December eHealth Vendor Workgroup

December 18, 2014
2:00 PM ET

Agenda

Agenda Item	Speaker
Summary of Care Measure #3	Beth Myers and Vidya Sellappan
December 31 Hospital Deadline	Vidya Sellappan
EHR-Based Submission Overview	Dr. Daniel Green
Joint Commission Update	Patty Craig
FMQAI Prod Fix Updates	Stephanie Wilson/Artrina Sturges

Summary of Care Measure #3 FAQ 11666

Question: When reporting on the Summary of Care objective, how can a provider meet measure 3 if they are unable to complete a test with the CMS designated test EHR (Randomizer)?

Answer: CMS is aware of difficulties providers are having in use of the CMS Designated Test EHRs (NIST EHR-Randomizer Application) to meet measure 3 of the Summary of Care objective. At this time the two CMS Designated Test EHRs can only exchange/match with an EP that is Direct Trust (DT) Accredited. There is not a non-DT Accredited Test EHR for providers to use to successfully complete the test.

The following actions are currently in place to meet the Summary of Care objective for measure 3:

1. Exchange a summary of care with a provider or third party who has different CEHRT as the sending provider as part of the 10% threshold for measure #2. A successful exchange in measure #2 allows the provider to meet the criteria for measure #3 without the need to conduct a test with the Randomizer as outlined in measure #3, or
2. Conduct at least one successful test with the CMS designated test EHR (if the provider is Direct Trust Accredited).

FAQ 11666 Continued

If the provider does not exchange summary of care documents with recipients using a different CEHRT in common practice, and cannot use the CMS Designated Test EHR for the reasons outlined above, the provider may retain documentation on their circumstances and attest Yes to meeting measure #3 if they have and are using certified EHR which meets the standards required to send a CCDA (§ 170.202).

This exchange may be conducted outside of the EHR reporting period timeframe but must take place no earlier than the start of the year and no later than the end of the year or the provider attestation date whichever occurs first.

For example, a EP who is reporting Meaningful Use for a 90-day EHR reporting period may conduct this exchange outside of this 90-day period as long as it is completed no earlier than January 1st of the EHR reporting year and no later than December 31st of the EHR reporting year.

Review FAQ in CMS FAQ System: https://questions.cms.gov/faq.php?faqId=11666

December 31 Hospital Deadline

- FY 2014 ended for eligible hospitals and critical access hospitals on September 30, 2014
- Hospitals participating in the Medicare EHR Incentive Program must attest by **11:59 PM ET on December 31, 2014** for FY 2014
- The deadline for eligible hospitals and CAHs that are electronically submitting CQMs via Quality Net is also **December 31, 2014**

EHR-Based Submission

eHealth Vendor Workgroup Reporting Overview

Disclaimers

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Agenda

- Data Submission
- Test Submission
- Production Submission
- IACS Account
- Help Resources

Data Submission

- Data Submission Vendors (DSVs) must be able to collect all needed data elements and transmit the data to CMS on behalf of eligible professionals or group practices participating via the group practice reporting option (GPRO).
  - DSVs must obtain an IACS account in order to have access to the test and production portlets.
- Eligible professionals (EPs) and group practices participating via GPRO using an EHR Direct Vendor product must be able to collect all needed data elements and transmit the data to CMS on behalf of themselves.
  - EPs and group practices participating via GPRO must obtain an IACS account in order to have access to the test and production portlets.

Data Submission

- DSVs, EPs and group practices participating via GPRO must submit data to CMS in one of the following file formats.
  - Quality Reporting Data Architecture (QRDA) Category I
  - QRDA Category III

Test Submission

- CMS strongly encourages file testing for the QRDA category I file and/or QRDA category III file.
  - Test submissions will help stakeholders understand what components are required and alleviate issues with the file format and submission that may occur when submitting the quality measure data.
- The Submission Engine Validation Tool (SEVT) is utilized for test submissions only.
  - The SEVT is currently available for testing with the 2014 QRDA Category I & III Implementation Guide.

Test Submission

- SEVT Information
  - The SEVT is available for testing year round.
  - The SEVT will validate individual files up to 10 MB.
    - Zip files can't be submitted to the SEVT.
  - The SEVT validates file format not content.
  - For security reasons, only test data should be submitted to the SEVT.
  - User receives real-time information indicating if an uploaded file was accepted or rejected. If rejected, error information is displayed.
  - User access defines ability to validate a file.
  - A PQRS SEVT User Guide is posted on the landing page of the PQRS portal (http://www.qualitynet.org/PQRS).

Production Submission

- PQRS and EHR Incentive Program
  - DSVs and EPs/group practices submitting via a EHR direct product must submit the quality measure data, in the proper format, to CMS.
  - The QRDA Category I and QRDA Category III submissions will begin on January 1, 2015 and conclude at **8:00 PM ET on February 28, 2015.**
  - The PQRS Portal is used for production submission.
    - http://qualitynet.org/pqrs

* Submit early and often to ensure data is submitted and questions/issues can be resolved prior to the end of the submission period.

