



# **NOVEMBER 21 CMS QUALITY VENDOR WORKGROUP**

November 21, 2019  
12:00 – 1:30 p.m. ET



Agenda	
Topic	Speaker
Quality Payment Program Updates (5 min)	<b>Kati Moore</b> <i>Division of Electronic and Clinician Quality, CMS</i>
QPP API Submissions with OAUTH (5 min)	<b>Bridget Calvert</b> <i>CCSQ/ISG/SIS, CMS</i>
2019 CMS Quality Reporting Document Architecture (QRDA) I Implementation Guide (IG) Updates (10 min)	<b>Shanna Hartman</b> <i>Division of Electronic and Clinician Quality, CMS</i> <b>Yan Heras</b> <i>Healthcare IT and Life Sciences Data Management Solutions Contractor, ESAC, Inc.</i>
Electronic Clinical Quality Improvement (eCQI) Resource Center Highlight FHIR® Standard and Collaborative Measure Development Workspace (10 min)	<b>Shanna Hartman</b> <i>Division of Electronic and Clinician Quality, CMS</i> <b>Edna Boone</b> <i>CCSQ Contractor</i> <b>Rose Almonte</b> <i>MITRE</i>
QDM v5.5 High-Level Summary (10 min)	<b>Shanna Hartman</b> <i>Division of Electronic and Clinician Quality, CMS</i> <b>Floyd Eisenberg</b> <i>Healthcare IT and Life Sciences Data Management Solutions Contractor, ESAC, Inc.</i>
Change Review Process (CRP) Overview (10 min)	<b>Johanna Ward, Claudia Hall</b> <i>Mathematica</i>
Medicare Promoting Interoperability Program Critical Access Hospital (CAH) Hardship Exception Application (5 min)	<b>Gregory Stark</b> <i>Division of Health Information Technology, CMS</i>
Internet Quality Improvement & Evaluation System (iQIES) Update (5 min)	<b>Jessica Wentworth</b> <i>Division of Quality Systems for Assessments &amp; Surveys, CMS</i>
Questions	

# Quality Payment Program Updates

Kati Moore

*Division of Electronic and Clinician Quality, CMS*



# 2020 FINAL RULE



# 2020 FINAL RULE: MIPS VALUE PATHWAYS (MVPs)

- CMS is committed to the transformation of the Merit-based Incentive Payment System (MIPS) through the **MIPS Value Pathways (MVPs)**, a new participation framework beginning in the 2021 performance year. This new framework will:
  - Remove barriers to Alternative Payment Model (APM) participation
  - Move away from siloed activities and towards an aligned set of measure options more relevant to a clinician's scope of practice that is meaningful to patient care
  - Promote value by focusing on Quality and Cost measures and Improvement Activities built on a foundation of population health measures calculated from administrative claims based quality measures and Promoting Interoperability concepts
  - Further reduce reporting burden
  - Keep the patient at the center of our work
- After consideration of the comments submitted to the MVPs Request for Information, CMS is finalizing a modified proposal to define MVPs as a subset of measures and activities established through rulemaking. CMS is committed to working with stakeholders to develop this new framework and additional ways to reduce burden in the MIPS program.



# 2020 FINAL RULE: MIPS VALUE PATHWAYS (MVPS)

Resources:

- [MVPs Webpage](#)
- [MIPS Value Pathways: The Future of MIPS](#) video



# 2020 FINAL RULE: MIPS

- There are NO changes to the Performance Category Weights from 2019.
- Performance Thresholds changes can be referenced in the accompanying table:

Performance Period	Performance Threshold	Exceptional Performance Bonus	Payment Adjustment*
2017	3 points	70 points	Up to +4%
2018	15 points	70 points	Up to +5%
2019	30 points	75 points	Up to +7%
<b>2020</b>	<b>45 points</b>	<b>85 points</b>	<b>Up to +9%</b>
<b>2021</b>	<b>60 points</b>	<b>85 points</b>	<b>Up to +9%</b>

# 2020 FINAL RULE: MIPS

- Beginning with the 2020 performance period, QCDRs are required to work together to harmonize their similar QCDR measures
- Beginning with the 2021 performance period, third-party intermediaries are required to consolidate services by:
  - Providing continuity of service to their participants
  - Supporting all MIPS performance categories that require data submission
  - Providing enhanced performance feedback and allowing clinicians to view their performance on a given measure in comparison to others
  - Requiring that QCDR measures be fully developed and tested prior to self-nomination
- Additional Changes:
  - Final score reweighting policy finalized to address data integrity concerns
  - Targeted review requests must be submitted within 60 days of the release of the MIPS payment adjustment factor(s) with performance feedback





# OVERVIEW OF THE 2020 QUALITY PAYMENT PROGRAM FINAL RULE: WEBINAR

- On Tuesday, November 19, CMS hosted the Overview of the 2020 Quality Payment Program Final Rule public webinar.
- The recording, slide deck, and transcript of this webinar will be posted soon [on the QPP Webinar Library](#).



# **VIRTUAL GROUPS ELECTION PERIOD FOR MIPS 2020 PERFORMANCE PERIOD**



# WHAT IS A VIRTUAL GROUP?

A virtual group is a combination of two or more Taxpayer Identification Numbers (TINs) assigned to:

- One or more solo practitioners (who are MIPS eligible clinicians); **or**
- One or more groups consisting of 10 or fewer clinicians (including at least 1 MIPS eligible clinician); **or**
- Both (solo practitioners and groups of 10 or fewer clinicians) that elect to form a virtual group for a performance period for a year



# VIRTUAL GROUPS ELECTION PERIOD FOR MIPS

- If you're interested in forming a virtual group for the 2020 Merit-based Incentive Payment System (MIPS) performance year, you must follow the election process and submit your election to CMS via e-mail by **Tuesday, December 31, 2019**.
- Download the [2020 Virtual Groups Toolkit](#) to learn more about the election process and how to participate in MIPS as a virtual group in 2020



# **2019 QPP HARDSHIP EXCEPTIONS APPLICATION**



# 2019 QPP HARDSHIP EXCEPTIONS APPLICATION

- The deadline to apply for a Promoting Interoperability Hardship Exception or Extreme and Uncontrollable Circumstances Exception for the 2019 performance year of MIPS is **Tuesday, December 31, 2019.**
- For more information and links to apply, visit the [About QPP Exceptions](#) webpage.
- If you submit an application for either of the exceptions, you will be notified by email if your request was approved or denied. If approved, this will also be added to your eligibility profile on the [QPP Participation Status Tool](#), but may not appear in the tool until the submission window is open in 2020.



# **NEW RESOURCES AND MODULES**



# QUALITY PAYMENT PROGRAM: NEW MIPS AND QPP RESOURCES AVAILABLE

CMS has posted the following new resources to the [Quality Payment Program Resource Library](#):

## For 2020:

- [2020 QPP Final Rule Overview Fact Sheet](#)
- [2020 QPP Final Rule Executive Summary](#)
- [2020 QPP Final Rule FAQs](#)
- [2020 MIPS Payment Adjustment Fact Sheet](#)
- [MIPS Value Pathways Vision for the Future Framework Video](#)
- [Quality Payment Program Glossary](#)

## For 2019:

- [2019 Exceptions FAQs](#)
- [2019 Improvement Activities Quick Start Guide](#)

- [2019 Promoting Interoperability Quick Start Guide](#)
- [2019 CMS Web Interface Support Calls Flyer](#)
- [2019 Patient Facing Encounter Codes](#)
- [2019 MIPS Quality Measures Impacted by ICD-10 Updates Fact Sheet](#)

## For 2018:

- [2018 MIPS Performance Feedback Beneficiary-Level Data Reports Supplement FAQs](#)
- [PY2018 30-Day All-Cause Hospital Readmission Measure](#)





# QUALITY PAYMENT PROGRAM: NEW APM RESOURCES AVAILABLE

- [2019 List of APMs](#)
- [2019 Scores for Improvement Activities in MIPS APMs](#)
- [Performance Year 2018 Performance Category Score for MIPS APM Participants](#)
- [A Guide to Submitting Model Requests for Other Payer Advanced APM Determinations for Clinicians and APM Entities](#)
- [2018 Other MIPS APMs Reweighting Fact Sheet](#)



# QPP API Submissions with OAUTH

Bridget Calvert  
*CCSQ/ISG/SIS, CMS*



# EXISTING QPP DEVELOPER TOOLS

Review of our guiding principles and existing developer tools



# GUIDING PRINCIPLES

- **Application Programming Interface (API) first**
  - QPP platform designed from ground up on APIs
  - Nearly every aspect of the platform has an API
  - All of the customer facing applications we have developed for QPP use those APIs
  - For example, our QPP submission user interface on the QPP website is built atop the very same API endpoints that we have made available for use by third parties
- **Design with users, not for them**
  - We engage with our users continuously throughout the development lifecycle to ensure that the software we are building is aligned with their needs
    - Public developer sandbox since March 2017
    - Private Developer Preview environment since July 2017
  - Surfaced bugs and generated feedback that guided our development process
  - Resulted in a product that was more closely aligned with users needs



