APRIL 25 CMS QUALITY VENDOR WORKGROUP

April 25, 2019

12:00 – 1:30 p.m. ET

Agenda

Topic	Speaker
eCQM Annual Update Pre-Publication Document (5-10 min)	**Shanna Hartman** *CMS/CCSQ* **Edna Boone** *ESAC/Battelle*
2019 Medicare Promoting Interoperability Program Annual Call for Measures (5-10 min)	**Vidya Sellappan** *CMS/CCSQ*
CQL-based HQMF Human Readable for the Measure Authoring Tool (MAT): A Proposed Change to Current Implementation (15 min)	**Stan Rankins** *Integration Architect, Telligen*
Collaborative Measure Development Workspace: March Release Updates (5 min)	**Bridget Blake** *Deputy Project Lead, Principal Systems Engineer and Business Analyst, MITRE* **Rose Almonte** *Task Lead, Principal Clinical Informaticist, MITRE*
Hospital Inpatient Quality Reporting (IQR) Updates (10-15 min)	**Artrina Sturges, Veronica Dunlap** *Hospital Inpatient Value, Incentives, and Quality Reporting Support Contractor*
Cypress Validation Utility + Calculation Check (CVU+) (5-10 min)	**David Czulada, Lauren DiCristifaro** *MITRE*
QPP Experience Report, Data Submission, and Group Registration Updates (5-10 min)	**Adam Richards and Lisa Marie Gomez** *CMS/CCSQ*
Questions	

eCQM Annual Update Pre-Publication Document

CMS Quality Partner Workgroup

April 25, 2019

Shanna Hartman, CMS

Edna Boone, ESAC/Battelle

What is included within the pre-publication document?

- Pre-release of expected standards and code system version used in eCQMs for 2020 reporting/performance periods
- Includes:
  - Standards versions
  - Code system versions
  - Links to the eCQI Resource Center pages where updated eCQMs will be posted

Where can I find the pre-publication document?

- The document is located in the eCQM materials table of the Eligible Hospital and Eligible Professional/Eligible Clinician webpages of the eCQI Resource Center
  - https://ecqi.healthit.gov/eh
  - https://ecqi.healthit.gov/ep
- The document can also be located by using the Search feature on the eCQI Resource Center
- Direct Link: https://ecqi.healthit.gov/system/files/2019_eCQM_Prepublication.pdf

Finding the Pre-publication document.

Eligible Professional / Eligible Clinician eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for eligible clinicians participating in the Quality Payment Program (QPP): the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs); Comprehensive Primary Care Plus (CPC+); and eligible professionals participating in the Medicaid Promoting Interoperability Program. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to CMS quality programs requires that an eligible professional or eligible clinician use the most current version of the eCQMs identified below for the applicable performance period. Performance period for eligible clinicians is defined as the measure data capture period of the calendar year between January 1 and December 31.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCQMs for potential inclusion in these programs

- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM: Comprehensive Primary Care Plus (CPC+)
- Medicaid Promoting Interoperability Program for Eligible Professionals (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Performance/Reporting Period **Search**

2020 | Apply | Reset

2020 PERFORMANCE PERIOD ELIGIBLE PROFESSIONAL / ELIGIBLE CLINICIAN ECQMS

View Archive

For Use	eCQM Materials	Published
Jan 1 – Dec 31 2020	eCQM Annual Update Pre-Publication Document (pdf)	Feb 2019

What does the pre-publication document look like?

Electronic Clinical Quality Measures (eCQMs) Annual Update Pre-Publication Document for 2020 Reporting/Performance

March 2019

This document describes the versions of the standards and code systems used in conjunction with the updated eCQMs for potential use in the Centers for Medicare & Medicaid Services (CMS) programs for 2020 reporting/performance. It is designed to help health information technology (IT)/electronic health record (EHR) developers, Eligible Professionals/Eligible Clinicians, and Eligible Hospitals/Critical Access Hospitals prepare for 2020 reporting through transparent pre-release of the expected standards and code system versions.

Where and when to obtain updated eCQMs for 2020 reporting/performance:

The eCQM annual update for 2020 reporting/performance will be available spring 2019. Please sign up for and follow the Electronic Clinical Quality Improvement (eCQI) Resource Center, CMS, and the Office of the National Coordinator for Health Information Technology (ONC) listservs to receive updates and announcements on the eCQM specifications' publication and related content. The updated eCQMs will be posted on the Eligible Professional/Eligible Clinician and Eligible Hospital/Critical Access Hospital pages of the eCQI Resource Center.

Standards related to the updated eCQM specifications for 2020 reporting/performance:

- C-CDA R2.1 – HL7 CDA R2 Implementation Guide: Consolidated Clinical Document Architecture Templates for Clinical Notes (US Realm) DSTU Release 2.1 (with errata)
- HQMF R1 Normative – HL7 Version 3 Standard: Representation of the Health Quality Measure Format (eMeasure) Release 1
- HL7 V3 CQL-based HQMF Implementation Guide R1 STU 3 – HL7 Version 3 Implementation Guide: Clinical Quality Language (CQL)-based Health Quality Measure Format (HQMF), Release 1 - US Realm, Standard for Trial Use 3
- CQL R1 STU 3 – Clinical Quality Language Specification, Release 1 STU 3
- QRDA I R1 STU R5 – Quality Reporting Document Architecture - Category I Standard for Trial Use Release 5 (December 2017)
- QRDA III R1 STU R2.1 – Quality Reporting Document Architecture - Category III Standard for Trial Use Release 2.1 (June 2017)
- QDM v5.4 – Quality Data Model Version 5.4
- CMS QRDA IGs – CMS Quality Reporting Document Architecture Implementation Guides (CMS QRDA I IG for Hospital Quality Reporting 05/04/2018 and CMS QRDA III IG for Eligible Clinicians and Eligible Professionals Programs 10/8/2018)

Code system versions used in the eCQM specifications for 2020 reporting/performance:

The following code systems will be used:

- AdministrativeGender HL7V3.0_2018-08 – Administrative Gender Value Set Version 3.0
- CDCREC 1.2 – Centers for Disease Control and Prevention Race and Ethnicity Code Set Version 1.2
- CDT 2019 – Current Dental Terminology 2019
- CPT 2019 – Current Procedural Terminology 2019
- CVX 2018-11 – Clinical Vaccine Formulation 2018-11
- HCPCS 2019 – Healthcare Common Procedure Coding System 2019
- HSLOC 2017 – NHSN Healthcare Service Location Codes 2017
- ICD-10-CM 2019 – International Classification of Diseases, Tenth Revision, Clinical Modification, 2019
- ICD-10-PCS 2019 – International Classification of Diseases, Tenth Revision, Procedure Coding System, 2019
- LOINC 2.65 – Logical Observation Identifiers Names and Codes 2.65
- RxNorm 2019-01 - A normalized naming system for generic and branded drugs
- SNOMED CT US Edition 2018-09 – A comprehensive and precise health terminology for electronic exchange of clinical health information
- SOP 8.0 – Source of Payment 8.0

