

# Qualification Criteria for Electronic Health Record (EHR) Direct Vendors for the 2013 PHYSICIAN QUALITY REPORTING SYSTEM

## Background

The Physician Quality Reporting System was initially implemented in 2007. Quality-data codes were submitted through claims and were collected and analyzed. In 2008 and 2009, CMS tested the submission of clinical quality data submitted from EHR vendors. For the 2010 PQRS program year, CMS began accepting submission of clinical quality data extracted from CMS “qualified” EHRs. This 2010 data was submitted in February and March of 2011. The 2012 Medicare Physician Fee Schedule (PFS) final rule continues to allow submission of clinical quality data extracted from CMS “qualified” EHRs.

This document describes the requirements for EHR Direct Vendors including important deadlines for qualification. Please note that participation in Physician Quality Reporting System Medicare EHR Incentive Pilot requires the use of an EHR product that is certified by the Office of the National Coordinator (ONC). If you are attempting to have your system be able to participate in the Physician Quality Reporting System and the Physician Quality Reporting System Medicare EHR Incentive Pilot for eligible professionals, both certification from ONC (for the eligible professional’s EHR) and meeting the “qualified” requirements as outlined in this document for the Physician Quality Reporting System are required. ONC certified EHR Technology is not automatically qualified as a Physician Quality Reporting System qualified EHR.

## Self Nomination

The self-nomination and vetting process for EHR Direct for 2013 Physician Quality Reporting System will occur in 2012. New EHR Direct Vendors who wish to become qualified to participate in 2013 Physician Quality Reporting System should submit a self-nomination letter via mail to CMS at the address listed below. Any 2012 Qualified EHR Direct Vendor, who was ‘qualified’ for 2012 and wishes to continue to participate in 2013, must indicate their desire to continue participation for 2013 by submitting a self nomination letter via email to the Vetting Contractor. Self nomination letters should indicate continued interest in being a Physician Quality Reporting System EHR Direct Vendor for 2013 and compliance with the 2013 Physician Quality Reporting System EHR Direct requirements, as well as a desire to participate in the 2013 eRx measure and/or participate in the Physician Quality Reporting System Medicare EHR Incentive Pilot, if applicable.

The self-nomination letter must be received no later than **March 2, 2012**. Please allow two weeks for mail processing. Failure to meet this milestone will preclude the EHR Direct Vendor from testing their system and from subsequent qualification to submit 2013 Physician Quality Reporting System quality measure data.

Self nomination letters should be sent to:

**2013 Physician Quality Reporting EHR Direct Nomination  
Centers for Medicare & Medicaid Services  
Office of Clinical Standards and Quality  
Quality Measurement and Health Assessment Group  
7500 Security Boulevard  
Mail Stop S3-02-01  
Baltimore, MD 21244-1850**

## Requirements

The following table identifies the requirements to become qualified to participate in the Physician Quality Reporting System during program year 2013. Please note that additional vetting requirements by vendor type are listed following this table.

Criteria	EHR Direct (PQRS)	EHR Direct (eRx)	EHR Direct (PQRS-Medicare EHR Incentive Pilot)
Not be in a beta test form	X	X	X
Be in existence as of January 1, 2012	X	X	X
Have at least 25 active users	X	X	X
Participate in ongoing Physician Quality Reporting System mandatory support conference calls and meetings hosted by CMS (approximately one call per month). Failure to attend more than one call per year will result in the removal of the EHR vendor from the 2013 EHR qualification process or the Physician Quality Reporting System reporting year, which is covered by the call	X	X	X
Indicate the reporting option the vendor seeks to qualify its' product for in addition to PQRS individual measures (i.e. eRx individual and/or the Physician Quality Reporting System Medicare EHR Incentive Pilot)	X	X	X
Have access to the identity management system specified by CMS to submit Medicare clinical quality data extracted to a CMS clinical data warehouse.	X	X	X
Be able to submit a test file containing dummy Medicare clinical quality data	X	X	X
Create a file containing the eligible professional's 2013 Physician Quality Reporting System Medicare clinical quality data extracted from the EHR for the entire 12-month reporting period and transmit the file via the CMS –specified identity management system during the timeframe specified by CMS (early 2014). (The eligible professional will be submitting this data to CMS)	X	X	X
Be able to collect and transmit all required data elements at the beneficiary level according to the 2013 EHR Data Submission Specifications	X	X	X
Be able to separate out and report on Medicare Part B FFS patients, if required	X	X	X
Provide the measure number OIDs for the quality measures the eligible professional is intending to report in each file as indicated in the Data Submission Specifications	X	X	X
Be able to transmit this data in a CMS-approved file format utilizing a Clinical Document Architecture (CDA) standard such as Quality Reporting Data Architecture (QRDA).	X	X	X

