January 26 CMS Quality Vendor Workgroup

January 26, 2017
12:00 – 1:30 p.m. ET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda

Topic	Speaker
HIMSS 2017 Annual Conference Update	**Kathleen Johnson** *Division of Health Information Technology (DHIT), CMS*
Hospital Inpatient Quality Reporting (HIQR) Program Update	**Artrina Sturges** *Hospital Inpatient VIQR Outreach and Education Support*
Updated Electronic Clinical Quality Measure (eCQM) Value Sets for 2017 Performance Period	**Shanna Hartman** *Division of Electronic and Clinical Quality (DECQ), CMS*
Hospital Compare Update: Hospital VBP Program	**Bethany Wheeler-Bunch** *Hospital Inpatient Outreach and Education Support*
Hospital Compare Update: Hospital-Acquired Condition (HAC) Reduction Program	**Angie Goubeaux** *Hospital Inpatient Quality Reporting Program Support*
Hospital-Acquired Condition (HAC) Reduction Program - FY2018 Update	**Larissa Mennen** *Hospital Inpatient Quality Reporting Program Support*
Hospital Compare Update: Hospital Readmissions Reduction Program	**Casey Thompson** *Hospital Inpatient Quality Reporting Program Support*
Device, Order Not Done Guidance	**Shanna Hartman** *Division of Electronic and Clinical Quality (DECQ), CMS*
Inside the Interoperability Standards Advisory (ISA)	**Christopher Muir** *Health IT Infrastructure and Innovation Division, ONC*
2016 Physician Quality Reporting System (PQRS) EHR Reporting Overview	**Carol Jones** *Center for Clinical Standards and Quality (CCSQ), CMS*
Questions	

HIMSS 2017 Annual Conference

Kathleen Johnson

Division of Health Information Technology (DHIT), CMS

HIMSS 2017 Annual Conference

- This will take place from February 19 – 23 in Orlando, Florida
- CMS will conduct educational sessions at the conference

CMS Educational Sessions	
Monday, February 20	**"The Future of Delivery System Reform"** 10:30-11:30 a.m. ET Room 230A
Tuesday, February 21	**"CMS Quality Payment Program Overview"** 10:00-11:00 a.m. ET Room 230A
Tuesday, February 21	**"MIPS: Advancing Care Information and Improvement"** 1:00-2:00 p.m. ET Room 230A
Wednesday, February 22	**"MIPS: Quality and Cost"** 8:30-9:30 a.m. ET Room 230A

Hospital Inpatient Quality Reporting (HIQR) Program Update

Artrina Sturges, EdD
Hospital Inpatient VIQR Outreach and Education Support Contractor

CY 2016 eCQM Submission Deadline Extension

CMS extended the electronic Clinical Quality Measure (eCQM) submission deadline from February 28, 2017, to **March 13, 2017, 11:59 p.m. PT**. The extension applies to the eCQM submission requirement for the following programs:

- The Hospital IQR Program
- CQM submission options for the Medicare EHR Incentive Program (whether reporting by attestation or electronically)

CY 2016 eCQM Submission Deadline Extension – Additional Details

All other aspects of eCQM reporting requirements remain the same:

- Definition of successful submission
  - Reporting on at least four eCQMs utilizing certified EHR Technology (CEHRT) certified to the 2014 or 2015 edition
  - Reporting must be a combination of Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, and/or case threshold exemptions
  - Reporting through the *QualityNet Secure Portal*
- Data submitters continue to have access to the Pre-Submission Validation Application (PSVA) for test and production QRDA I file format validation activities.
- Deadline for hospitals submitting an Extraordinary Circumstances Extension/Exemption (ECE) request for CY 2016 eCQM reporting is April 1, 2017.

Initiating Rulemaking – Proposing to Modify CY 2017 eCQM Reporting Requirements

- CMS initiates the rulemaking process to ***propose to modify*** eCQM requirements established in FY 2017 Inpatient Prospective Payment System (IPPS) Final Rule in response to concerns raised by stakeholders.
- CMS intends to ***propose to modify*** the 2017 eCQM reporting requirements for the IQR and EHR Incentive Programs for eligible hospitals and critical access hospitals in the FY 2018 IPPS proposed rule anticipated to be published in late spring 2017.
- CMS expects ***proposed*** changes would help reduce reporting burden while supporting the long term goals of these programs.

Known Issue Document Updates

- Visit the front page of the QualityNet.org website to locate the document for Known Issue Updates specific to the EHR Incentive and the IQR Programs.
- See information for open and resolved report and secure file transfer issues in the Known Issue Updates, including:
  - Date added
  - Review of the issues
  - Effected functionality/Report
  - Description and Workaround

December 2016 EHR ListServe Distributions (1 of 2)

- **December 1, 2016:** CMS Issues Additional Guidance Regarding the Hospital IQR Program ECE Policy for Calendar Year (CY) 2016 eCQM Reporting
- **December 1, 2016:** Reminder to Complete the QRDA eCQM Submission Customer Satisfaction Survey
- **December 12, 2016:** International Classification of Diseases (ICD)-10 Code Updates and Impact to quarter four 2016 Hospital eCQM Reporting

December 2016 EHR ListServe Distributions (2 of 2)

- **December 16, 2016:** CMS announces update on eCQM value sets for the 2017 performance period.
- **December 21, 2016:** CMS Issues Additional Guidance for the “Device, Order not done” Field Submission for VTE-1, VTE-2, and VTE-6 Measures for CY 2016 eCQM Reporting to the Hospital IQR and the Medicare EHR Incentive Programs.

January 2017 EHR ListServe Distributions

- **January 6, 2017:** Updated eCQM value sets for 2017 performance period became available
- **January 16, 2017:** IQR-EHR Incentive Program Alignment Outreach and Education January 30, 2017, webinar: *Question and Answer Session I – CY 2016 eCQM Reporting*
- **January 17, 2017:** QRDA eCQM Submission Customer Satisfaction Survey
- **January 17, 2017:** CMS announces eCQM Submission Deadline Extension to March 13, 2017, at 11:59 p.m. PT for CY 2016 Reporting and Intent to Modify 2017 eCQM Reporting Requirements under the IQR and EHR Incentive Programs for Hospitals

NOTE: To ensure you are receiving program updates, please visit the QualityNet.org website and locate the Join ListServes tab on the left side of the main page.

Upcoming Webinars

- **January 30, 2017, 2 PM EST:** *Question and Answer Session I – CY 2016 eCQM Reporting*
- **Late February (Date TBD):** *Question and Answer Session II – CY 2016 eCQM Reporting*

NOTE: To register for upcoming webinars and to locate archived IQR-EHR Incentive Program Alignment webinar materials, please visit QualityReportingCenter.com.

Resources (1 of 2)

QualityNet Help Desk – PSVA and Data Upload

Qnetsupport@hcqis.org

(866) 288-8912, 7 a.m. – 7 p.m. CT, Monday through Friday

eCQM General Program Questions – IQR Program & Policy

https://cms-ip.custhelp.com

(866) 800-8765 or (844) 472-4477, 7 a.m. – 7 p.m. CT, Monday through Friday (except holidays)

Resources (2 of 2)

EHR (Meaningful Use) Information Center – EHR Incentive Program

(888) 734-6433, 7:30 a.m. – 6:30 p.m. CT, Monday through Friday

JIRA – Office of the National Coordinator for Health Information Technology (ONC) Project Tracking System

http://oncprojectracking.org

Resource to submit questions and comments regarding:

- Issues identified with eCQM logic
- Clarifications on specifications
- Combined QRDA Implementation Guide for 2016

Updated Electronic Clinical Quality Measure (eCQM) Value Sets for 2017 Performance Period

Shanna Hartman

Division of Electronic and Clinical Quality, CMS

What's new for 2017 eCQM reporting?

- Addendum published on January 3, 2017, includes updated eCQM value sets to the specifications originally posted on April 2016 for 2017 performance period.
- Updates made to relevant ICD-10-CM and ICD-10-PCS eCQM value sets for 2017 reporting.
- Changes affect reporting for the following programs:
  - The Hospital Inpatient Quality Reporting Program;
  - The Medicare Electronic Health Record Incentive Program for eligible hospitals and critical access hospitals;
  - The Merit-based Incentive Payment System (MIPS) for MIPS eligible clinicians
- Changes only affect the value sets for eCQMs remaining in the programs listed above for 2017 reporting.