# DEVELOPER TOOLS

- **Measures Data Repository**

- [Open source codebase](#) that contains information about QPP measures
- Includes all four QPP measures categories (PI, IA, Quality, Cost)
- Import measures data into your own codebase

- **Submissions API**

- [Public developer sandbox](#)
- [API documentation on QPP website](#)
- QPP APIs [Google Group](#)
- Developer Preview for Health IT Vendors

- **QPP Conversion Tool**

- [Open source codebase](#) for converting QRDA III files to QPP JSON for submission to the Quality Payment Program



# API SUBMISSIONS USING OAUTH

Enabling direct API submissions to  
QPP using OAuth permissions



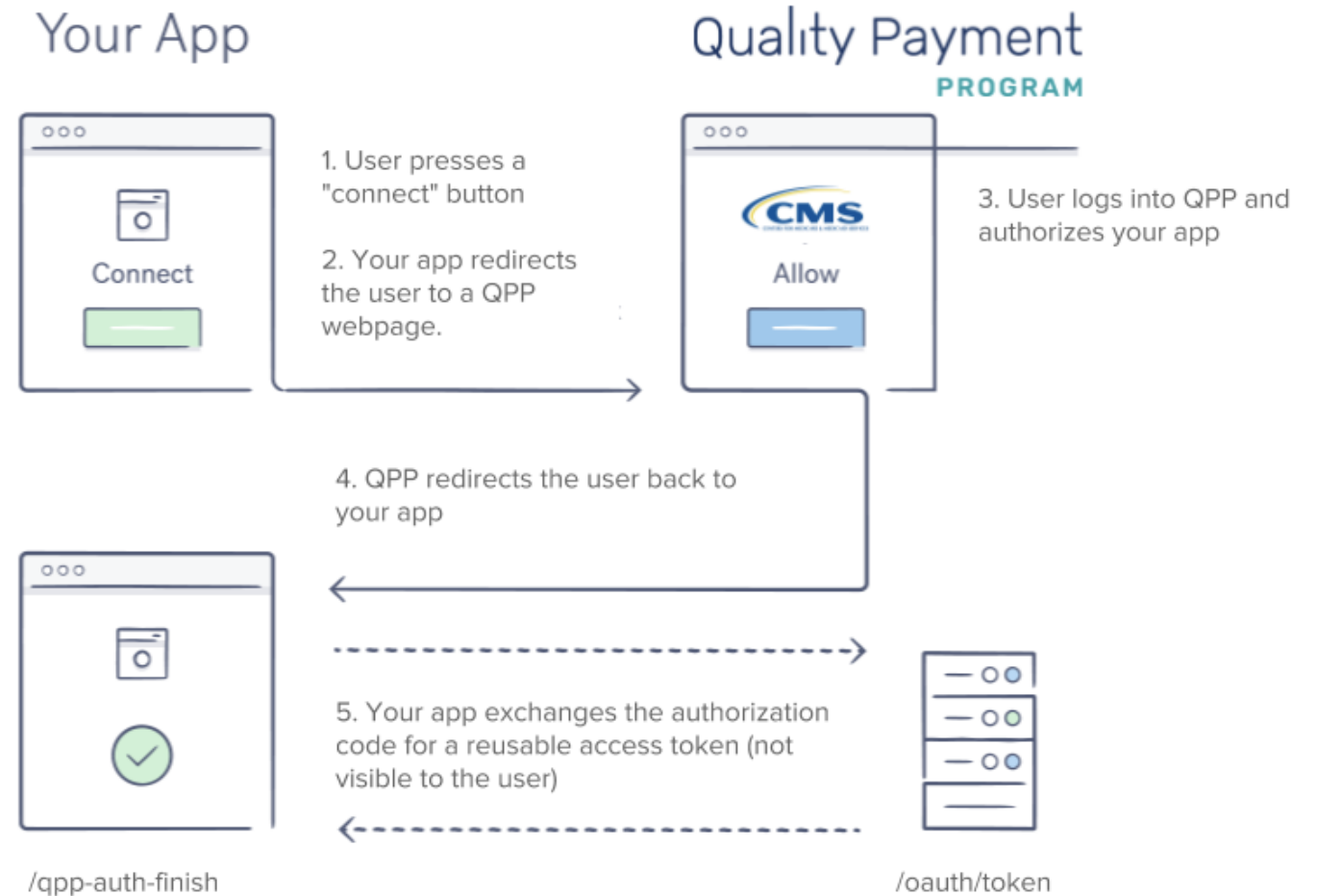
# API SUBMISSIONS WITH OAUTH

## What is OAuth?

OAuth is an open standard for access delegation. A person uses their own login information for a service to grant another application access to their information in that service.

Common examples: Google login, Facebook login

QPP offers OAuth for the Submissions API. This allows QPP participants to use their own QPP credentials to login through a vendor application to view and submit their data.



# BENEFITS OF USING OAUTH

- **Lower administrative burden to your clients:** Security officials can use existing QPP credentials to submit directly to QPP or view their feedback through a vendor application instead of going through [qpp.cms.gov](https://qpp.cms.gov)
- **Save time, money and resources:** Health IT Vendors submitting to QPP don't need to have admin teams to manually upload files to QPP
- **Improved end-user experience:** Direct Health IT Vendors deliver more value to their providers by submitting data on their behalf
- **Create your own feedback experience:** Since the QPP participant is granting access to the data they can see, vendors can design their own feedback to help them understand and interpret their QPP results.





# TIMELINE AND PROCESS

- **Summer 2019** – Launched 2019 Developer Preview environment with OAuth capabilities and corresponding Developer Documentation
- **Fall 2019** – Ability to request access to the production Submissions API environment
- **January 2020** – First submission window available to QPP eligible clients to begin submitting to QPP through their application



# QUESTIONS OR COMMENTS?

- You can reach us through the Developer Google Group for QPP APIs:  
<https://groups.google.com/forum/#!forum/qpp-apis>
- Or by emailing [QPPOAuth@cms.hhs.gov](mailto:QPPOAuth@cms.hhs.gov)



# 2019 CMS QRDA I IG Updates

Shanna Hartman

*Division of Electronic and Clinician Quality, CMS*

Yan Heras

*Healthcare IT and Life Sciences Data Management  
Solutions Contractor  
ESAC, Inc.*



# 2019 CMS QRDA I IG UPDATES



# 2019 CMS QRDA I IG UPDATES

- The Centers for Medicare & Medicaid Services (CMS) has republished the CMS QRDA Category I IG reporting for the 2019 reporting period reporting with these updates:
  - Guidance on Reason Template placement
  - Emphasized the change to not include value set Object Identifiers (OIDs)
- The CMS QRDA I IG outlines requirements for eligible hospitals and CAHs reporting electronic clinical quality measures (eCQMs) for the:
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and CAHs



# 2019 CMS QRDA I IG UPDATES - GUIDANCE ON THE REASON TEMPLATE PLACEMENT

- The 2019 QRDA I IG includes a new appendix in section 9, "Guidance for Reason Template Placement When Specifying 'Not Done' with a Reason"
- Provides detailed guidance for the placement of a Reason Template when used with any negated Quality Data Model (QDM) data element, such as "Medication, Not Discharged"



# 2019 CMS QRDA I IG UPDATES - GUIDANCE ON NOT REPORTING VALUE SET OIDS

- The base standard for the 2019 reporting period, the [Health Level Seven International \(HL7\) QRDA I IG Standard for Trial Use \(STU\) Release 5](#), removed the SHALL @sdct:valueSet requirement for providing value set OIDs
- It is important to implement this change and to ensure value set OIDs for QDM data elements and coded QDM attributes are not included in QRDA I files when reporting for the 2019 reporting period
- Including value set OIDs may lead to unexpected measure results
- **Note:** Value set OIDs should ONLY be used to report negation of QDM data elements



# 2019 CMS QRDA I IG SAMPLE FILE

- The 2019 CMS QRDA I Sample File has also been updated to clarify the Reason Template and Value Set OID guidance





# REFERENCES AND RESOURCES

- The [Base HL7 QRDA IG](#) includes a section that describes the change in Volume 1, Section 6 Quality Data Model-Based QRDA, 6.1 Introduction. All conformance statements that require sdtc:valueSet were removed from Volume 2 templates
- View the webinar presentation titled [“CMS QRDA Category I IG Changes for Calendar Year 2019 HQR”](#) for more details on changes from the 2018 QRDA I IG
- Additional QRDA-related resources, as well as current and past implementation guides, are found on the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center QRDA page](#)
- For questions related to this guidance, the QRDA IGs or Schematrons, visit the [ONC Project Tracking System \(Jira\) QRDA project](#)



# **eCQI Resource Center Highlight**

## **FHIR® Standard and**

### **Collaborative Measure Development Workspace**

Shanna Hartman  
*Division of Electronic and Clinician Quality, CMS*

Edna Boone  
*CCSQ Contractor*

Rose Almonte  
*Clinical Informatics and Quality, MITRE*



# eCQI RESOURCE CENTER - [HTTPS://ECQI.HEALTHIT.GOV](https://ecqi.healthit.gov)

The screenshot shows the top of the eCQI Resource Center website. The header includes the eCQI Resource Center logo on the left, and navigation links for eCQMs, Resources, About, and Sign In on the right. A search bar is also present. The hero section features a blue sidebar on the left with the text 'Updated eCQM Data Element Repository for 2020 Reporting Now Available' and a link to the 'eCQM Data Element Repository (DERep)'. The main area of the hero section shows a photograph of a healthcare professional in a blue scrubs and stethoscope, working on a laptop in a clinical setting.

eCQI  
RESOURCE CENTER

eCQMs  
Electronic Clinical  
Quality Measures

Resources  
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Enter keywords

Updated eCQM Data Element  
Repository for 2020 Reporting  
Now Available

[eCQM Data Element Repository \(DERep\)](#)

Electronic Clinical Quality Improvement (eCQI)  
Resource Center - The one-stop shop for the most  
current resources to support electronic clinical quality  
improvement.

