

April CMS eHealth Vendor Workgroup

April 21, 2016
12:00 PM EDT





Agenda Item	Speaker
Lessons Learned from the 2015 PQRS EHR Submission Period	Sophia Autrey <i>Division of Electronic and Clinician Quality, CMS</i> Peter Mason <i>Mathematica Policy Research</i> Matt Roppelt <i>Buccaneer, A General Dynamics Company</i>
eCQM Annual Update	Shanna Hartman <i>Division of Electronic and Clinician Quality, CMS</i>
Hospital Inpatient Quality Reporting (HIQR) Update	Artrina Sturges <i>Health Services Advisory Group (HSAG)</i>
Quality Measurement Development Process Update	Kimberly Kufel <i>Division of Program and Measurement Support, Quality Measurement & Value-Based Incentives Group, CMS</i>

Questions

Lessons Learned from the 2015 PQRS EHR Submission Period

Sophia Autrey, Peter Mason, Matt Roppelt

PQRS is a provider-based program

Disclaimer

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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.

PQRS is a provider-based program

Agenda

- Purpose
- Announcement
- 2015 Feedback from PQRS Submitters
 - Data Submission
 - Education & Outreach
 - Overall
- 2014 PQRS EHR Data Issues
- Plan for 2016
- Resources

Purpose

- This presentation summarizes feedback CMS received from all who participated in the 2015 PQRS through Electronic Health Record (EHR)-based submission on their experience with education and outreach and submission.
- Information presented during this presentation was collected from PQRS group practices and individual eligible professionals reporting via EHR, as well as EHR vendors from 3/14/2016 – 3/21/2016.
- **CMS will take this feedback into consideration when planning for 2016 PQRS submission; however, this does *not* mean that any or all suggestions will actually be implemented in future program years.**

Announcement

2016 PQRS Group Practice Registration

- Registration is an annual process and participation in years past does NOT carry over.
- 2016 PQRS GPRO registration will be held **April 1 - June 30, 2016.**
- Complete information is available on the [PQRS-GPRO registration](#) page of the CMS website.