What was updated in the addendum?

- Changes to the ICD-10 value sets consist of deletion of expired codes and addition of relevant replacement codes.
- All changes to ICD-10 value sets are detailed in revised technical release notes, including the OIDs affected and information on the codes added or deleted from the value sets.
- The Health Quality Measure Format (HQMF) specifications, the value set object identifiers (OIDs), and the measure version numbers for 2017 eCQM reporting **did not** change.

Where is the addendum posted?

- Updated measures tables, specifications, and technical release notes are available via the following websites:
  - The CMS eCQM library
  - The electronic Clinical Quality Improvement (eCQI) Resource Center
- Updated value set information is available at the National Library of Medicine's Value Set Authority Center

What do I need to do?

- Measure implementers should review changes and revise mapping of ICD-10 codes as needed to comply with the updated requirements for 2017 reporting.
- Clinicians may also have to revise their data capture workflows to comply with the ICD-10 code additions and removals included in this addendum.
- More information on implementing and mapping of ICD-10 codes can be found on the CMS website at: https://www.cms.gov/Medicare/Coding/ICD10/Frequently-Asked-Questions.html.

Where do I go for assistance?

- Questions regarding the addendum, eCQM value sets, appropriateness of mapping, and non-ICD-10 code system updates should be reported to the ONC CQM Issue Tracker available at http://jira.oncprojectracking.org/browse/CQM/

Hospital Compare Update: Hospital VBP Program

Bethany Wheeler-Bunch

Hospital Inpatient VIQR Outreach and Education Support Contractor

FY 2017 Hospital VBP Program Measures

Patient and Caregiver Centered Experience of Care/Care Coordination (PCCEC/CC)

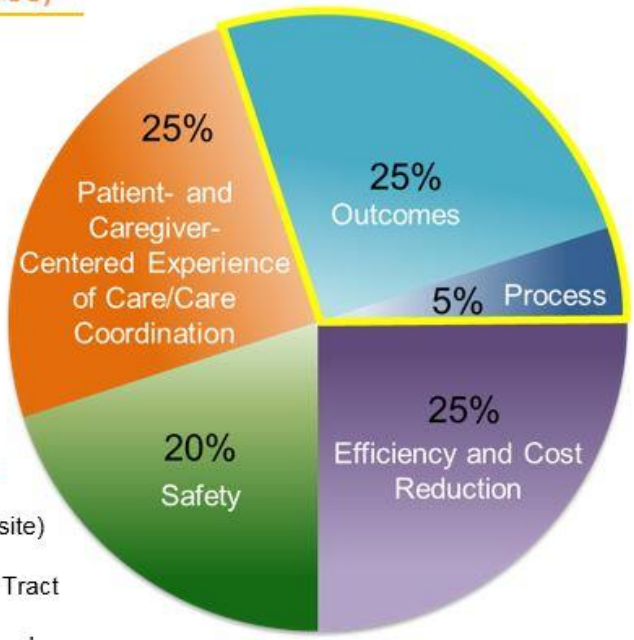
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. **Communication** with Nurses
2. **Communication** with Doctors
3. **Responsiveness** of Hospital Staff
4. **Pain** Management
5. **Communication** about Medicines
6. **Cleanliness** and Quietness of Hospital Environment
7. **Discharge** Information
8. **Overall** Rating of Hospital

Safety

1. **AHRQ PSI-90**: Complication/patient safety for selected indicators (composite)
2. **CDI***: Clostridium difficile Infection
3. **CAUTI**: Catheter-Associated Urinary Tract Infection
4. **CLABSI**: Central Line-Associated Blood Stream Infection
5. **MRSA***: Methicillin-Resistant Staphylococcus aureus Bacteremia
6. **SSI**: Surgical Site Infection Colon Surgery and Abdominal Hysterectomy

Domain Weights



An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

Clinical Care: Outcomes

1. **MORT-30-AMI**: Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF**: Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN**: Pneumonia (PN) 30-Day Mortality Rate

Clinical Care: Process

1. **AMI-7a**: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. **PC-01***: Elective Delivery Prior to 39 Completed Weeks Gestation
3. **IMM-2**: Influenza Immunization

Efficiency and Cost Reduction

1. **MSPB-1:** Medicare Spending per Beneficiary (MSPB)

FY 2017 Hospital VBP Program Periods

Domain	Subdomain/ Measure	Baseline Period	Performance Period
Clinical Care	Process	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015
	Outcomes	10/1/2010 – 6/30/2012	10/1/2013 – 6/30/2015
PCCEC/CC	HCAHPS Survey	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015
Safety	Agency for Healthcare Research and Quality (AHRQ) PSI-90 Composite	10/1/2010 – 6/30/2012	10/1/2013 – 6/30/2015
	Centers for Disease Control and Prevention (CDC) Healthcare-Associated Infection (HAI) Measures	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015
Efficiency and Cost Reduction	MSPB	1/1/2013 – 12/31/2013	1/1/2015 – 12/31/2015

Hospital Compare Landing Page

Spotlight

- NEW Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. Learn more here.
- Get Veterans Administration hospital data.
- Get PPS-exempt cancer hospital data.
- Review hospital survey reports.
- NEW Inpatient Psychiatric Facility Quality Reporting measures are now available. Data updated December 2016.
- View American College of Surgeons (ACS) surgical outcomes measures – voluntary reporting by hospitals in the ACS National Surgical Quality Improvement Program External Link icon database (ACS NSQIP®). Data updated December 2016.
- Get Ambulatory Surgical Center Quality (ASCQR) Program data.

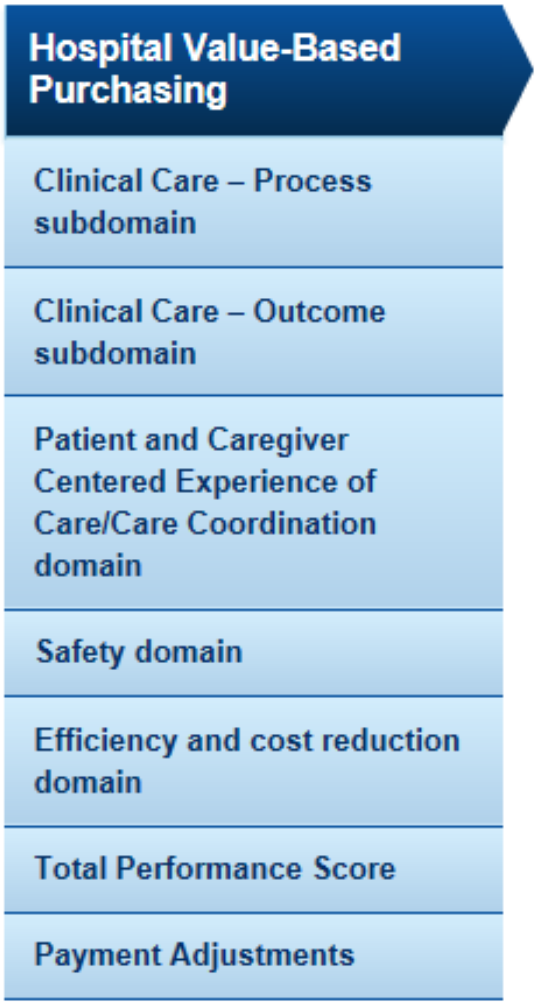
Additional information

- **Hospital Compare data last updated**: December 19, 2016. Go to updates.
- Download the Hospital Compare database
- Get Hospital Compare data archives.
- Linking quality to payment:
  - Hospital Value-Based Purchasing Program (Hospital VBP):
    - Fiscal Year 2017 data and scoring
      Data updated Dec. 2016
    - Fiscal Year 2015 incentive payment adjustments
      Data updated Dec. 2016
  - Hospital Readmissions Reduction Program
    Data updated Dec. 2016
  - Hospital-Acquired Condition Reduction Program
    Data updated Dec. 2016
- Number of selected surgical procedures performed in outpatient surgical departments

Tools and Tips

- Learn how Medicare covers inpatient and outpatient hospital services.
- Use The Guide to Choosing a Hospital when comparing hospitals.
- Get tips for printing hospital information
- Compare other providers and plans
  - Visit Physician Compare to learn what hospitals your physicians and other healthcare professionals are affiliated with.
  - Nursing Home Compare
  - Home Health Compare
  - Dialysis Facility Compare
  - Medicare Plan Finder
  - Supplier Directory

Hospital VBP Program Pages



- CMS breaks down the Hospital VBP Program measures down into smaller tables based on the measure or domain.
- A Total Performance Score table is available that contains domain scores and the Total Performance Score.
- A Payment Adjustments series of tables is also available for previous fiscal years.