## Featured Resources

The featured resources section contains three cards. Each card has an icon at the top, a title in the middle, and a description at the bottom. The first card has a pink icon of a person with a stethoscope and a blue speech bubble, titled 'Eligible Professional / Eligible Clinician eCQMs'. The second card has a green icon of a hospital building and a green plus sign, titled 'Eligible Hospitals / Critical Access Hospital eCQMs'. The third card has an orange icon of a graduation cap, titled 'Educational Resources'.

Eligible Professional / Eligible  
Clinician eCQMs

Eligible Hospitals / Critical Access  
Hospital eCQMs

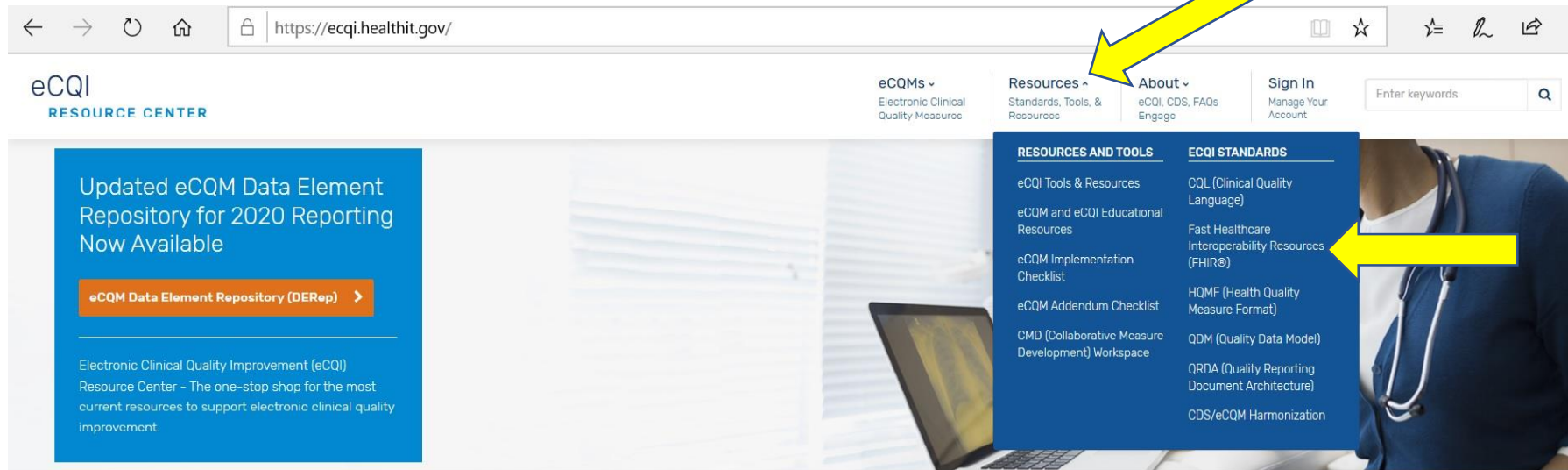
Educational Resources

# WHAT IS FHIR®?

- FHIR® – Fast Healthcare Interoperability Resources - <http://hl7.org/fhir>.
- FHIR ® is a next-generation standards framework created by HL7.
- Provides an Interoperable Platform for Healthcare
  - Defines a common way to structure health data known as ‘Resources’
  - Enables automated data exchange through Application Programming Interfaces (APIs)
- FHIR ® uses latest technologies to be developer friendly.
- **CMS Connectathon planned for January 7-8**
  - <http://www.hl7.org/events/cms/2020/01/index.cfm>



# LOCATING THE FHIR® WEBPAGE [HTTPS://ECQI.HEALTHIT.GOV/FHIR](https://ecqi.healthit.gov/fhir)



## Featured Resources



# FHIR® WEBPAGE - ABOUT TAB

## [HTTPS://ECQI.HEALTHIT.GOV/FHIR](https://ecqi.healthit.gov/fhir)

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RESOURCE CENTER

eCQMs  
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Resources  
Standards, Tools, &  
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## Fast Healthcare Interoperability Resources (FHIR®)

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[Fast Healthcare Interoperability Resources \(FHIR®\)](#) is an open-source [Health Level Seven International \(HL7®\)](#) standard for exchanging healthcare information electronically. It is the next generation exchange framework being adopted by the healthcare community to advance interoperability. Electronic health records ([EHRs](#)) represent patient data in different ways (e.g., medications, encounters). FHIR provides a means for representing and sharing information among clinicians and organizations in a standard way regardless of the ways local EHRs represent or store the data. FHIR combines the best features of previous standards into a common [specification](#), while being flexible enough to meet needs of a wide variety of use cases within the healthcare ecosystem. FHIR has a heavy focus on implementation and uses the latest web technologies to aid rapid adoption.

### FHIR Quality Measurement

The healthcare community and CMS are exploring a potential transition to FHIR-based quality measurement beginning with research and testing. Currently used quality standards, Quality Data Model ([QDM](#)), Clinical Quality Language ([CQL](#)), Health [Quality Measure](#) Format ([HQMF](#)), and Quality Reporting Document Architecture ([QRDA](#)), remain the backbone of electronic clinical quality measure ([eCQM](#)) development and reporting. However, the FHIR standard has potential to better align with the EHRs ability to share data in clinical settings and to improve





# FHIR® WEBPAGE – TOOLS AND RESOURCES

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eCQMs  
Electronic Clinical  
Quality Measures

Resources  
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Health Level Seven International (HL7®) has many [Fast Healthcare Interoperability Resources \(FHIR®\) resources](#) located on the [HL7®](#) website including a [FHIR overview](#) (PDF)

[eCQM®](#) Related Tools for Use and Evaluation

- [Atom Text Editor](#): An open source text editor. The 'Language-CQL' plug-in has functionality for CQL syntax highlighting and FHIR model validation.
- [CQL-to-ELM Translator](#): A tool for producing Expression Logical Model (ELM) file format from [Clinical Quality Language \(CQL\)®](#).
- [CQF Ruler](#): An implementation of FHIR's [Clinical Reasoning Module](#) for processing [quality measures®](#).
- [Java CQL Execution](#): An open source Java-based evaluation engine capable of evaluating the result of any CQL expression.
- [JS CQL Execution Framework](#): A set of [CoffeeScript](#) libraries that can execute CQL artifacts expressed as Java Script Object Notation (JSON) ELM.
- [Draft Measures Examples](#): A site containing example [eCQMs®](#) using FHIR.

# FHIR® WEBPAGE – EDUCATION

eCQI  
RESOURCE CENTER

eCQMs  
Electronic Clinical  
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Resources  
Standards, Tools, &  
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- [HL7® FHIR 101 Cooking with Clinical Quality Language \(CQL\)®](#) - September 26, 2019
  - [Slides](#) (PDF)
  - [Transcript of Q&As](#) (PDF)
- [Office of the National Coordinator \(ONC\)](#) [Fact Sheet - What is FHIR?](#) (PDF)
- [ONC on FHIR](#) (PDF) presentation - November 2018
- [MITRE FHIR Testing Tools](#) presentation - November 2018

Last Updated: Oct 11, 2019





# FHIR® WEBPAGE - CONNECT

eCQI  
RESOURCE CENTER

eQMs  
Electronic Clinical  
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Visit the [FHIR® Community Forum](#).

Join the [HL7® FHIR Community](#).

Join an [HL7 Workgroup](#).

Review the [FHIR Confluence Wiki](#) and the [FHIR Blogs](#).

Track progress on the [Da Vinci project](#) whose goal is to help payers and providers positively impact clinical, quality, cost and care management outcomes.

Submit feedback on FHIR issues, comments, and questions to the [FHIR Issue Tracker](#).



