October CMS and ONC eHealth Vendor Workgroup

October 22, 2015
12:00 PM EDT

Agenda Item	Speaker
Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs Final Rule	Beth Myers *Center for Clinical Standards and Quality (CCSQ)*
2015 Edition Health Information Technology (Health IT) Certification Criteria Final Rule	Elise Anthony and Michael Lipinski *The Office of the National Coordinator for Health Information Technology (ONC)*
Hospital Inpatient Quality Reporting (IQR) Program Update	Stephanie Wilson *Health Services Advisory Group, on behalf of CMS*
Questions	

eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

Beth Myers

CENTER FOR CLINICAL STANDARDS AND QUALITY (CCSQ) UPDATE

CMS Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs 2015 Participation Overview

The CMS rule is live here:
https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications

Disclaimer

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations.

This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations.

We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Participation Timeline

2015	Attest to modified criteria for 2015-2017 (Modified Stage 2) with accommodations for Stage 1 providers
2016	Attest to 2015-2017 (Modified Stage 2) criteria*
2017	Attest to either 2015-2017 (Modified Stage 2) criteria **or** full version of Stage 3
2018	Attest to full version of Stage 3

**Some alternate exclusions remain in 2016 for Stage 1 providers*

EHR Reporting Periods

2015	All providers attest to EHR reporting period of any continuous 90-day period within calendar year (hospitals have a 15 month period)
2016	First-time participants may use EHR reporting period of any continuous 90-day period between January 1 and December 31, 2016 *All returning participants must use EHR reporting period of **full calendar year** (January-December 31, 2016)*
2017	First-time participants may use EHR reporting period of any continuous 90-day period; providers attesting to Stage 3 may also use 90-day reporting period *All returning participants must use EHR reporting period of **full calendar year** (January-December 31, 2017)*
2018	First-time **Medicaid** participants may use 90-day EHR reporting period *All other providers must use EHR reporting period of full calendar year (January 1- December 31, 2018)*

Objectives & Measures for EHR Incentive Programs in 2015 through 2017 for Eligible Professionals, Eligible Hospitals and CAHs

Modified Stage 2 Objectives

1. Protect Patient Health Information
2. Clinical Decision Support
3. CPOE
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (VDT)
9. Secure Messaging (EPs only)
10. Public Health Reporting

Objectives and Measures for 2015 – 2017

Protect Patient Health Information

- **Objective**: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
- **Measure**: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP, eligible hospital, or CAH's risk management process.
- **Exclusions**: None
- **Attestation Requirements**: Yes/No

Objectives and Measures for 2015 – 2017

Clinical Decision Support

- **Objective**: Use clinical decision support to improve performance on high-priority health conditions.
- **Measure 1**: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital's, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
- **Measure 2**: The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
- **Exclusion (for EPs)**: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

Objectives and Measures for 2015 – 2017

Clinical Decision Support

- **Alternate Objective and Measure**: *For an EHR reporting period in 2015 only, an EP, eligible hospital or CAH that is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of measure 1:*
- **Objective**: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.
- **Measure**: Implement one clinical decision support rule.
- **Attestation Requirements**: Yes/No

Objectives and Measures for 2015 – 2017

Computerized Provider Order Entry (CPOE)

- **Objective**: Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
- **Measure 1**: More than 60 percent of medication orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
- **Exclusion**: Any EP who writes fewer than 100 medication orders during the EHR reporting period.
- **Alternate Measure 1:** For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP or created by authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Objectives and Measures for 2015 – 2017

Computerized Provider Order Entry (CPOE)

- **Measure 2**: More than 30 percent of laboratory orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
- **Exclusion**: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.
- **Alternate Exclusion for Measure 2**: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

Objectives and Measures for 2015 – 2017

Computerized Provider Order Entry (CPOE)

- **Measure 3**: More than 30 percent of radiology orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
- **Exclusion**: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.
- **Alternate Exclusion for Measure 3***:* Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

Objectives and Measures for 2015 – 2017

Computerized Provider Order Entry (CPOE)

- **Attestation Requirements**

- **Measure 1**
- **Denominator**: Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **Numerator**: The number of orders in the denominator recorded using CPOE.
- **Threshold**: The resulting percentage must be more than 60 percent in order for an EP, eligible hospital or CAH to meet this measure.

- **Alternate Measure 1:**
- **Denominator**: Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **Numerator**: The number of orders in the denominator recorded using CPOE.
- **Threshold**: The resulting percentage must be more than 30 percent in order for an EP, eligible hospital or CAH to meet this measure.

Objectives and Measures for 2015 – 2017

Computerized Provider Order Entry (CPOE)

- **Attestation Requirements:**

- **Measure 2:**
- **Denominator**: Number of laboratory orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **Numerator**: The number of orders in the denominator recorded using CPOE.
- **Threshold**: The resulting percentage must be more than 30 percent in order for an EP, eligible hospital or CAH to meet this measure.

- **Measure 3:**
- **Denominator**: Number of radiology orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **Numerator**: The number of orders in the denominator recorded using CPOE.
- **Threshold**: The resulting percentage must be more than 30 percent in order for an EP, eligible hospital or CAH to meet this measure.

Objectives and Measures for 2015 – 2017

Electronic Prescribing (eRx)

(EPs)

- **EP Objective:** Generate and transmit permissible prescriptions electronically (eRx).
- **EP Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
- **Exclusions:** Any EP who:
- Writes fewer than 100 permissible prescriptions during the EHR reporting period; or
- Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.
- **Alternate EP Measure:** For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Objectives and Measures for 2015 – 2017

Electronic Prescribing (eRx)

(EPs)

- **Attestation Requirements:**
- **Denominator:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.
- **Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- **Threshold:** The resulting percentage must be more than 50 percent in order for an EP to meet this measure.

Objectives and Measures for 2015 – 2017

Electronic Prescribing (eRx)

(Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx).
- **Eligible Hospital/CAH Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
- **Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.
- **Alternate Eligible Hospital/CAH Exclusion:** The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 if they were either scheduled to demonstrate Stage 1, which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but do not select the Stage 2 eRx objective for an EHR reporting period in 2015; and, the eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2016 if they were either scheduled to demonstrate Stage 1 in 2015 or 2016, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015.

Objectives and Measures for 2015 – 2017

Electronic Prescribing (eRx)

(Eligible Hospitals/ CAHs)

- **Attestation Requirements:**
- **Denominator:** Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period.
- **Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- **Threshold:** The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.

Objectives and Measures for 2015 – 2017

Health Information Exchange

- **Objective:** The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
- **Measure:** The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must--(1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
- **Exclusion (for EPs):** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.
- **Alternate Exclusion:** Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Objectives and Measures for 2015 – 2017

Health Information Exchange

- **Attestation Requirements:**
- **Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.
- **Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
- **Threshold:** The percentage must be more than 10 percent in order for an EP, eligible hospital or CAH to meet this measure.

Objectives and Measures for 2015 – 2017

Patient Specific Education (EPs)

- **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
- **EP Measure:** Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
- **Exclusion:** Any EP who has no office visits during the EHR reporting period.
- **Alternate Exclusion:** Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.
- **Attestation Requirements:**
- **Denominator:** Number of unique patients with office visits seen by the EP during the EHR reporting period.
- **Numerator:** Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.
- **Threshold:** The resulting percentage must be more than 10 percent in order for an EP to meet this measure.

Objectives and Measures for 2015 – 2017

Patient Specific Education (Eligible Hospitals/ CAHs)

- **Objective:** Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

- **Eligible Hospital/CAH Measure:** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.

- **Alternate Exclusion:** Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.

- **Attestation Requirements:**
- **Denominator:** Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.
- **Numerator:** Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.
- **Threshold:** The resulting percentage must be more than 10 percent in order for an eligible hospital or CAH to meet this measure.

Objectives and Measures for 2015 – 2017

Medication Reconciliation

- **Objective**: The EP, eligible hospital, or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
- **Measure**: The EP, eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).
- **Exclusion (for EPs):** Any EP who was not the recipient of any transitions of care during the EHR reporting period.
- **Alternate Exclusion**: Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

Objectives and Measures for 2015 – 2017

Medication Reconciliation

- **Attestation Requirements:**
- **Denominator**: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.
- **Numerator**: The number of transitions of care in the denominator where medication reconciliation was performed.
- **Threshold**: The resulting percentage must be more than 50 percent in order for an EP to meet this measure

Objectives and Measures for 2015 – 2017

Patient Electronic Access (EPs)

- **EP Objective**: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
- **EP Measure 1**: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
- **EP Measure 2**: For an EHR reporting period in 2015, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period.
- **Exclusions for Measure 2**: Any EP who: Neither orders nor creates any of the information listed for inclusion as part of the measures; or Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
- **Alternate Exclusion - Measure 2**: Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Objectives and Measures for 2015 – 2017

Patient Electronic Access (EPs)

- **Attestation Requirements (for EPs)**

- **EP Measure 1**:
- **Denominator**: Number of unique patients seen by the EP during the EHR reporting period.
- **Numerator**: The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.
- **Threshold**: The resulting percentage must be more than 50 percent in order for an EP to meet this measure.