Hospital VBP Program Data Pages

Acute myocardial infarction (AMI or heart attack)

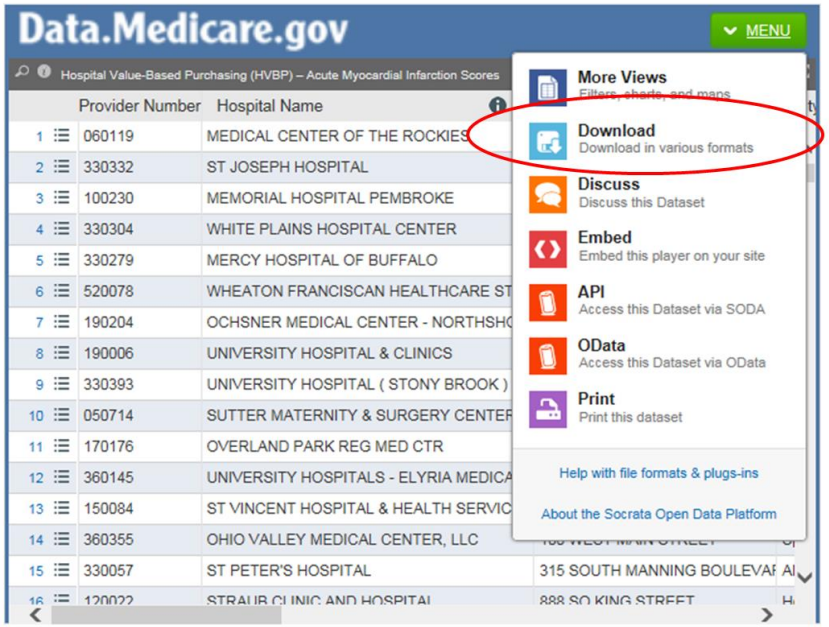
This data set includes the following measures:

- **AMI-7a:** Heart attack patients given fibrinolytic medication within 30 minutes of arrival

"N/A" in the data means Not Applicable or No Data Available.

Baseline period: January 1, 2013 - December 31, 2013

Performance period: January 1, 2015 - December 31, 2015



Download available as:

- CSV
- CSV for Excel
- JSON
- RDF
- RSS
- XML

Hospital VBP Program Resources

Hospital Compare:
https://www.medicare.gov/hospitalcompare/search.html?

Hospital Compare Inquiries:
hospitalcompare@hsag.com

Hospital VBP Program Information:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937

Hospital VBP Program General Inquiries:
https://cms-ip.custhelp.com/ or by calling the Hospital Inpatient program at (844) 472-4477

Hospital Compare Update: Hospital-Acquired Condition (HAC) Reduction Program

Angie Goubeaux

Hospital Quality Reporting Program Support Contractor

Background

- The HAC Reduction Program is a CMS Medicare pay-for-performance program established under Section 3008 of the Affordable Care Act.
- Adjusts payments for hospitals that rank in the worst-performing 25% of all subsection (d) hospitals on key quality measures.
- Payment adjustments started with FY 2015 discharges (i.e., beginning on October 1, 2014). These hospitals will have payments reduced to 99 percent of what would be paid for such discharges.
- Section 1886(p)(6)(B) of the ACA requires the Secretary to ensure that an eligible hospital has the opportunity to review, and submit corrections for, the HAC-related data before public reporting.

Hospital Compare December 2016 Release

On December 19, 2016, CMS updated the data on the Hospital Compare website to include the following FY 2017 HAC Reduction Program information:

- AHRQ Patient Safety Indicator (PSI) 90 Composite measure score
- CDC National Healthcare Safety Network (NHSN) CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measure scores
- Domain 1 and Domain 2 scores
- Total HAC Score

FY 2017 Performance Periods

The calculations for the FY 2017 HAC Reduction Program are based on a 2-year period.

- Domain 1: The PSI 90 Composite, which is calculated using recalibrated version 5.0.1 of the AHRQ PSI software, uses hospitals' Medicare Fee-for-Service claims data from July 1, 2013 through June 30, 2015.
- Domain 2: The CLABSI, CAUTI, SSI, MRSA bacteremia, and CDI measures are calculated from hospitals' chart-abstracted surveillance data from January 1, 2014 through December 31, 2015.

Hospital Compare Homepage Link to HAC Reduction Program

https://www.medicare.gov/hospitalcompare/search.html

Spotlight

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Additional information

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  - Nursing Home Compare
  - Home Health Compare
  - Dialysis Facility Compare
  - Medicare Plan Finder
  - Supplier Directory

Hospital Compare HAC Reduction Program Page

https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital-Acquired Condition Reduction Program

In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst performing quartile of subsection (d) hospitals with respect to hospital-acquired conditions (HACs). For the FY 2017 HAC Reduction Program, the worst performing quartile is identified by calculating a Total HAC Score based on hospitals' performance on 6 quality measures: the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) 90 Composite, and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) (Colon Surgery and Abdominal Hysterectomy), Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia, and Clostridium difficile Infection (CDI) measures. Hospitals with a Total HAC Score above the 75th percentile of the Total HAC Score distribution will be subject to payment reduction.

To learn more about the measures and scoring methodology for the HAC Reduction Program, please visit the QualityNet Website .

Hospital-Acquired Condition Reduction Program data

Data.Medicare.gov

MENU

Hospital-Acquired Condition Reduction Program

	Hospital_Name	Provider ID	State	Fiscal Year	
1	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL	2016	1.0
2	MARSHALL MEDICAL CENTERS	010005	AL	2016	3.0
3	ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL	2016	7.0
4	MIZELL MEMORIAL HOSPITAL	010007	AL	2016	3.0
5	CRENSHAW COMMUNITY HOSPITAL	010008	AL	2016	6.0
6	ST. VINCENT'S EAST	010011	AL	2016	4.0