Presenter: Peter Mason, CMS Contractor

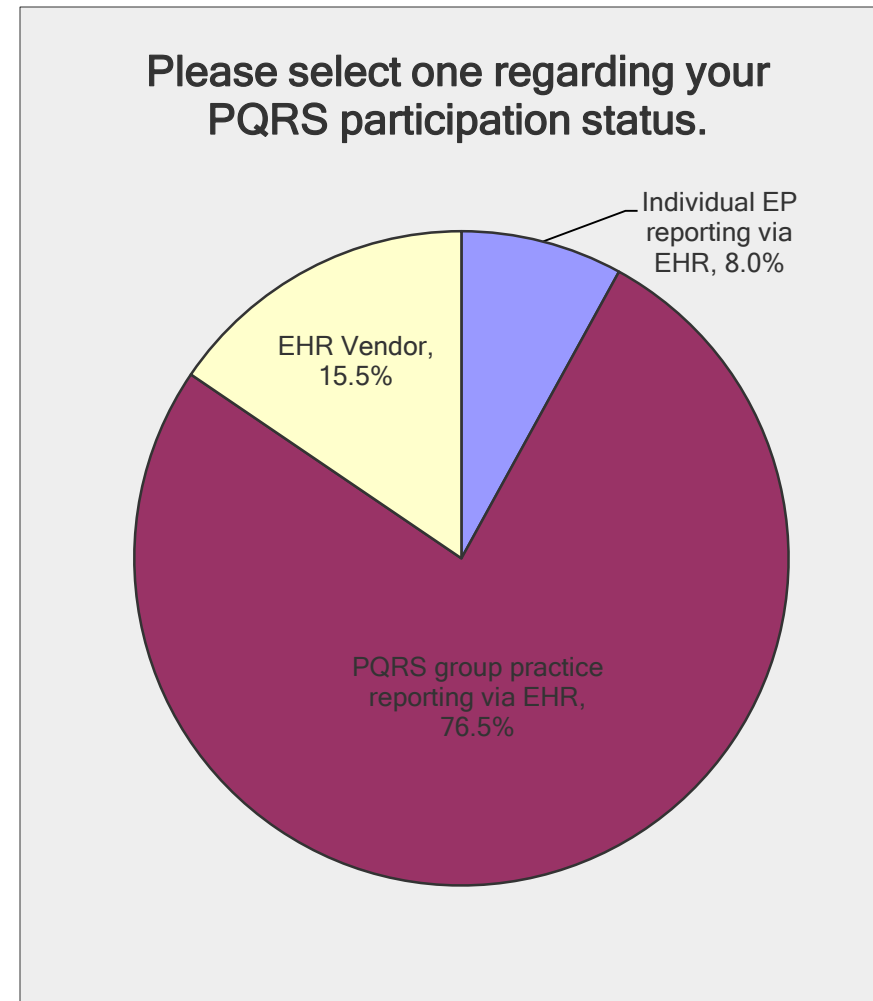
2015 FEEDBACK FROM PQRS SUBMITTERS

Feedback in this Presentation

1. Includes All Views
 - PQRS Participation Status
 - What Worked Well
 - Challenges
2. Selected Feedback is Shared
 - Focus on Trends
 - Identify Suggestions

Overview of Survey Feedback

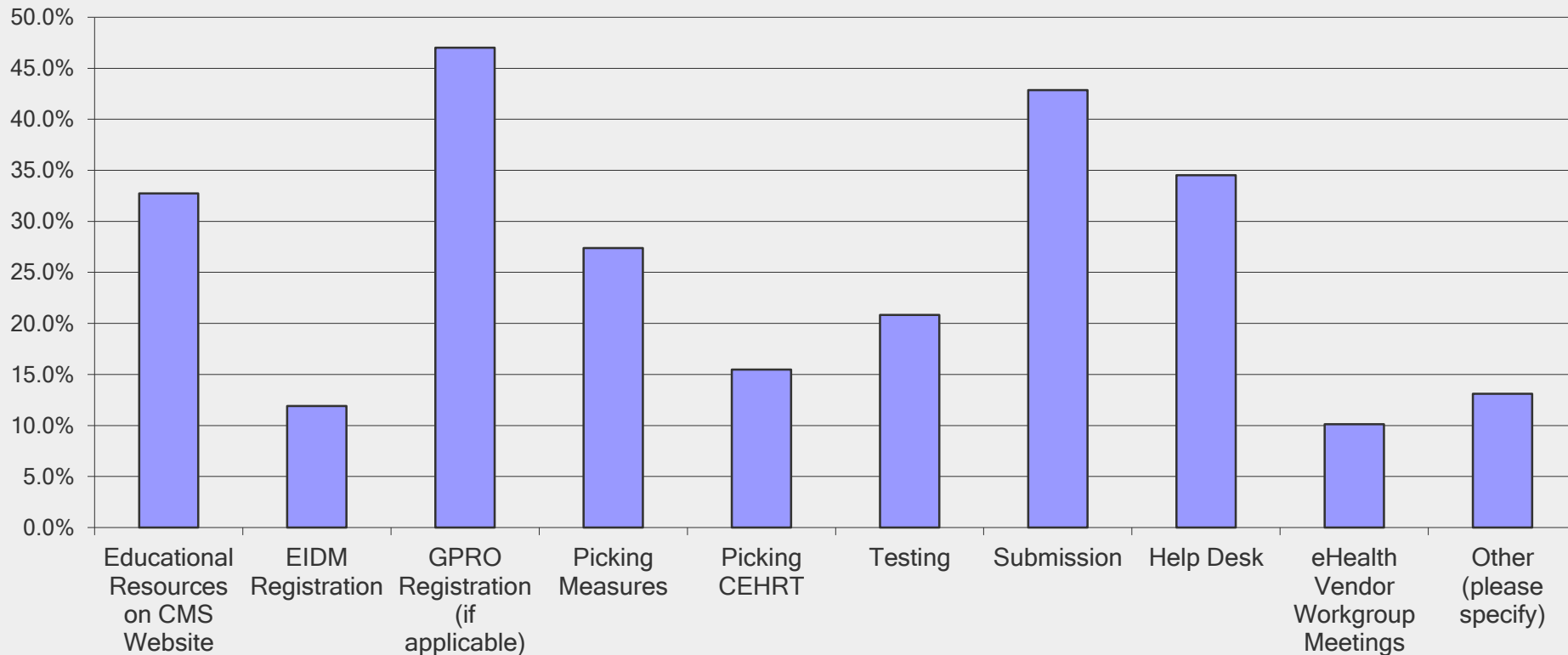
- 213 Total Respondents
 - 70% Submitted QRDA-III
 - 95% Successfully Submitted through a Certified EHR Technology (CEHRT)
 - 79% Received Submission Confirmation
 - 44% Attended eHealth Vendor Workgroup presentations



