eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

# May eHealth Vendor Workgroup

May 15, 2014
12:00 PM ET

# Agenda

| Item | Speaker |
| --- | --- |
| 2014 eCQM Reporting Requirements for the Comprehensive Primary Care Initiative | Patrice Holtz and Yan Heras |
| Transitions of Care Message Disposition Notifications | Paul Tuten |
| Feedback on 2015 QRDA Implementation Guide Outline | Deborah Krauss |

# 2014 Comprehensive Primary Care (CPC) Initiative eCQM Reporting Requirements

Patrice Holtz, BSN, MBA

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# CPC Initiative

- CPC is a 4 year multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care.
- The CPC initiative is in its second program year but this is the first year that CPC practices are eligible for any Medicare shared savings.
- The reporting of eCQMs is factored into the calculation for shared savings.

# How Does 2014 eCQM Reporting Differ From eCQM Reporting in 2013?

## IT COUNTS THIS YEAR!!!!!

CPC Practices must report eCQMs to be eligible to participate in any Medicare shared savings.

# Differences between 2013 and 2014 eCQM Reporting

- Fewer Number of Required Measures – Regional Measures NQF #0024 and NQF #0036 have been eliminated
- Must report practice level eCQMs electronically
- Must use 2014 ONC certified EHRs to report

# 2014 Mandatory Reporting Requirements for All CPC Practices

- Report 9 of 11 CPC eCQMs
- Report all eCQMs at the CPC Practice Site Level
- Report the June 2013 version of EHR CQMs
- Report all eCQMs electronically to CMS
- Report 12 months of eCQM data
- Report using a 2014 ONC Certified EHR Technology

[1] NQF 0031 is no longer NQF endorsed.

CPC
Comprehensive Primary Care

# Report 9 of 11 CPC eCQMs

| CMS ID & Ver. | NQF # | Clinical Quality Measure Title | Domain |
|---|---|---|---|
| 165v2 | 0018 | Controlling High Blood Pressure | Clinical Process/ Effectiveness |
| 138v2 | 0028 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Population/ Public Health |
| 125v2 | 0031 | Breast Cancer Screening | Clinical Process/ Effectiveness |
| 130v2 | 0034 | Colorectal Cancer Screening | Clinical Process/ Effectiveness |
| 147v2 | 0041 | Preventive Care and Screening: Influenza Immunization | Population/ Public Health |
| 122v2 | 0059 | Diabetes: Hemoglobin A1c Poor Control | Clinical Process/ Effectiveness |
| 163v2 | 0064 | Diabetes: Low Density Lipoprotein (LDL) Management | Clinical Process/ Effectiveness |
| 182v3 | 0075 | Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control | Clinical Process/ Effectiveness |
| 144v2 | 0083 | Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | Clinical Process/ Effectiveness |
| 139v2 | 0101 | Falls: Screening for Future Fall Risk | Patient Safety |
| 2v3 | 0418 | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | Population/ Public Health |

# Report eCQMs at the CPC Practice Site Level

- Practice Site Level Reporting is **the population of patients who were seen one or more times at the CPC Practice Site Location during the measurement year (CY2014) and who meet the initial patient population inclusion criteria for the measure**
- **NO EXCEPTIONS** – cannot manually add provider results to get practice level results

# Use June 2013 version of eCQM

- The June 2013 version # is identified in the CPC eCQM table and is the eCQM version required by the Meaningful Use (MU) and Physician Quality Reporting System (PQRS) for electronically submitted eCQMs for 2014
- June 2013 version of eCQMs can be found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html under **2014 eCQM Specifications for EP Release June 2013**

# Must Report CPC eCQMs Electronically

- All practices must report the eCQMs electronically to CMS at the CPC practice site level.
- A CPC practice may be exempt from electronic reporting only if the practice's EHR vendor cannot produce a "CPC practice site level" file for electronic submission. CPC practices will need to apply to CPC for this exemption.