More Views
Filters, charts, and maps

Download
Download in various formats

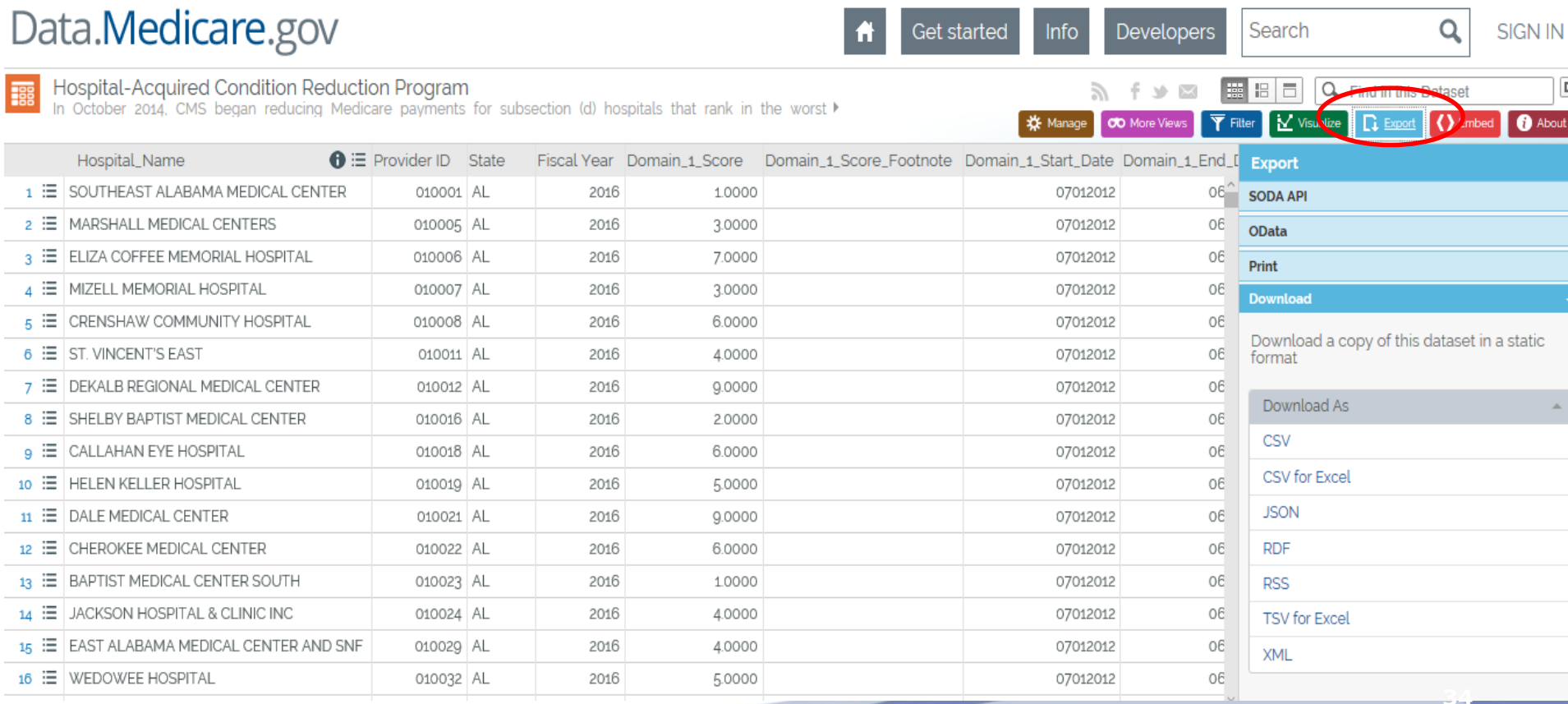
Discuss
Discuss this Dataset

Embed
Embed this player on your site

API
Access this Dataset via SODA

HAC Reduction Program Downloadable Database

https://data.medicare.gov/Hospital-Compare/Hospital-Acquired-Condition-Reduction-Program/yq43-i98g



	Hospital_Name	Provider ID	State	Fiscal Year	Domain_1_Score	Domain_1_Score_Footnote	Domain_1_Start_Date	Domain_1_End_D
1	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL	2016	1.0000		07012012	06
2	MARSHALL MEDICAL CENTERS	010005	AL	2016	3.0000		07012012	06
3	ELIZA COFFEE MEMORIAL HOSPITAL	010006	AL	2016	7.0000		07012012	06
4	MIZELL MEMORIAL HOSPITAL	010007	AL	2016	3.0000		07012012	06
5	CRENSHAW COMMUNITY HOSPITAL	010008	AL	2016	6.0000		07012012	06
6	ST. VINCENT'S EAST	010011	AL	2016	4.0000		07012012	06
7	DEKALB REGIONAL MEDICAL CENTER	010012	AL	2016	9.0000		07012012	06
8	SHELBY BAPTIST MEDICAL CENTER	010016	AL	2016	2.0000		07012012	06
9	CALLAHAN EYE HOSPITAL	010018	AL	2016	6.0000		07012012	06
10	HELEN KELLER HOSPITAL	010019	AL	2016	5.0000		07012012	06
11	DALE MEDICAL CENTER	010021	AL	2016	9.0000		07012012	06
12	CHEROKEE MEDICAL CENTER	010022	AL	2016	6.0000		07012012	06
13	BAPTIST MEDICAL CENTER SOUTH	010023	AL	2016	1.0000		07012012	06
14	JACKSON HOSPITAL & CLINIC INC	010024	AL	2016	4.0000		07012012	06
15	EAST ALABAMA MEDICAL CENTER AND SNF	010029	AL	2016	4.0000		07012012	06
16	WEDOWEE HOSPITAL	010032	AL	2016	5.0000		07012012	06

HAC Reduction Program Resources

HAC Reduction Program Methodology & General Information:

QualityNet HAC Reduction Program:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166

HAC Reduction Program Results:

- Medicare.gov Hospital Compare HAC Reduction Program:
  www.medicare.gov/hospitalcompare/HAC-reduction-program.html
- CMS.gov HAC Reduction Program:
  http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html

Hospital Compare related questions:

HospitalCompare@hsag.com

HAC Reduction Program related questions:

HACRP@lantanagroup.com

Hospital-Acquired Condition (HAC) Reduction Program – FY2018 Update

Larissa Mennen

Hospital Quality Reporting Program Support

Changes to HAC Reduction Program in FY 2018

- Adoption of Winsorized z-score approach
- Domain 2 measures (CLABSI, CAUTI, SSI, MRSA, and CDI):
  - Re-baselined Domain 2 measures
  - Added wards and ICUs for CLABSI and CAUTI
- PSI 90 Composite
  - Adopted Modified PSI 90: Patient Safety and Adverse Events Composite
  - Shortened 15-month data period

Adoption of Winsorized *z*-score Approach

- The FY 2017 IPPS Final Rule finalized the adoption of the Winsorized *z*-score approach for the FY 2018 HAC Reduction Program.
- Changes will affect payments starting October 1, 2017
  - Domain 1 Performance Period: 7/01/2014-9/30/2015
  - Domain 2 Performance Period: 1/01/2015-12/31/2016

Concerns with Previous Decile-Based Scoring Methodology

- Many ties at the penalty threshold (75th percentile Total HAC Score)
- Difficulty distinguishing hospital performance
- Hospitals with no PSI 90 Composite “patient safety” events and no Domain 2 scores that received a Total HAC Score greater than the 75th percentile.

Scoring Methodology: Calculating Winsorized z-Scores

- The Winsorized *z*-score method (*z*-score) uses a continuous measure score rather than grouping measure results into ten deciles.
- Worse-performing hospitals earn a positive *z*-score, reflecting measure values above the national mean.
- Better-performing hospitals earn a negative *z*-score, reflecting measure values below the national mean.

Scoring Methodology: Winsorization

- Hospitals with a measure result between the minimum and the 5th percentile will receive the 5th percentile value for the measure.
- Hospitals with a measure result between the 95th percentile and the maximum will receive the 95th percentile value for the measure.
- This process reduces the impact of extreme or outlying measure scores, but preserves hospitals' relative scores.