# RESOURCES AND FEEDBACK

- FHIR ® Webpage – <https://ecqi.healthit.gov/fhir>
- Send comments, suggestions, eCQI and FHIR ® questions, and requests to post events and news to [ecqi-resource-center@hhs.gov](mailto:ecqi-resource-center@hhs.gov)



# COLLABORATIVE MEASURE DEVELOPMENT (CMD) WORKSPACE

- CMD Workspace Background
- Overview of the CMD Workspace Components
- Describe new features of the Data Element Repository

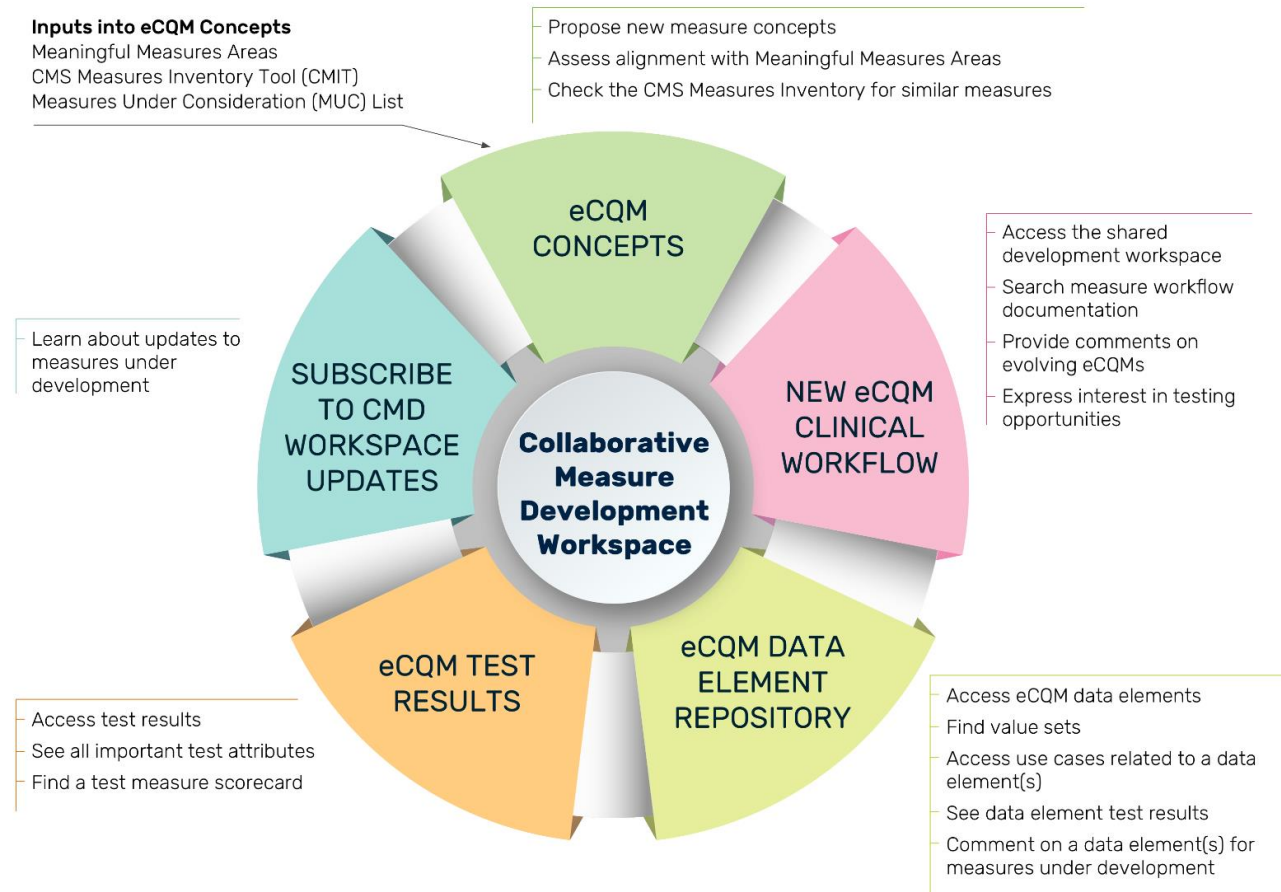


# CMD WORKSPACE BACKGROUND

- Hosted on the eCQI Resource Center
- Set of interconnected resources, tools, and processes for eCQMs
- Promotes transparency and better interaction across stakeholder communities interested in developing and implementing more harmonized, accurate, and meaningful electronic clinical quality measures.
- Provides access to the eCQM Data Element Repository, an online, searchable tool that provides all the data elements associated with eCQMs used in CMS Quality Reporting Programs



# OVERVIEW OF CMD WORKSPACE COMPONENTS



<https://ecqi.healthit.gov/collaborative-measure-development>

# eCQM DATA ELEMENT REPOSITORY

## Collaborative Measure Development (CMD) Workspace

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eCQM Data Element Repository

### Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The [eCQM](#) Data Element Repository ([DERep](#)) provides additional clarification for all the data elements associated with published and tested [eCQMs](#) used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, union, [QDM attribute](#), or [QDM category](#) and datatype data element.

The data elements provided are for use in eCQMs for 2019 and 2020 Performance and Reporting periods. Information contained within the DERep is derived from the [eCQM specifications](#), [Quality Data Model \(QDM\)](#), and the [Value Set Authority Center \(VSAC\)](#). Each eCQM data element includes information about the value set or, the direct reference code ([DRC](#)), along with the [QDM datatype](#), and the [QDM attributes](#) used by that data element. In the eCQMs for the 2019 Performance and Reporting period, QDM Version 5.3 information is displayed. In the eCQMs for the 2020 Performance and Reporting period, QDM Version 5.4 information is displayed.

Year	Select a Filter Option	Search	Sort by	Order	
2019	EP/EC eCQMs		Title	Asc	Apply

Select a filter or search by term and click Apply to see results. Filter definitions are below:

#### eCQM Data Element

The [eCQM](#) data elements provide a listing of all data elements used in [eCQMs](#) for the selected CMS quality reporting and performance periods. Each eCQM data element includes information about the [value set](#) or the direct reference code, along with the [QDM datatype](#) and [QDM attributes](#) used by that data element.

#### eCQM

The eCQM filter currently provides a list of the [Eligible Hospital/Critical Access Hospital](#) and [Eligible Professional/Eligible Clinician](#) measures used in CMS quality reporting programs. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element.

[https://ecqi.healthit.gov/cmd-workspace?qt-tabs\\_cmd=1](https://ecqi.healthit.gov/cmd-workspace?qt-tabs_cmd=1)



# Collaborative Measure Development (CMD) Workspace

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eCQM Data Element Repository

## Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The [eCQM®](#) Data Element Repository ([DERep®](#)) provides additional clarification for all the data elements associated with published and tested [eCQMs®](#) used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, union, [QDM attribute®](#), or [QDM category®](#) and datatype data element.

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A "Year" filter is now available to select between the 2019 or 2020 Performance/Reporting Period Measures.

Year

Select a Filter Option

Search

Sort by

Order

2019

EP/EC eCQMs

Title

Asc

Apply

2020

2019

Search or search by term and click Apply to see results. Filter definitions are below:

### eCQM Data Element

The [eCQM®](#) data elements provide a listing of all data elements used in [eCQMs®](#) for the selected CMS quality reporting and performance periods. Each eCQM data element includes information about the [value set®](#) or the direct reference code, along with the [QDM datatype®](#) and [QDM attributes®](#) used by that data element.

# ELIGIBLE HOSPITAL/CAH eCQMS FOR 2019 PERFORMANCE/REPORTING

## Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The [eCQM](#) Data Element Repository ([DERep](#)) provides additional clarification for all the data elements associated with published and tested [eCQMs](#) used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, union, [ODM attribute](#), or [ODM category](#) and datatype data element.

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Year	Select a Filter Option	Search	Sort by	Order	
2019	EH/CAH eCQMs		Title	Asc	<button>Apply</button> <button>Reset</button>

### eCQM

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[CMS71v8 - Anticoagulation Therapy for Atrial Fibrillation/Flutter](#)

[CMS72v7 - Antithrombotic Therapy By End of Hospital Day 2](#)

[CMS102v7 - Assessed for Rehabilitation](#)

[CMS104v7 - Discharged on Antithrombotic Therapy](#)

[CMS105v7 - Discharged on Statin Medication](#)

[CMS113v7 - Elective Delivery](#)

[CMS9v7 - Exclusive Breast Milk Feeding](#)

[CMS31v7 - Hearing Screening Prior To Hospital Discharge](#)

[CMS26v6 - Home Management Plan of Care \(HMPC\) Document Given to Patient/Caregiver](#)

[CMS190v7 - Intensive Care Unit Venous Thromboembolism Prophylaxis](#)

[CMS111v7 - Median Admit Decision Time to ED Departure Time for Admitted Patients](#)

[CMS55v7 - Median Time from ED Arrival to ED Departure for Admitted ED Patients](#)

[CMS32v8 - Median Time from ED Arrival to ED Departure for Discharged ED Patients](#)

[CMS53v7 - Primary PCI Received Within 90 Minutes of Hospital Arrival](#)

[CMS107v7 - Stroke Education](#)

[CMS108v7 - Venous Thromboembolism Prophylaxis](#)





# ELIGIBLE HOSPITAL/CAH eCQMS FOR 2020 PERFORMANCE/REPORTING

## Electronic Clinical Quality Measure (eCQM) Data Element Repository (DERep)

The [eCQM](#) Data Element Repository ([DERep](#)) provides additional clarification for all the data elements associated with published and tested [eCQMs](#) used in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can filter information by data element, eCQM, union, [QDM attribute](#), or [QDM category](#) and datatype data element.