- **EP Measure 2**:
- **Denominator**: Number of unique patients seen by the EP during the EHR reporting period.
- **Numerator**: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.
- **Threshold**: The numerator and denominator must be reported, and the numerator must be equal to or greater than 1.

Objectives and Measures for 2015 – 2017

Patient Electronic Access (Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective**: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.
- **Measure 1**: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.
- **Measure 2:** For an EHR reporting period in 2015, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her information during the EHR reporting period.
- **Exclusion - Measure 2:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting.
- **Alternate Exclusion – Measure 2**: Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Objectives and Measures for 2015 – 2017

Patient Electronic Access (Eligible Hospitals/ CAHs)

- **Attestation Requirements – Eligible Hospitals/CAHs**

- **Measure 1**:
- **Denominator**: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- **Numerator**: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.
- **Threshold**: The resulting percentage must be more than 50 percent in order for an eligible hospital or CAH to meet this measure.

- **Measure 2:**
- **Denominator**: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period.
- **Numerator**: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.
- **Threshold**: The numerator and denominator must be reported and the numerator must be equal to or greater than 1.

Objectives and Measures for 2015 – 2017

Secure Messaging (EPs only)

- **Objective**: Use secure electronic messaging to communicate with patients on relevant health information.
- **Measure**: For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.
- **Exclusion:** Any EP who has no office visits during the EHR reporting period; or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
- **Alternate Exclusion:** An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
- **Attestation Requirements**: Yes/No

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Objective**: The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

- *EPs must meet 2 of 3 measures; eligible hospitals/CAHs must meet 3 of 4 measures:*
- **Measure 1 - Immunization Registry Reporting**: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.
- **Measure 2–Syndromic Surveillance Reporting**: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- **Measure 3–Specialized Registry Reporting** - The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.
- **Measure 4 – Electronic Reportable Laboratory Result Reporting (for Eligible Hospitals/CAHs only):** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

- **Attestation Requirements**: Yes/No (for all measures)

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Public Health Reporting - Exclusions for EPs**

- **<u>Measure 1 Exclusions</u>**: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP—
- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Public Health Reporting – Exclusions for EPs**

- **Measure 2 Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP--
- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Public Health Reporting – Exclusions for EPs**

- **<u>Measure 3 Exclusions</u>**: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP --
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Measure 1 Exclusions**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH—
- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAH at the start of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **<u>Measure 2 Exclusions:</u>** Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH--
- Does not have an emergency or urgent care department;
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Public Health Reporting – Exclusions for Eligible Hospitals and CAHs**

- **Measure 3 Exclusions:** Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital, or CAH--
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Measure 4 Exclusions**: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH--
- Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Alternate Exclusions for Eligible Professionals**

- **EPs scheduled to be in Stage 1:** Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3
- May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

- **EPs scheduled to be in Stage 2:** Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3
- May claim an alternate exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure.

Objectives and Measures for 2015 – 2017

Public Health Reporting

- **Alternate Exclusions for Eligible Hospitals/CAHS**

- **Eligible hospitals/CAHs scheduled to be in Stage 1:** Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4
- May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4.
- An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C).

- **Eligible hospitals/CAHs scheduled to be in Stage 2:** Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4
- May claim an alternate exclusion for Measure 3 (Specialized Registry Reporting Measure)

Clinical Quality Measures Reporting Options for 2015

Options that only apply for the EHR Incentive Program:

- Option 1: Attest to CQMs through the EHR Registration & Attestation System
- Option 2: eReport CQMs through Physician Quality Reporting System (PQRS) Portal

Options that align with other Quality Programs:

- Option 3: Report individual eligible professionals' CQMs through PQRS Portal
- Option 4: Report group's CQMs through PQRS Portal
- Option 5: Report group's CQMs through Pioneer ACO participation or Comprehensive Primary Care Initiative participation

For 2016 and subsequent years, providers beyond first year of meaningful use may attest to one full calendar year of CQM data or electronically report CQM data using established methods for electronic reporting.

Preparing for 2015 Participation

- ✓ Confirm your Stage

- ✓ Check registration information
  - ❑ NPPES login information
  - ❑ Make sure e-mail address is correct
  - ❑ Verify that the Medicare Administrative Contractor (MAC) has the correct banking information and payee information (bank account and routing number, payee address, NPI and TIN)
  - ❑ Make sure to have an active and approved enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)
  - ❑ Identity and Access Management (I&A)
    - Make sure surrogate users are up-to-date

Preparing for 2015 Participation

- ✓ Review the ONC Health IT Certification Program and the **Certified Health IT Products List (CHPL),** which include real time information on what products are certified for what functionalities.

- ✓ Confirm **CMS EHR Certification ID**
  - ❑ During attestation EPs and eligible hospitals share their CMS EHR Certification ID with CMS
  - ❑ Detailed instructions on how to obtain a CMS EHR Certification ID are available on the CHPL website

- ✓ For more information and resources, visit the "Registration and Attestation" page on the EHR Incentive Programs website: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html

Attestation & Payment Adjustments

EHR reporting period for payment adjustment year = any continuous 90-day period

For EHR reporting period in 2015:

- ✓ Providers can attest to meaningful use for EHR reporting period in 2015 beginning **January 4, 2016**
- ✓ All Medicare providers must attest by **February 29, 2016**
- ✓ All providers must:
  - ❑ Use CEHRT certified to the 2014 Edition
  - ❑ Submit Clinical Quality Measures

CMS Help Desks

EHR Information Center Help Desk

- (888) 734-6433 / TTY: (888) 734-6563
- Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

NPPES Help Desk

- Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do
- (800) 465-3203 - TTY (800) 692-2326

PECOS Help Desk

- Visit https://pecos.cms.hhs.gov/
- (866)484-8049 / TTY (866)523-4759

Identification & Access Management System (I&A) Help Desk

- PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
- TTY 1-866-523-4759
- E-mail: EUSSupport@cgi.com

New Resources Available

- Additional information available on new 2015 Program Requirements page: cms.gov/ehrincentiveprograms
- FAQs on rule available on FAQ site: https://questions.cms.gov

eHealth
CENTERS FOR MEDICARE & MEDICAID SERVICES

Elise Anthony and Michael Lipinski

THE OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY (ONC) UPDATE

The Office of the National Coordinator for Health Information Technology

2015 Edition Final Rule:
Overview of 2015 Edition Health IT Certification Criteria & Health IT Certification Program Provisions

Elise Sweeney Anthony, Acting Director, Office of Policy
Michael L. Lipinski, Director, Division of Federal Policy and Regulatory Affairs

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Agenda

- Goals of the Final Rule
- Highlights of the ONC Health IT Certification Program
- 2015 Edition – Changes Compared to the Proposed Rule and the 2014 Edition
- Certification to the 2015 Edition Use Cases (MU & Beyond)

Overview of the 2015 Edition Final Rule

- Supports HHS-wide goals to achieve better care, smarter spending, and healthier people
- Builds on the foundation established by the 2011 and 2014 Editions and addresses stakeholder feedback by **reducing burden as compared to the 2015 Edition proposed rule**
- Focuses on health IT components necessary to establish an interoperable nationwide health information infrastructure
- Incorporates changes designed to foster innovation, open new market opportunities, and provide more provider and patient choices in electronic health information access and exchange
- Addresses information blocking and the continued reliability of certified health IT

2015 Edition Final Rule Health IT Goals

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- Improve Interoperability
- Facilitate Data Access and Exchange
- Ensure Privacy and Security Capabilities
- Improve Patient Safety
- Reduce Health Disparities
- Improve the Reliability and Transparency of Certified Health IT
- Use the ONC Health IT Certification Program to Support the Care Continuum
- Support Stage 3 of the EHR Incentive Programs

ONC Health IT Certification Program

Supporting the Broader Care Continuum

A more accessible ONC Health IT Certification Program supportive of:

- Diverse health IT systems, including but not limited to EHR technology ("Health IT Module" instead of "EHR Module")

  Remember: There is no "Complete EHR" certification to the 2015 Edition or future editions

- Health IT across the care continuum, including long-term and post-acute care (LTPAC) settings

Supporting the Broader Care Continuum: How It Will Work

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The Past (2011 and 2014 Editions)	The Future (2015 and Future Editions)

• ONC included **policy** that supported the EHR Incentive Programs in its previous Editions
  • Defined the Certified EHR Technology (CEHRT) definition on behalf of CMS
  • Required "meaningful use measurement" criteria
  • Specified the minimum number of clinical quality measures developers must certify to in order to participate in the EHR Incentive Programs
  • Specified criteria as "ambulatory" or "inpatient"
	• ONC does not include **policy** to support the EHR Incentive Programs in its Editions
	  • Each program sets its own requirements (e.g., CMS defines the CEHRT definition in its final rule)
	  • **The ONC Health IT Certification Program is "agnostic" to settings and programs, but can support many different use cases and needs**
	  • This allows the ONC Health IT Certification Program to support multiple program and setting needs, for example:
	  • EHR Incentive Programs
	  • Long-term and post-acute care
	  • Chronic care management
	  • Behavioral health
	  • Other public and private programs

Programs Beyond MU that are Using the ONC Health IT Certification Program

A number of programs currently point to certified health IT and/or the the ONC Health IT Certification Program. Here are a few:

- Physician Self-Referral Law exception and Anti-kickback Statute safe harbor for certain EHR donations
- CMS chronic care management services (included in 2015 and 2016 Physician Fee Schedule rulemakings)
- Department of Defense Healthcare Management System Modernization Program
- The Joint Commission for performance measurement initiative ("ORYX vendor" – eCQMs for hospitals)

There are also other HHS rulemakings encouraging the use of certified health IT or proposing required alignment with adopted standards. These rulemakings are mentioned in more detail in the 2015 Edition final rule.