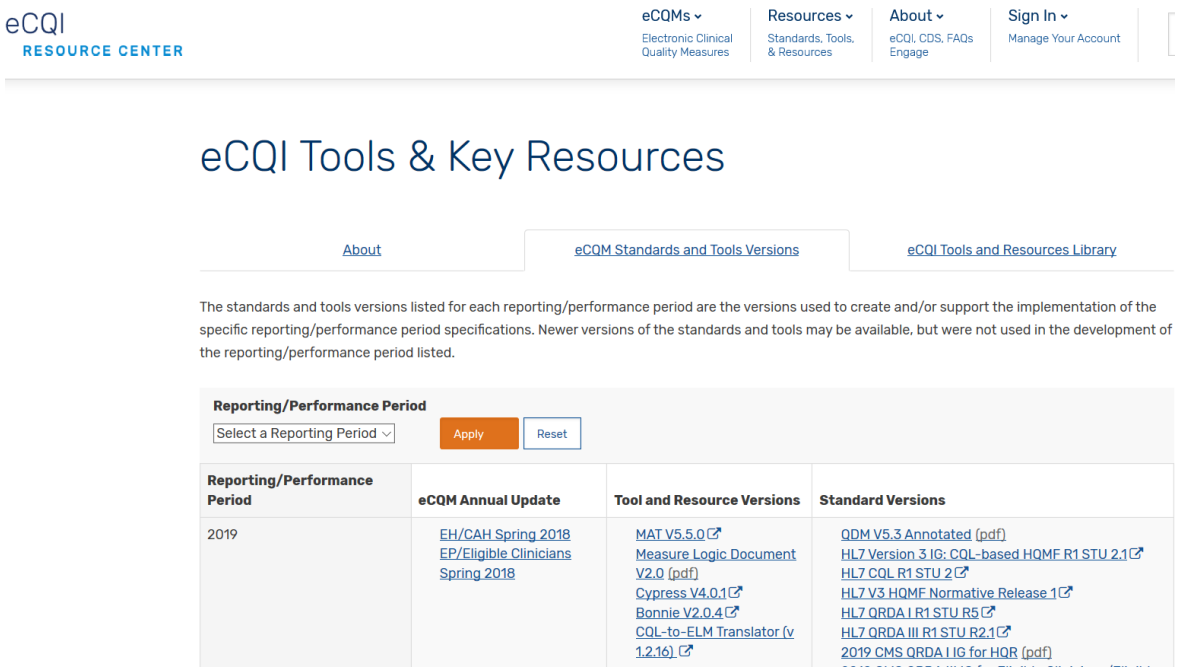
The following remains the same:

- ICD-9-CM 2013 – International Classification of Diseases, Ninth Revision, Clinical Modification, 2013 (in use due to look-back periods of some eCQMs)

The Value Set Authority Center will post a final list of code systems and value sets used with the eCQM specifications for 2020 reporting/performance this spring 2019.

What else has been updated?

- The eCQM Standards and tools version chart on the eCQI Resource Center has been updated to reflect expected standards, tools and resource versions



Watch for additional standards and tools updates on the eCQI Resource Center

https://ecqi.healthit.gov/ecqm-tools-key-resources

How do I provide feedback?

- For questions related to eCQM implementation specifications, logic, data elements, standards, or tools, please use the ONC Project Tracking System (JIRA) tracking tool at https://oncprojectracking.healthit.gov
- Provide feedback and/or suggestions on the eCQI Resource Center to ecqi-resource-center@hhs.gov

2019 Medicare Promoting Interoperability Program Annual Call for Measures

Vidya Sellappan
CMS/CCSQ

RESOURCES

- 2019 Annual Call for Measures
  - Submission Form
  - Fact Sheet
- CMSPICallForMeasures@ketchum.com

CQL-based HQMF Human Readable for the Measure Authoring Tool (MAT): A Proposed Change to Current Implementation

Presenter: Stan Rankins, Integration Architect

April 2019

Welcome

- Introductions
- Agenda and Material Review
  - Supporting Materials
  - Why Change?
  - Current versus Proposed Human Readable
- Discussion & Questions

Supporting Materials

- HL7 Standard: Clinical Quality Language (CQL) Specification
- HL7 Version 3 Standard: Representation of the Health Quality Measure Format (eMeasure) Release 1
- HL7 Version 3 Implementation Guide: CQL-based HQMF

Human Readable – Why Change?

- Feedback from Community
  - Unfriendly Navigation
  - Hard to Follow Layout
  - Value Set Help
- Issues Caused by Current Layout

Current Human Readable – Table of Contents

Numerator Exclusions	Not Applicable
Denominator Exceptions	Patients with ICU LOS less than one day
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

Table of Contents

- Population Criteria
- Definitions
- Functions
- Terminology
- Data Criteria (QDM Data Elements)
- Supplemental Data Elements
- Risk Adjustment Variables

Population Criteria

Initial Population

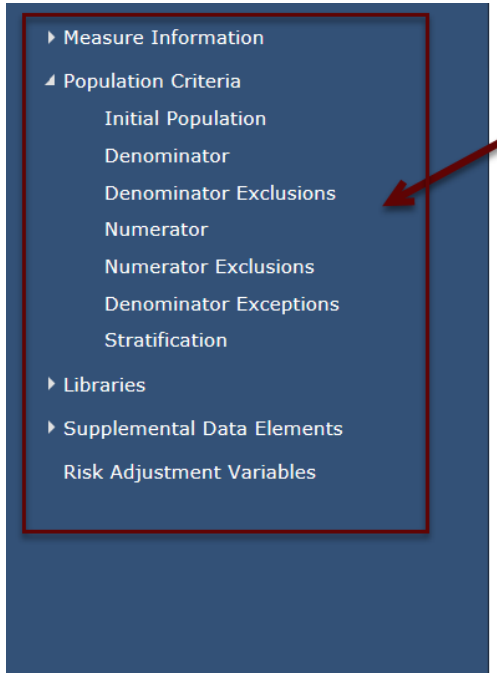
"Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

Denominator

"Encounter With ICU Location"

Denominator Exclusions

Proposed Human Readable – Fixed Sidebar



Intensive Care Unit Venous Thromboembolism Prophylaxis

eCQM Identifier (Measure Authoring Tool)	190	**eCQM Version number**	7.3.000
NQF Number	0372	**GUID**	fa91ba68-1e66-4a23-8eb2-baa8e6df2f2f
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	The Joint Commission		
Measure Developer	The Joint Commission		
Endorsed By	National Quality Forum		
Description	This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)		
Copyright	Measure specifications are in the Public Domain. LOINC(R) is a registered trademark of the Regenstrief Institute. This material contains SNOMED Clinical Terms(R) (SNOMED CT(C)) copyright 2004-2017 International Health Terminology Standards Development Organization. All rights reserved.		
Disclaimer	These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. The measures and specifications are provided without warranty.		
Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		

Current Human Readable – Ambiguous Section Indicators

Proposed Human Readable – Clearly Marked Headings

Current Human Readable - QDM-based HQMF-like Layout

Population Criteria

Initial Population

"Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

Denominator

"Encounter With ICU Location"

Denominator Exclusions

```
"Encounter With ICU Location Less Than 2 Days"
    union "First ICU Stay With Principal Procedure of SCIP VTE Selected Surgery"
    union "Intervention Comfort Measures From Start of Hospitalization To Day After First ICU Stay"
    union "Intervention Comfort Measures on Day of or Day After Procedure"
```