# Must Report CPC eCQMs Electronically

- A practice whose EHR vendor does not support electronic submission of a QRDA III **practice site level report** may, with prior approval from CPC, attest to their aggregate practice site level results using a 2014 ONC Certified EHR Technology generated report that represents all eCQM results at the **CPC practice site level**.

# Must Report 12 Months of Data

- All CPC practice sites must report 12 months of practice site level aggregate data ( measurement year is CY 2014)

- eCQM reporting period –practices submit the data to CMS from *January 1, 2015 through February 28, 2015

**Same submission period used for the PQRS and MU programs*

# Report eCQMs using 2014 ONC Certified EHR Technology (CEHRT)

- CPC electronically reported eCQMs must be reported at the CPC practice site level using a 2014 ONC CEHRT only
- If approved by CMS to attest to the practice site level eCQMs, the practice site level report must be generated from a  2014 ONC CEHRT

# 2014 CPC Aligned Reporting Options

- Obtain credit for reporting to the PQRS program by electing the PQRS waiver prior to submission of eCQMs - this means you report eCQMs ONCE and get credit for reporting to CPC and PQRS

- Obtain credit for meeting the eCQM reporting requirement for MU by reporting 9 of the 11 CPC eCQMs that cover 3 domains

# 2014 Operational Considerations for Practices for eCQM Reporting

- CPC Practice sites will be required to submit information to CPC in September regarding their ability to report eCQMs electronically
- CPC Practice sites must update CPC practice rosters no later than *October 10 , 2014*
- CPC Practice sites must know what TIN they will use for PQRS and other aligned CMS reporting programs such as the Value Based Modifier

# 2014 Operational Considerations for Practices for eCQM Reporting

Practice sites should be communicating with their EHR vendors NOW to ensure:

1) They have 9 of 11 CPC eCQMs
2) Their EHR has been updated and certified to the 2014 ONC EHR certification criteria
3) They are working with their EHR vendor or IT staff to ensure they can submit practice level eCQMs ELECTRONICALLY

# EHR Vendor Considerations

- CPC requires a QRDA III file transmission
- The QRDA III file must conform to the 2014 CMS QRDA III Implementation Guide for EP, which can be found at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQMLibrary.html under **Additional Resources**

# EHR Vendor Considerations

- All CPC eCQMs must be reported at the Practice Site Level electronically
- If CPC Practice EHR cannot transmit a practice site level file electronically, CPC will allow attestation of aggregate practice site level results with documentation from the EHR vendor that they can't support practice site level reporting electronically

# CPC EHR Vendor QRDA III File Considerations

- Each CPC QRDA III file must contain the following:
  - All 9 CPC measures in one file
  - A CPC Practice Site ID

    /ClinicalDocument/participant[@typeCode="LOC“]/associatedEntity[@classCode=“SDLOC”]/id[@root=“2.16.840.1.113883.3.249.5.1”][@extension=“OK666333”]

    Note: @extension  contains the value of a specific CPC practice site ID
  - “CPC” as the CMS program name

    /ClinicalDocument/informationRecipient/intendedRecipient/id[@root=“2.16.840.1.113883.3.249.7”][@extension=“CPC”]

# CPC EHR Vendor QRDA III File Considerations

- Each CPC QRDA III file must contain the following:
  - Only 1 TIN for the CPC Practice
  - All CPC EP NPIs
    - If multiple NPIs, use the same TIN for each NPI
  - CPC measures are reported at the CPC Practice Site Level

# CPC 2014 EHR User Manual

- The 2014 CPC EHR User Manual is being updated and will be distributed to all CPC Practices in June 2014.