Transparency Requirements – Part 1

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ONC-ACBs must ensure health IT developers conspicuously disclose in plain language on their website, in all marketing materials, communication statements, and other assertions related to certified heath IT:

- ❑ Additional types of costs users may incur to implement or use health IT for any purpose within the scope of its certification (not just for achieving MU objectives)
- ❑ Limitations (including contractual, technical, or other limitations) that are likely to limit a user's ability to implement or use health IT for any purpose within the scope of its certification

Transparency Requirements – Part 2

Health IT developers will be required to:

- ❑ Provide a hyperlink for all disclosures, which will be published via ONC's CHPL
- ❑ Make a "transparency attestation" indicating whether or not they will provide the required information (prior slide) to other persons and organizations (e.g., customers, prospective customers, and associations representing consumers or providers) upon request

"Open Data" Certified Health IT Products List (CHPL)

- Converting the CHPL to an open data file to make the reported product data (e.g., test results) more accessible for product analysis
- Require that ONC-Authorized Certification Bodies (ONC-ACBs) report an expanded set of information about health IT products for increased product transparency

Improve the Reliability and Transparency of Certified Health IT

Privacy and Security Certification Framework

- A Health IT Module will need to meet applicable privacy and security certification criteria, which is based on the other capabilities included in the Health IT Module

- Removes the responsibility from the provider to ensure that they possess technology certified to all the necessary privacy and security criteria

Ensure Privacy and Security Capabilities

Privacy and Security Certification Framework

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Final 2015 Edition Privacy and Security Certification Framework		
If the Health IT Module includes capabilities for certification listed under:	It will need to be certified to approach 1 or approach 2 for each of the P&S certification criteria listed in the "approach 1" column	
	Approach 1	**Approach 2**
§ 170.315(a)	§ 170.315(d)(1) (authentication, access control, and authorization), (d)(2) (auditable events and tamper resistance), (d)(3) (audit reports), (d)(4) (amendments), (d)(5) (automatic log-off), (d)(6) (emergency access), and (d)(7) (end-user device encryption)	For each applicable P&S certification criterion not certified for approach 1, the health IT developer may certify for the criterion using system documentation sufficiently detailed to enable integration with external services necessary to meet the criterion.
§ 170.315(b)	§ 170.315(d)(1) through (d)(3) and (d)(5) through (d)(8) (integrity)	
§ 170.315(c)	§ 170.315(d)(1) through (d)(3) and (d)(5)*	
§ 170.315(e)(1)	§ 170.315(d)(1) through (d)(3), (d)(5), (d)(7), and (d)(9)(trusted connection)*	
§ 170.315(e)(2) and (3)	§ 170.315(d)(1) through (d)(3), (d)(5), and (d)(9)*	
§ 170.315(f)	§ 170.315(d)(1) through (d)(3) and (d)(7)	
§ 170.315(g)(7), (8) and (9)*	§ 170.315(d)(1) and (d)(9); and (d)(2) or (d)(10) (auditing actions on health information)*	
§ 170.315(h)	§ 170.315(d)(1) through (d)(3)	
***Emphasis added to identify additions to the framework as compared to the Proposed Rule.**		

Ensure Privacy and Security Capabilities

Surveillance of Certified Health IT

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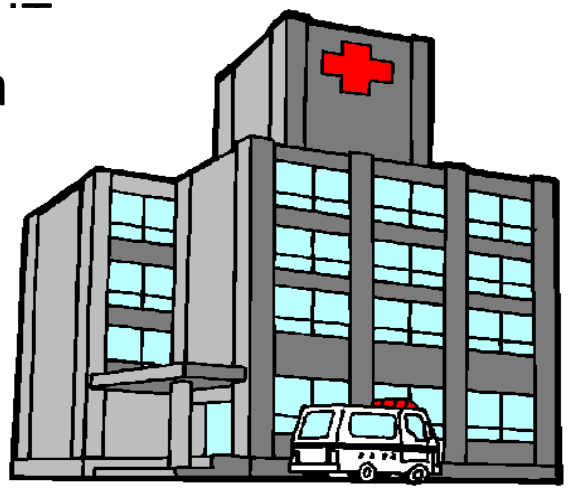
- New requirements for "in-the-field" surveillance under the ONC Health IT Certification Program
- ONC-ACBs should ensure that certified Health IT Modules can perform certified capabilities in a production environment (when implemented and used)
  - ❑ Reactive surveillance (e.g., complaints)
  - ❑ Randomized surveillance
    (2% of annually certified health IT at one or more location)
- Enhanced surveillance of <u>mandatory transparency requirements</u>
- Non-conformity and corrective action reported to the CHPL beginning in CY 2016



Improve the Reliability and Transparency of Certified Health IT

Improve Patient Safety

2015 Edition: Comparison to the Proposed Rule and to the 2014 Edition

Standards Adoption

New and updated vocabulary, content, and transport standards for the structured recording and exchange of health information

- 2015 Base EHR Definition
- Common Clinical Data Set
- Other uses are supported, for example:
  - ❑ Public Health
  - ❑ Social, Psychological, and Behavioral Health

Improve Interoperability

2015 Edition Base EHR Definition

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- Focuses, at a minimum, on the functionalities that all users of certified Health IT should possess
- Ensures that the minimum functionalities required by the HITECH Act remain in the Base EHR Definition
- Reminder: The requirements can be met using a combination of certified Health IT Modules

Facilitate Data Access and Exchange

Improve Patient Safety

2015 Base EHR Definition

* Red - New to the Base EHR Definition as compared to the 2014 Edition

** Privacy and security removed – now attached to the applicable certification criteria

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Base EHR Capabilities	Certification Criteria
Includes patient demographic and clinical health information, such as medical history and problem lists	Demographics § 170.315(a)(5) Problem List § 170.315(a)(6) Medication List § 170.315(a)(7) Medication Allergy List § 170.315(a)(8) Smoking Status § 170.315(a)(11) Implantable Device List § 170.315(a)(14)
Capacity to provide clinical decision support	Clinical Decision Support § 170.315(a)(9)
Capacity to support physician order entry	Computerized Provider Order Entry (medications, laboratory, or diagnostic imaging) § 170.315(a)(1), (2) or (3)
Capacity to capture and query information relevant to health care quality	Clinical Quality Measures – Record and Export § 170.315(c)(1)
Capacity to exchange electronic health information with, and integrate such information from other sources	Transitions of Care § 170.315(b)(1) Data Export § 170.315(b)(6) Application Access – Patient Selection § 170.315(g)(7) Application Access – Data Category Request § 170.315(g)(8) Application Access – All Data Request § 170.315(g)(9) Direct Project § 170.315(h)(1) or Direct Project, Edge Protocol, and XDR/XDM § 170.315(h)(2)

Common Clinical Data Set

- Renamed the "Common MU Data Set." This does not impact 2014 Edition certification.
- Includes key health data that should be accessible and available for exchange.
- Data must conform with specified vocabulary standards and code sets, as applicable.