Numerator

```
"VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
    union ( "Medication Oral Factor Xa Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
            intersect ( "Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
                        union "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
            )
    )
    union "Low Risk for VTE or Anticoagulant Administered"
    union "No VTE Prophylaxis Due to Medical Reason"
    union "No VTE Prophylaxis Due to Patient Refusal"
```

Numerator Exclusions

None

Denominator Exceptions

"Encounter With First ICU Location Stay less than 1 day"

Stratification

None

Definitions

Admission Without VTE or Obstetrical Conditions

```
( Global."Inpatient Encounter" InpatientEncounter
        where not ( exists ( InpatientEncounter.diagnoses EncounterDiagnoses
                    where ( EncounterDiagnoses in "Obstetrics"
                            or EncounterDiagnoses in "Venous Thromboembolism"
                            or EncounterDiagnoses in "Obstetrics VTE"
                    )
            )
        )
)
    intersect ( Global."Inpatient Encounter" InpatientEncounter
            without ( ["Diagnosis": "Obstetrics"]
                union ["Diagnosis": "Venous Thromboembolism"]
                union ["Diagnosis": "Obstetrics VTE"] ) Diagnosis
                such that Diagnosis.prevalencePeriod starts during Global."Hospitalization"(InpatientEncounter)
    )
```

Denominator

Proposed Human Readable – More CQL-Friendly Layout

Population Criteria

Initial Population

"Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

Denominator

"Encounter With ICU Location"

Denominator Exclusions

"Encounter With ICU Location Less Than 2 Days"
union "First ICU Stay With Principal Procedure of SCIP VTE Selected Surgery"
union "Intervention Comfort Measures From Start of Hospitalization To Day After First ICU Stay"
union "Intervention Comfort Measures on Day of or Day After Procedure"

Numerator

"VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
union ("Medication Oral Factor Xa Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
intersect ("Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
union "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
)
)
union "Low Risk for VTE or Anticoagulant Administered"
union "No VTE Prophylaxis Due to Medical Reason"
union "No VTE Prophylaxis Due to Patient Refusal"

Numerator Exclusions

None

Denominator Exceptions

"Encounter With First ICU Location Stay less than 1 day"

Stratification

None

Libraries

IntensiveCareUnitVenousThromboembolismProphylaxis

Codes

- code "Risk for venous thromboembolism" ("LOINC version 2.63 Code (72136-5)")

Value Sets

- valueset "Atrial Fibrillation/Flutter" (2.16.840.1.113883.3.117.1.7.1.202)
- valueset "Comfort Measures" (1.3.6.1.4.1.33895.1.3.0.45)
- valueset "Direct Thrombin Inhibitor" (2.16.840.1.113883.3.117.1.7.1.205)
- valueset "Emergency Department Visit" (2.16.840.1.113883.3.117.1.7.1.292)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "General or Neuraxial Anesthesia" (2.16.840.1.113883.3.666.5.1743)
- valueset "General Surgery" (2.16.840.1.113883.3.117.1.7.1.255)
- valueset "Glycoprotein IIb/IIIa Inhibitors" (2.16.840.1.113762.1.4.1045.41)
- valueset "Graduated compression stockings" (2.16.840.1.113883.3.117.1.7.1.256)
- valueset "Gynecological Surgery" (2.16.840.1.113883.3.117.1.7.1.257)
- valueset "Hip Fracture Surgery" (2.16.840.1.113883.3.117.1.7.1.258)
- valueset "Hip Replacement Surgery" (2.16.840.1.113883.3.117.1.7.1.259)
- valueset "Injectable Factor Xa Inhibitor for VTE Prophylaxis" (2.16.840.1.113883.3.117.1.7.1.211)
- valueset "INR" (2.16.840.1.113883.3.117.1.7.1.213)

Current Human Readable – Single Flow

Population Criteria

Initial Population

"Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

Denominator

"Encounter With ICU Location"

Denominator Exclusions

```
"Encounter With ICU Location Less Than 2 Days"
    union "First ICU Stay With Principal Procedure of SCIP VTE Selected Surgery"
    union "Intervention Comfort Measures From Start of Hospitalization To Day After First ICU Stay"
    union "Intervention Comfort Measures on Day of or Day After Procedure"
```

Numerator

```
"VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
    union ( "Medication Oral Factor Xa Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
            intersect ( "Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
                        union "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
            )
    )
    union "Low Risk for VTE or Anticoagulant Administered"
    union "No VTE Prophylaxis Due to Medical Reason"
    union "No VTE Prophylaxis Due to Patient Refusal"
```

Numerator Exclusions

None

Denominator Exceptions

"Encounter With First ICU Location Stay less than 1 day"

Stratification

None

Definitions

Admission Without VTE or Obstetrical Conditions

```
( Global."Inpatient Encounter" InpatientEncounter
        where not ( exists ( InpatientEncounter.diagnoses EncounterDiagnoses
                    where ( EncounterDiagnoses in "Obstetrics"
                            or EncounterDiagnoses in "Venous Thromboembolism"
                            or EncounterDiagnoses in "Obstetrics VTE"
                    )
            )
        )
)
    intersect ( Global."Inpatient Encounter" InpatientEncounter
            without ( ["Diagnosis": "Obstetrics"]
                    union ["Diagnosis": "Venous Thromboembolism"]
                    union ["Diagnosis": "Obstetrics VTE"] ) Diagnosis
                    such that Diagnosis.prevalencePeriod starts during Global."Hospitalization"(InpatientEncounter)
        )
```

Denominator

Proposed Human Readable - Navigable Links

Population Criteria

Initial Population

"Encounter With Age Range and Without VTE Diagnosis or Obstetrical Conditions"

Denominator

"Encounter With ICU Location"

Denominator Exclusions

"Encounter With ICU Location Less Than 2 Days"
union "First ICU Stay With Principal Procedure of SCIP VTE Selected Surgery"
union "Intervention Comfort Measures From Start of Hospitalization To Day After First ICU Stay"
union "Intervention Comfort Measures on Day of or Day After Procedure"

Numerator

"VTE Prophylaxis Received on Day of or Day After First ICU Stay or Procedure"
union ("Medication Oral Factor Xa Inhibitor Administered on Day of or Day After First ICU Stay or Procedure"
intersect ("Encounter With Prior or Present Diagnosis of Atrial Fibrillation or VTE"
union "Encounter With Prior or Present Procedure of Hip or Knee Replacement Surgery"
)
)
union "Low Risk for VTE or Anticoagulant Administered"
union "No VTE Prophylaxis Due to Medical Reason"
union "No VTE Prophylaxis Due to Patient Refusal"

Numerator Exclusions

None

Denominator Exceptions

"Encounter With First ICU Location Stay less than 1 day"