Production Submission

- Data Submission Size Restrictions
  - QRDA Category I & III must be greater than 0 bytes, but not exceed 10 MB.
  - Production files of the same file type may be zipped.
- Submission User Guides
  - Submission User Guides are available on the PQRS portal (https://www.qualitynet.org/pqrs) in the User Guide section on the lower left pane.
    - PQRS Portal User Guide
    - PQRS SEVT User Guide
    - PQRS Submission User Guide
    - PQRS Submission Report User Guide

IACS Accounts

- Individuals Authorized Access to the CMS Computer Services (IACS) Accounts
  - IACS Account holders are limited to 1 account per person
  - One account may be associated with multiple TINS.
  - One account may be associated with multiple roles.
  - An existing IACS account may not be transferred to another individual; however a new account may be created.
  - IACS Account Users are responsible for submissions.
  - EHR DSV's or EHR Direct provider offices should obtain their IACS accounts as early as possible to prevent delays in test or production submissions.
  - EHR Direct Submission provider offices may have up to 15 IACS PQRS Submitters per TIN.
  - EHR DSV's may acquire an unlimited number of IACS accounts.
    - EHR Direct Submission provider offices & EHR DSV's should have back-up submitter accounts to plan for unplanned absences.

IACS Security Official (SO) Role

- The Security Official (SO) is the authorized representative for the organization, as it applies. (i.e., the EHR DSV organization or the EHR Direct Submission provider office organization) and the SO registers the specific organization in IACS.
- There may only be one SO for the organization with 2 factor Authentication Approver Role.
  - The SO will need to choose the preferred 2nd factor notification method, either by selecting email, SMS/mobile, or interactive voice response number.
- The SO approves the IACS PQRS Submitter role within the organization.
- The SO cannot submit data in the PQRS Portal.
- If the organization already has an SO (with 2 factor), make sure the SO account is active. If it is not active, follow the steps in IACS to reactivate.

IACS PQRS Submitter Role

- PQRS Submitter Role is for the organization users accessing the PQRS Portal to submit data. (The EHR DSV organization or the EHR Direct Submission provider office organization as it applies.)
- PQRS Submitter Role must be approved by the specific organization SO with 2nd factor authentication.
- There may be multiple PQRS Submitters for the organization.
- Once the PQRS Submitter role for the organization is obtained and the submission period begins; the PQRS Submitter will be ready to submit PQRS reporting data extracted from the EHR system.

IACS Account resources

- For assistance with new and existing IACS accounts, review the Quick Reference Guides located at: https://www.qualitynet.org/portal/server.pt/gateway/PTARGS_0_207_374_212_229_43/http%3B/pdpqap42-app.sdps.org%3B7087/publishedcontent/publish/pqri_content/pqri_guest_community/userrefguide.html

Update on
Joint Commission ORYX Activities

December 18, 2014

Patty Craig, MS MIS
Associate Project Director
Division of Healthcare Quality Evaluation
The Joint Commission

The Joint Commission

2014 ORYX ePilot

2014 ePilot

- The ePilot is now closed
- The Joint Commission successfully received and stored eCQM data associated to the April 2013 specifications
- **BIG** Thank You to HCA Healthcare and Cerner for all of their efforts!

2015 ORYX
Measure Reporting Options:
Things to Remember

2015 ORYX
Measure Reporting Options: Things to Remember

- Quarterly data for 2014 core measure set selections must continue to be submitted through and including Fourth Quarter 2014 discharges.
  - Fourth Quarter 2014 data are due at The Joint Commission no later than April 30, 2015.

2015 ORYX Measure Reporting Options: Things to Remember

- Data Reporting
  - Chart-abstracted data
    - Quarterly submission of monthly data through a listed ORYX vendor
    - Data received no later than four months after the close of the calendar quarter

2015 ORYX Measure Reporting Options: Things to Remember

- Data Reporting
  - eCQM Data
    - Reported for a minimum of one calendar quarter OR up to three consecutive calendar quarters using a listed ORYX eCQM vendor
      - Include either First Quarter 2015 and/or Second Quarter 2015 and/or Third Quarter 2015 data

Data Reporting, Cont.

- Data may be submitted:
  - Beginning as early as June 2015
  - Must be received no later than December 15, 2015

Ongoing Compliance with ORYX Requirements

- Hospitals failing to submit data are at risk
  - of failing to meet the Joint Commission's existing Accreditation Participation Requirement, APR.04.01.01,
  - respecting the selection and use of ORYX measure sets through a listed ORYX vendor and
  - placing their accreditation status at risk.

2015 Temporary Suspension of PI.02.01.03, EP1

- PI.02.01.03, EP1
  - Requires that hospitals achieve a composite performance measure rate of 85% on ORYX accountability measures transmitted to The Joint Commission.