Patient name	Lab tests
Sex	Lab values/results
Date of birth	Vital signs (changed from proposed rule)
Race	Procedures
Ethnicity	Care team members
Preferred language	Immunizations
Problems	Unique device identifiers for implantable devices
Smoking Status	Assessment and plan of treatment
Medications	Goals
Medication allergies	Health concerns

ONC Interoperability Roadmap Goal

2015-2017

Send, receive, find and use priority data domains to improve health and health quality

Red = New data added to data set (+ standards for immunizations)
Blue = Only new standards for data

2015 Edition:
A Numbers Overview

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The 2015 Edition:
68 Proposed Certification Criteria **(including CQM reporting criterion from IPPS rule)** **and** **6 "Additional" Certification Criteria in the Final Rule** • The number of criteria is reflective of flexibility and optionality. • In response to stakeholder feedback, we have and continue to split capabilities out into separate criteria instead of including all the capabilities in a single criterion. For example, see CPOE criteria (formerly 1 criterion; now 3 criteria) and the API and associated privacy and security criteria (formerly 1 criterion; now 5 criteria).
60 Adopted Certification Criteria
14 Proposed Criteria were Not Adopted
2015 Edition as Compared to the 2014 Edition:
16 Unchanged Criteria **(gap certification eligible)**
25 Revised Criteria
19 New Criteria

Key for Following Tables/Slides

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The tables on the following slides focus on comparing the adopted 2015 Edition certification criteria with the proposed 2015 Edition certification criteria. The tables also provide two other relevant points of information:

1. They identify whether the adopted 2015 Edition certification criterion is associated with the EHR Incentive Programs (meaningful use/MU) or solely supports other settings and use cases.
2. They compare the adopted 2015 Edition certification criteria to the 2014 Edition certification criteria on the basis of whether the 2015 Edition certification are unchanged, revised, or new compared to the 2014 Edition. This comparison is accomplished by categorizing the 2015 Edition certification criteria into sections based on whether they are unchanged, revised, or new. These three categories are identified by headings at the top of each slide/table. For reference, the meaning and relevance of unchanged, revised, and new are as follows:

   "Unchanged" certification criteria are those that include the same capabilities as compared to prior certification criteria of adopted editions; and to which a Health IT Module presented for certification to the 2015 Edition could have been previously certified to all of the included capabilities.

   "Revised" certification criteria are those that include within them capabilities referenced in a previously adopted edition of certification criteria as well as changed or additional new capabilities; and to which a Health IT Module presented for certification to the 2015 Edition could not have been previously certified to all of the included capabilities.

   "New" certification criteria are those that as a whole only include capabilities never referenced in previously adopted certification criteria editions and to which a Health IT Module presented for certification to the 2015 Edition could have never previously been certified. As a counter example, the splitting of a 2014 Edition certification criterion into two criteria as part of the 2015 Edition will not make those certification criteria "new" for the purposes of a gap certification eligibility analysis.

   Of importance, "unchanged" criteria are eligible for gap certification. This means that the certification of a Health IT Module to an "unchanged" 2015 Edition criterion can be done using the test results from the certification of the Health IT Module to the 2014 Edition version of the criterion. This creates efficiencies and substantially reduces burden.

Not Adopted Certification Criteria

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1 Not Adopted Criterion Associated with the EHR Incentive Programs
Family Health History – Pedigree
13 Not Adopted Criteria for Other Settings and Use Cases
Vital Signs
Image Results
Patient List Creation
eMAR
Decision Support – Knowledge Artifact
Decision Support – Service
Incorporate Lab Tests and Values/Results
Transmission of Laboratory Test Reports
Accessibility Technology
SOAP Transport
Healthcare Provider Directory – Query Request
Healthcare Provider Directory – Query Response
Electronic Submission of Medical Documentation
Requested Comment; Not Adopted
Work and Industry Occupation Data
U.S. Uniformed/Military Service Data
Pharmacogenomics Data

Unchanged Criteria

As Compared to the 2014 Edition; and Compared to the Proposed Rule

Unchanged Criteria Associated with the EHR Incentive Programs (15)	
CPOE – Medications	Different than proposed - Adopted with additional optional "reason for order" field
CPOE – Laboratory	Different than proposed • Adopted with additional optional "reason for order" field • Did not adopt CLIA requirements; and LOI + eDOS standards • We still strongly support lab interoperability (e.g., we will focus efforts on piloting standards)
CPOE – Diagnostic Imaging	Different than proposed - Adopted with additional optional "reason for order" field
Drug-drug, Drug-allergy Interaction Checks for CPOE	Different than proposed – Did not adopt "user response documentation" proposal
Medication List	Adopted as proposed
Medication Allergy List	Adopted as proposed
Drug-formulary and Preferred Drug List Checks	Different than proposed • Did not adopt the proposed NCPDP Formulary and Benefit standard • We will continue to support efforts to coalesce around a real-time standard
Smoking Status	Different than proposed - Adopted as functional (no standard)

Unchanged Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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Unchanged Criteria Associated with the EHR Incentive Programs (15)	
Authentication, Access Control, Authorization	Different than proposed – Replaced the term "person" with "user"
Audit Report(s)	Adopted as proposed
Amendments	Adopted as proposed
Automatic Access Time-Out	Adopted as proposed
Emergency Access	Adopted as proposed
End-User Device Encryption	Adopted as proposed
Transmission to Public Health Agencies – Reportable Lab Tests and Values/Results	Different than proposed - Did not adopt proposed standard; rather, adopted the 2014 Edition standards
Unchanged Criterion that Supports Other Settings and Use Cases (1)	
Accounting of Disclosures	Adopted as proposed

Improve Interoperability

Ensure Privacy and Security Capabilities

Revised Criteria

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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Revised Criteria Associated with the EHR Incentive Programs (25)	
Demographics	Different than proposed - Added sexual orientation and gender identity data
Problem List	Adopted as proposed - Potential attestation for prior certified products
Clinical Decision Support	Different than proposed • Removed lab tests and Values/results references from CDS configuration • Did not adopt "user response documentation" proposal • Did not include preferred language for identifying reference information • Reordered the regulation text to align with testing (non-substantive change)
Family Health History	Adopted as proposed - Potential attestation for prior certified products
Patient-Specific Education Resources	Different than proposed - Do not require preferred language (adopted as optional)
Transitions of Care	Different than proposed • Adopted updated C-CDA Release 2.1 standard with only CCD, Referral Note, and (for inpatient setting only) Discharge Summary templates • Health IT must receive (not create) and validate both C-CDA Release 1.1 and 2.1 documents for interoperability • More specific requirements for C-CDA section display to improve clinical relevance of displayed data • Adopted patient match data for creation of C-CDA documents with standards

Improve Interoperability

Facilitate Data Access and Exchange

Revised Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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Revised Criteria Associated with the EHR Incentive Programs (25)	
Clinical Information Reconciliation and Incorporation	Different than proposed • Updated to C-CDA Release 2.1 standard and 3 templates • Create a CCD based on the data reconciled and incorporated
ePrescribing	Different than proposed • Did not adopt structured Sig • Added field for "reason for prescription" using ICD-10 • Clarified "all oral liquid medications" in only metric (mL)
Data Export	Different than proposed • Changed name of criterion from "data portability" • Updated to C-CDA Release 2.1 standard and 3 templates • Clarified configuration requirements, including not adopting the 3-year look back period
CQMs – Record and Export	Different than proposed - Adopted newer QRDA I standard, Release 3
CQMs – Import and Calculate	Different than proposed - Adopted newer QRDA I standard, Release 3
CQMs – Report	Different than proposed ***(proposed in FY2016 IPPS proposed rule, but finalized in this final rule)*** • Adopted with newer QRDA I standard, Release 3 • QRDA III DSTU Release 1 with September 2014 Errata

Improve Interoperability

Facilitate Data Access and Exchange

Revised Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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Revised Criteria Associated with the EHR Incentive Programs (25)	
Auditable Events and Tamper-Resistance	Different than proposed ***(proposed as unchanged)*** - Revised to require auditing of user privileges
Integrity	Different than proposed ***(proposed as unchanged)*** - Revised to SHA-2
View, Download, and Transmit to 3rd Party	Different than proposed • Updated to C-CDA Release 2.1 standard and only CCD template • Adopted two ways for transmitting patient health information (email and another encrypted method, which could be Direct) • Removed API – providers have it via the 2015 Edition Base EHR definition • Adopted date and time filtering capabilities similar to "Data Export" criterion
Secure Messaging	Different than proposed • Embedded security requirements are now part of the overall P&S framework • Require SHA-2 as the minimum standard for creating hashes
Transmission to Immunization Registries	Different than proposed - Adopted with a newer version of the proposed standard
Transmission to PHA – Syndromic Surveillance	Different than proposed • Adopted a newer version of the standard and addendum • No certification for the ambulatory setting
Transmission to Cancer Registries	Different than proposed - Adopted with a newer version of the proposed standard

Improve Interoperability

Facilitate Data Access and Exchange

Revised Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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Revised Criteria Associated with the EHR Incentive Programs (25)	
Automated Numerator Recording	Adopted as proposed
Automated Measure Calculation	Adopted as proposed
Safety-enhanced Design	Different than proposed • Added only demographics, problem list, and IDL; removed eMAR • Adopted with a minimum test participant threshold (10) • Alternative user satisfaction measurement may be permitted
Quality Management System	Adopted as proposed – Clarified the requirement is the identification of the QMS
Direct Project	Different than proposed ***(proposed as unchanged)*** • Adopted the updated Applicability Statement (primary Direct protocol) • Require use of the Direct delivery notification specification • Required to send/receive messages in "wrapped" format
Direct Project, Edge Protocol, and XDR/XDM	Different than proposed ***(proposed as unchanged)*** • Adopted the updated Applicability Statement (primary Direct protocol) • Require use of the Direct delivery notification specification • Required to send/receive messages in "wrapped" format • Must support both the XDS Metadata profiles (Limited and Full)