Stratification

None

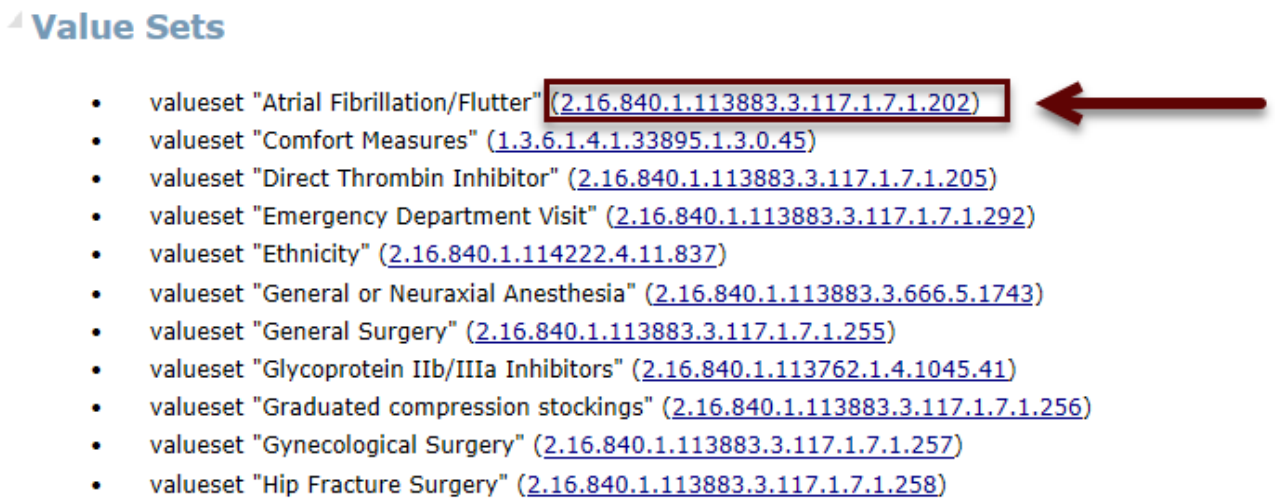
Current Human Readable – Manual Value Set Lookup

Terminology

- codesystem "LOINC" using "2.16.840.1.113883.6.1 version 2.63"
- code "Risk for venous thromboembolism" using "LOINC version 2.63 Code (72136-5)"
- valueset "Atrial Fibrillation/Flutter" using "2.16.840.1.113883.3.117.1.7.1.202"
- valueset "Comfort Measures" using "1.3.6.1.4.1.33895.1.3.0.45"
- valueset "Direct Thrombin Inhibitor" using "2.16.840.1.113883.3.117.1.7.1.205"
- valueset "Emergency Department Visit" using "2.16.840.1.113883.3.117.1.7.1.292"
- valueset "Encounter Inpatient" using "2.16.840.1.113883.3.666.5.307"
- valueset "Ethnicity" using "2.16.840.1.114222.4.11.837"
- valueset "General or Neuraxial Anesthesia" using "2.16.840.1.113883.3.666.5.1743"
- valueset "General Surgery" using "2.16.840.1.113883.3.117.1.7.1.255"
- valueset "Glycoprotein IIb/IIIa Inhibitors" using "2.16.840.1.113762.1.4.1045.41"
- valueset "Graduated compression stockings (GCS)" using "2.16.840.1.113883.3.117.1.7.1.256"
- valueset "Gynecological Surgery" using "2.16.840.1.113883.3.117.1.7.1.257"
- valueset "Hip Fracture Surgery" using "2.16.840.1.113883.3.117.1.7.1.258"
- valueset "Hip Replacement Surgery" using "2.16.840.1.113883.3.117.1.7.1.259"
- valueset "Injectable Factor Xa Inhibitor for VTE Prophylaxis" using "2.16.840.1.113883.3.117.1.7.1.211"
- valueset "INR" using "2.16.840.1.113883.3.117.1.7.1.213"
- valueset "Intensive Care Unit" using "2.16.840.1.113762.1.4.1110.23"
- valueset "Intermittent pneumatic compression devices (IPC)" using "2.16.840.1.113883.3.117.1.7.1.214"
- valueset "Intracranial Neurosurgery" using "2.16.840.1.113883.3.117.1.7.1.260"
- valueset "Intravenous route" using "2.16.840.1.113883.3.117.1.7.1.222"
- valueset "Knee Replacement Surgery" using "2.16.840.1.113883.3.117.1.7.1.261"
- valueset "Low Dose Unfractionated Heparin for VTE Prophylaxis" using "2.16.840.1.113762.1.4.1045.39"
- valueset "Low Molecular Weight Heparin for VTE Prophylaxis" using "2.16.840.1.113883.3.117.1.7.1.219"
- valueset "Low Risk" using "2.16.840.1.113883.3.117.1.7.1.400"
- valueset "Medical Reason" using "2.16.840.1.113883.3.117.1.7.1.473"
- valueset "Obstetrics VTE" using "2.16.840.1.113883.3.117.1.7.1.264"
- valueset "Obstetrics" using "2.16.840.1.113883.3.117.1.7.1.263"
- valueset "ONC Administrative Sex" using "2.16.840.1.113762.1.4.1"
- valueset "Oral Factor Xa Inhibitor for VTE Prophylaxis or VTE Treatment" using "2.16.840.1.113883.3.117.1.7.1.134"

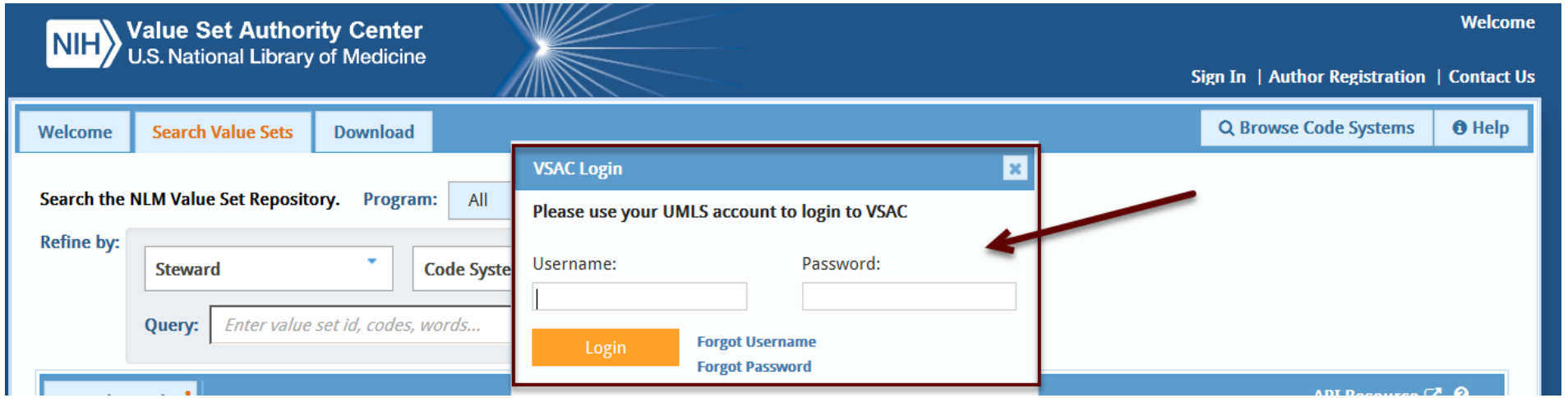
Proposed Human Readable – Direct Value Set Lookup

- Click the OID link in the Value Sets Section.