Scoring Methodology: Calculating the Winsorized z-Score

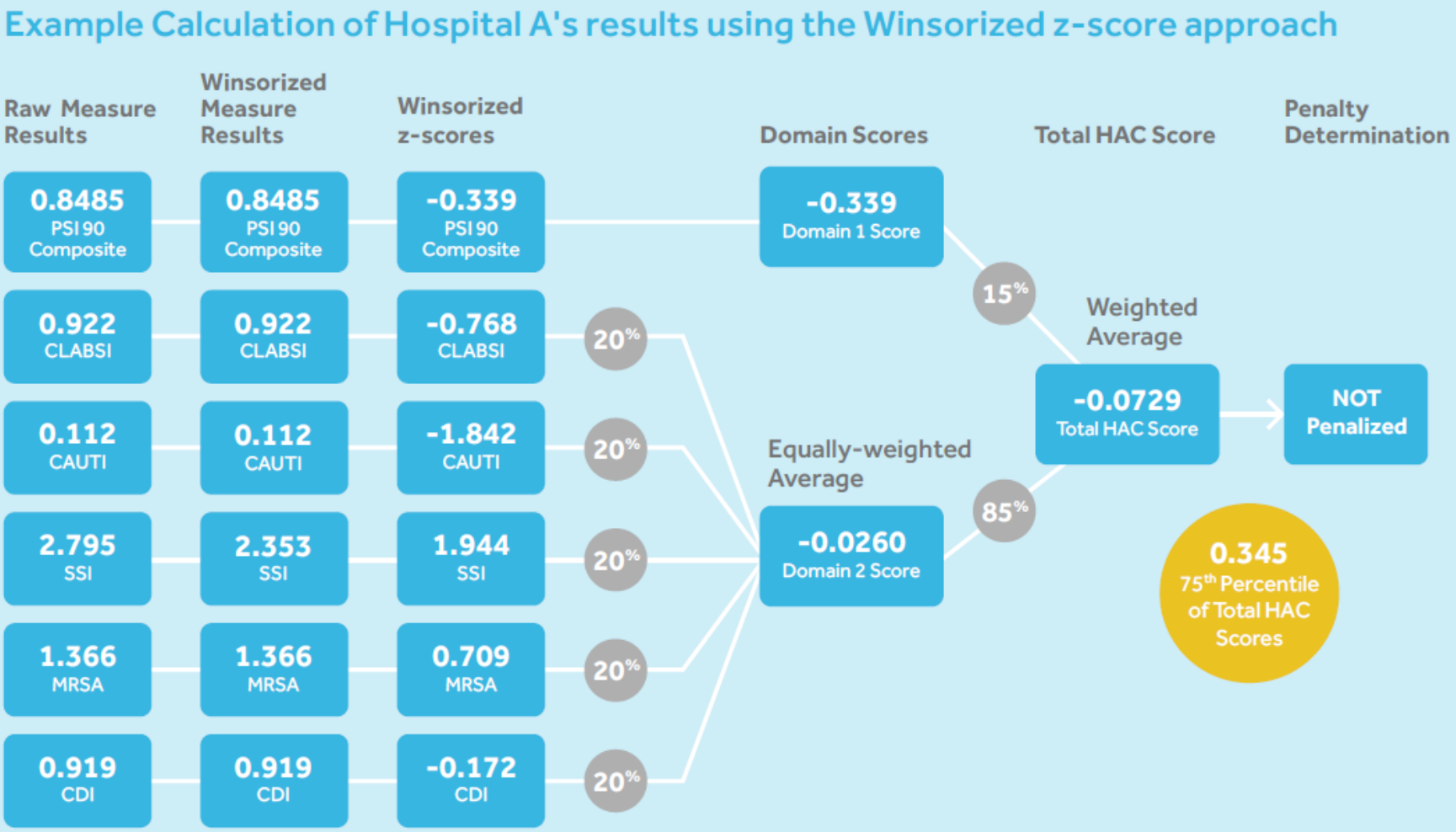
$$\text{Winsorized z-score for Hospital i} = \frac{X_i - \bar{X}}{SD(x)}$$

- X_i is hospital i's Winsorized measure result.
- $\bar{X}$ is the mean Winsorized measure result calculated across all subsection (d) hospitals with a measure result.
- SD (x) is the standard deviation of Winsorized measure results calculated across all subsection (d) hospitals with a measure result.

Scoring Methodology: Calculating Domain Scores and Total HAC Scores

- Domain scores and Total HAC Scores follow the same approach as the previous decile-based scoring methodology:
  - Domain 1 Score equals the Winsorized z-score for PSI 90 Composite.
  - Domain 2 Score equals the average of the Winsorized z-scores for the Domain 2 measures.
- Total HAC Score is the weighted average of the Domain 1 score (15 percent) and Domain 2 score (85 percent).

Scoring Methodology: Example Calculation



Scoring Methodology: Benefits of Winsorized z-score method

- Accounts for hospitals with no adverse events and no Domain 2 score that are eligible for a penalty.
- Substantially reduces ties in Total HAC Scores, which allows CMS to penalize exactly 25 percent of hospitals, per the governing statute.
- Creates better distinctions among hospitals with similar performance.
- Improves alignment between Domains 1 and 2.
- The approach is straightforward, interpretable, and familiar to stakeholders.

HAC Reduction Program Resources

- **HAC Reduction Program General Information on QualityNet**
  www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166
- **Fiscal Year 2017 Hospital Inpatient Prospective Payment Systems Final Rule**
  https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf
- **HAC Reduction Program Scoring Methodology Reevaluation Technical Expert Panel (TEP) Materials**
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/TechnicalExpertPanels.html#6
- **Stakeholder questions can be directed to hacrp@lantanagroup.com.**

Hospital Compare Update: Hospital Readmissions Reduction Program

Casey Thompson

Hospital Inpatient Quality Reporting Program Support Contractor

Background

- Section 3025 of the ACA added a new section, 1886(q), to the Social Security Act, establishing the HRRP.
- Payment adjustments began with discharges on October 1, 2012.

Hospital Compare December 2016 Release

For eligible hospitals with at least 25 discharges, CMS reports the following data elements for each of the six HRRP readmission measures on Hospital Compare:

- Number of eligible discharges
- Number of readmissions (if the hospital has 11 or more readmissions)
- Predicted readmissions (i.e., the adjusted actual readmissions)
- Expected readmissions
- Excess readmission ratio

The FY 2017 HRRP measure results were updated on CMS's *Hospital Compare* website on December 19, 2016.

Hospital Compare Homepage – Link to HRRP

https://www.medicare.gov/hospitalcompare/search.html

Spotlight

- NEW Compare hospitals based on their overall star rating, summarizing up to 57 measures of quality shown on Hospital Compare. Learn more here.
- Get Veterans Administration hospital data.
- Get PPS-exempt cancer hospital data.
- Review hospital survey reports.
- NEW Inpatient Psychiatric Facility Quality Reporting measures are now available. Data updated December 2016.
- View American College of Surgeons (ACS) surgical outcomes measures – voluntary reporting by hospitals in the ACS National Surgical Quality Improvement Program database (ACS NSQIP®). Data updated December 2016.
- Get Ambulatory Surgical Center Quality (ASCQR) Program data.

Additional information

- **Hospital Compare data last updated**: December 14, 2016. Go to updates.
- Download the Hospital Compare database
- Get Hospital Compare data archives.
- Linking quality to payment:
  - Hospital Value-Based Purchasing Program (Hospital VBP):
    - Fiscal Year 2017 data and scoring
      Data updated Dec. 2016
    - Fiscal Year 2015 incentive payment adjustments
      Data updated Dec. 2016
  - Hospital Readmissions Reduction Program
    Data updated Dec. 2016
  - Hospital-Acquired Condition Reduction Program
    Data updated Dec. 2016
- Number of selected surgical procedures performed in outpatient

Tools and Tips

- Learn how Medicare covers inpatient and outpatient hospital services.
- Use The Guide to Choosing a Hospital when comparing hospitals.
- Get tips for printing hospital information
- Compare other providers and plans
  - Visit Physician Compare to learn what hospitals your physicians and other healthcare professionals are affiliated with.
  - Nursing Home Compare
  - Home Health Compare
  - Dialysis Facility Compare
  - Medicare Plan Finder
  - Supplier Directory