Improve Interoperability

Facilitate Data Access and Exchange

New Criteria

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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New Criteria Associated with the EHR Incentive Programs (12)	
Application Access – Patient Selection Application Access – Data Category Request Application Access – All Data Request	Different than proposed (proposed as 1; now 5 criteria with 3 focused on API) • A standards-based approach is intended for the next appropriate rulemaking • Updated to C-CDA Release 2.1 standard and only CCD template • Adopted date and time filtering capabilities similar to "Data Export" criterion • Removed requirements that the API must include a means for requesting application to register with the data source (will not meet end goal) • Removed XML or JSON requirement, but require computable format • Security requirements – see below
Trusted Connection	***Not proposed - new criterion*** (1 of 5 criteria) • Pulled security requirement out of the proposed API criterion and made it part of the P&S certification framework to apply back to the API criteria • Requires establishment of a trusted connection at either the message-level or transport-level using specified encryption and hashing standards
Auditing Actions on Health Information	***Not proposed - new criterion*** (1 of 5 criteria) • Pulled the security requirement out of the proposed API criterion and made it part of the P&S certification framework to apply back to the API criteria • Similar to the audit criterion (170.315(d)(2)), but without recording of audit log or encryption status (locally stored on end-user devices)

Improve Interoperability

Facilitate Data Access and Exchange

New Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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New Criteria Associated with the EHR Incentive Programs (12)	
Implantable Device List	Different than proposed • Added "Distinct Identification Code" to the identifiers for parsing • Revised and expanded the attributes for association with a UDI to comprise key identifying and patient safety-related data about implantable devices • Provided flexibility for developers utilizing the FDA and NLM's GUDID web services to use the SNOMED CT® terminology in lieu of GMDN • Clarified display requirements for allowing users to "change" the active UDIs in a patient's list of implantable devices
Patient Health Information Capture	Different than proposed • Combined capabilities to be "enable a user to identify, record, and access information directly and electronically shared by a patient…." • Clarified that the criterion *supports* the Stage 3 associated measure, but the goal was to set a foundation for accepting information directly from patients
Transmission to PHA – Case Reporting	Different than proposed • No content standard required • Focuses on trigger codes, patient match, and data ("ToC" data + trigger)
Transmission to PHA – Antimicrobial Use and Resistance Reporting	Adopted as proposed

Improve Interoperability

Facilitate Data Access and Exchange

New Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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New Criteria Associated with the EHR Incentive Programs (12)	
Transmission to Public Health Agencies – Health Care Surveys	Adopted as proposed and clarified that the implementation guide consist of three surveys: National Hospital Care Survey, National Ambulatory Medical Care Survey, and National Hospital Ambulatory Medical Care Survey
Accessibility-centered Design	Adopted as proposed
Consolidated CDA Creation Performance	Different than proposed • C-CDA Release 2.1 and applicable templates, depending on presented health IT • Added "completeness" testing requirement per request for comment
New Criteria that Support Other Settings and Use Cases (7)	
Social, Psychological, and Behavioral Data	Different than proposed - Adopted all proposed measures in one criterion (with LOINC codes), except SO/GI (moved to demographics)
Common Clinical Data Set Summary Record – create	***Not proposed - new criterion based on response to request for comment*** • Same "ToC" C-CDA creation, Common Clinical Data Set (and other data), and patient matching requirements • **No** transport standards requirements
Common Clinical Data Set Summary Record – receive	***Not proposed - new criterion based on response to request for comment*** • Same "ToC" C-CDA receive, Common Clinical Data Set and other data, and validate and display requirements • **No** transport standards requirements

Improve Interoperability

Facilitate Data Access and Exchange

New Criteria - Continued

As Compared to the 2014 Edition; and Compared to the Proposed Rule

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New Criteria that Support Other Settings and Use Cases (7)	
Data Segmentation for Privacy – Send	Different than proposed • Clarified in regulation text that it only applies to document-level tagging • Adopted C-CDA Release 2.1
Data Segmentation for Privacy – Receive	Different than proposed • Clarified in regulation text that it only applies to document-level tagging • Adopted C-CDA Release 2.1
Care Plan	Different than proposed • Adopted C-CDA Release 2.1 standard • Specifically require Health Status Evaluations and Outcomes Section and Interventions Section (V2) for certification based on request for comment
Clinical Quality Measures – Filter	Different than proposed • Adopted QRDA I Release 3 for patient-level; and QRDA III DSTU Release 1 with September 2014 Errata for aggregate-level reports • Health IT must also be able to display the filtered data results in human readable format • Adopted Healthcare Provider Taxonomy (CMS Crosswalk) standard for provider type • Adopted Payment Typology Code Set for patient insurance

Improve Interoperability

Facilitate Data Access and Exchange

Patient Safety Provisions

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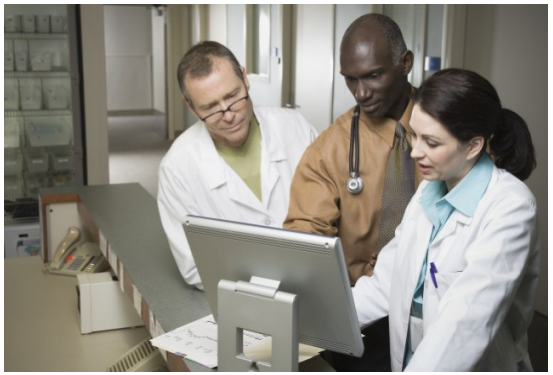
- Patient matching for transitions of care/referral summaries
- Record and exchange Unique Device Identifiers
- Safety-enhanced Design
  - ❑ A conditional certification requirement (depends on the other capabilities in the Health IT Module) for an expanded set of certification criteria compared to the 2014 Edition
  - ❑ Health IT developers must submit specific information about the user-centered design processes used and applied
  - ❑ Minimum 10 test participants for summative testing
- Quality Management System (QMS)
  - ❑ A mandatory requirement for certification of a Health IT Module to the 2015 Edition
  - ❑ Health IT developers must identify the QMS used to develop, test, implement, and maintain capabilities of certified health IT
  - ❑ The identified QMS system must be:
    - Established by the federal government or SDO; or
    - Mapped to one or more QMS established by the federal government or SDO
  - ❑ Attesting that a QMS was not used is no longer permitted



Improve Patient Safety

Addressing Health Disparities

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Certification Criteria Capabilities	What the Capabilities Provide
More granular recording and exchange of patient race and ethnicity	Allows providers to better understand health disparities based on race and ethnicity, and improve patient care and health equity
Record sexual orientation and gender identity	Represents a crucial first step forward to improving care for lesbian, gay, bisexual, and transgender communities
Record social, psychological, and behavioral data (e.g., education level, stress, depression, and alcohol use)	Allows providers and other stakeholders to better understand how this data can affect health, reduce disparities, and improve patient care and health equity
Filtering for clinical quality measures	Filtering on demographics, problem lists and other data, which will assist providers in identify disparities and opportunities for care improvement
Exchange of sensitive health information (data segmentation for privacy)	Allows for the exchange of sensitive health information (e.g., behavioral health, substance abuse, and genetic information), in accordance with federal and state privacy laws, for more coordinated and efficient care
Record and access information directly and electronically shared by a patient	Addresses health disparities in populations that are less likely to execute care planning documents or provide health information to providers
Accessibility of health IT	• Transparency for the accessibility standards used in development • Web content accessibility for the capabilities of the VDT criterion

Reduce Health Disparities

Certification to the 2015 Edition Use Cases (MU & Beyond)