# CPC Vendor Office Hours

- The CPC Team will host an Office Hours session to answer any follow-up questions from today's call or program-related questions
  - Date: June 5, 2014
  - Time: 12:00-1:00PM EDT
  - Dial-in: 1-877-267-1577
  - Meeting Number: 994 615 565

# Contact Information

- CPC Program related questions:
  - **E-mail:** cpcisupport@telligen.org
  - **Telephone:** 800-381-4724
- QRDA JIRA tickets:
  - http://oncprojectracking.org/

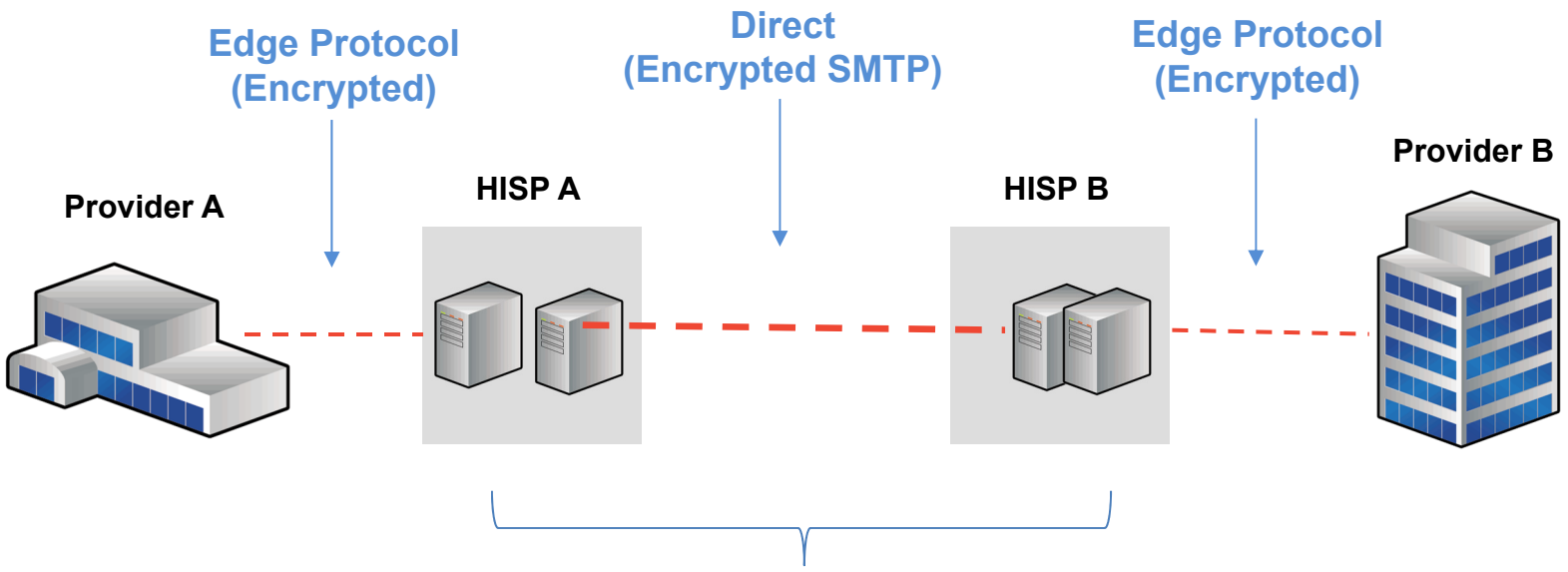
The Office of the National Coordinator for Health Information Technology