Electronic Reporting

What Worked Well

What parts of the PQRS reporting process do you think worked well for 2015 Electronic Reporting? (Please select all that apply)



Electronic Reporting Group Practices

Registered for EHR Reporting, Used Another Option

- Registry (most common)
- Reported EHR as Individual EP
- Other
- Unable to Report

Registered for EHR Reporting, Reason Didn't Report

- Vendor Problem (most common)
- Registry Instead
- Confusion between EHR and Registry
- Individual EP not GPRO
- Confusion with Requirements

Electronic Reporting Submission Suggestions to Challenges

Challenges without Suggestions

- Vendor Relations
- Issues between EHR and Compiling/Submitting Data

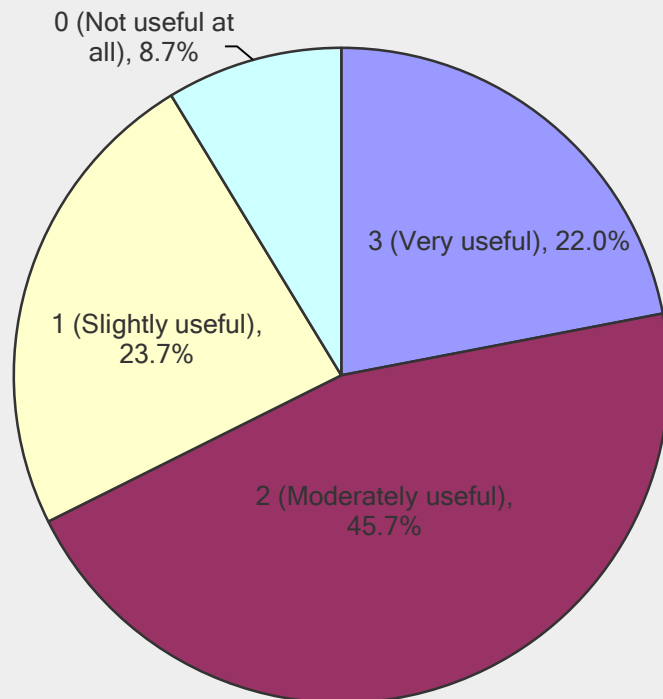
Suggestions

- Details on Error Messages
- Updated Measure Requirements and Clarification
- Simplify and Clean Up Portal
- Simplify Overall Process
- Ability to Change the Reporting Option after Registration
- Clarification on Submission versus Acceptance, including Real-Time Feedback Submission Reports
- Consistently Extend Submission Period (past Q1)
- Clarification for Instructions and Definitions of Registration, Roles, Submission, etc.

Education & Outreach

What Worked Well

Did you find the 2015 PQRS EHR Reporting Made Simple helpful?