Certification Program Requirements*		2015 Edition Certification Criteria Associated with EHR Incentive Programs Stage 3 (n=38)		2015 Edition Certification Criteria Supporting the Broader Care Continuum (n=8)
2015 Edition Mandatory Certification Criteria (n=2)	2015 Edition Conditional Certification Criteria (n= 12)			
Quality Management System - (g)(4)	Authentication, Access Control, Authorization -(d)(1)	CPOE – Medications - (a)(1)	CQM – Record and Export - (c)(1)	Social, Psychological, and Behavioral Data - (a)(15)
Accessibility-Centered Design - (g)(5)	Auditable Events and Tamper-Resistance - (d)(2)	CPOE – Laboratory - (a)(2)	CQM – Import and Calculate - (c)(2)	DS4P – Send - (b)(7)
	Audit Report(s) - (d)(3)	CPOE Diagnostic Imaging - (a)(3)	CQM – Report - (c)(3)	DS4P – Receive - (b)(8)
	Amendments - (d)(4)	Drug-Drug, Drug-Allergy Interaction Checks for CPOE - (a)(4)	View, Download, and Transmit to 3rd Party - (e)(1)	Care Plan - (b)(9)
	Automatic Access Time-Out - (d)(5)	Demographics - (a)(5)	Secure Messaging - (e)(2)	CQM Filter - (c)(4)
	Emergency Access - (d)(6)	Problem List - (a)(6)	Patient Health Information Capture - (e)(3)	Accounting of Disclosures - (d)(11)
	End-User Device Encryption - (d)(7)	Medication List - (a)(7)	Transmission to Immunization Registries -(f)(1)	Common Clinical Data Set Summary Record – Create -(b)4)
	Integrity - (d)(8)	Medication Allergy List - (a)(8)	Transmission to PHA – Syndromic Surveillance - (f)(2)	Common Clinical Data Set Summary Record – Receive -(b)(5)
	Trusted Connection - (d)(9)	CDS - (a)(9)	Transmission to PHA – Reportable Laboratory Tests and Values/Results - (f)(3)	
	Auditing Actions on Health Information - (d)(10)	Drug-Formulary and Preferred Drug List Checks - (a)(10)	Transmission of Cancer Registries - (f)(4)	
	Safety Enhanced Design - (g)(3)	Smoking Status - (a)(11)	Transmission to PHA – Electronic Case Reporting - (f)(5)	
	Consolidated CDA Creation Performance - (g)(6)	Family Health History - (a)(12)	Transmission to PHA – Antimicrobial Use and Resistance Reporting - (f)(6)	
		Patient-Specific Education Resources - (a)(13)	Transmission to PHA – Health Care Surveys - (f)(7)	
		Implantable Device List - (a)(14)	Automated Numerator Recording - (g)(1) or Automated Measure Calculation - (g)(2)	
		Transitions of Care - (b)(1)	Application Access – Patient Selection - (g)(7)	
		Clinical Information Reconciliation and Incorporation - (b)(2)	Application Access – Data Category Request - (g)(8)	
		Electronic Prescribing - (b)(3)	Application Access – All Data Request -(g)(9)	
		Data Export - (b)(6)	Direct Project - (h)(1)	
			Direct Project, Edge Protocol, and XDR/XDM - (h)(2)	

KEY: Criteria are "new," "unchanged," and "revised" as compared to the 2014 Edition

Black Font/Green Background = new to the 2015 Edition

Red Font/Gray Background = "unchanged" criteria (eligible for gap certification)

Black Font/Gray Background = "revised" criteria

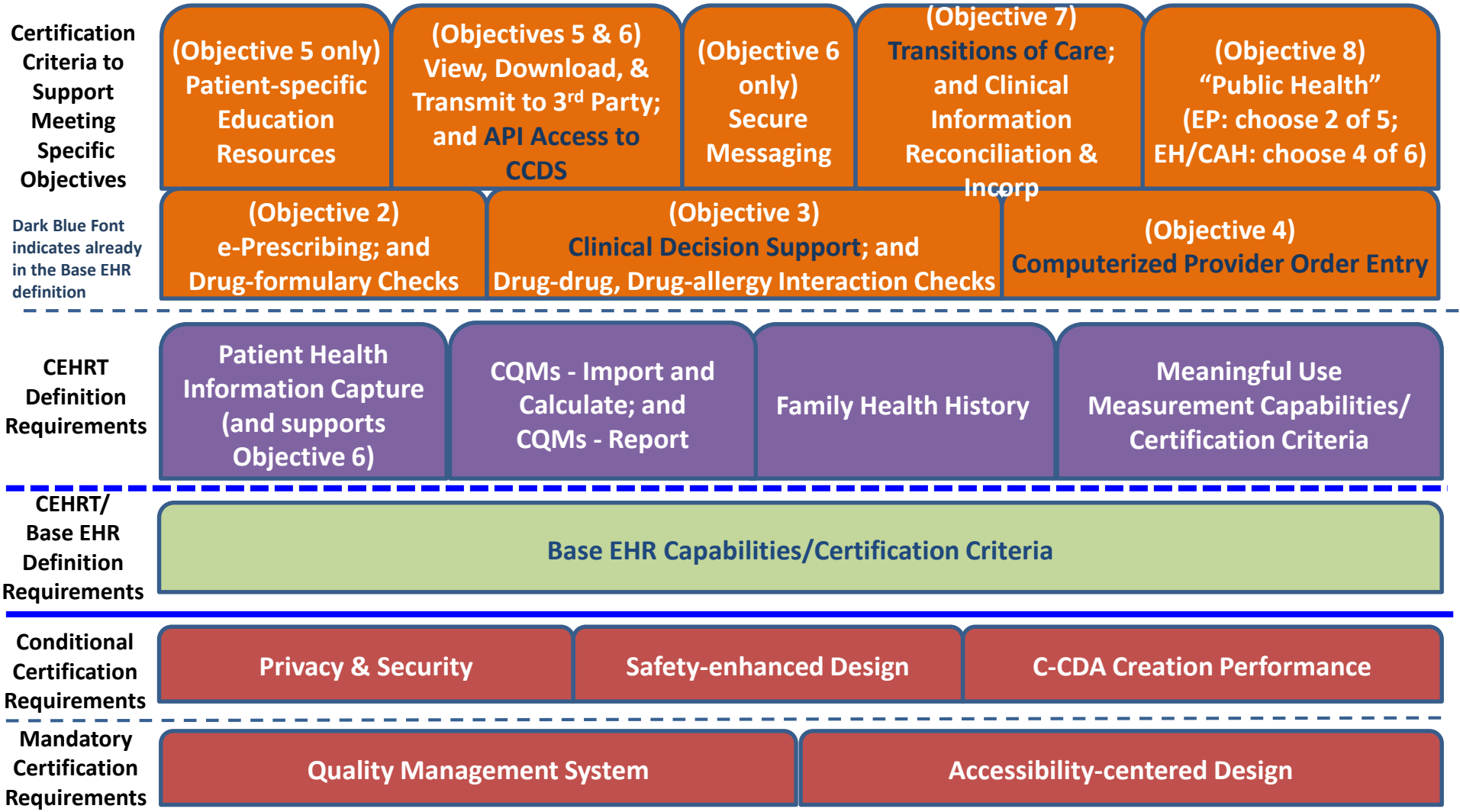
*** These columns identify mandatory and conditional certification requirements (i.e., the application of certain certification criteria to Health IT Modules) that Health IT Modules presented for certification must meet regardless of the setting or program the Health IT Module is designed to support.**

Proposed EHR Incentive Programs
Stage 3 Meaningful Use Objectives

- **Objective 1:** Protect Patient Health Information
- **Objective 2:** Electronic Prescribing
- **Objective 3:** Clinical Decision Support
- **Objective 4:** Computerized Provider Order Entry
- **Objective 5:** Patient Electronic Access to Health Information
- **Objective 6:** Coordination of Care through Patient Engagement
- **Objective 7:** Health Information Exchange
- **Objective 8:** Public Health and Clinical Data Registry Reporting

Certified Health IT Module(s) to Support the EHR Incentive Programs Stage 3

Putting the I in HealthIT
www.HealthIT.gov

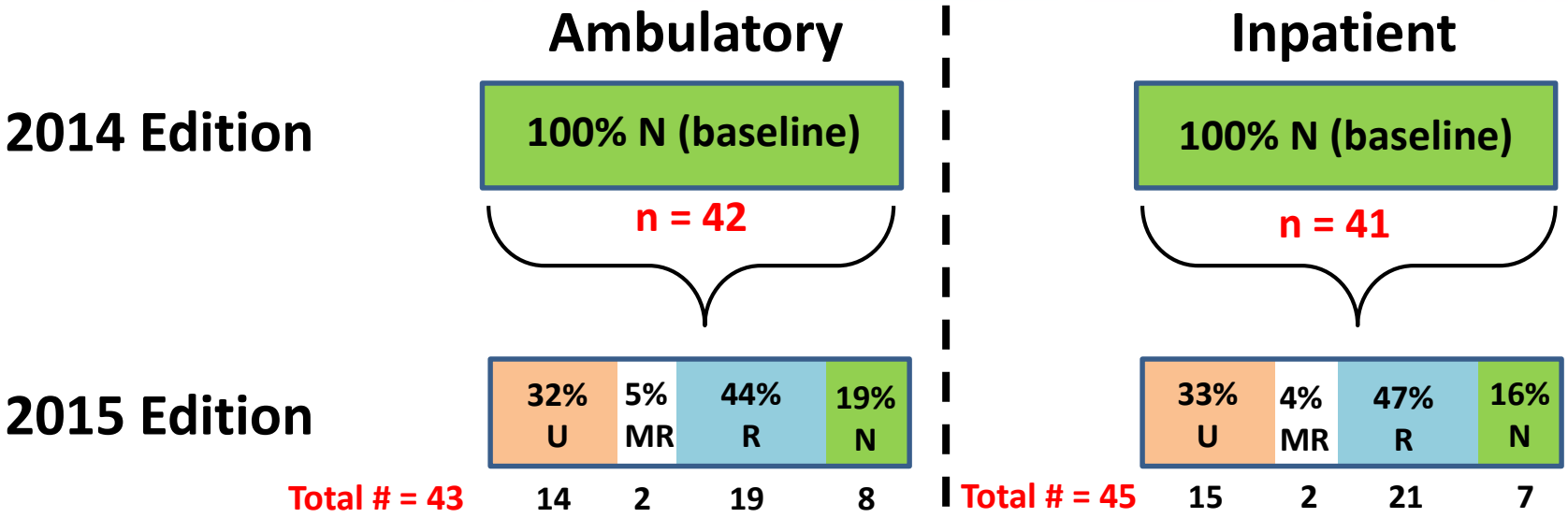


Support Stage 3 of the EHR Incentive Programs

What is Minimally Required for Stage 3 in 2018?