Hospital Compare HRRP Page

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

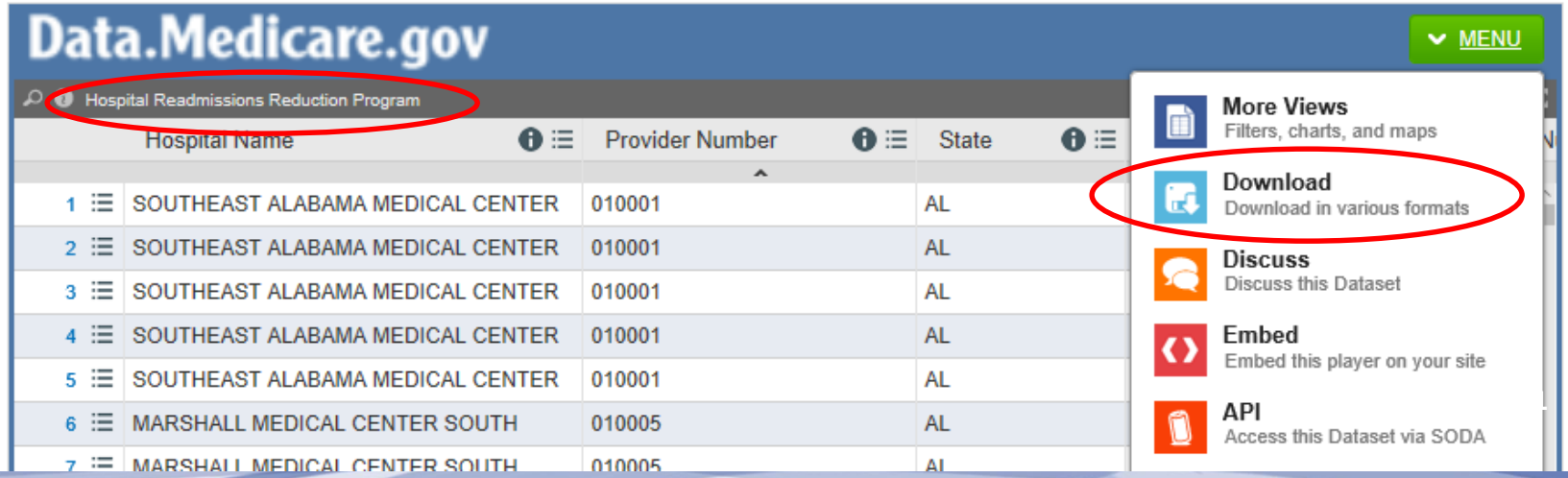
Hospital Readmissions Reduction Program

In October 2012, CMS began reducing Medicare payments for Inpatient Prospective Payment System (IPPS) hospitals with excess readmissions. Excess readmissions are measured by a ratio, by dividing a hospital's number of "predicted" 30-day readmissions for heart attack, heart failure, pneumonia, COPD, hip/knee replacement, and coronary artery bypass graft surgery by the number that would be "expected," based on an average hospital with similar patients. A ratio greater than 1.0000 indicates excess readmissions.

More information on how payments are adjusted.

More on the calculations.

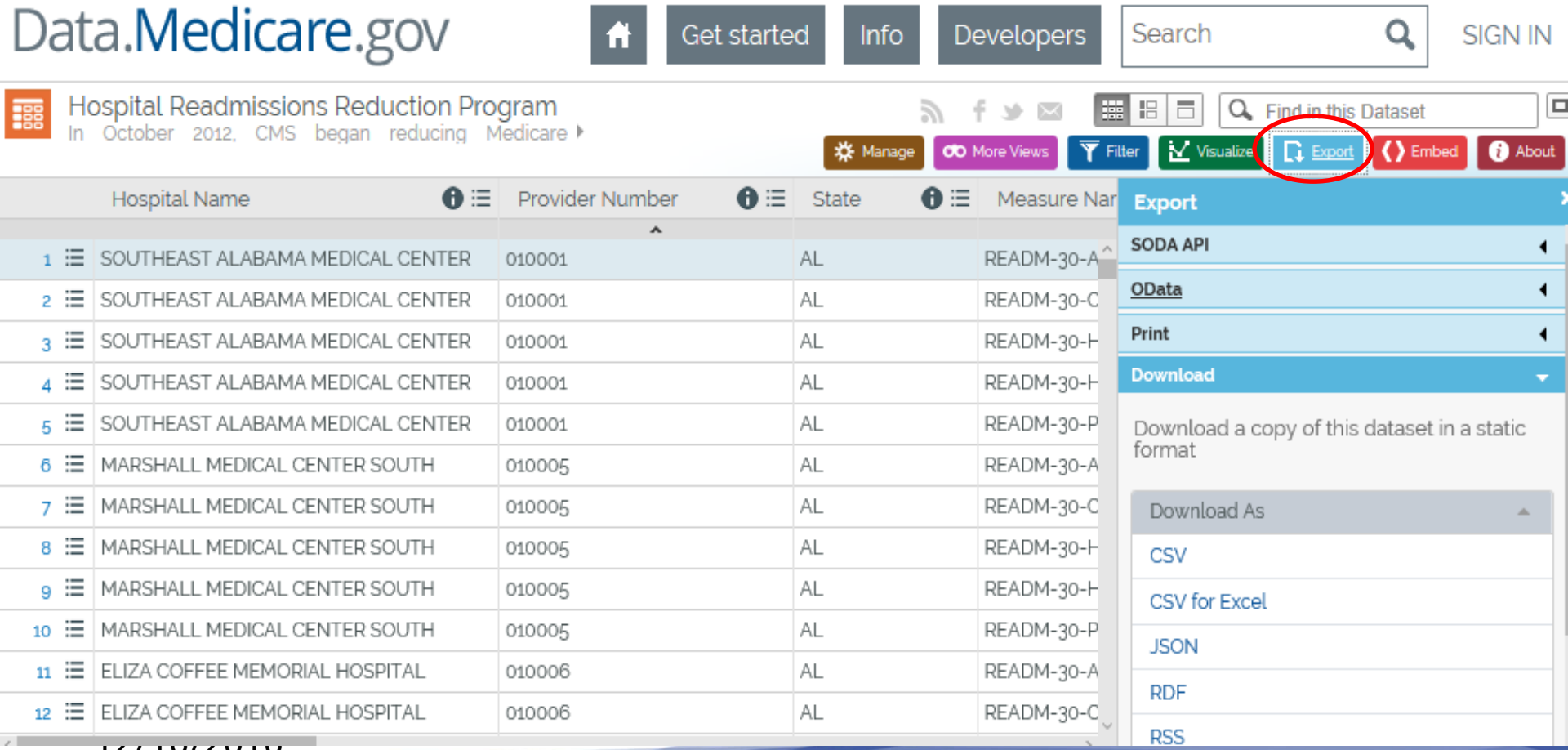
Hospital Readmissions Reduction Program data



	Hospital Name	Provider Number	State
1	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
2	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
3	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
4	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
5	SOUTHEAST ALABAMA MEDICAL CENTER	010001	AL
6	MARSHALL MEDICAL CENTER SOUTH	010005	AL
7	MARSHALL MEDICAL CENTER SOUTH	010005	AL

Data.medicare.gov-HRRP Downloadable Database

https://data.medicare.gov/Hospital-Compare/Hospital-Readmissions-Reduction-Program/9n3s-kdb3



HRRP Resources

Hospital Compare:
https://www.medicare.gov/hospitalcompare/search.html?

Hospital Compare Inquiries:
hospitalcompare@hsag.com

HRRP General Inquiries:
HRRP@lantanagroup.com

HRRP Measure Methodology Inquiries:
cmsreadmissionmeasures@yale.edu

More Program and Payment Adjustment Information:
https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.html

HRRP Program Information:
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1219069855273

Device, Order Not Done Guidance

Reshma Gola, *ESAC Inc.*
and
Shanna Hartman, *CMS Division of Electronic and Clinician Quality CMS/CCSQ/QMVIG*

Background

- Device, Order Not Done Guidance
- Error message when submitting Quality Reporting Document Architecture (QRDA) Cat I files for 3 specific electronic Clinical Quality Measures (eCQMs)
- This is only an issue for 2016. It has been resolved for the 2017 standard.

Device, Order Definition

- Data elements that meet criteria using this datatype should document an order for the device indicated by the Quality Data Model (QDM) category and its corresponding value set.

Device, Order Not Done Issue

- 3 EH measures includes logic for QDM datatype: *Device ordered not done*
  - The QRDA failed to validate against Clinical Document Architecture (CDA) R2
  - Review identified two *errata* in QRDA; CDA R2 does not allow negation for:
    - Supply (used for devices)
    - Encounter
- Background:
  - The QDM allows negation, i.e., *not done* for a number of elements to indicate that something did not occur for a reason. Uses:
    - Measure Exception or Exclusion Criteria – most common
    - Measure Inclusion Criteria – potential
  - QRDA Category 1 models QDM elements consistent with CDA Release 2
  - Currently all elements use *negation* to model *not done* inconsistent with CDA R2 for *supply* and *encounter*

Device, Order Not Done Issue

Measure Name	Measure Short Name	CMS ID
Venous Thromboembolism Prophylaxis	VTE-1	CMS108v4
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE-2	CMS190v4
Incidence of Potentially –Preventable Thromboembolism	VTE-6	CMS 114v4

Device, Order Not Done Issue

- Data submitters may have received notice in the feedback reports that their test or production QRDA Category I files received the CDA_SDTC.xsd schema validation error (CMS_0072) when the submitter attempted to submit a QRDA category I file with “Device, Order not done.”
- This error causes the file to be rejected during the file validation process.