The data elements provided are for use in eCQMs for 2019 and 2020 Performance and Reporting periods. Information contained within the DERep is derived from the eCQM [specifications](#), [Quality Data Model \(QDM\)](#), and the [Value Set](#) Authority Center ([VSAC](#)). Each eCQM data element includes information about the value set or, the direct reference code ([DRC](#)), along with the [QDM datatype](#), and the [QDM attributes](#) used by that data element. In the eCQMs for the 2019 Performance and Reporting period, QDM Version 5.3 information is displayed. In the eCQMs for the 2020 Performance and Reporting period, QDM Version 5.4 information is displayed.

Year	Select a Filter Option	Search	Sort by	Order	
2020	EH/CAH eCQMs		Title	Asc	<button>Apply</button> <button>Reset</button>

### eCQM

The eCQM filter currently provides a list of the Eligible Hospital/Critical Access Hospital and Eligible Professional/Eligible Clinician measures used in CMS quality reporting programs. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element.

[CMS71v9 - Anticoagulation Therapy for Atrial Fibrillation/Flutter](#)

[CMS72v8 - Antithrombotic Therapy By End of Hospital Day 2](#)

[CMS104v8 - Discharged on Antithrombotic Therapy](#)

[CMS105v8 - Discharged on Statin Medication](#)

[CMS9v8 - Exclusive Breast Milk Feeding](#)

[CMS190v8 - Intensive Care Unit Venous Thromboembolism Prophylaxis](#)

[CMS111v8 - Median Admit Decision Time to ED Departure Time for Admitted Patients](#)

[CMS108v8 - Venous Thromboembolism Prophylaxis](#)



# SCREENSHOT OF SAMPLE eCQM PAGE

- The measure title and description is displayed based on the measure specification
- A listing of data elements used in the measure follows
- A sample element using a Direct Reference Code is displayed.
- A sample element using a value set is also displayed.

## [CMS108v8 - Venous Thromboembolism Prophylaxis \(VTE-1\)](#)

[DERep Home Page](#)

### Performance/Reporting Period

2020

### Description:

This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission

### Data Elements contained within the eCQM

#### [Assessment, Performed: Risk for venous thromboembolism](#)

##### Direct Reference Code

Constrained to 'Risk for venous thromboembolism' [LOINC code](#)

##### QDM Datatype and Definition (QDM Version 5.4)

###### [Assessment, Performed](#)

Data elements that meet criteria using this datatype should document completion of the assessment indicated by the QDM category and its corresponding value set.

Timing: The time the assessment is completed; Author dateTime.

#### [Device, Applied: Graduated compression stockings \(GCS\)](#)

##### Value Set Description from VSAC

**CLINICAL FOCUS:** This value set contains concepts that represent graduated compression stocking devices that are used to prevent VTEs in patients.

**DATA ELEMENT SCOPE:** This value set may use the Quality Data Model (QDM) category related to Device. The intent of this data element is to identify patients who have a graduated compression stocking device applied. It may also be used to identify patients who did not have a graduated compression stocking device applied for VTE prophylaxis for an allowable reason when used with a negation rationale attribute.

**INCLUSION CRITERIA:** Includes only relevant concepts associated with graduated compression stockings.

**EXCLUSION CRITERIA:** No exclusions.

Constrained to codes in the Device, Applied: Graduated compression stockings (GCS) value set: [\(2.16.840.1.113883.3.117.1.7.1.256\)](#)

##### QDM Datatype and Definition (QDM Version 5.4)

###### [Device, Applied](#)

Data elements that meet criteria using this datatype should document that the device indicated by the QDM category and its corresponding value set is in use, or impacts or alters the treatment, care plan, or encounter (e.g., an antithrombotic device has been placed on the patient's legs to prevent thromboembolism, or a cardiac pacemaker is in place).

Timing: The Relevant Period addresses:



# HIGH-LEVEL PLAN FOR DEVELOPMENT

- September 2018 – October 2019
  - Launched CMD Workspace Landing Page and DERep (December 2018 (initial release), February 2019)
  - Added the remaining 42 CMS Eligible Clinician eCQMs to the DERep to complete the information in the data element repository for all available 2019 CMS eCQMs.
  - October 2019 Release of the Data Element Repository includes data definitions for 2020 Performance/Reporting Measures
- April 2019 – December 2019
  - Elicit feedback and requirements from providers, implementers, and other stakeholders on existing and planned features
  - Pursue development of remaining CMD Workspace modules



# CMD WORKSPACE LINK

Access the CMD Workspace via the eCQI Resource Center

<https://ecqi.healthit.gov/cmd-workspace>

# Quality Data Model v5.5 High-Level Summary

Shanna Hartman

*Division of Electronic and Clinician Quality, CMS*

Floyd Eisenberg

*Healthcare IT and Life Sciences Data Management Solutions*

*Contractor*

*ESAC, Inc.*



# QDM BACKGROUND

- The QDM is an information model that defines relationships between patients and clinical concepts in a standardized format to enable electronic quality performance measurement
- QDM describes clinical concepts in a standardized format to enable electronic quality measurement in support of federal programs and initiatives
- QDM's purpose is to enable the automated retrieval of structured data captured through routine care in electronic health records, personal health records, and other electronic clinical sources



# QDM V5.5 RELEASE

- eCQMs produced using the QDM v5.5 publication are anticipated for the 2021 reporting/performance period
- The QDM has been aligned with the emerging standard HL7 FHIR®
- Support for these features and modifications are implemented in the production version of the Measure Authoring Tool (MAT) released in August 2019



# QDM V5.5 HIGH-LEVEL CHANGES

1. New Timing Options in QDM v5.5
2. QDM Entities
3. QDM v5.5 Change *source* attribute
4. QDM Entity use cases
5. New QDM datatype: Related Person
6. Addition of Present on Admission indicator for Encounter
  - I. Change to Encounter, Performed *diagnosis* modeling
7. Add *priority* attribute (Encounter, Procedure)





# NEW TIMING OPTIONS

- Prior versions of some QDM datatype timing options limited timing to author dateTime
- QDM v5.5 changes allows greater flexibility for measure developers to indicate the occurrence time
- Modified timing options:
  - Add Relevant dateTime and Relevant Period timing to Assessment, Performed and Relevant dateTime to Immunization, Administered
  - Change Communication, Performed timing to directly reference sent dateTime and received dateTime



# MODIFIED TIMING OPTIONS (CONTINUED):

- Add Relevant DateTime to:
  - Adverse Event
  - Assessment, Performed
  - Device Applied
  - Diagnostic Study, Performed
  - Immunization, Administered
  - Intervention, Performed
  - Laboratory Test, Performed
  - Medication, Active
  - Medication, Administered
  - Medication, Dispensed
  - Medication, Order
  - Physical Exam, Performed
  - Procedure, Performed
  - Substance, Administered



# MANAGING ACTIVITY PERFORMERS WITH QDM

- Replaced the previous QDM dataflow attribute *source* with a performer attribute for each QDM datatype
- Added a new QDM item, called *Entities*, including *Patient*, *Care Partner*, *Practitioner*, and *Organization* to allow greater expressivity in requesting information about performer-type attributes
- *Entities* provide a clearer way to describe the *source* of a data element

# MANAGING ACTIVITY PERFORMERS WITH QDM

- New attributes to express performers of activities

New Attribute	QDM Datatypes	
Requester	<ul style="list-style-type: none"> <li>• Assessment, Order</li> <li>• Assessment, Recommended</li> <li>• Device, Order</li> <li>• Device, Recommended</li> <li>• Diagnostic Study, Order</li> <li>• Diagnostic Study, Recommended</li> <li>• Encounter, Order</li> <li>• Encounter, Recommended</li> <li>• Immunization, Order</li> <li>• Intervention, Order</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention, Recommended</li> <li>• Laboratory Test, Recommended</li> <li>• Laboratory Test, Order</li> <li>• Physical Exam, Recommended</li> <li>• Physical Exam, Order</li> <li>• Procedure, Order</li> <li>• Procedure, Recommended</li> <li>• Substance, Order</li> <li>• Substance, Recommended</li> </ul>
Participant	<ul style="list-style-type: none"> <li>• Encounter, Performed</li> </ul>	
Performer	<ul style="list-style-type: none"> <li>• Assessment, Performed</li> <li>• Care Goal</li> <li>• Device, Applied</li> <li>• Diagnostic Study, Performed</li> <li>• Family History</li> <li>• Immunization, Administered</li> <li>• Intervention, Performed</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory Test, Performed</li> <li>• Medication, Administered</li> <li>• Patient Care Experience</li> <li>• Physical Exam, Performed</li> <li>• Procedure, Performed</li> <li>• Provider Care Experience</li> <li>• Substance, Administered</li> </ul>
<p>Communication, Performed – already includes <i>sender</i>, <i>recipient</i></p> <p><i>Medication, Discharge; Medication, Order; Medication, Dispensed</i> – <i>prescriber</i></p> <p><i>Medication, Dispensed</i> – <i>dispenser</i></p> <p>[<i>prescriber</i> and <i>dispenser</i> replace <i>prescriber.id</i> and <i>dispenser.id</i> to take advantage of new QDM Entities]</p>		



# QDM ENTITY USE CASES

- Added a new QDM item, called *Entities* to allow greater expressivity in requesting information about performer-type attributes:
  - *Patient*
  - *Care Partner*
  - *Practitioner*
  - *Organization*

# NEW QDM DATATYPE: RELATED PERSON

- Added QDM datatype Related Person.