# Direct: Edge Protocols

Putting the I in HealthIT℠

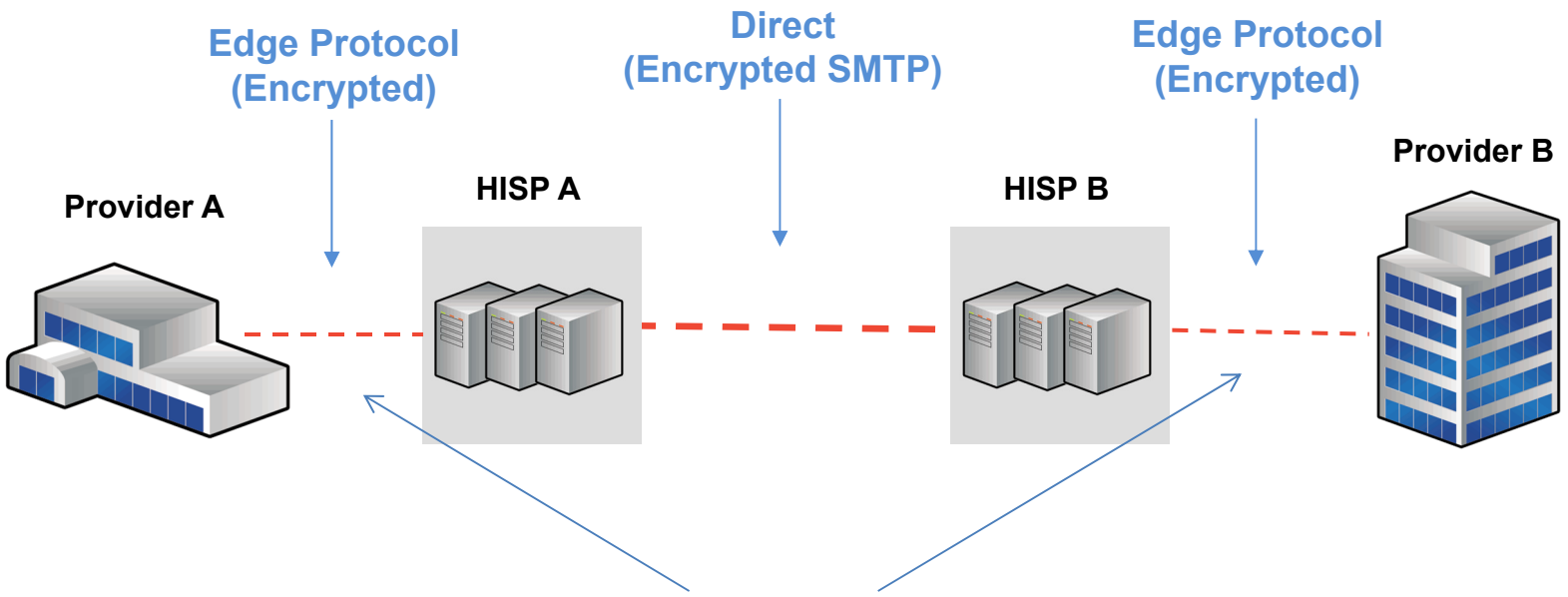
www.HealthIT.gov

# Direct: Backbone Protocol




The *Applicability Statement for Secure Health Transport* (Direct) addresses exchange between two security/trust agents (which are commonly implemented by organizations called HISPs)