2014 Edition vs. 2015 Edition

Putting the I in HealthIT
www.HealthIT.gov



Bottom Line

- More criteria for certification flexibility (e.g., CPOE and API = 6 criteria).
- 37% of criteria are unchanged or minimally revised for the ambulatory setting.
- 38% of criteria are unchanged or minimally revised for the inpatient setting.
- The total minimum number of criteria needed to participate in Stage 3 is about the same for EPs and slightly more for EHs/CAHs as compared to Stage 2.

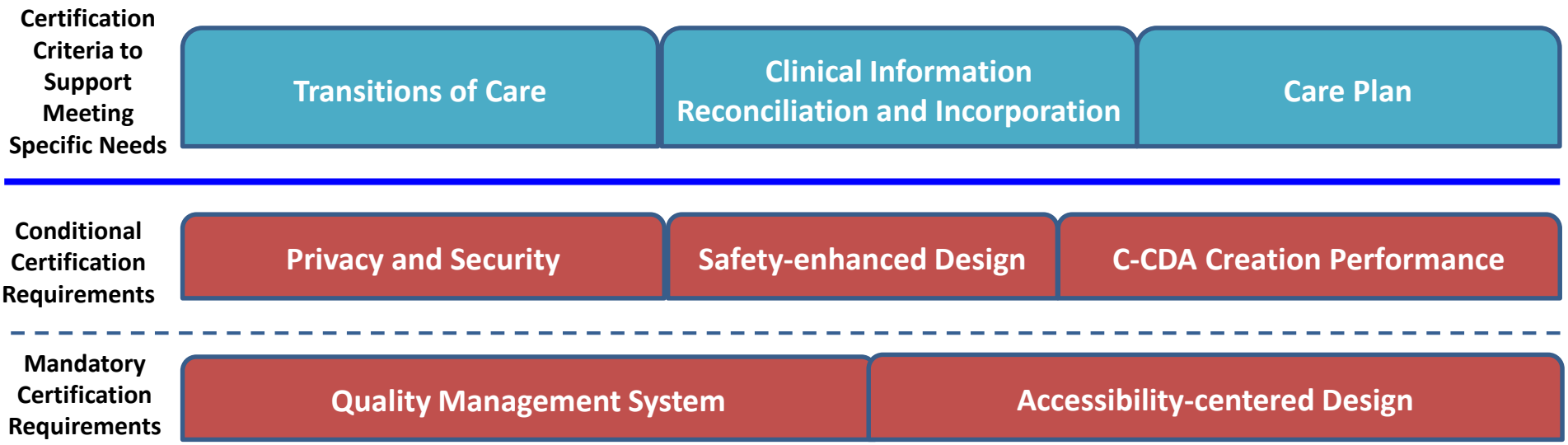
Notes: 1. This analysis does not account for potential exclusions. 2. A mix of health IT certified to the 2014 and 2015 Editions may be used to meet Stage 3 in 2017 as long as it does not prohibit an EP, EH, or CAH from meeting a measure. Please see the CMS "Stage 3 and Modifications" final rule.

U = Unchanged criteria R = Revised N = New
MR = Minimally revised criteria (Problem List and Family Health History)

*Note: For public health criteria, EPs choose 2 of 5 measures and EHs/CAHs choose 4 of 6 measures.

Certified Health IT Module(s) to Support Other Health Care Settings (LTPAC Example)

Long-Term and Post-Acute Care Certification (example only)

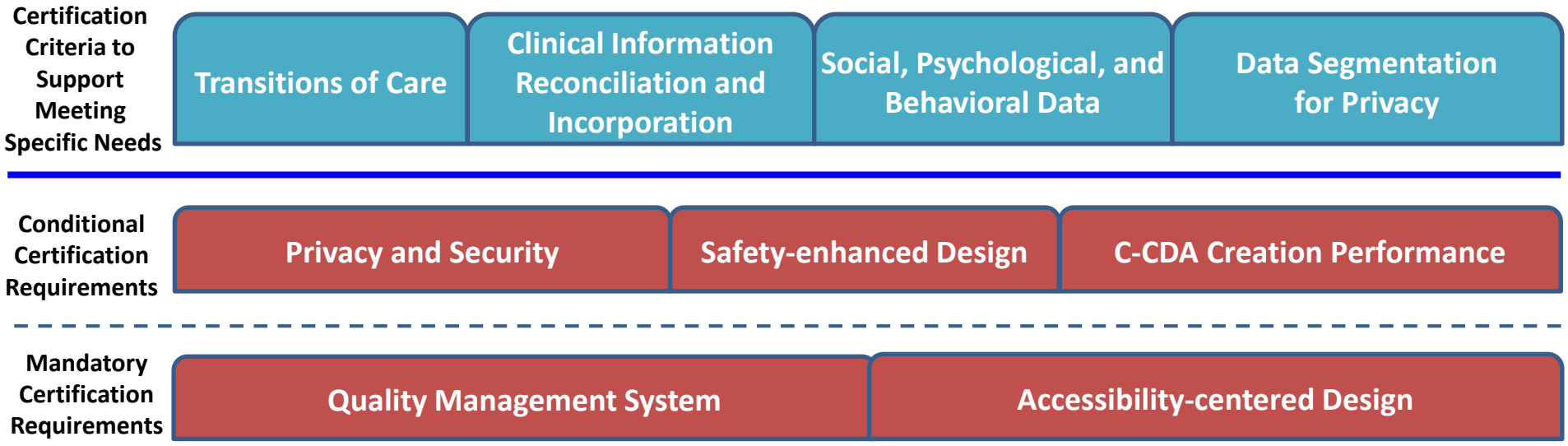


Use of the ONC Health IT Certification Program to Support the Care Continuum

Certified Health IT Module(s) to Support Other Health Care Settings (Behavioral Health Example)

Putting the I in HealthIT
www.HealthIT.gov

Behavioral Health Certification (example only)



Use of the ONC Health IT Certification Program to Support the Care Continuum

Additional Information and Resources

- **2015 Edition Final Rule (pre-publication version)**: https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-certification-criteria-2015-edition-base-electronic
  - The 2015 Edition final rule provisions become **effective on January 14, 2016**, except for § 170.523(m) (adaptations/updates reporting) and (n) (complaints reporting), which are **effective on April 1, 2016**.
  - There is **no** comment period for this final rule.
- **For more information and guidance on the 2015 Edition Final Rule, please visit**: https://www.healthit.gov/policy-researchers-implementers/2015-edition-final-rule
- **2015 Edition Final Rule Test Procedures**: The 2015 Edition final test procedures will be available by the end of October 2015 with a 30-day comment period.
- **ONC Regulations**: https://www.healthit.gov/policy-researchers-implementers/health-it-regulations

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Stephanie Wilson

HOSPITAL INPATIENT QUALITY REPORTING (IQR) PROGRAM UPDATE

Hospital Inpatient Quality Reporting (IQR) Program Update

Stephanie Wilson, MBL

Project Lead, IQR-EHR Alignment (formerly eCQM)
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Education and Outreach Support Contractor (SC)

October 22, 2015

GENERAL UPDATES

Acronyms

- **CMS** Centers for Medicare & Medicaid Services
- **eCQM** electronic Clinical Quality Measure
- **DSTU** Draft Standard for Trial Use
- **EH** Eligible Hospital
- **EHR** Electronic Health Record
- **NQF** National Quality Forum
- **HL7** Health Level Seven
- **ID** Identifier
- **IG** Implementation Guide
- **QDM** Quality Data Model
- **QRDA** Quality Reporting Data Architecture
- **OID** Object Identifier
- **ONC** Office of the National Coordinator

eCQM Submission Deadline

For hospitals that chose to:

- Voluntarily report eCQMs for the Hospital IQR Program
- e-Report eCQM data for the Medicare EHR Incentive Program

The reporting deadline is **November 30, 2015.**

Data must be submitted via the *QualityNet Secure Portal*

eCQM Data Submission Presentation

CMS recently presented a webinar covering steps for successful submission of Quality Reporting Document Architecture (QRDA) 1 files, including:

- How to access the *QualityNet Secure Portal*
- Complete the Intent to Submit and Denominator Declaration screens
- Recognize the steps needed to upload the eCQM data files, verify data submission, and locate help documents for eCQM submission

Handouts and the recording will be available on the Quality Reporting Center at http://www.qualityreportingcenter.com/inpatient/iqr/events.