Device, Order Not Done Resolution

- Submitters are advised to submit "**Device, Applied not done"** *instead of* "**Device, Order not done"** for the VTE-1, VTE-2, and VTE-6 eCQM measures.

Resolution Example

- **$NoDeviceVTEProphylaxisMedicalReason** =
  - Union of:
    - "Device, Applied not done: Medical Reason" for "Intermittent pneumatic compression devices (IPC)"
    - "Device, Applied not done: Medical Reason" for "Venous foot pumps (VFP)"
    - "Device, Applied not done: Medical Reason" for "Graduated compression stockings (GCS)"
    - "Device, Order not done: Medical Reason" for "Intermittent pneumatic compression devices (IPC)"
    - "Device, Order not done: Medical Reason" for "Venous foot pumps (VFP)"
    - "Device, Order not done: Medical Reason" for "Graduated compression stockings (GCS)"

- **$NoVTEProphylaxisPatientRefusal** =
  - Union of:
    - "Medication, Administered not done: Patient Refusal" for "Low Dose Unfractionated Heparin for VTE Prophylaxis"
    - "Medication, Administered not done: Patient Refusal" for "Low Molecular Weight Heparin for VTE Prophylaxis"
    - "Medication, Administered not done: Patient Refusal" for "Injectable Factor Xa Inhibitor for VTE Prophylaxis"
    - "Medication, Administered not done: Patient Refusal" for "Warfarin"
    - "Medication, Order not done: Patient Refusal" for "Unfractionated Heparin for VTE prophylaxis ingredient specific"
    - "Medication, Order not done: Patient Refusal" for "Low Molecular Weight Heparin for VTE prophylaxis ingredient specific"
    - "Medication, Order not done: Patient Refusal" for "Injectable factor Xa inhibitor for VTE prophylaxis ingredient specific"
    - "Medication, Order not done: Patient Refusal" for "Warfarin-only ingredient specific"
    - "Device, Applied not done: Patient Refusal" for "Intermittent pneumatic compression devices (IPC)"
    - "Device, Applied not done: Patient Refusal" for "Venous foot pumps (VFP)"
    - "Device, Applied not done: Patient Refusal" for "Graduated compression stockings (GCS)"
    - "Device, Order not done: Patient Refusal" for "Intermittent pneumatic compression devices (IPC)"
    - "Device, Order not done: Patient Refusal" for "Venous foot pumps (VFP)"
    - "Device, Order not done: Patient Refusal" for "Graduated compression stockings (GCS)"

Device, Order Not Done Resolution

- The input of data into QRDA files should always be submitted exactly as directed by eCQM definitions and published Implementation Guides provided by CMS or The Joint Commission.
- When issues arise, we strongly discourage organizations from using any unsanctioned work arounds such as exchanging elements or modifying data if a QRDA file is rejected.
- Instead, any identified issue must be brought to the attention of CMS or The Joint Commission through the ONC CQM Issue Tracker.

Resources

- eCQI Resource Center QRDA Space
  - https://ecqi.healthit.gov/qrda
- ONC CQM JIRA Issue Tracker
  - https://oncprojectracking.healthit.gov/support/projects/CQM/issues
- ONC QRDA JIRA Issue Tracker
  - https://oncprojectracking.healthit.gov/support/projects/QRDA

The Office of the National Coordinator for Health Information Technology

Inside the Interoperability Standards Advisory (ISA)

Chris Muir, Director of HIT Infrastructure and Innovation Division, OST

What has changed ?

- The new online ISA represents a significant, positive shift.
- Delivering updated content through an interactive web-based platform.
- Providing a community-wide, centrally accessible resource to standards and implementation specifications.

https://www.healthit.gov/standards-advisory

Reasons for the Change

- Accommodating Mid-year (July 2016) Task Force recommendations:
  - The ISA should evolve to a more dynamic experience for users.
- Public Feedback
  - Use an interactive online platform that encourages more participation
  - Provide more transparency to the process
  - Enable more timely updates

New Functionality

- Public can comment on each page.
- Comments can be quickly posted for all to see.
- Additional comments can be made about/on top of other comments in a threaded format.
- Ability to word search across the ISA.
- Ability to print the ISA completely or by individual pages.

New Process

- ONC will annually publish a static “Reference Edition” of the ISA that can be referenced in contracts, agreements, or as otherwise needed with certainty that the information will not change.
- The web-based version of the ISA is expected to be updated frequently throughout the year.
- Specific SMEs have ownership of subsections of the ISA that are empowered to analyze public comments and make changes as necessary based on SOPs.

Content Changes

- The most substantial changes between the 2016 and the 2017 includes:
  - The discontinued use of the label “best available” as an overall concept
  - Changing the scope of the ISA to include more specific references to research and public health.
  - Including Personal Health Device, Nursing, Research, Nutritional Health, and Social Determinant interoperability needs within the ISA.
  - Adding a new section that begins to include Functional and Data Models as well as Functional Profiles.
  - Links to active projects listed in ONC’s Interoperability Proving Ground

Future Changes to the ISA

- Functionally
  - Exploring changes to make the ISA more interactive
- Content
  - Obtain ongoing recommendations from the Standards Committee through the Task Force
  - Better address interoperability needs for Consumer/Patient Access
  - Future growth in the new “Models and Profiles” section
  - Anticipate a continuation of more granular reference to FHIR resources, profiles, and implementation guides
  - Continued growth in interoperability needs
  - Improve upon how privacy and security is addressed

Stay Connected, Communicate, and Collaborate

- **Browse the ONC website at:** HealthIT.gov
  click the "Like" button to add us to your network
- **Signup for email updates:** public.govdelivery.com/accounts/USHHSONC/subscriber/new?
- **Visit the Health IT Dashboard:** dashboard.healthit.gov
- **Request a speaker at:** healthit.gov/requestspeaker
- **Subscribe, watch, and share:**
  - @ONC_HealthIT
  - HHSONC
  - HHS Office of the National Coordinator
  - Health IT and Electronic Health Record
- **Contact us at:** onc.request@hhs.gov
- **Chris Muir:** Christopher.Muir@hhs.gov

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2016 PQRS Electronic Health Record (EHR) Reporting Overview

Carol Jones

Division of Electronic and Clinician Quality (DECQ), CMS

Disclaimer

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Electronic Reporting Disclaimer

If a group is reporting for PQRS through another CMS program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment.

Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, VM, etc. requirements for each of these programs.

Agenda

- Announcements
- PQRS Electronic Health Record (EHR) Reporting Overview
- Tips to Successful Submission
- Resources & Where to Go for Help

Announcements

1. **EIDM Reminder:**
   - EIDM can be accessed from the “CMS Secure Portal” portion of the of the CMS Enterprise Portal (http://Portal.cms.gov)
   - New PQRS users or EIDM users whose accounts were inactive will need to register for an account in EIDM
   - Users will then access the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) to submit data, retrieve submission reports, view feedback reports, and conduct various administrative and maintenance activities
   - For more information, see the Quick Reference Guides
   - Any questions should be directed to the QualityNet Help Desk

Announcements (Cont.)

2. **Update to Submission Engine Validation Tool (SEVT) for QRDA:** 2016 test data can be entered and submitted through the Portal at all times, except during maintenance periods
   - Applies only to vendors and group practices submitting data via EHR Direct
3. **Please note, CMS recently launched a new Portal site at https://qnpapp.qualitynet.org/pqrs/home.html**
   - This new site should be used for SEVT, submission, and all other activities that used to be managed through the previous Portal site.
   - Starting December 15, 2016, CMS implemented an automatic redirect so anyone accessing the old site will be sent to the new site.

Announcements (cont.)