Datatype	Definition	Attributes
<b>Related Person</b>	<p>A person who has a personal or non-healthcare-specific professional relationship to the patient.</p> <p>The “code” attribute references the relationship to the index patient.</p> <p>Timing: A Related Person has no associated timing. The Related Person QDM datatype references only an identifier and a relationship. The relationship references the nature of the relationship (e.g., a direct reference code or a value set for “Mother” using the example provided).</p>	<ul style="list-style-type: none"><li>• id</li><li>• code</li><li>• identifier</li><li>• linkedPatientId</li></ul>

# ADDITION OF PRESENT ON ADMISSION INDICATOR FOR ENCOUNTER

- Modified Encounter, Performed *diagnosis* attribute to reference two components: *diagnosis (code)* and a new item, *present on admission indicator*.
- The Diagnosis Present on Admission indicator is assigned to Inpatient Encounter Diagnosis and is used extensively in quality and patient safety measures.



# ADDED *PRIORITY* ATTRIBUTE (ENCOUNTER, PROCEDURE)

- Added *priority* attribute to
  - Encounter, Order
  - Encounter, Performed
  - Procedure, Order
  - Procedure, Performed
- Allows reference to an elective or urgent
  - Encounter or procedure
  - Order for an encounter or procedure



# RESOURCES

- Review the webinar titled “[QDM Version 5.5 Overview](#)” for an in-depth summary of the QDM v5.5.
- Current and past versions of the QDM are located on the [eCQI Resource Center QDM page](#)
- Past versions of production QDM Specifications can be found on the [eCQI Resource Center QDM-Previous Versions tab](#)
- QDM User Group meeting information is on the [eCQI Resource Center QDM-Connect tab](#)
- For questions or comments on the QDM, please contact the [ESAC QDM team](#)
- To submit an issues ticket, please visit the [ONC Project Tracking System \(Jira\) QDM project](#)



# CRP Overview

Johanna Ward  
Claudia Hall  
*Mathematica*



# OBJECTIVES OF THE CRP OVERVIEW

- This presentation includes information to assist stakeholders in:
  - Learning about the Change Review Process (CRP) and how it fits into the annual process for updating eCQMs
  - Understanding the CRP process for reviewing draft changes to the eCQM specifications and supporting resources under consideration by the measure steward
  - Learning how to participate in the CRP
  - Identifying additional resources on the CRP



# **CHANGE REVIEW PROCESS BACKGROUND AND PURPOSE**



# WHAT IS CRP?

- **Background:** CMS continually seeks feedback from stakeholders on its programs and their implementation
- **Purpose:** To provide an opportunity for eCQM implementers to review and comment on draft changes to the eCQM specifications and supporting resources under consideration by the measure steward
- **Goal:** For CMS and measure stewards to use feedback received from eCQM implementers on the potential impact of draft changes to eCQMs to make improvements to meet CMS's intent of minimizing provider and vendor burden in the collection, capture, calculation, and reporting of eCQMs
- **Mechanism:** The Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System [eCQM Issue Tracker](#) is used to post CRP issues for public review and comment



# CRP AND THE ECQM ANNUAL UPDATE PROCESS

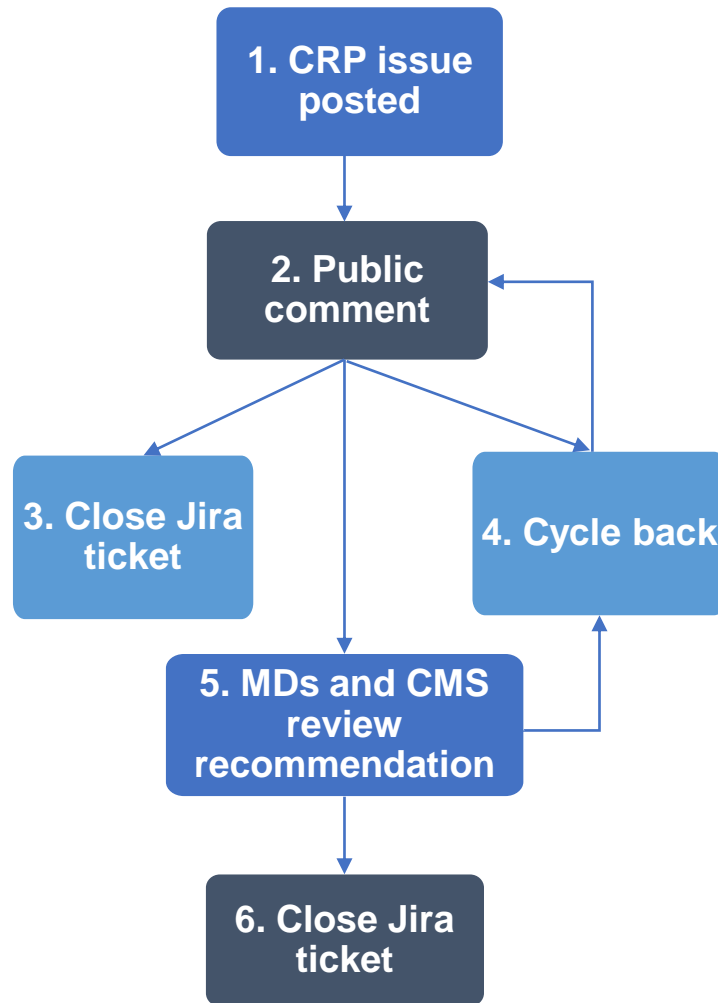
- CMS publishes eCQMs each year following an annual update process
- CRP is an integral part of the eCQM annual update process
- Recommendations from the CRP lead to the changes measure developers implement in eCQMs during the annual update



# CRP POSTING AND COMMENT PROCESS



# CRP POSTING AND COMMENT PROCESS



1. Measure developers (MDs) identify an issue or potential change based on public feedback. A Jira CQM ticket is flagged with a “CRP” label.

2. Interested parties review CRP issues posted to Jira CQM tickets and provide feedback. Jira CQM tickets remain open for comment for two weeks.

The approach following public comment may vary based on the issue, and in some cases may be iterative.

3. No change: Jira CQM ticket is updated and closed if the measure developer determines a change is not required. As needed, a CRP meeting may be held to discuss complex issues or review feedback.

4. Need more feedback: Issue cycles back to a new public comment period to gather more information.

5. Measure developers and CMS review comments and feedback.

6. The Jira CQM ticket is updated with CRP outcome. The ticket is closed after the change is implemented in the annual update.



# **PARTICIPATING IN THE CRP**



# WHO CAN PARTICIPATE IN THE CRP?

- CRP participation is open to all ONC Project Tracking System (Jira) eCQM Issue Tracker project users, which may include:
  - CMS
  - ONC
  - Measure developers
  - Eligible clinicians/eligible professionals
  - Eligible hospitals/CAHs
  - Electronic Health Record (EHR) vendors
  - Vendors of certified technology



# WHEN DOES THE CRP OCCUR?

- The CRP typically occurs in the fall of each calendar year
- For 2019, the CRP process began in early October and will extend through late November

# WHERE CAN I FIND CRP ISSUES?

- CRP issues will be posted to the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#) project
  - CRP issues have a “CRP” label on the Jira ticket



[eCQM Issue Tracker](#) / CQM-2206

Additional feedback on using social history data for obtaining information on whether a patient is sexually active or not for use in the Chlamydia Screening Measure

Export

## Details

Type: ☒ EP/EC  
eQMs/Logic/Intent/Data  
Elements/Value Sets

Priority: ☒ Minor

Component/s: [Measure](#)

Labels: [CRP](#)

Status: **CLOSED**

Resolution: Answered

## People

Assignee: Mathematica EP CQM Team

Reporter: Mathematica EH CQM Team

Votes: **1** Vote for this issue



# HOW CAN I BE NOTIFIED OF NEW CRP ISSUES?

- Sign up for the weekly CRP digest
  - The CRP digest emails include a summary of CRP issues available for public comment
  - Emails provide the eCQM identifier number (CMS number), Jira CQM ticket number and link, an issue description and potential solution, and public comment open and closing dates.
  - To subscribe, email [CRP@mathematica-mpr.com](mailto:CRP@mathematica-mpr.com) to be added to the list
- CRP announcements will also be posted on the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#) summary page and the Electronic Clinical Quality Improvement (eCQI) Resource Center



# HOW CAN I PARTICIPATE IN A PUBLIC COMMENT PERIOD?

Log in to Jira

- Sign in using your ONC Project Tracking System (Jira) account.
- New users can [create an account](#) via the ONC Project Tracking System website.