New Resource for 2015 eCQM Data Submission

- The **2014 Eligible Hospital eCQM Version-Specific IDs Table** will be available soon.
- The table will be listed on the eCQI Resource Center at https://ecqi.healthit.gov/.
- Look for a ListServe announcing the table's exact location in the near future.

2014 ELIGIBLE HOSPITAL ECQM VERSION-SPECIFIC IDS

Overview

- There are many ways to reference eCQMs and each can uniquely refer to a specific eMeasure:
  - CMS identifier
  - NQF number
  - Short name
  - Version-specific identifier
  - Version-neutral identifier
- The HL7 IG ***requires*** and the CMS IG ***reinforces*** that an eMeasure in a QDM-Based QRDA must contain:
  - A reference to the version specific identifier for each eMeasure submitted
    - Represented by the @extension value associated with the externalDocument /id root OID of 2.16.840.1.113883.4.738
- Reference Section 3.24.1 in the June 27, 2014 Errata Update to the HL7 Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture – Category I, DSTU Release 2 for further information

Version Identifiers: Overview

- For each eCQM, there is a:
  - Version-neutral identifier which:
    - Does not change across successive annual revisions to the specification
    - Is easily found in the human-readable form of the specification (i.e., the HTML) by the "GUID" entry
  - Version-specific identifier which:
    - Changes with each updated published version of the specification for the eCQM
    - Is found in the xml version
- Version neutral and version specific identifiers look similar
  - Both are a string of 36 alphanumeric characters
- Version neutral and version specific identifiers differ in how the validation and receiving systems handle them:
  - The version specific ID is required (a SHALL)
    - If missing or incorrect, the file will be in error and will be rejected
  - The version neutral ID is recommended (a SHOULD)
    - If missing, a warning may be generated but it will not cause the file to be rejected

Version Identifiers: QRDA Files

- For the CY 2015 reporting year for hospitals, QRDA files must only contain eCQMs using the April 2014 specifications, otherwise the QRDA file will be rejected.
- Given the importance for the accuracy of this key element in QRDA files, the correct version-specific identifiers are listed in the following tables for reference.

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setId root)	April 2014	
					eMeasure Version	Version Specific (Id root)
9	0480	PC-05	Exclusive Breast Milk Feeding	7d374c6a-3821-4333-a1bc-4531005d77b8	3	40280381-446b-b8c2-0144-95dd0421ce4
26	N/A	HMPC	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	e1cb05e0-97d5-40fc-b456-15c5dbf44309	2	40280381-43db-d64c-0144-2d29b1eb14ef
30	N/A	AMI-10	Statin Prescribed at Discharge	ebfa203e-acc1-4228-906c-855c4bf11310	4	40280381-446b-b8c2-0144-9e27b6eb2897
31	1354	EHDI-1a	Hearing Screening Prior to Hospital Discharge	0924fbae-3fdb-4d0a-aab7-9f354e699fde	3	40280381-43db-d64c-0144-5571970a2685
32	0496	ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	3fd13096-2c8f-40b5-9297-b714e8de9133	4	40280381-43db-d64c-0144-6a8b0a3b30c6
53	0163	AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	84b9d0b5-0caf-4e41-b345-3492a23c2e9f	3	40280381-446b-b8c2-0144-9e0b96c12843
55	0495	ED-1	Median Time from ED Departure for Admitted ED Patients	9a033274-3d9b-11e1-8634-00237d5bf174	3	40280381-43db-d64c-0144-64cb12982d97

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setId root)	April 2014	
					eMeasure Version	Version Specific (Id root)
60	0164	AMI-7a	Fibrinolytic Therapy Received Within 90 Minutes of Hospital Arrival	909cf4b4-7a85-4abf-a1c7-cb597ed1c0b6	3	40280381-446b-b8c2-0144-9e043be8281f
71	0436	STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	03876d69-085b-415c-ae9d-9924171040c2	4	40280381-446b-b8c2-0144-9e682a3b29ae
72	0438	STK-5	Antithrombotic Therapy By End of Hospital Day 2	93f3479f-75d8-4731-9a3f-b7749d8bcd37	3	40280381-446b-b8c2-0144-95dd11681ccc
73	0373	VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	6f069bb2-b3c4-4bf4-adc5-f6dd424a10b7	3	40280381-446b-b8c2-0144-9edbdf9f2cc2
91	0437	STK-4	Thrombolytic Therapy	2838875a-07b5-4bf0-be04-c3eb99f53975	4	40280381-446b-b8c2-0144-95de69f81cf4
100	0142	AMI-2	Aspirin Prescribed at Discharge	bb481284-30dd-4383-928c-82385bbf1b17	3	40280381-446b-b8c2-0144-9dfa522927ed
102	0441	STK-10	Assessed for Rehabilitation	7dc26160-e615-4cc2-879c-75985189ec1a	3	40280381-446b-b8c2-0144-95dd84641cd4

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setId root)	April 2014	
					eMeasure Version	Version Specific (Id root)
104	0435	STK-2	Discharged on Antithrombotic Therapy	42bf391f-38a3-4c0f-9ece-dcd47e9609d9	3	40280381-446b-b8c2-0144-9e6e127929e3
105	0439	STK-6	Discharged on Statin Medication	1f503318-bb8d-4b91-af63-223ae0a2328e	3	40280381-446b-b8c2-0144-9e73dc162a27
107	0440	STK-8	Stroke Education	217fdf0d-3d64-4720-9116-d5e5afa27f2c	3	40280381-446b-b8c2-0144-95de2f641cec
108	0371	VTE-1	Venous Thromboembolism Prophylaxis	38b0b5ec-0163-466f-8fe3-2cd20ddd1622	3	40280381-446b-b8c2-0144-9edba9142cba
109	N/A	VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	bcce43dd-08e3-46c3-bfdd-0b1b472690f0	3	40280381-43db-d64c-0144-65df36c22e97
110	N/A	VTE-5	Venous Thromboembolism Discharge Instructions	7fe69617-fa28-4305-a2b8-ceb6bcd9693d	3	40280381-43db-d64c-0144-6670a0c42f05
111	0497	ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	979f21bd-3f93-4cdd-8273-b23dfe9c0513	3	40280381-43db-d64c-0144-64e3651a2dcc
113	0469	PC-01	Elective Delivery	fd7ca18d-b56d-4bca-af35-71ce36b15246	3	40280381-446b-b8c2-0144-95ddb52a1cdc

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setId root)	April 2014	
					eMeasure Version	Version Specific (Id root)
114	N/A	VTE-6	Incidence of Potentially-Preventable Venous Thromboembolism	32cfc834-843a-4f45-b359-8e158eac4396	3	40280381-43db-d64c-0144-6678b7972f10
171	0527	SCIP-INF-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	d09add1d-30f5-462d-b677-3d17d9ccd664	4	40280381-446b-b8c2-0144-9f324c5b2d25
172	0528	SCIP-INF-2	Prophylactic Antibiotic Selection for Surgical Patients	feea3922-f61f-4b05-98f9-b72a11815f12	4	40280381-446b-b8c2-0144-9edb61c22cb1
178	N/A	SCIP-INF-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero	d78ce034-8288-4012-a31e-7f485a74f2a9	4	40280381-446b-b8c2-0144-9f5f1ff92d7a
185	0716	Healthy Term Newborn	Healthy Term Newborn	ff796fd9-f99d-41fd-b8c2-57d0a59a5d8d	3	40280381-446b-b8c2-0144-9e536719293d
188	0147	PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	8243eae0-bbd7-4107-920b-fc3db04b9584	4	40280381-446b-b8c2-0144-95d106da1cb4
190	0372	VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	Fa91ba68-1e66-4a23-8eb2-baa8e6df2f2f	3	40280381-446b-b8c2-0144-9edb149b2ca8

Resources

QualityNet HelpDesk – Qnetsupport@hcqis.org

- 1.866.288.8912 7 a.m.–7 p.m. CT, Monday through Friday

The JIRA – ONC Project Tracking Website (http://oncprojectracking.org/) is a resource to submit questions for the following:

- Issues identified with eCQM logic
- Reviewing Frequently Asked Questions (FAQs)
- Obtaining clarification on specifications
- Asking questions regarding CQM certification
- Submitting questions and/or comments about the Combined QRDA IG for 2015
- Questions regarding the EHR Incentive Program

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 at: www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register

Thank You!

- **Stephanie Wilson – IQR eCQM Program Support**
  - 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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QUESTIONS?