2015 Temporary Suspension of PI.02.01.03, EP1, Cont.

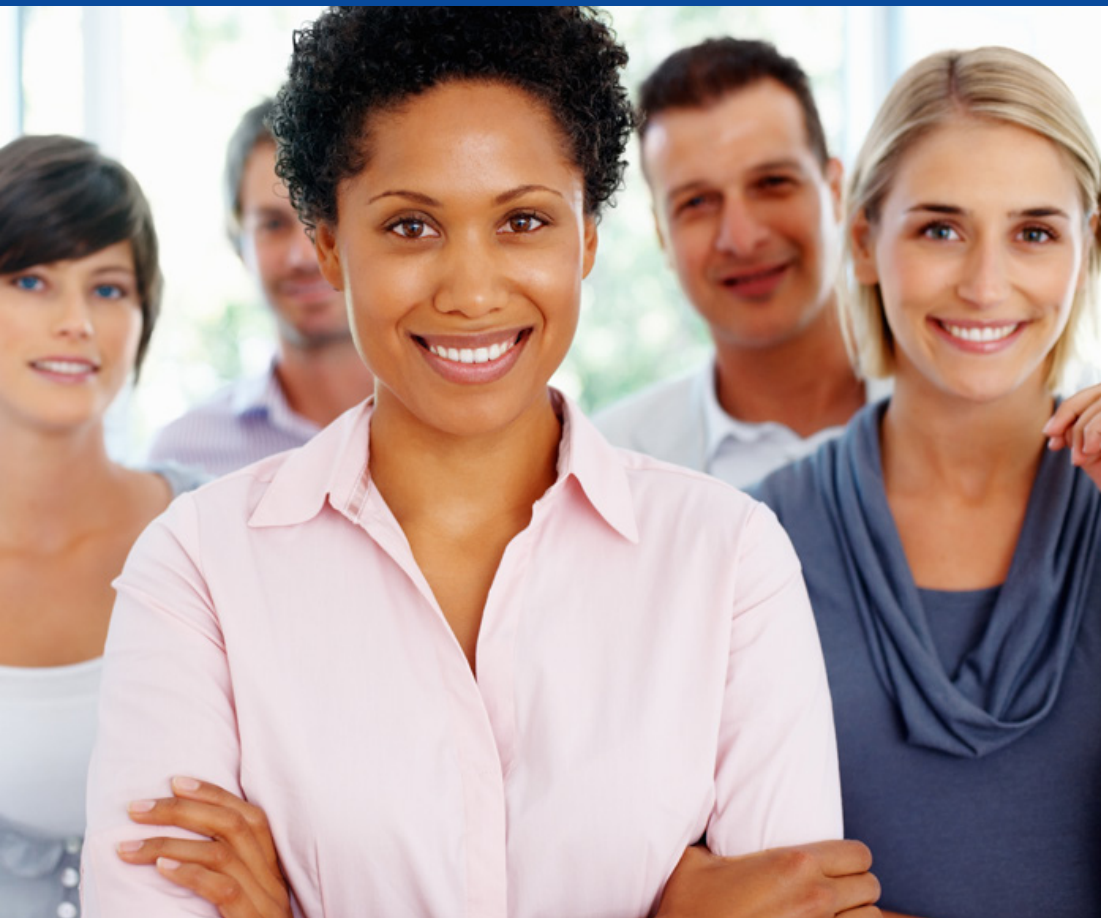
- In 2015, hospitals will be allowed to submit measure data using various submission methods, i.e.:
  - Chart-abstraction and/or electronic clinical quality measures.
  - Data will no longer have the same level of comparability across various submission methods
- This standard will be temporarily suspended for 2015 but will be reinstated at a future date to be determined.

The Joint Commission

The Joint Commission Will Continues its Leadership Role

- Driving improvement through measurement
- Continue to assess how our future performance measure reporting requirements can add even greater value to our customers

Hospital Inpatient Quality Reporting Updates



Stephanie Wilson

December 18, 2014

Voluntary eCQM Submission Deadline Extension

- **The reporting deadline of Sunday, November 30, 2014 has been extended to December 31, 2014** for the 2014 Medicare EHR Incentive Program for eligible acute care hospitals and critical access hospitals (CAHs) and Hospital Inpatient Quality Reporting (IQR) Program and the EHR Incentive Program.

- This message pertains only to hospitals electing to participate in the IQR voluntary electronically specified Clinical Quality Measures (eCQMs) reporting option.

- This deadline extension does not impact IQR chart-abstracted measures deadlines or program requirements.

JIRA Issue: QRDA-142

- A JIRA issue was submitted related to a system update involving the lack of a Health Information Claim (HIC) number in the Quality Reporting Document Architecture (QRDA) file.
- The issue can be located at: https://jira.oncprojectracking.org/browse/QRDA-142.
- The system update does not affect QRDA – I file validation.
- The Measures Engine fix for this issue allows for correct calculation with or without the HICNUM OID being present.

Resources

CMS QRDA Submission Errors - Eligible Hospitals/Critical Access Hospitals

Recorded webinar that helps users:

- Learn more about common CMS QRDA submission errors
- Understand pre-submission QRDA debugging approaches

Link to recording:
http://www.qualityreportingcenter.com/events/archive/iqr/

Contact Information

Stephanie Wilson - IQR eCQM Program Support

- stephanie.wilson@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)

QUESTIONS?