# Direct and Edge Protocols

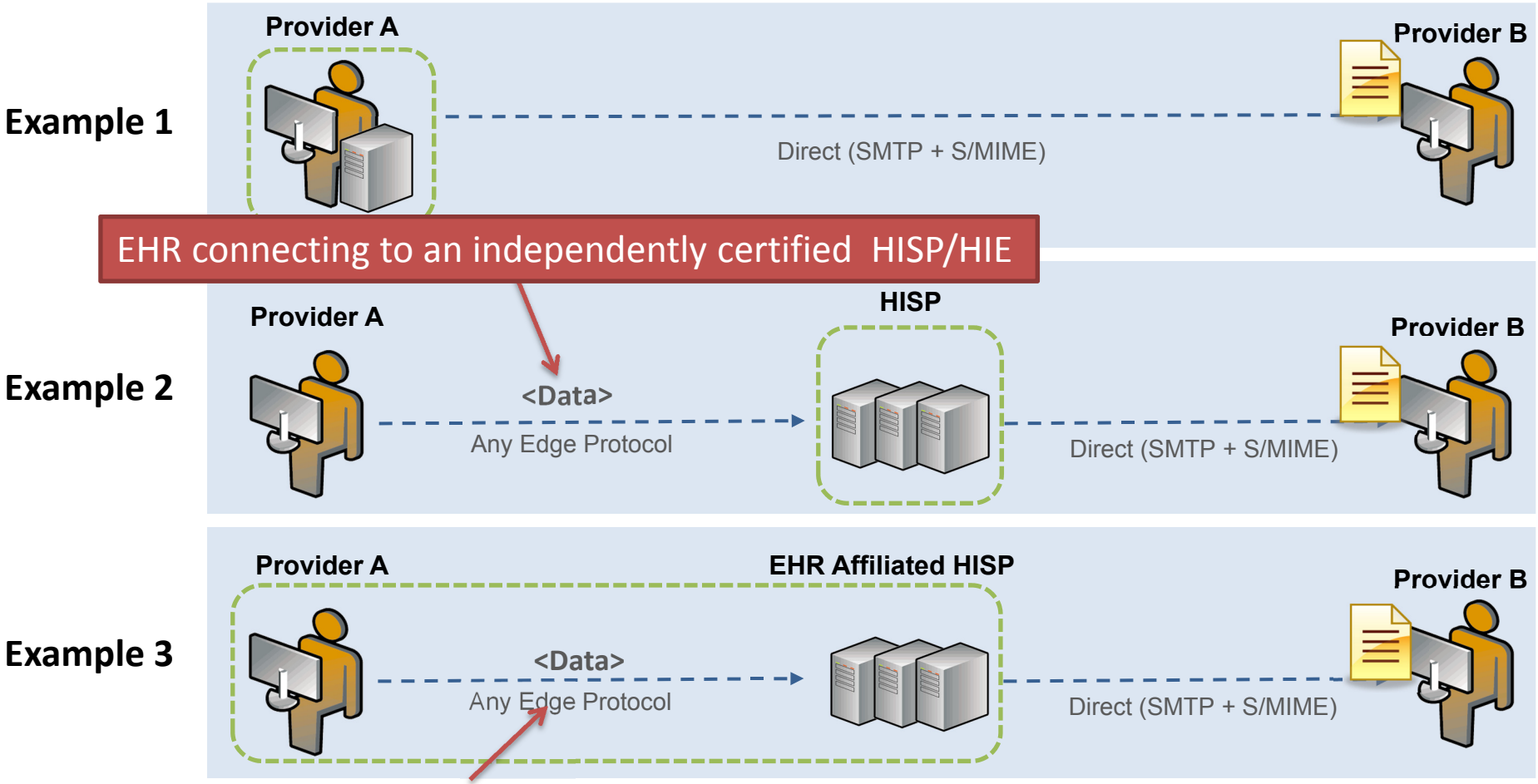



**The Direct standard (*Applicability Statement*) does not specify how edge systems must or should interface with HISPs.**

# Additional Direct Specs and IGs

- Some of the Direct Project's additional specifications and implementation guides provide partial guidance on interactions between edge systems and their respective HISPs.
- Examples:
  - *XDR and XDM for Direct Messaging v1.0*
  - *Implementation Guide for Delivery Notification in Direct v1.0*
- Unfortunately, these guides do not ensure—nor were they intended to ensure—"plug and play" interoperability between edge systems and HISPs.
- Let's look at some examples of where/why this matters…

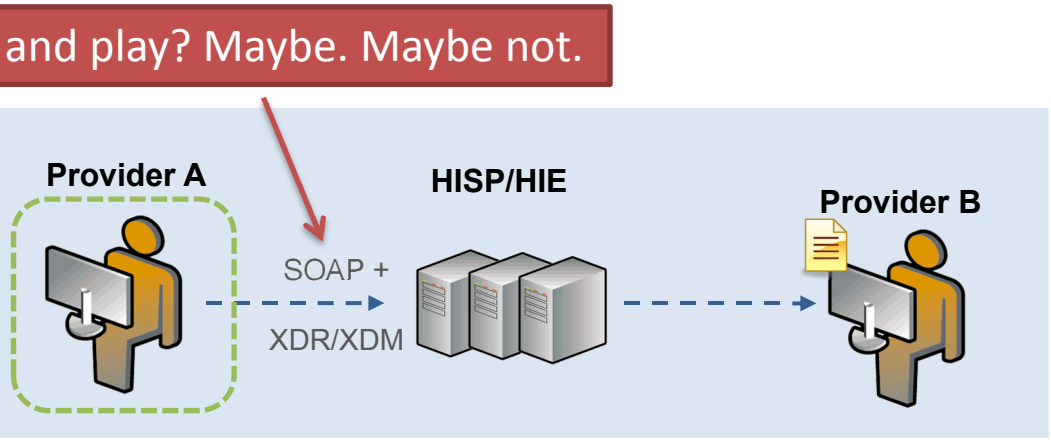
# 2014 CEHRT / MU2 Implications: Using Direct for ToC



