wilson@area-m.hcqis.org](mailto:stephanie.wilson@area-m.hcqis.org)
- **eCQM General Program Questions**
  - <https://cms-ip.custhelp.com>
  - 866.800.8765 or 844.472.4477, 7 a.m.–7 p.m. CT Monday–Friday (except holidays)

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Patty Craig

# **JOINT COMMISSION UPDATE**

**QUESTIONS?**