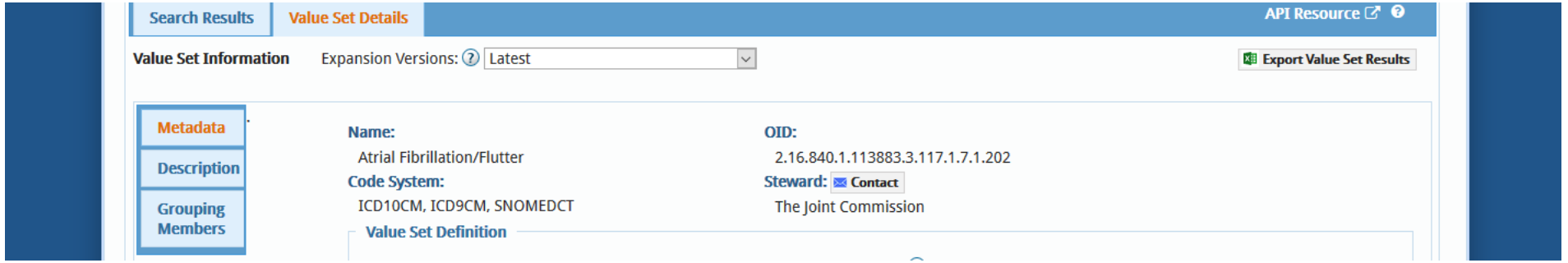


Proposed Human Readable – Direct Value Set Lookup (Continued)

- Enter UMLS Login to sign in to VSAC



- Taken to a screen with the latest information for the value set



Human Readable – Summary

- TOC versus Fixed Sidebar Navigation
- Ambiguous Section Indicators versus Clearly Marked Headings
- QDM-based HQMF-like Layout versus More CQL-Friendly Layout
- Single Flow versus Navigable Links
- Value Set Content – Manual versus Directed

Contact Us

- For any questions or feedback
  - Email: Support@emeasuretool.org
  - Phone: 1-800-673-0655

Collaborative Measure Development Workspace: March Release Updates

Bridget Blake
Deputy Project Lead, Principal Systems Engineer and Business Analyst
MITRE

Rose Almonte
Task Lead, Principal Clinical Informaticist
MITRE

AGENDA

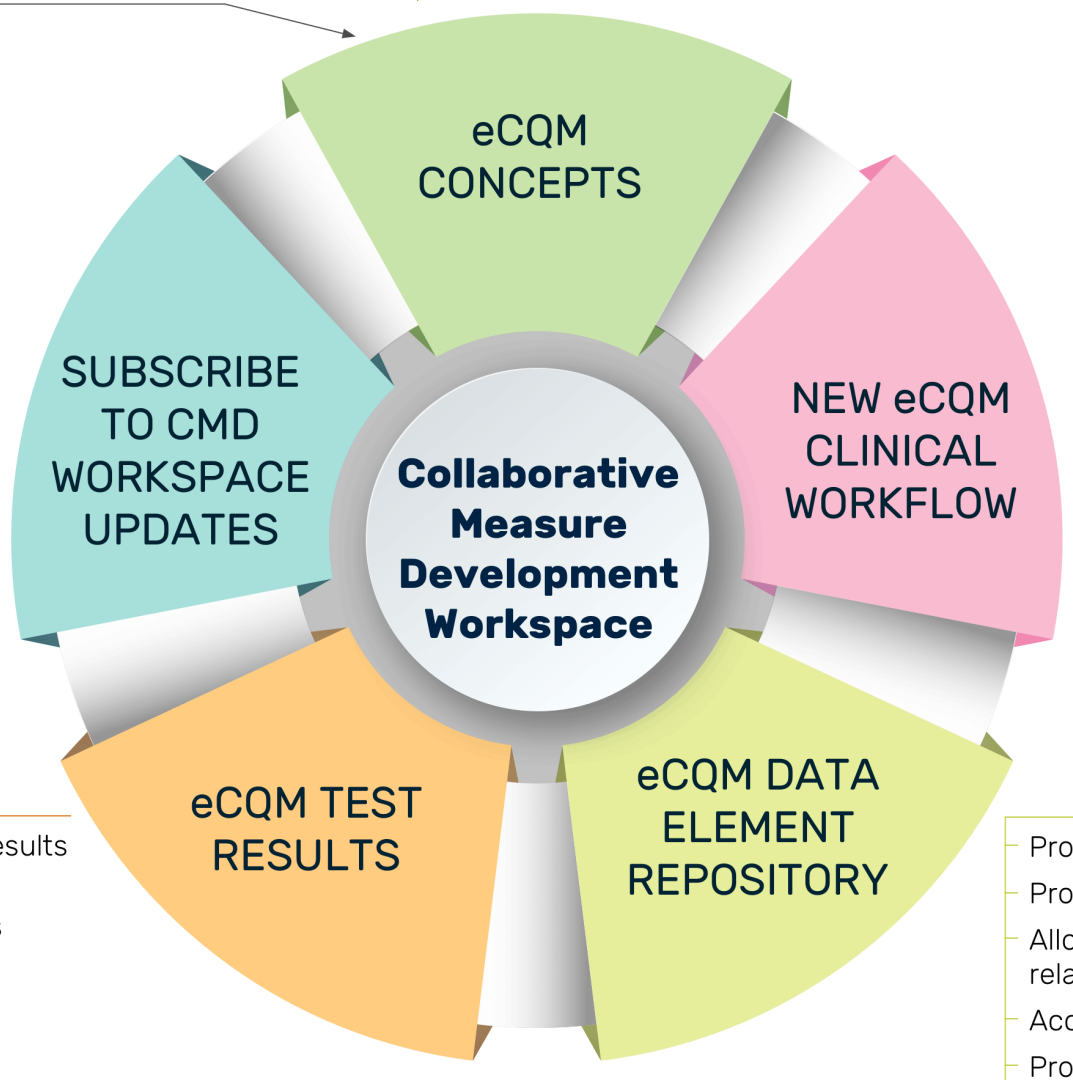
- Collaborative Measure Development (CMD) Workspace Overview
- Updates in the March Release of the CMD Workspace
- Questions and Answers

CMD WORKSPACE OVERVIEW

- Hosted on the Electronic Clinical Quality Improvement (eCQI) Resource Center
- The CMD Workspace brings together a set of interconnected resources, tools, and processes to promote clarity, transparency, and better interaction across stakeholder communities that develop, implement, and report electronic clinical quality measures (eCQM)

Inputs into eCQM Concepts
Meaningful Measures Areas
CMS Measures Inventory Tool (CMIT)
Measures Under Consideration (MUC) List

- Perform assessment against Meaningful Measures Areas
- Perform assessment against CMS eCQMs under development
- Check if already exists in similar measure



- Provide a shared development workspace
- Provide access to measure workflow documentation
- Capture comments on evolving eCQMs
- Allow sites to express interest in testing