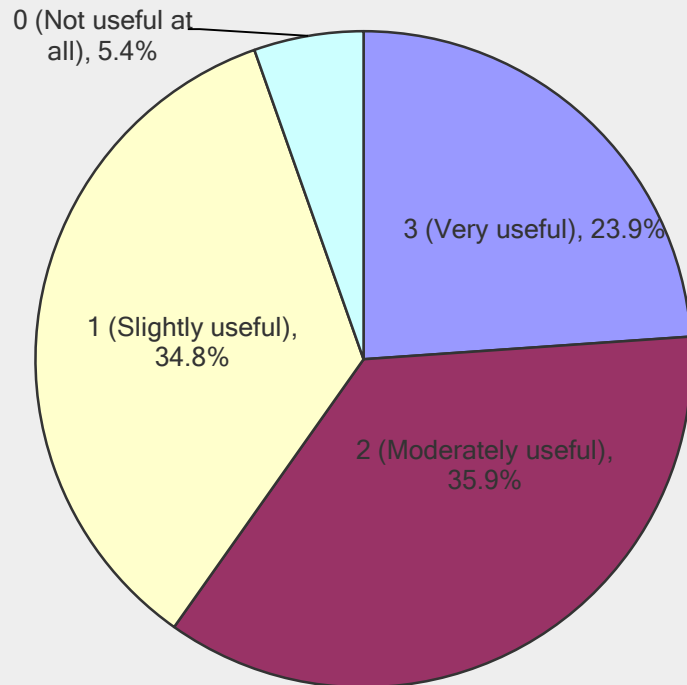
Suggestions to Improve Usefulness

- Details on EIDM Roles and Registration
- Details on QRDA Files/Distinction
- Details on DSV/EHR Direct Distinction
- Difference between Submission and Acceptance
- Details on Website and Site Organization
- Detailed Examples of Workflows/Case Examples
- Alignment of EHRs with PQRS, MU, VM
- Details on Reports and Interpreting Them
- Details on How to Pick the Right Reporting Mechanism

Education & Outreach

What Worked Well (cont'd)

If you participated in or reviewed the CMS and ONC eHealth Vendor Workgroup presentations as delivered by CMS, specifically the sections on 2015 PQRS Electronic Reporting mechanism, did you find them useful?



Suggestions to Improve Usefulness

- Detailed Examples of Workflows/Case Examples
- Details to Simplify Overall Process
- Details on EIDM Roles and Registration
- Details on Measures for Specialists
- Details on Benchmarking Measures
- Sending Definitions and Abbreviations before Presentation
- Examples of Reporting CQMs

Presenter: Matt Roppelt, CMS Contractor

2014 PQRS EHR DATA ISSUES

Inaccurate TIN/NPI Values

- Ensure TIN/NPI combinations are accurate
 - Report line-level Medicare billing numbers
 - Report the TIN to which Medicare Part B claims are billed
 - Report the individual NPI for the eligible professional
 - DO NOT use a Group NPI
- NPIs can be checked in NPPES' Registry
 - <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Inaccurate Counts and Rates

- In 2014 files submitted had one of these issues:
 - Performance Numerator > Reporting Denominator
 - (Performance Numerator + Exclusions) > Reporting Denominator
 - Missing Reporting Denominators from measures
 - Performance Rate Calculation Errors
 - Performance Rate is not equal to (Performance Numerator / Performance Denominator)
 - Invalid Performance Rates
 - The performance rate is **null**, but the performance numerator and performance denominator are greater than zero (should be percentage of Numerator/Denominator)
 - The performance rate is 0%, but the performance numerator and performance denominator are greater than zero
 - The performance rate is 0%, but the performance numerator and performance denominator are also zero (should be null)

Reporting and Performance Rates

- Reporting Rate
 - Reporting Numerator \leq Reporting Denominator
 - Reporting Numerator = Performance Met + Performance Not Met + Performance Exclusion
 - Reporting Numerator = Reporting Rate * Reporting Denominator
- Performance Rate
 - Performance Denominator = Reporting Numerator – Performance Exclusions
 - Performance Denominator = Performance Met + Performance Not Met

Presenter: Sophia Autrey, CMS

PLAN FOR 2016

Lessons Learned from 2015 PQRS Electronic Submission

- The zipped files can NOT exceed 20MB
- Submit early and often
- Be sure your EHR vendor supports the GPRO submission
 - Data must be aggregated at the TIN level
- If participating via EHR Direct product that is CEHRT
 - Sign-up for Enterprise Identity Management (EIDM) in advance
 - Participate in the Submission Engine Validation Tool (SEVT)
- If unable to submit via EHR, attempt to report as a group practice using the registry-based reporting mechanism
 - The group practice should then submit an informal review request during the informal review request period

2016 PQRS GPRO Registration

- 2016 GPRO Registration is from **April 1 – June 30, 2016**
 - Registration information is posted on the PQRS GPRO Registration web site at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>
 - Registration must be completed through the PV-PQRS registration system via the CMS Enterprise Portal at <https://portal.cms.gov/wps/portal/unauthportal/home/>
- Review the 2015 eCQMs for the 2016 program year
 - Available in the eCQM Library at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Upcoming CMS-Sponsored Calls