# 2014 CEHRT / MU2 Implications: Using SOAP + XDR/XDM for ToC

**Example 2**

1. EHR generates CCDA
2.EHR (certified to include optional SOAP + XDR/XDM transport) sends message to Provider B (via HISP) using SOAP + XD
3.HISP/HIE repackages content and sends to Provider B




CEHRT

# 2014 CEHRT / MU2 Implications: Counting Numerators / Delivery Assurance

- Meaningful Use adopts objectives where providers needs to demonstrate that messages were successfully delivered from the source to the destination and provide the necessary proof to indicate that these transactions were successful.
- At scale, manual tracking / counting isn't really practical for providers.
- Automation is preferred by vendors and providers.
- However, the gap in implementation guidance for many edge protocols has resulted in EHR and HISP vendors adopting custom, one-off approaches to requesting and delivering standard communications, such as processed message disposition notifications (MDNs), between their respective systems. This is inefficient and undesirable.

# Direct Project Edge Protocol Implementation Guide Workgroup

- These issues were raised during the Direct 2.0 Boot Camp in August
- Community agreed to establish a workgroup to examine these issues and develop an IG to standardize some edge protocols that could be widely deployed by EHR and HIE/HISP vendors.
- Workgroup objectives include:
  - Clarifying any implementation details for common edge protocols to ensure ubiquitous send/receive interoperability between edge clients (EHRs) and Direct STAs (HISPs)
  - Providing implementation guidance to ensure edge clients receive necessary acknowledgements to ease transaction counting (for MU2)

# Direct Project Edge Protocol IG: Selected Edges

- The workgroup agreed to focus on these edge protocols:
  - IHE XDR, conformant to *XDR and XDM for Direct Messaging*
  - SMTP
  - IMAP4 (optional)
  - POP3 (optional)
- The workgroup discovered that vendors also offer proprietary APIs, primarily based on RESTful approaches.
  - Such APIs may offer enhanced functionality vs. “off-the-shelf” protocols
  - Difficult to standardize such custom APIs, little incentive for vendors to switch
  - Thus, a RESTful edge was excluded from consideration
- The goal of the Edge Protocol IG is to provide some standardized, simple means for connecting EHRs with HISPs; not excluding other approaches that might be of equal or greater value to some

# Direct Project Edge Protocol IG: Transaction Counting / Delivery Notification

The Direct Project provides two mechanisms for tracking message delivery between STAs:

1. **'Processed' MDNs** – on successful receipt and trust verification of a message, Destination STAs send Message Disposition Notification (MDN) messages with a "processed" status to the Source STA. While sufficient for transaction counting purposes, the *Applicability Statement* provides minimal guidance regarding how processed MDNs should be handled once received by the Source STA and does not require the Source STA to convey processed MDNs back to the sending system.

2. ***Implementation Guide for Delivery Notification in Direct v1.0*** – To overcome the limitations of "processed" MDNs, this guide provides guidance enabling STAs to provide a high level of assurance that a message has arrived at its destination and outlines the various exception flows that result in compromised message delivery and the mitigation actions that should be taken by STAs to provide success and failure notifications to the sending system.

