

September eHealth Vendor Workgroup

September 11, 2014
12:00 PM ET

Agenda

Top 5 eCQM Submission Errors for Hospital QRDA Category-I Files

National Health IT Week

CMS 2014 CEHRT Flexibility Rule

ONC 2014 Edition Release 2 Rule



Top 5 eCQM Submission Errors for Hospital QRDA Category-I Files



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Objectives

- To provide education about electronically specified Clinical Quality Measures (eCQM) to submitters/vendors on the most common errors that are causing the eCQM test files to be rejected upon submission
- To provide examples to help submitters/vendors correct their files for resubmission

List of Top 5 eCQM Submission Errors

- 1) The document does not conform to QRDA document formats accepted by CMS
- 2) CMS Certification Number (CCN) cannot be validated
- 3) The CCN is not present
- 4) CCN has a NULL value entered
- 5) Admission and Discharge times are not precise to the seconds

Most Common File Submission Error Message

ERROR: The document does not conform to QRDA document formats accepted by CMS

- File doesn't match the QRDA Cat 1 R2 schema (e.g., file submitted could be IQR xml., PDF, Word or Excel file, photo, etc.)
- Only acceptable file formats are .xml and .zip files

Sample 2014 EH QRDA Cat I files can be obtained from the eCQM Library on the CMS website, under the QRDA Information header

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

2nd Most Common File Submission Error

ERROR: CMS Certification Number (CCN) cannot be validated

➤ Possible Causes of Error:

CCN passes internal Schematron format check but the value does not appear in the HQR list of valid CCNs.

Would receive this message if the CCN is NULL

➤ Acceptable for Vendors to use a fixed CCN value of “**800890**” for test submissions when no hospital is associated with a submitted QRDA document

CCN Example for Test File Submission

```
<custodian>
  <assignedCustodian>
    <representedCustodianOrganization>
      <!--Submitters' CCN -->
      <id root="2.16.840.1.113883.4.336" extension="800890"/>
      ....
    </representedCustodianOrganization>
  </assignedCustodian>
</ custodian>
```

Reference: *“Hospital Quality Reporting (HQR) Quality Reporting Document Architecture Category I Release 2, Supplementary Implementation Guide, Version 2.2, 4/21/14, p. 9 “*

3rd and 4th Most Common File Submission Error

ERROR: This SHALL contain exactly one [1..1] Facility CMS Certification Number

- CCN is a required element for HQR Only
- Hospital CCN is the represented CustodianOrganization id/@root(="2.16.840.1.113883.4.336") coupled with the id/@extension
- For more information, see the CMS HQR QRDA Category Release 2 Supplementary Implementation Guide (IG), Version 2.2, dated 04/21/2014, pg. 9, Section 5.3 located on the CMS eCQM Library page
- A system change will be applied to the current operational system that if the CCN is not present in the QRDA custodian section it will look for the CCN in the ServiceEvent section

5th Most Common File Submission Error

ERROR: Admission and Discharge times captured in the Encounter Performed section are not precise to the seconds

Admission and Discharge Time Code Example

```
<encounter ... >
```

```
...
```

```
<!-- Encounter performed template -->
```

```
<templated root="2.16.840.1.113883.10.20.24.3.23" />
```

```
...
```

```
    <statusCode code="completed" />
```

```
    <!-- Length of Stay -->
```

```
    <effectiveTime>
```

```
        <!-- Attribute: admission datetime -->
```

```
        <low value="20140329090000" />
```

```
        <!-- Attribute: discharge datetime -->
```

```
        <high value="20140329103000" />
```

```
    </effectiveTime>
```

```
...
```

```
</encounter>
```

Resources – CMS eCQM Library

- The 2014 CMS QRDA Implementation Guide for Eligible Hospital Clinical Quality Measures — Hospital Quality Reporting (HQR) Quality Reporting Document Architecture Category I, Release 2, Supplementary Implementation Guide, Version 2.2 (4/21/2014)
- The 2014 CMS QRDA I Implementation Guides for Eligible Professionals Clinical Quality Measures — CMS Eligible Professional Programs Quality Reporting Document Architecture Category I, DSTU Release 2, Supplementary Implementation Guide for 2014, Version 4.0 (4/18/2014)
- The 2014 CMS QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures — CMS Eligible Professional Programs Quality Reporting Document Architecture Category III, Release 1, Implementation Guide for 2014, Version 2.0 (4/18/2014).
- CMS Implementation Guide for Quality Reporting Document Architecture (QRDA) Category I and Category III Eligible Professional Programs and Hospital Quality Reporting (HQR) Version 1.0 07/29/14 – **Effective 2015 - Available on the CMS Website – accessible on the JIRA Website for Comment and feedback**

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Resources – Contacts

The JIRA – ONC Project Tracking website is a resource to submit questions for the following:

- issues identified with eCQM logic;
- review FAQs;
- obtain clarification on specifications;
- ask questions regarding CQM certification;
- submit questions and/or comments about the Combined QRDA Implementation Guide for 2015;
- questions regarding the EHR Incentive Program.