- National Provider Call on May 4, 2016 at 3:00pm ET
 - Topic: “How to Register for PQRS GPRO”
 - Must register at [MLN Connects™ Upcoming Calls](#) before 12:00pm ET on the day of the call
 - Space may be limited so register for the call early

Presenter: Peter Mason, CMS Contractor

RESOURCES & WHERE TO CALL FOR HELP

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/PhysicianFeedbackProgram/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

7:00 a.m.–7:00 p.m. CST 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 (TTY 888-734-6563)

- **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

eCQM Annual Update

Shanna Hartman

Now Available: Updated Electronic Clinical Quality Measures (eCQMs) for 2017

Updated Measure Specifications Available on the eCQM Library and eCQI Resource Center Websites

CMS has posted the 2016 electronic clinical quality measures (eCQMs) annual update for eligible hospitals and eligible professionals to electronically report 2017 quality data for CMS quality reporting programs.

CMS updates the specifications annually to continue to align the measures with the current clinical guidelines and code systems.

This year's update includes:

- 29 measures for eligible hospitals for the 2017 reporting period; and
- 64 measures for eligible professionals for the 2017 performance period.

How to Download Measures

To review the measures, download the entire set of eligible hospital or eligible professional measures using the links to the corresponding zip files on CMS.gov.

To obtain the value sets for the eCQMs, providers can download packages in multiple file formats from the “Downloads” page at the [Value Set Authority Center \(VSAC\)](#).

The value sets are available as a complete set, as well as value sets per measure.

The [Data Element Catalog](#) on the VSAC homepage contains the complete list of updated eCQMs and value set names.

FOR MORE INFORMATION:

Shanna Hartman - Shanna.Hartman@cms.hhs.gov
eCQI Resource Center – <https://ecqi.healthit.gov/>
eCQM Library - <http://go.cms.gov/20Fgf3C>

Hospital Inpatient Quality Reporting (HIQR) Update

Artrina Sturges



Hospital Inpatient Quality Reporting (IQR) Program Update

Artrina Sturges, EdD

**Project Lead, IQR/Electronic Health Record (EHR) Alignment
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)**

April 21, 2016

2017 IPPS/LTCH Proposed Rule Published

- The Centers for Medicare & Medicaid Services (CMS) issued a Proposed Rule on April 18, 2016.
- The Proposed Rule updates fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS).
- The display version of the Proposed Rule (CMS-1655-P) can be downloaded from the *Federal Register* at: <https://www.federalregister.gov/public-inspection>.
- The version of the Proposed Rule published in the Federal Register will be available as of 4.27.16.

Commenting on the 2017 IPPS/LTCH Proposed Rule

- CMS is accepting comments on the Proposed Rule until 5 p.m. ET on **June 17, 2016**.
 - Comments can be submitted via four methods*:
 - Electronically
 - By regular mail
 - By express or overnight mail
 - By hand or courier
 - CMS will respond to comments in the final rule scheduled to be issued by **August 1, 2016**
- * **Note:** *Please review the Proposed Rule for specific instructions for each method and submit by ONLY one method.*

2017 IPPS/LTCH Proposed Rule Webinar

- Webinar scheduled for May 9, 2016 at 2 p.m. ET
- Flyer to be distributed through the IQR and EHR ListServes
- Details to be posted on the QualityReportingCenter.com website in the coming weeks

PSVA Version Update

- Version **1.1.2** of the Pre-Submission Validation Application (PSVA) available for download in the Secure File Transfer (SFT) section of qualitynet.org
- The 1.1.1 Version of the User Guide is also available under the SFT link once the tool is downloaded
- Users must have the EHR Data Upload role assigned to their *QualityNet* Account to access the PSVA
- The recordings and transcripts of the most recent **CMS webinars for the PSVA** are available for review at <http://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>:
 - *PSVA Demonstration and eCQM Q&A Session*, March 10, 2016
 - *Pre-Submission Validation Application (PSVA) for 2016*, January 20, 2016

2016 Updated Schematron and Sample File Versions for Hospitals

- The HQR Schematrons ([2016 CMS QRDA-I Schematrons and Sample Files version 2.1 for Hospital Quality Reporting](#)) have been updated and posted on the CMS [eCQM Library](#) and the [eCQI Resource Center](#).
- These replace any previous versions of the Schematrons and Sample Files for HQR Programs, which have been removed from the CMS Library page.