4. **Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance and will not be accessible during the following periods:
   - **Every Tues.** starting at 8:00am ET–Wed. ending at 6:00am ET
   - **Every Thurs.** starting at 8:00pm ET–Fri. ending at 6:00am ET
   - **Third weekend of each month** starting Fri. at 8:00pm ET-Mon. ending at 6:00am ET
     - Upcoming maintenance weekend: 02/17/2017 - 02/19/2017
   - See the Portal website for the complete list of scheduled system outages, at https://qnpapp.qualitynet.org/pqrs/home.html

PQRS EHR REPORTING OVERVIEW

PQRS Criteria: EHR Reporting

Electronic reporting using an EHR is available to:

- Individual EPs
- PQRS group practices

Individual EPs and PQRS group practices select an EHR product based on reporting and data submission type

2016 PQRS Reporting Using an Electronic Health Record (EHR) Made Simple is available on the PQRS Electronic Reporting Using an Electronic Health Record (EHR) webpage

PQRS Requirements: EHR Reporting

To reduce the burden on providers participating in multiple quality reporting programs, CMS has aligned several reporting requirements for those reporting electronically using an EHR:

- **eCQM specifications:** The electronic clinical quality measures (eCQM) specifications are used for multiple programs, including the electronic reporting mechanism for PQRS as well as the Medicare EHR Incentive Program.
- **Criteria for satisfactory reporting:** The criteria for satisfactory reporting under PQRS using an EHR are aligned with the Medicare EHR Incentive Program. Satisfactory reporting of PQRS EHR quality measures will allow EPs and PQRS group practices to qualify for the clinical quality measures (CQM) component of meaningful use. Group practices electing to report electronically using an EHR can refer to the "Medicare EHR Incentive Programs Clinical Quality Measures for Eligible Professionals" document posted on the eCQM Library webpage for reporting guidance.
- **Using Certified EHR Technology:** EPs and PQRS group practices are required to submit CQMs using a direct EHR product or EHR DSV that is Certified EHR Technology (CEHRT). The Office of the National Coordinator for Health Information Technology (ONC) certification process has established standards and other criteria for structured data that EHRs must use.

Data Submission

Direct EHR Vendor

- EHR product and version for individual EPs and PQRS group practices to directly submit PQRS measures data to CMS in the CMS-specified format(s) on their own behalf

EHR Data Submission Vendor

- Entity that collects an individual EP's or group practice's clinical quality data directly from their EHR
  - DSVs responsible for submitting PQRS measures data from an individual EP's or PQRS group practice's CEHRT to CMS in a CMS-specified format(s) on their behalf for the program year

Individual Reporting: EHR (Direct or DSV)

- Certified EHR Technology (CEHRT) Requirement for Electronic Clinical Quality Measures (CQM) reporting
  - Providers must use technology that is CEHRT
  - Providers must create an electronic file using CEHRT that can be accepted by CMS for reporting

9 measures covering at least 3 of the National Quality Strategy (NQS) domains. **If** an EP's EHR does not contain patient data for at least 9 measures covering at least 3 domains, then the EP must report on all the measures for which there is Medicare patient data.

Report on at least 1 measure for which there is Medicare patient data. Report on all payers.

GPRO Reporting: EHR (Direct or DSV)

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs	Individual Measures	Direct EHR Product **or** EHR Data Submission Vendor (DSV) Product	✓ Report 9 measures covering at least 3 NQS domains. ✓ If the group practice's direct EHR product or EHR DSV product does not contain patient data for at least 9 measures covering at least 3 National Quality Strategy (NSQ) domains, they must report all the measures where there is Medicare patient data. ✓ Report at least 1 measure for which there is Medicare patient data.

Note: PQRS group practices reporting electronically are required to use the July 2015 version of the ***Electronic Clinical Quality Measures (eCQMs)*** for 2016 reporting.

GPRO Reporting: EHR (Direct or DSV) (cont.)

SIZE	MEASURE TYPES	REPORTING MECHANISMS	SATISFACTORY REPORTING CRITERIA FOR PQRS GROUP PRACTICES
2-99 EPs that elect to report CAHPS for PQRS 100+ EPs that must report CAHPS for PQRS	Individual Measures **and** CAHPS for PQRS	Direct EHR Product + CMS-Certified Survey Vendor **or** EHR Data Submission Vendor Product + CMS-Certified Survey Vendor	✓ Must have all CAHPS for PQRS survey measures reported on its behalf via a CMS-certified survey vendor. ✓ Report at least 6 additional measures, outside of CAHPS for PQRS, covering at least 2 of the NQS domains using the direct EHR product or EHR DSV product. Of the additional measures, report at least 1 measure for which there is Medicare patient data. ✓ If less than 6 measures apply, report all measures for which there is Medicare patient data.

Note: PQRS group practices reporting electronically are required to use the July 2015 version of the ***Electronic Clinical Quality Measures (eCQMs)*** for 2016 reporting.

Confirm 2016 PQRS GPRO Registration

- Confirm the organization registered to participate via 2016 PQRS GPRO
  - A Registration Identification Number is provided in the Confirmation Message after a group practice completes registration
  - Work with your clients to confirm they received a Registration Identification Number
- Files submitted with the wrong code within the CMS Program Name will be accepted, but will be issued a system warning and request for resubmission
  - You must select the Program Name that correctly applies to your submission in order to ensure that CMS properly analyzes your quality reporting data
  - Valid CMS Program Names are found in the 2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting
  - Only codes listed in the 2016 QRDA Implementation Guide will be accepted

QRDA Submission Requirements

- EHR vendors submitting PQRS data must:
  - Make sure that the data submitted is accurate
  - EHR data for 2016 PQRS will be submitted one time during the submission period.
  - Make sure all reporting periods under the 2016 PQRS Reporting are 12 months, January 1 – December 31, 2016
- Collect data for all payer types
  - To be eligible for PQRS, data must also contain at least one Medicare Part B Patient

TIPS TO SUCCESSFUL SUBMISSION

Submit Files

- Submit final EHR reporting files with quality measure data or ensure your data submission vendor has submitted all of your files be analyzed and used for 2016 PQRS EHR measure calculations.
- If reporting Quality Data Model (QDM)-based Quality Reporting Data Architecture (QRDA) Category I files, a single file must be uploaded/submitted for each patient.
  - Files can be batched but there will be file upload size limits
  - It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice.

Submit Files (cont.)

- Following each successful file upload, notification will be sent to the EIDM user's email address indicating that the files were submitted and received.
  - Submission reports will then be available to indicate file errors, if applicable.
- Reporting electronically via an EHR using the QRDA Category III format is one of two reporting methods (EHR and QCDR) that provide calculated reporting and performance rates to CMS.
- Additional guidance for QRDA Category I and III files can be found on the eCQM Library webpage.

ACRONYMS, RESOURCES & WHERE TO CALL FOR HELP

Acronyms

- **CAHPS –** Consumer Assessment of Healthcare Providers and Systems summary surveys
- **CMS –** Centers for Medicare & Medicaid Services
- **CQMs –** Clinical Quality Measures
- **eCQMs –** Electronic Clinical Quality Measures
- **EP –** Eligible Professional
- **FFS –** Fee-for-Service
- **GPRO –** Group Practice Reporting Option
- **NPI –** National Provider Identifier
- **PQRS –** Physician Quality Reporting System
- **PFS –** Physician Fee Schedule
- **TIN –** Taxpayer Identification Number

Resources

- **CMS PQRS Website**
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS
- **PFS Federal Regulation Notices**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html
- **Medicare and Medicaid EHR Incentive Programs**
  http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
- **CMS Value-based Payment Modifier Website**
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeedback Program/ValueBasedPaymentModifier.html
- **Physician Compare**
  http://www.medicare.gov/physiciancompare/search.html
- **Frequently Asked Questions (FAQs)**
  https://questions.cms.gov/
- **MLN Connects Provider eNews**
  http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html
- **PQRS Listserv**
  https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Where to Call for Help

- **QualityNet Help Desk:**

  866-288-8912 (TTY 877-715-6222) or qnetsupport@hcqis.org
  7:00am–7:00pm CT Monday through Friday
  You will be asked to provide basic information such as name, practice, address, phone, and e-mail.

- **EHR Incentive Program Information Center:**

  888-734-6433 Option 1 (TTY 888-734-6563)
  7:30am–6:30pm CT Monday through Friday

- **Value Modifier Help Desk:**

  888-734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

- **CPC Help Desk:**

  E-mail: cpcisupport@telligen.org

- **Physician Compare Help Desk:**

  E-mail: PhysicianCompare@Westat.com

Questions?

cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held on **Thursday, February 16 from 12:00 – 1:30 p.m. ET**. CMS will share more information when it becomes available.