<http://oncprojecttracking.org/>

General questions about submitting test and production files:

- QualityNet HelpDesk - Qnetsupport@hcqis.org
- 1.866.288.8912 7 a.m.-7 p.m. CT Monday through Friday

NATIONAL HEALTH IT WEEK

National Health IT Week

- National Health IT Week is September 15-19
- We will commemorate the week with events and new resources
- Join the conversation and search for tweets with the hashtags #NHITWeek and #CMSeHealth

Health IT Week Activities

Monday, September 15: CMS-AAPC ICD-10 Code-a-thon

- 1:00-4:45 PM ET

Tuesday, September 16: CMS-ONC Recent Regulatory Updates

- Time: 2:30 PM ET

Wednesday, September 17: Streamlining Your Practice with Administrative Simplification Webinar

- 12:00-1:30 PM ET

Thursday, September 18: eCQM 101 Webinar

- 12:00-1:30 PM ET

To register, sign up for the eHealth listserv or visit: www.cms.gov/eHealth/events.html

2014 CEHRT Final Rule Overview



CMS 2014 CEHRT Flexibility Rule Overview

- » CMS published final rule on August 29
- » Effective October 1
- » Rule provisions:
 - Allows providers to meet meaningful use with EHRs certified to the 2011 or the 2014 Edition criteria, or a combination of both Editions for an EHR Reporting Period in 2014
 - Requires providers to report using 2014 Edition CEHRT for EHR Reporting Period in 2015
 - Extends Stage 2 through 2016

Stage 2 Extension

Rule extends Stage 2 through 2016

Earliest a provider can begin Stage 3 is now 2017

Benefits of this extension include:

- Ensures that CMS has enough data to inform Stage 3 policy
- Allows providers who first attested to meaningful use in 2011 or 2012 to remain in Stage 2 for an additional year
- Affords providers and technology developers with additional time to prepare for Stage 3

2014 CEHRT Flexibility

- Flexibility only available to providers who are **unable to fully implement** 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability
- First-year Medicaid participants must use 2014 Edition CEHRT in order to receive a payment for adopt, implement, or upgrade for 2014 participation

2014 Flexibility Options: Stage 1

Options for providers scheduled to meet Stage 1 in 2014

2011 CEHRT

- 2013 Stage 1 objectives and 2013 CQMs

2011 & 2014 CEHRT

- 2013 Stage 1 objectives and 2013 CQMs; **or**
- 2014 Stage 1 objectives and 2014 CQMs

2014 CEHRT

- 2014 Stage 1 objectives and 2014 CQMs

2014 Flexibility Options: Stage 2

Options for providers scheduled to meet Stage 2 in 2014

2011 CEHRT

- 2013 Stage 1 objectives and 2013 CQMs

2011 & 2014 CEHRT

- 2013 Stage 1 objectives and 2013 CQMs; **or**
- 2014 Stage 1 objectives and 2014 CQMs; **or**
- 2014 Stage 2 objectives and 2014 CQMs

2014 CEHRT

- 2014 Stage 2 objectives and 2014 CQMs; **or**
- 2014 Stage 1 objectives and 2014 CQMs

Attestation System Updates

- Attestation System will make options clear
- Enter EHR product information into CHPL to identify Edition of CEHRT and obtain a unique certification ID
 - Entering that ID into Attestation System will show provider which options they have for 2014
- New Attestation User Guide will be available soon

For CHPL, go to: <http://oncchpl.force.com/ehrcert?q=chpl>

Addressing Public Comments: Attesting

- Attestation Timing Options
 - Attest at any time after reporting period ends- up until 2 months after end of fiscal/calendar year
 - Ex: Providers can attest to Q1 data after Attestation System updates with flexibility options in mid-October

Addressing Public Comments: Payment Adjustments

- Payment adjustments set by HITECH Act
- To avoid 2016 payment adjustment, Medicare eligible professionals should:
 - Demonstrate meaningful use during an EHR reporting period in 2014 and attest by: **February 28, 2015**
 - OR**
 - Apply to CMS for hardship exception by: **July 1, 2015**
 - *Hospitals subtract 3 months for corresponding deadlines*

Addressing Public Comments: Hardship Exceptions

- ❑ **Applying:** EPs, eligible hospitals, and CAHs must apply for hardship exceptions to avoid the payment adjustments.
- ❑ **Granting Exceptions:** Hardship exceptions will be granted only if CMS determines that providers have demonstrated that those circumstances pose a significant barrier to their achieving meaningful use.
- ❑ **Deadlines:** Applications need to be submitted **no later than April 1 for hospitals**, and **July 1 for EPs** of the year before the payment adjustment year; however, CMS encourages earlier submission

For More Info: Details available on EHR website : www.cms.gov/EHRIncentivePrograms

Addressing Public Comments: Reporting

- Flexibility does **not** allow for objectives and measures to be mixed and matched
- CQMs **cannot** be separated from meaningful use objectives and measures
 - Allowed to use updated specifications

CEHRT Rule Resources

- » [CEHRT Interactive Decision Tool](#) – providers answer a few questions about their current stage of meaningful use and Edition of EHR certification, and the tool displays the corresponding 2014 options.
- » [2014 CEHRT Flexibility Chart](#) – chart provides a visual overview of CEHRT participation options for 2014.
- » [2014 CEHRT Rule Quick Guide](#) – guide provides corresponding resources based on the option a provider chooses for 2014 EHR Incentive Programs participation.

These resources are all available on the Educational Resources webpage:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html>

ONC 2014 Edition Release 2 Rule

Michael Lipinski, ONC

Additional Resources

- ❑ EHR Incentive Programs Website
 - <http://www.cms.gov/EHRIncentivePrograms/>

- ❑ EHR Incentive Program Information Center
 - 888-734-6433, TTY: 888-734-656

- ❑ General Info on CQMs
 - <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

QUESTIONS?