Note for EPs: The Eligible Professional Schematrons and Sample Files will be updated and posted in May of 2016. CMS will notify stakeholders when the updated Schematrons and Sample Files are posted.

electronic Clinical Quality Measure (eCQM) Receiving System Update

- Available through the *QualityNet Secure Portal*
- Test File Submission to re-open later this year
 - Notification by CMS when the system is available
- Production File Submission available October 2016
- Receiving System open until submission deadline of February 28, 2017

How to Get Involved

CMS strongly encourages vendors and hospitals to continue working toward the successful submission of eCQM data by:

- Testing QRDA Category I file structure utilizing the PSVA
- Submitting test files through the CMS eCQM Receiving System (*QualityNet Secure Portal*) once the system re-opens this year
- Signing-up for the Hospital Reporting EHR ListServe and participating in training opportunities at www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register

Resources

QualityNet Help Desk

- Qnetsupport@hcqis.org
- 1.866.288.8912, 7 a.m.–7 p.m. CT, Monday through Friday

eCQM General Program Questions

- <https://cms-ip.custhelp.com>
- 866.800.8765 or 844.472.4477, 7 a.m.–7 p.m. CT Monday through Friday (except holidays)

EHR (MU) Information Center

- 888.734.6433, 7:30 a.m.–6:30 p.m., CT Monday through Friday

The JIRA – ONC Project Tracking Website

- <http://oncprojecttracking.org> Resource to submit questions and comments regarding:
 - Issues identified with eCQM logic
 - Clarification on specifications
 - The Combined QRDA IG for 2016
 - The EHR Incentive Program

FOR MORE INFORMATION:
Artrina Sturges - Artrina.Sturges@HCQIS.ORG

Quality Measurement Development Process Update

Kimberly Kufel

MACRA Section 102 Overview:

- Signed into Law April 16, 2015
- Develop quality measures for use in new Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMS)

Priority Quality Measure Domains

- Clinical Care
- Safety
- Care Coordination
- Patient and Caregiver Experience
- Population Health and Prevention

Priorities for Measure Development

- Outcome Measures
 - Patient-reported Outcome
 - Functional Status
- Patient Experience Measures
- Care Coordination Measures
- Appropriate use of Services Measures
 - Over Use

General Principles of Measure Development

- Align with CMS Quality Strategy
- Address performance gaps
- Develop evidence-based measure concepts
- Encourage scientific rigor
- Consider patient/caregiver feedback
- Spur rapid-cycle development

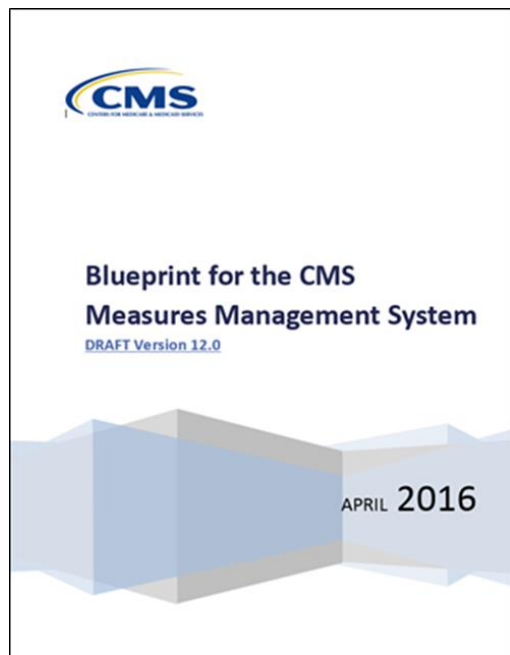
Measures Management System

A system of standardized processes and decision criteria that guide contracted measure developers in “developing, implementing, and maintaining quality measures to measure the quality of care delivered to CMS beneficiaries”