- Communicate regular updates on measures under development

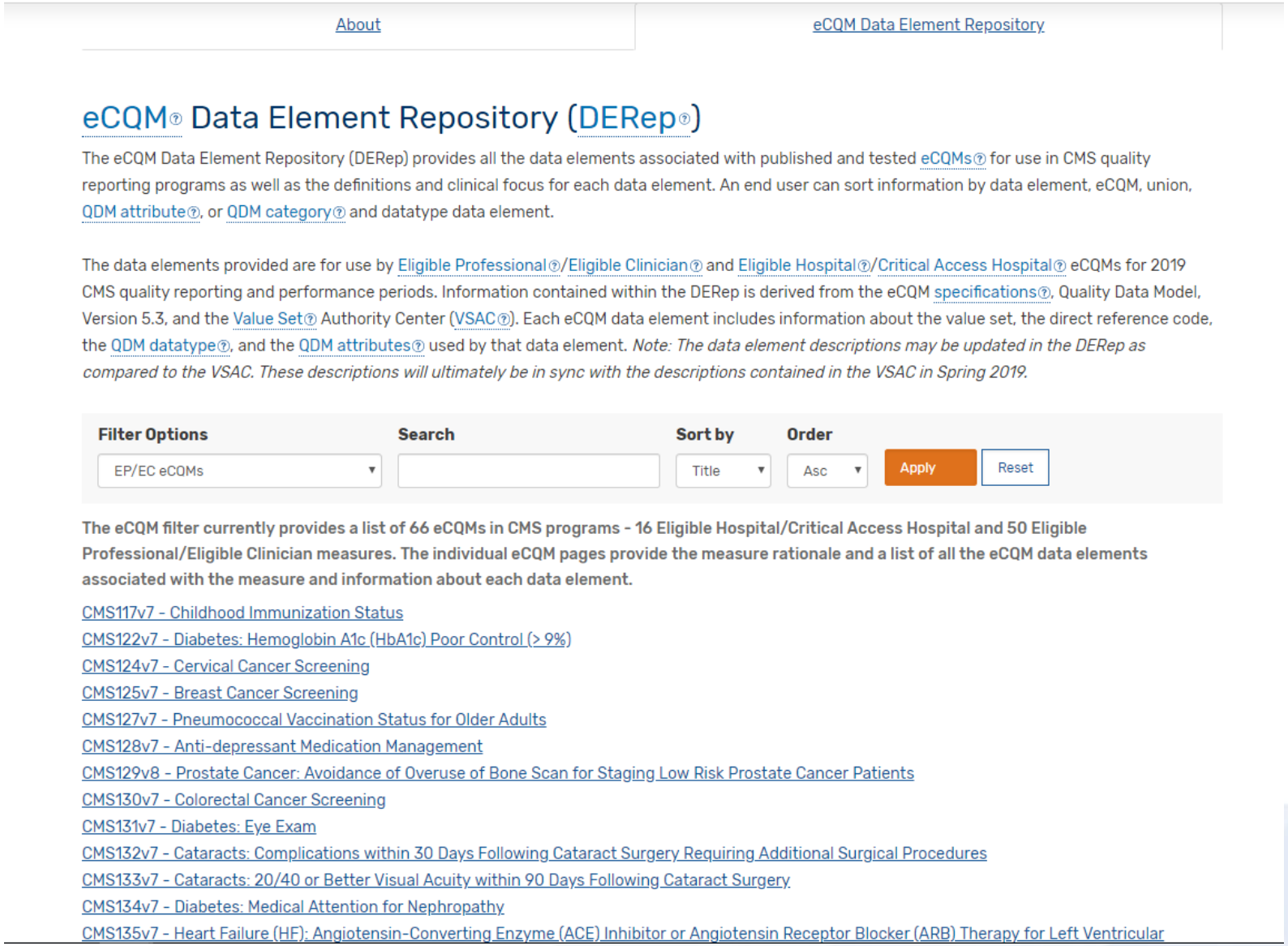
- Provide access to test results
- Provide access to all important test attributes
- Provide access to a test measure scorecard

- Provide access to eCQM data elements
- Provide access to value set codes
- Allow users to access use cases related to a data element(s)
- Access data element test results
- Provide comments related to a data element(s) for measures under development

UPDATES IN THE MARCH RELEASE OF THE CMD WORKSPACE

- Data Element Repository (DERep)
  - The additional 42 CMS Eligible Clinician eCQMs have now been added to the DERep to complete the information in the data element repository for all available 2019 CMS eCQMs.
  - Formatting changes to make information sources clear
    - Value Set Descriptions from VSAC
    - Direct Reference Codes
    - Quality Data Model Definitions

SCREENSHOT OF DATA ELEMENT REPOSITORY LISTING OF ELIGIBLE CLINICIAN ECQMS



About | eCQM Data Element Repository

eCQM Data Element Repository (DERep)

The eCQM Data Element Repository (DERep) provides all the data elements associated with published and tested eCQMs for use in CMS quality reporting programs as well as the definitions and clinical focus for each data element. An end user can sort information by data element, eCQM, union, QDM attribute, or QDM category and datatype data element.

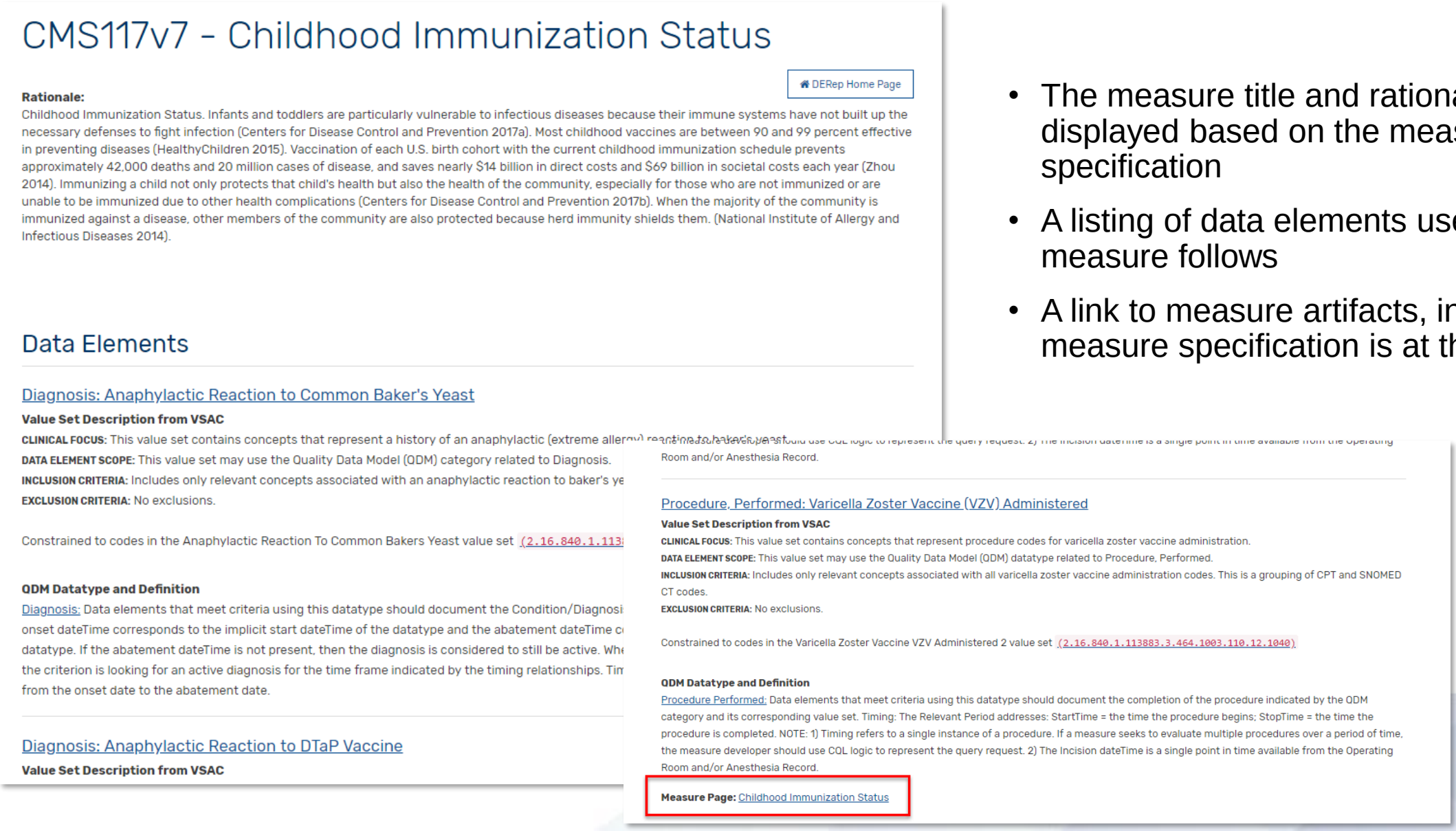
The data elements provided are for use by Eligible Professional/Eligible Clinician and Eligible Hospital/Critical Access Hospital eCQMs for 2019 CMS quality reporting and performance periods. Information contained within the DERep is derived from the eCQM specifications, Quality Data Model, Version 5.3, and the Value Set Authority Center (VSAC). Each eCQM data element includes information about the value set, the direct reference code, the QDM datatype, and the QDM attributes used by that data element. *Note: The data element descriptions may be updated in the DERep as compared to the VSAC. These descriptions will ultimately be in sync with the descriptions contained in the VSAC in Spring 2019.*