Navigate to the CQM ticket

- A list of Jira CQM tickets open for public comment will be posted to the [eCQM Issue Tracker](#) summary page and sent out in the CRP digest email ([CRP@mathematica-mpr.com](mailto:CRP@mathematica-mpr.com)).
- Relevant Jira CQM tickets will have a “CRP” label.

Review CRP issue

- Review the CRP issue, potential solutions, and any additional materials that may be posted.

Post comment

- Tickets will be open for public comment for **two weeks**.
- Click the “Comment” button at the top of the ticket.
- Comments are located at the bottom of the ticket and posted for public view.

Edit Comment Assign More

# CRP RESOURCES



# CRP RESOURCES

## ONC Project Tracking System (Jira) [eCQM Issue Tracker](#)

- Jira is the platform used to collect input from stakeholders and share feedback with measure developers and CMS
- The Jira eCQM Issue Tracker is the specific project on Jira in which CRP public comment takes place
- CRP tickets are listed on the eCQM Issue Tracker summary page

## [\(eCQI\) Resource Center](#)

- The one-stop shop for the most current resources to support electronic clinical quality improvement
- The eCQI Resource Center will include CRP announcements





# **2020 ELIGIBLE HOSPITAL ELECTRONIC CLINICAL QUALITY MEASURE FLOWS**



# 2020 ELIGIBLE HOSPITAL eCQM FLOWS

- CMS has published the 2020 reporting period eCQM flows for eligible hospitals and CAHs to the [eCQI Resource Center](#).
- Programs include:
  - Hospital IQR Program
  - Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and CAHs



# HOW CAN I USE THE eCQM FLOWS?

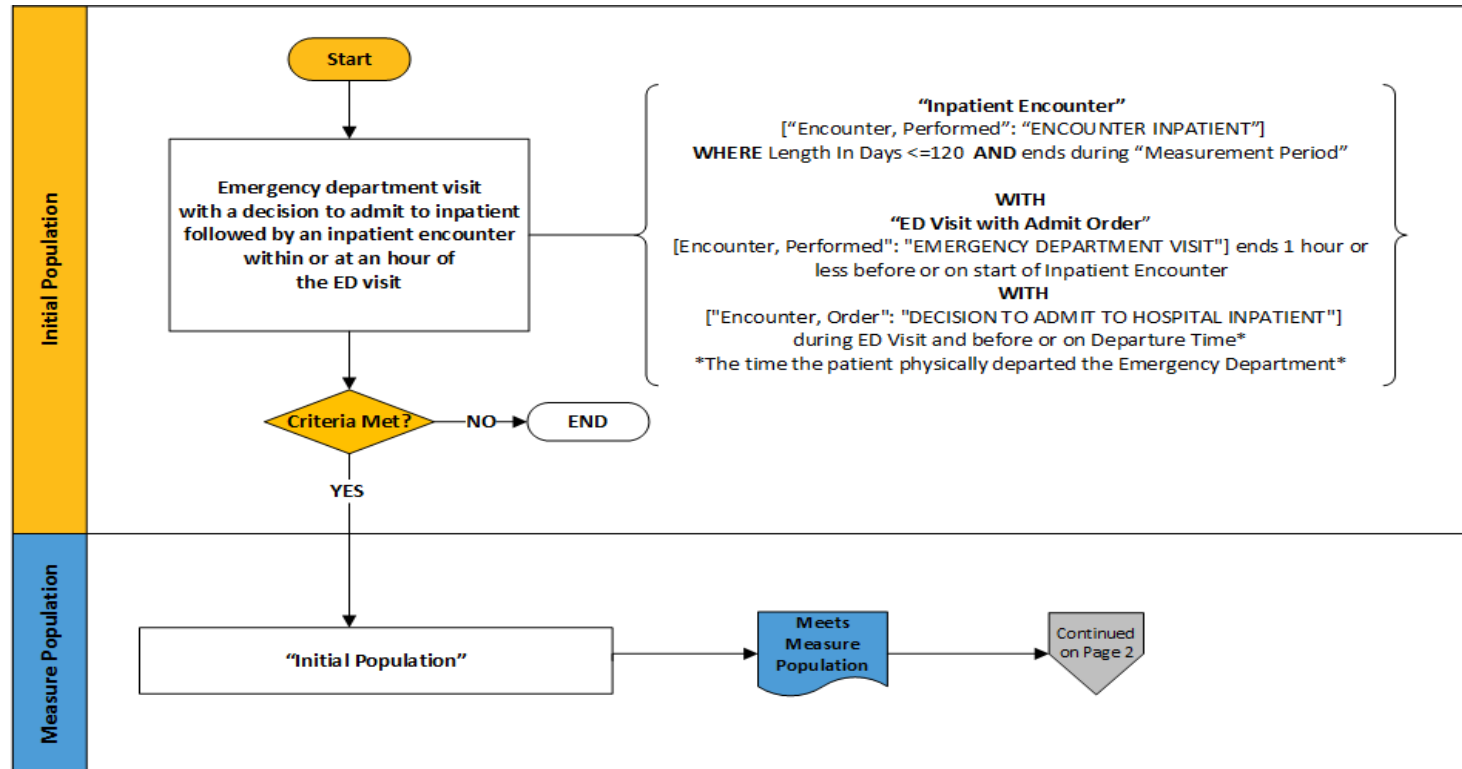
- The eCQM flows are designed to assist in interpretation of the eCQM logic and calculation methodology for reporting rates
- These flows are intended to be used as an additional resource when implementing eCQMs and should not be used in place of the eCQM specification or for reporting purposes
- A “Read Me First” guide to understanding the flows is also available to assist users as they navigate the flows. The guide can be found on the [eCQI Resource Center](#) website within the eCQM flows zip file