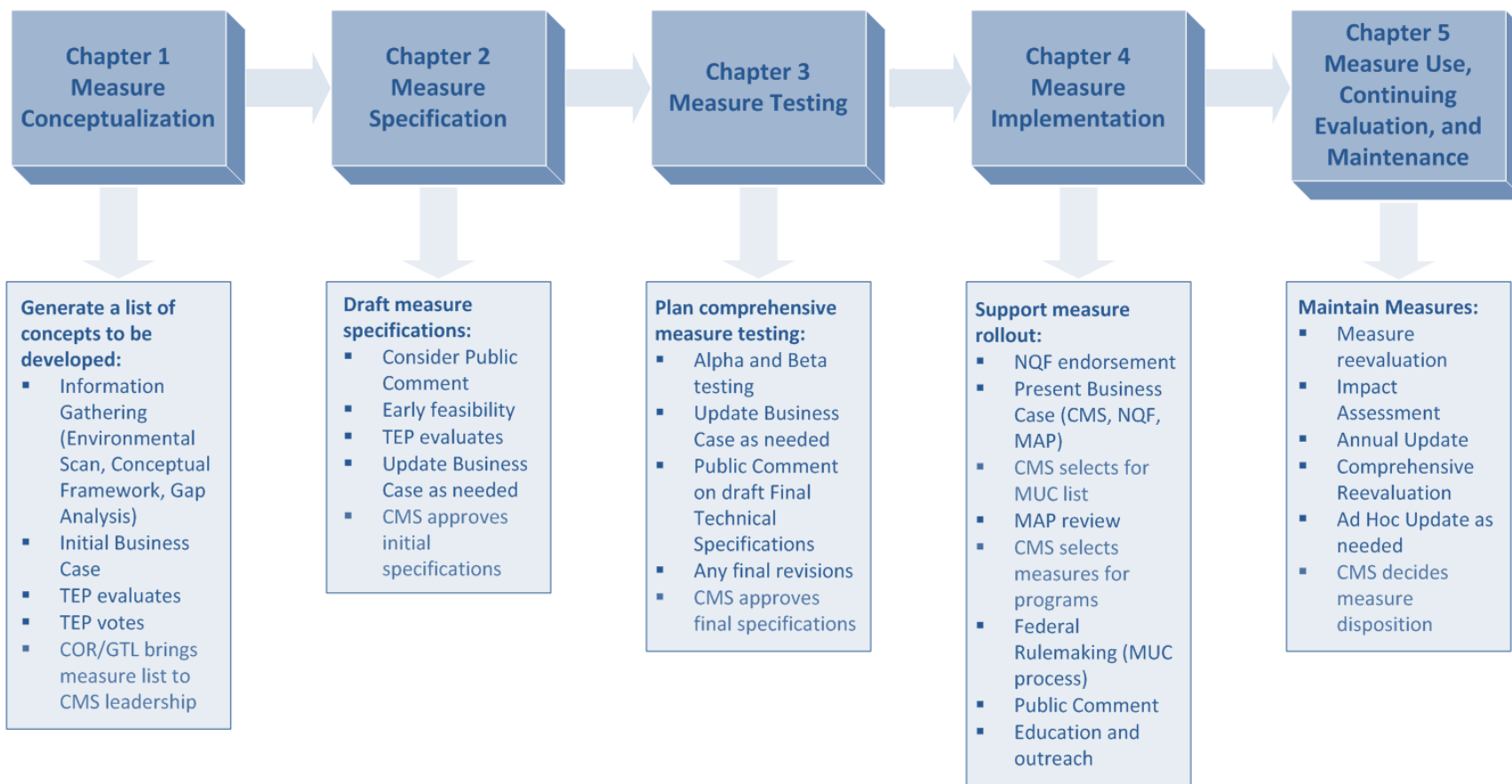
- **Standardized** for consistency, comparability
- **Flexible** to allow innovation
- **Transparent** to consumers, stakeholders

'The Blueprint'

- Documents the core set of business processes
- Version 12.0 will be released in April 2016
 - Redesign includes lifecycle summary with articles
 - More robust persons and family engagement section



Measure Lifecycle



Importance of Stakeholder Input

- To develop measures that matter
 - Effective for accountability
 - Improve quality
 - Useful to consumers

- To ensure that the value added outweighs the burden
 - Input from those being held accountable

HOW CAN YOU GET INVOLVED?

Kimberly Kufel - Kimberly.Kufel@cms.hhs.gov

FOR MORE INFORMATION:

Measures Management System - <http://go.cms.gov/1Nb3ueQ>
Support – MMSSupport@Battelle.org