Criteria	EHR Direct (PQRS)	EHR Direct (eRx)	EHR Direct (PQRS-Medicare EHR Incentive Pilot)
Comply with a CMS-specified secure method for data submission, such as submitting the EHR vendor's data in an QRDA file through an identity management system specified by CMS or another approved method, such as use of appropriate Nationwide Health Information Network specifications, if technically feasible.	X	X	X
Provide CMS a signed, written Vendor Confirmation Letter via e-mail which states that the quality measure data provided to CMS is accurate and complete and that the EHR system collects/reports 100% of the denominator eligible patients/visits.	X	X	X
Incorporate any new EHR measures (that is, electronically-specified measures), as well as incorporate updates to existing measures and data transmission schema should either or both change, and be finalized for the Physician Quality Reporting System for 2013 if they wish to maintain their Physician Quality Reporting System qualification	X	X	X
Indicate the reporting options the vendor seeks to qualify for its users to submit [i.e. individual measures, eRx, and/or the Physician Quality Reporting System Medicare EHR Incentive Pilot (if ONC certified)]	X	X	X
Provide only those data elements needed to calculate the measure (per the e-specification)	X	X	X
Understand and will instruct my clients that they cannot report using this method if they do not have at least 1 patient in the denominator of 1 measure (for PQRS and the Physician Quality Reporting System Medicare EHR Incentive Pilot) or 1 patient in at least 3 measures if intending to report on PQRS alone.	X		X
Indicate the product name(s) and corresponding version(s) the vendor seeks to qualify.	X	X	X

#### Qualification Requirements by Vendor Status:

- EHR Direct Vendors who participated in the 2012 testing process and had a system that was fully “qualified” to report Physician Quality Reporting System for 2012 will not need to go through the full requalification process for that system for 2013, but may need to update their system in accordance with changes to specifications, system updates for new measures, etc.
- EHR Direct Vendors who participated in the 2012 testing process and had systems that were not fully “qualified” or are introducing new or different versions of their system will need to go through a full qualification process.
- New EHR Direct Vendors will need to go through a full qualification process.

## **EHR Direct Vendor Qualification Requirements**

EHR Direct Vendors are those vendors who are qualifying an EHR product and version for eligible professionals to utilize to directly submit their Physician Quality Reporting System and if applicable, Physician Quality Reporting System Medicare EHR Incentive Pilot measures data to CMS in the CMS-specified format on their own behalf.

For an EHR Direct Vendor and their product to qualify, they must submit test information on 2013 Physician Quality Reporting System measures and the EHR system must be updated according to the Final 2013 EHR Measure Specifications and EHR Data Submission Specifications Utilizing HL7 QRDA, which are posted on the Physician Quality Reporting System section of the CMS website.

1. EHR Direct Vendors will self-nominate their EHR product as described above
2. Nominees will go through a vetting process consisting of a test file submission process where TEST data (that is, mocked-up data) is submitted on all EHR measures in the CMS-approved file format
3. EHR Direct Vendors who pass may need to adapt their system to any changes in the measure specifications that may arise due to alignment of Physician Quality Reporting System with the Physician Quality Reporting System Medicare EHR Incentive Pilot implementation of meaningful use

NOTE: Participation in the Physician Quality Reporting System-Medicare EHR Incentive Pilot requires the use of an EHR product that is ONC certified. If your organization is participating in the Physician Quality Reporting System, and the Physician Quality Reporting System-Medicare EHR Incentive Pilot, both certification from ONC and meeting the “qualified” requirements for EHRs as outlined in this document for the Physician Quality Reporting System are required. An eligible professional will need to submit 3 core measures, and up to 3 alternate core measures plus an additional 3 measures from the remaining 38 measures available for the Medicare EHR Incentive Program. At a minimum an eligible professional will need to have patient information for at least one of those measures. That is, an eligible professional will need to have at least 1 patient in the denominator of at least 1 submitted measure.

## **CMS Website Posting of Qualified Vendors**

CMS will post on the Physician Quality Reporting website the names of those EHR Direct Vendors and their version-specific products (i.e., soap notes version 2.1) that have met all of the requirements and have passed the qualification process. Users of the EHR Direct qualified products may submit quality data directly from their EHRs to CMS for 2013 Physician Quality Reporting System and if applicable, the Physician Quality Reporting System Medicare EHR Incentive Pilot.

All of the information contained within this document will also apply for EHR Direct vendors that would like to become qualified to report on the electronic prescribing (eRx) measure for the 2013 eRx Incentive Program.

ABC EHR  
123 EHR Avenue  
Sample, MD 12345  
Tel: 123-456-7890  
Email: abcehr@abcehr.org

January 15, 2012

2013 Physician Quality Reporting EHR Direct Nomination  
Centers for Medicare & Medicaid Services  
Office of Clinical Standards and Quality  
Quality Measurement and Health Assessment Group  
7500 Security Boulevard  
Mail Stop S3-02-01  
Baltimore, MD 21244-1850

Dear PQRS Nomination Committee,

Please accept this submission as the Self Nomination of ABC EHR for possible inclusion in the 2013 Physician Quality Reporting System (PQRS) EHR Direct program. The ABC EHR meets all of the detailed requirements posted in the EHR Direct Requirements for submission of 2013 Physician Quality Reporting System document on the CMS PQRS website. Specifically, these include:

- Not in a beta test form
- Been in existence as of January 1, 2012
- Has at least 25 active users
- Will participate in ongoing Physician Quality Reporting System mandatory support conference calls and meetings hosted by CMS (approximately one call per month).
- Seeking to qualify as: [Indicate the reporting option the vendor seeks to qualify for its users to submit in addition to individual measures (i.e eRx and/or the Physician Quality Reporting System Medicare EHR Incentive Pilot)]
- Has or will obtain access to the identity management system specified by CMS to submit Medicare clinical quality data extracted to a CMS clinical data warehouse.
- Be able to submit a test file containing dummy Medicare clinical quality data
- Demonstrate that the system can create a file containing the eligible professional's 2013 Physician Quality Reporting System Medicare clinical quality data extracted from the EHR for the entire 12-month reporting period and submit the data to CMS via the CMS –specified identity management system during the timeframe specified by CMS (early 2014). (The eligible professional will be submitting this data to CMS)
- Be able to collect and transmit all required data elements at the beneficiary level according to the 2013 EHR Data Submission Specifications
- Be able to separate out and report on Medicare Part B FFS patients, if required
- Provide the measure numbers for the quality measures in the form/manner specified by CMS
- Be able to transmit this data in a CMS-approved file format utilizing a Clinical Document Architecture (CDA) standard such as Quality Reporting Data Architecture (QRDA).
- Comply with a CMS-specified secure method for data submission, such as submitting the EHR vendor's data in an QRDA file through an identity management system specified by CMS or another approved method, such as use of appropriate Nationwide Health Information Network specifications, if technically feasible.
- Incorporate any new EHR measures (that is, electronically-specified measures), as well as update existing electronic measure specifications and data transmission schema should either or both change, and be

PLEASE NOTE - This is a sample Self Nomination Letter. As with all documents of this nature, legal counsel review before use would be prudent. No additional information should be included in the Self Nomination Letter.

finalized for the Physician Quality Reporting System for 2013 if a vendor desires to maintain their Physician Quality Reporting System qualification

- Indicate the reporting options the vendor seeks to qualify for its users to submit [i.e. individual measures, eRx, and/or the Physician Quality Reporting System Medicare HER Incentive Pilot (if ONC certified)]
- Be able to include Tax Identification Number (TIN)/National Provider Identifier (NPI) information submitted with an eligible professional's quality data
- Provide only those data elements needed to calculate the measure (per the e-specification) is able
- Understand and will instruct my clients that they cannot report using this method if they do not have at least 1 patient in the denominator of 1 measure (for PQRS and the Physician Quality Reporting System Medicare EHR Incentive Pilot) or 1 patient in at least 3 measures if intending to report on PQRS alone.
- Indicate the product name(s) and corresponding version(s) the vendor seeks to qualify.

ABC EHR intends to become qualified to report both PQRS and eRx for eligible professionals. ABC EHR also intends to submit for the Physician Quality Reporting System Medicare EHR Incentive Pilot for EPs [if applicable]<sup>iv</sup>.

ABC EHR will utilize our internally<sup>v</sup> developed electronic health record for EHR Direct submission. The ABC EHR has been developed with functionality to submit all of the EHR Direct PQRS, eRx measures, and the Physician Quality Reporting System Medicare EHR Incentive Pilot Clinical Quality Measures [if attempting to qualify for all of the programs and the system is ONC certified]<sup>vi</sup>.

Please address any questions to our project manager Jon Doe (123-456-7891 / [jdoe@abcehr.org](mailto:jdoe@abcehr.org)), our clinical representative Susie Nurse (123-456-7892 / [snurse@abcehr.org](mailto:snurse@abcehr.org)), and our technical representative Dan Jones (123-456-7893 / [djones@abcehr.org](mailto:djones@abcehr.org))<sup>vii</sup>.

Thanks

*Joe Smith*

Joe Smith  
CEO  
ABC EHR

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<sup>i</sup> Letter must be received no later than **March 2, 2012**.

<sup>ii</sup> This Sample Self Nomination Letter is for an EHR Direct vendor. A Self Nomination Letter needs to be received for each of the vendor entities you would like to nominate for (e.g. Registry, EHR Direct, EHR Data Submission Vendors, Maintenance of Certification Program & GPRO).

<sup>iii</sup> Specify your Sponsoring Organization name and EHR Direct name if the two are different.

<sup>iv</sup> Specify if the EHR Direct intends to report eRx for individual eligible professionals and/or the Physician Quality Reporting System Medicare EHR Incentive Pilot.

<sup>v</sup> Specify that the product the EHR Direct vendor will be using is an internal product.

<sup>vi</sup> Specify that the EHR is capable of submitting all of the EHR Direct PQRS Measures and eRx Measure or the Physician Quality Reporting System Medicare EHR Incentive Pilot, if applicable.

<sup>vii</sup> Specify the appropriate individuals to contact when beginning the vetting processes. Provide a phone and an email address for a program, clinical, and technical representative. A minimum of two representatives must be provided.