# EXAMPLE eCQM FLOW



# 2020 eCQM FLOW – CMS111V8: MEDIAN ADMIT DECISION TIME TO ED DEPARTURE TIME FOR ADMITTED PATIENTS (ED-2)\*

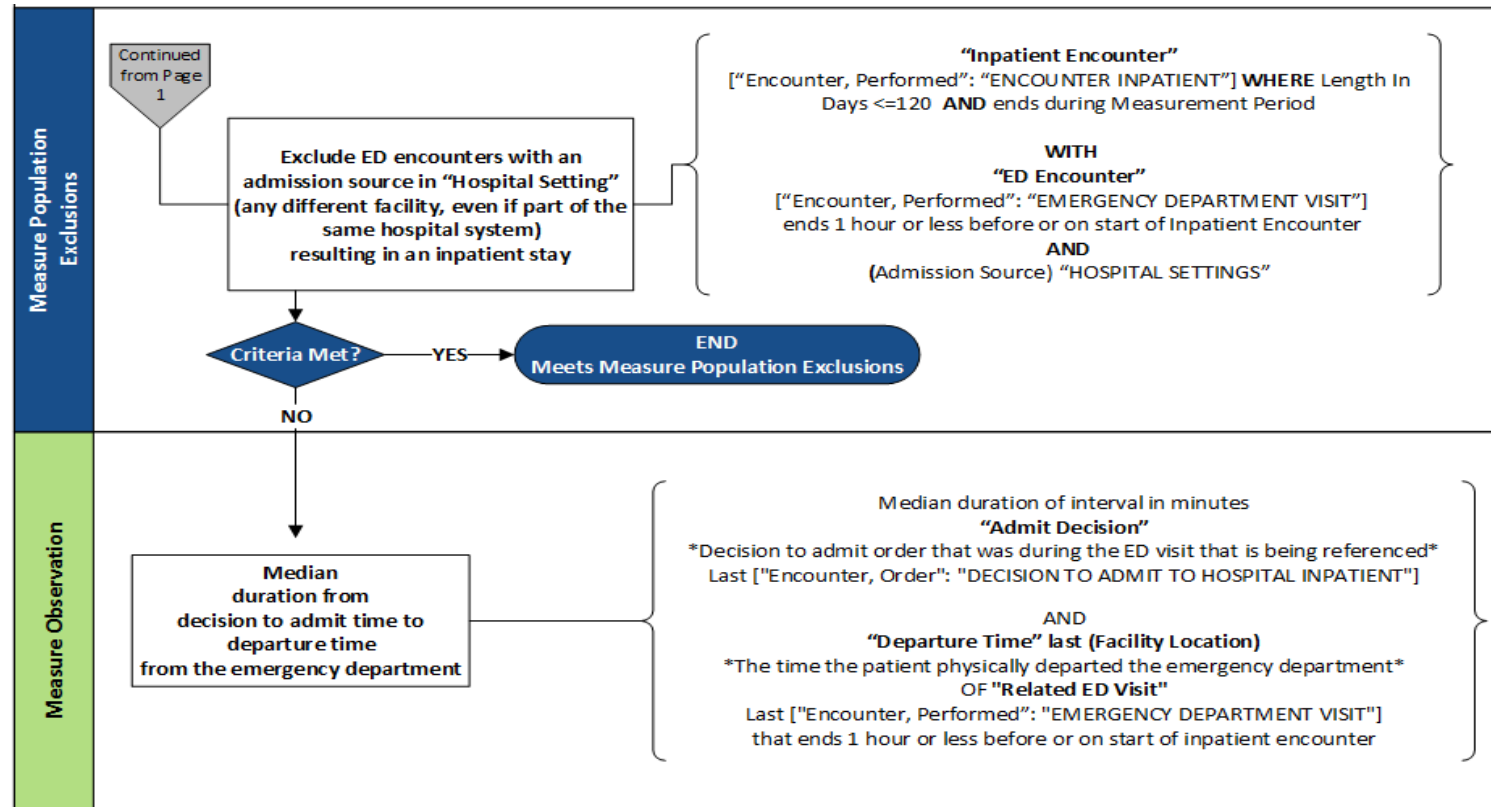
Measure Flow Diagram



\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

# 2020 eCQM FLOW – CMS111V8: MEDIAN ADMIT DECISION TIME TO ED DEPARTURE TIME FOR ADMITTED PATIENTS (ED-2)\*

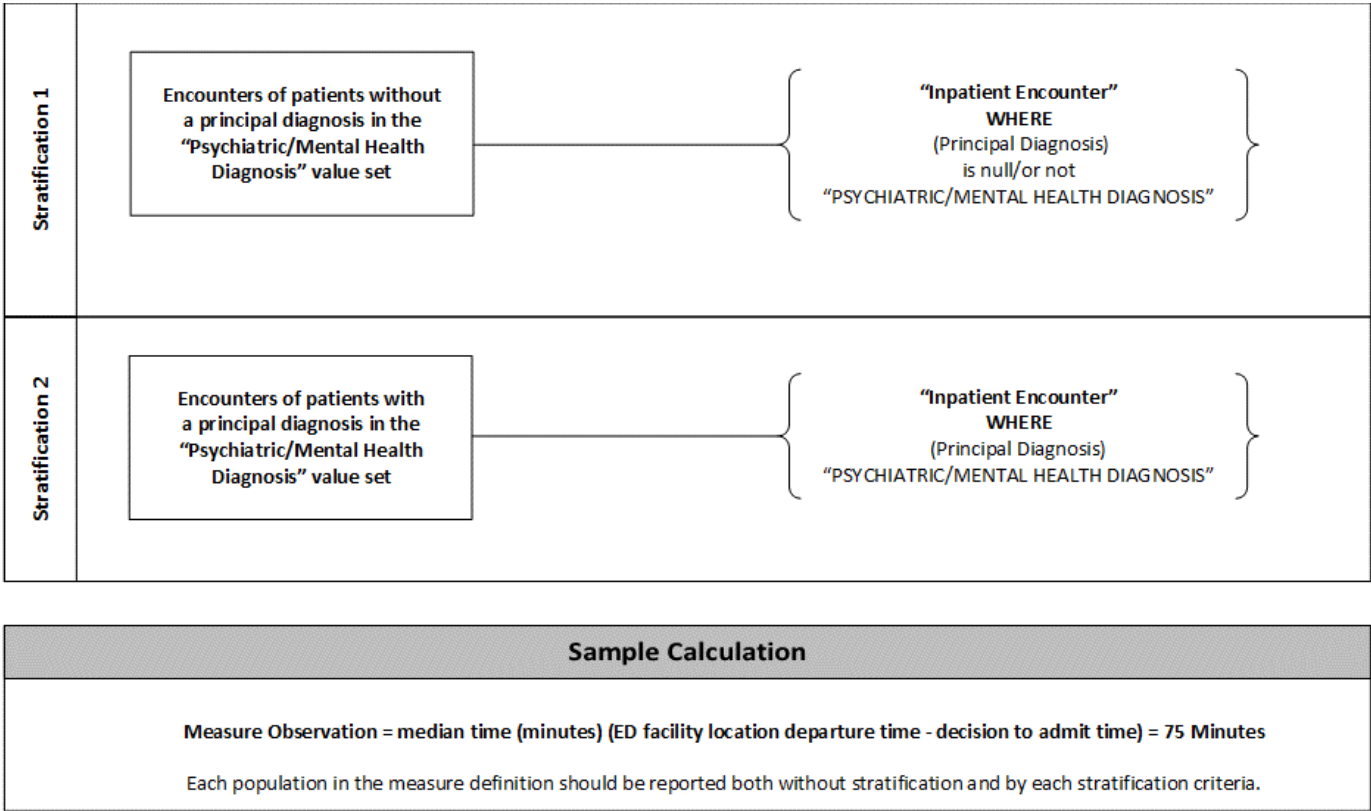
Measure Flow Diagram (Continued)



\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

# 2020 eCQM FLOW – CMS111V8: MEDIAN ADMIT DECISION TIME TO ED DEPARTURE TIME FOR ADMITTED PATIENTS (ED-2)\*

Measure Flow Diagram (Continued)



*\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*



# 2020 eCQM FLOW – CMS111V8: MEDIAN ADMIT DECISION TIME TO ED DEPARTURE TIME FOR ADMITTED PATIENTS (ED-2)\*

## Measure Flow Narrative

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Measure Description	This measure assesses the median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status
Initial Population	Start by identifying: <ul style="list-style-type: none"><li>• inpatient encounters ending during the measurement period with length of stay (Discharge Date minus Admission Date) less than or equal to 120 days</li><li>• and where the decision to admit was made during the preceding emergency department visit at the same physical facility unless the ED and admitting hospital share the same CCN</li></ul>
Denominator	The measure population criteria is the same as the initial population
Measure Population Exclusions	The measure population exclusions criteria identify a subset of the measure population by excluding emergency department encounters with an admission source from another "Hospital Setting" (any different facility, even if part of the same hospital system) resulting in an inpatient stay

*\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*





# 2020 ECQM FLOW – CMS111V8: MEDIAN ADMIT DECISION TIME TO ED DEPARTURE TIME FOR ADMITTED PATIENTS (ED-2)\*

## Measure Flow Narrative (Continued)

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Measure Observation	The measure observations criteria identify the encounters from the measure population (that did not meet the measure population exclusions criteria) and calculates the time (in minutes) of the interval between the decision to admit and the ED departure time for patients admitted to the inpatient facility from the emergency department
Stratification 1	Stratification 1 is an aggregate of all patients seen in the ED and admitted as an inpatient who DO NOT have an inpatient encounter principal diagnosis consistent with psychiatric/mental health disorders
Stratification 2	Stratification 2 is an aggregate of all patients seen in the ED and admitted as an inpatient who DO have an inpatient encounter principal diagnosis consistent with psychiatric/mental health disorders

*\*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*



# QUESTIONS?

- **CRP:** For questions about the CRP process or to receive communications about the CRP, please contact [CRP@mathematica-mpr.com](mailto:CRP@mathematica-mpr.com)
- **eCQM flows:** For questions regarding the eCQM flows, please submit your question via the ONC Project Tracking System (Jira) [eCQM Issue Tracker](#), and indicate in the issue summary that your question is regarding an eCQM flow



# Medicare Promoting Interoperability Program CAH Hardship Exception Application

Gregory Stark

*Division of Health Information Technology, CMS*



# MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION

- CAHs may be exempt from Medicare penalties if they can show that compliance with 2015 Edition CEHRT requirements would result in a significant hardship
- To be considered for an exemption, CAHs must complete a hardship exception application and provide proof of a hardship



# HARDSHIP EXCEPTION APPLICATION DETAILS

- You can now apply for a hardship exception using the [application](#) on the [Promoting Interoperability Programs website](#)
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912
- Deadline for CAHs: **December 2, 2019**



# iQIES Update

Jessica Wentworth

*Division of Quality Systems for Assessments & Surveys,  
CMS*



**Questions?**  
[cmsqualityteam@ketchum.com](mailto:cmsqualityteam@ketchum.com)



## Topics?

Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening! Please email [cmsqualityteam@ketchum.com](mailto:cmsqualityteam@ketchum.com) with your suggestions.





## Thank you!

The next CMS Quality Vendor Workgroup is tentatively scheduled for January 2020. CMS will share more information when it becomes available.