# Direct Project Edge Protocol IG: SMTP and Notifications

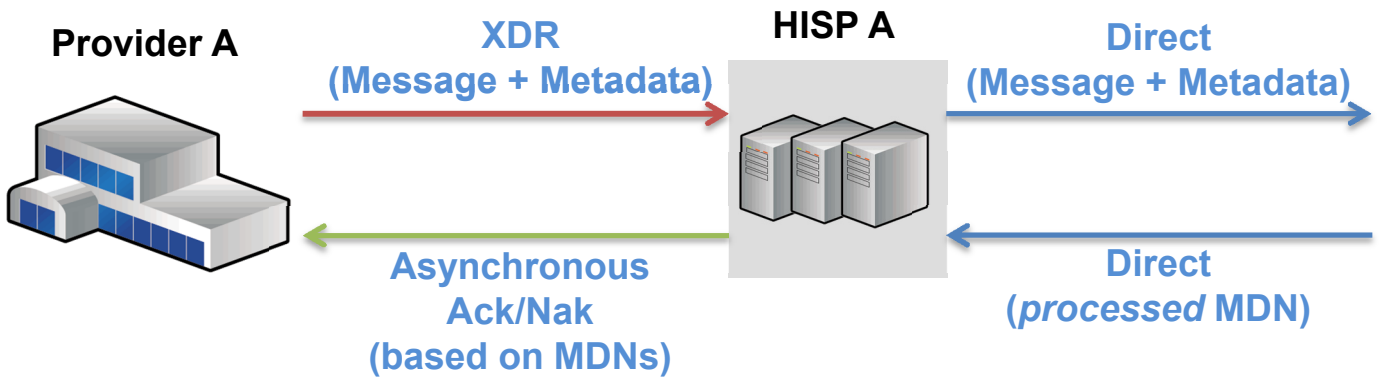
- For 'processed' MDNs:
  - Edge system includes Disposition-Notification-Options message header with a special parameter *(*X-DIRECT-DELIVER-PROCESSED-MDN)
  - This alerts HISP to return any associated processed MDNs to the edge system
- For enhanced delivery notification:
  - Edge system requests support via a similar header, as specified in the *Implementation Guide for Delivery Notification in Direct v1.0*
  - This alerts HISP to base delivery notification success/failure on the *Delivery Notification* guide, and the HISP will return associated positive/negative delivery notifications to the edge system accordingly
- Which one to utilize?
  - Recommendation is to use whichever mechanism meets the minimum delivery notification requirements for your use case.

# Direct Project Edge Protocol IG: IMAP4, POP3, and Notifications

- IMAP4 and POP3 can be used as alternatives to SMTP for message and notification delivery (i.e., as mechanisms for the HISP to convey messages and notifications to the edge system)
- However, support by HISPs and edge systems is optional
- Since IMAP4 and POP3 are vehicles for receiving messages, the edge system would still use SMTP to send messages and to request delivery of processed MDNs and enhanced delivery notifications

# Direct Project Edge Protocol IG: XDR and Notifications

- For both processed MDNs and enhanced delivery notifications: utilize WS-ReliableMessaging to request / deliver delivery notifications
  - Parameters similar to those used by SMTP for processed MDNs and enhanced delivery notifications
- Example using 'processed' MDNs:



# Guide Availability

- The IG for Direct Edge Protocols v1.0 is available at:
  - http://wiki.directproject.org/file/view/Implementation+Guide+for+Direct+Edge+Protocols+v1.0.pdf
- Direct Project's Edge Protocol Sub-Workgroup continues to meet to refine the guide, including planned completion of a v1.1 in June 2014.

# Feedback on QRDA Outline due Tomorrow

- Submit feedback on 2015 QRDA Implementation Guide outline, specifically the combination of
  - QRDA I and III implementation guidance
  - Eligible professional and eligible hospital guidance
- Visit JIRA to submit comments:
  - http://oncprojecttracking.org/browse/HQRIG-8
- Comments due Friday, May 16

# QUESTIONS?