Filter Options EP/EC eCQMs | **Search** | **Sort by** Title | **Order** Asc | Apply | Reset

The eCQM filter currently provides a list of 66 eCQMs in CMS programs - 16 Eligible Hospital/Critical Access Hospital and 50 Eligible Professional/Eligible Clinician measures. The individual eCQM pages provide the measure rationale and a list of all the eCQM data elements associated with the measure and information about each data element.

CMS117v7 - Childhood Immunization Status
CMS122v7 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
CMS124v7 - Cervical Cancer Screening
CMS125v7 - Breast Cancer Screening
CMS127v7 - Pneumococcal Vaccination Status for Older Adults
CMS128v7 - Anti-depressant Medication Management
CMS129v8 - Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
CMS130v7 - Colorectal Cancer Screening
CMS131v7 - Diabetes: Eye Exam
CMS132v7 - Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
CMS133v7 - Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
CMS134v7 - Diabetes: Medical Attention for Nephropathy
CMS135v7 - Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular

SCREENSHOT OF SAMPLE ECQM PAGE



CMS117v7 - Childhood Immunization Status

DERep Home Page

Rationale:
Childhood Immunization Status. Infants and toddlers are particularly vulnerable to infectious diseases because their immune systems have not built up the necessary defenses to fight infection (Centers for Disease Control and Prevention 2017a). Most childhood vaccines are between 90 and 99 percent effective in preventing diseases (HealthyChildren 2015). Vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease, and saves nearly $14 billion in direct costs and $69 billion in societal costs each year (Zhou 2014). Immunizing a child not only protects that child's health but also the health of the community, especially for those who are not immunized or are unable to be immunized due to other health complications (Centers for Disease Control and Prevention 2017b). When the majority of the community is immunized against a disease, other members of the community are also protected because herd immunity shields them. (National Institute of Allergy and Infectious Diseases 2014).

Data Elements

Diagnosis: Anaphylactic Reaction to Common Baker's Yeast

Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts that represent a history of an anaphylactic (extreme allergy) reaction to baker's yeast

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category related to Diagnosis.

INCLUSION CRITERIA: Includes only relevant concepts associated with an anaphylactic reaction to baker's ye

EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Anaphylactic Reaction To Common Bakers Yeast value set (2.16.840.1.113

QDM Datatype and Definition

Diagnosis: Data elements that meet criteria using this datatype should document the Condition/Diagnosi
onset dateTime corresponds to the implicit start dateTime of the datatype and the abatement dateTime c
datatype. If the abatement dateTime is not present, then the diagnosis is considered to still be active. Whe
the criterion is looking for an active diagnosis for the time frame indicated by the timing relationships. Tim
from the onset date to the abatement date.

Diagnosis: Anaphylactic Reaction to DTaP Vaccine

Value Set Description from VSAC

Room and/or Anesthesia Record.

Procedure, Performed: Varicella Zoster Vaccine (VZV) Administered

Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts that represent procedure codes for varicella zoster vaccine administration.

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) datatype related to Procedure, Performed.

INCLUSION CRITERIA: Includes only relevant concepts associated with all varicella zoster vaccine administration codes. This is a grouping of CPT and SNOMED CT codes.

EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Varicella Zoster Vaccine VZV Administered 2 value set (2.16.840.1.113883.3.464.1003.110.12.1040)

QDM Datatype and Definition

Procedure Performed: Data elements that meet criteria using this datatype should document the completion of the procedure indicated by the QDM category and its corresponding value set. Timing: The Relevant Period addresses: StartTime = the time the procedure begins; StopTime = the time the procedure is completed. NOTE: 1) Timing refers to a single instance of a procedure. If a measure seeks to evaluate multiple procedures over a period of time, the measure developer should use CQL logic to represent the query request. 2) The Incision dateTime is a single point in time available from the Operating Room and/or Anesthesia Record.

Measure Page: Childhood Immunization Status

- The measure title and rationale is displayed based on the measure specification
- A listing of data elements used in the measure follows
- A link to measure artifacts, including the full measure specification is at the bottom

SCREENSHOT OF SAMPLE ECQM PAGE

Sample element using a Direct Reference Code

Physical Exam, Performed: Systolic blood pressure

Direct Reference Code

Constrained to 'Systolic blood pressure' `LOINC code`

QDM Datatype and Definition

Physical Exam Performed: Data elements that meet criteria using this datatype should document the completion of the physical exam indicated by the QDM category and its corresponding value set. Timing: The Relevant Period addresses: startTime – The time the physical examination activity begins. stopTime – The time the physical examination activity ends. NOTE - timing refers to a single instance of a physical examination activity. If a measure seeks to evaluate multiple physical examination activities over a period of time, the measure developer should use CQL logic to represent the query request.

Sample element using a value set. Value Set Description from VSAC labels are more clear

Procedure, Performed: Dialysis Services

Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts that represent dialysis services.

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category related to Procedure.

INCLUSION CRITERIA: Includes only relevant concepts associated with patients who had dialysis services.

EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Dialysis Services value set `(2.16.840.1.113883.3.464.1003.109.12.1013)`

QDM Datatype and Definition

Procedure Performed: Data elements that meet criteria using this datatype should document the completion of the procedure indicated by the QDM category and its corresponding value set. Timing: The Relevant Period addresses: StartTime = the time the procedure begins; StopTime = the time the procedure is completed. NOTE: 1) Timing refers to a single instance of a procedure. If a measure seeks to evaluate multiple procedures over a period of time, the measure developer should use CQL logic to represent the query request. 2) The Incision dateTime is a single point in time available from the Operating Room and/or Anesthesia Record.

HIGH-LEVEL PLAN FOR DEVELOPMENT

- September 2018 – March 2019
  - Gathered requirements and Conducted focus groups
  - Developed prototypes of CMD Workspace Landing Page and DERep
  - Launched CMD Workspace Landing Page and DERep (December 2018 (initial release), February 2019)
  - Added the remaining 42 CMS Eligible Clinician eCQMs to the DERep to complete the information in the data element repository for all available 2019 CMS eCQMs.
- April 2019 – December 2019
  - Elicit feedback and requirements from providers, implementers, and other stakeholders on existing and planned features
  - Pursue development of remaining CMD Workspace modules

CMD WORKSPACE LINK

Access the CMD Workspace via the eCQI Resource Center

https://ecqi.healthit.gov/collaborative-measure-development

Questions?

To share feedback or get involved, please email:

eCQMStrategy@groups.mitre.org

Hospital Inpatient Quality Reporting (IQR) Updates

Artrina Sturges and Veronica Dunlap
Hospital Inpatient Value, Incentives, and Quality Reporting
Support Contractor

Cypress™ – Cypress Validation Utility + Calculation Check (CVU+)

Lauren DiCristofaro
Dave Czulada
MITRE

CYPRESS

- Cypress is the rigorous and repeatable testing tool for electronic health records (EHR) and EHR modules in calculating electronic clinical quality measures (eCQM).
- Cypress serves as the official testing tool for the EHR Certification program supported by the Office of the National Coordinator for Health Information Technology (ONC).
- The Cypress tool is open source and freely available for use or adoption by the health information technology (IT) community, including EHR vendors and testing labs.
- Cypress v4 supports the eCQMs released in the Annual Update for 2019 Reporting/Performance.

INTRODUCING, CYPRESS VALIDATION UTILITY + CALCULATION CHECK (CVU+)

- Cypress v5 will included an expanded, integrated **Cypress Validation Utility** (CVU)
- Expected production release during Summer 2019
- This feature is currently under development
- The Cypress team will be soliciting feedback on requirements from the vendor community early in development
  - Beta releases will begin in Spring 2019
- Updates and feedback sessions will take place during Cypress-hosted **Bi-Weekly Tech Talks**
    - Next session May 7, 2019
    - See https://healthit.gov/cypress/ for meeting logistics

CVU+

- This feature seeks to address the vendor concern that the ‘certification process does not mirror a production scenario for eCQM reporting’
  - Certification uses a constrained set of test patients
  - Certification does not enforce reporting program requirements (i.e., CMS Implementation Guide)
- CVU+ builds on the ease of use of the CVU, with the calculation checks of Cypress
- CVU+ will supplement the existing certification program
  - Use of CVU+ is not a currently requirement of the program

CVU+ – FEATURES

- Enhanced verification of a Health IT system's eCQM calculation
  - Using a combination of Cypress defined patients, and "bring your own" patients
  - Calculation for multiple eCQMs at once
- Verification of a Health IT system's ability to be configured (by a provider) to report to CMS programs
  - CVU+ will test conformance with program specific requirements in the CMS Quality Reporting Document Architecture (QRDA) Implementation Guides

RESOURCES

Cypress Bi-Weekly Tech Talks

- Next session May 7, 2019
- Check https://healthit.gov/cypress/ for logistics

Cypress Talk List

- project-cypress-talk@googlegroups.com

ONC JIRA Cypress Issue Tracker

- http://oncprojectracking.healthit.gov/

GitHub Source Code Repository

- https://www.github.com/projectcypress/cypress

Website

- https://healthit.gov/cypress

Demo Server

- https://cypressdemo.healthit.gov
- https://cypressvalidator.healthit.gov

Quality Payment Program Updates: Experience Report, Data Submission, and Group Registration

Adam Richards
CMS/CCSQ

Lisa Marie Gomez
CMS/CCSQ

2017 QPP Experience Report

2017 QPP EXPERIENCE REPORT

- In March, CMS released its 2017 Quality Payment Program (QPP) Experience Report with Appendix, which provides a comprehensive overview of the clinician reporting experience during the first year of the QPP
- Data within the report show significant participation and performance in both the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) tracks for the 2017 performance year

2017 QPP EXPERIENCE REPORT (CONT'D)

TABLE 1 Overall Participation Rate of MIPS Eligible Clinicians

Total MIPS Eligible Clinicians in 2017	1,057,824
Number of MIPS Eligible Clinicians that Participated in 2017	1,006,319
Participation Rate	95%

NOTE Table 1 excludes clinicians who were Qualifying APM Participants (QPs) in an Advanced APM as well as Partial QPs who did not elect to participate in MIPS. Additionally, "participated" is defined as the total number of MIPS eligible clinicians who received at least 3 points (which was the MIPS performance threshold in 2017) and avoided a negative payment adjustment.

Key Insights

- A total of **1,057,824** clinicians were eligible for MIPS in 2017
- **1,006,319** or **95 percent** of MIPS eligible clinicians participated in 2017 and avoided a negative payment adjustment

2017 QPP EXPERIENCE REPORT (CONT'D)

TABLE 8 MIPS Eligible Clinician Reporting Timeframe by Performance Category

Performance Period Reported	Quality#	Quality%	ACI#	ACI%	IA#	IA%
Number of clinicians reporting data for less than 90-days	7,402	0.80%	301	0.10%	2,369	0.40%
Number of clinicians reporting data for 90-days or greater but less than 12-months	225,662	24.90%	198,783	51.20%	223,703	38.90%
Number of clinicians reporting data for a full 12-months	673,029	74.30%	188,873	48.70%	348,602	60.70%

NOTE Table 8 excludes clinicians who were Qualifying APM Participants (QPs) in an Advanced APM as well as Partial QPs who did not elect to participate in MIPS.

Key Insights

Across all MIPS performance categories, participants generally opted to report data for 90-days or longer, suggesting the majority of clinicians opted to meaningfully participate by reporting more data and for longer periods of time

**Advancing Care Information (ACI) is known as Promoting Interoperability (PI) in the 2018 performance period and beyond*

2017 QPP EXPERIENCE REPORT (CONT'D)

TABLE 2 Overall Participation Count by Reporting Entity

Total MIPS Eligible Clinicians in 2017	1,057,824
Individual Participation	122,897
Group Participation	542,202
MIPS APM Participation	341,220

NOTE Table 2 excludes clinicians who were Qualifying APM Participants (QPs) in an Advanced APM as well as Partial QPs who did not elect to participate in MIPS. Participants are counted once based on the submission method used for the clinician's final score.

Key Insights

- Group reporting was the preferred option for participating in the Quality Payment Program
- Significant participation in MIPS through APMs

2017 QPP EXPERIENCE REPORT (CONT'D)

Key findings include:

- 341,220 MIPS eligible clinicians participated in MIPS through a MIPS APM, which, combined with the results on QP status, indicates a desire from clinicians and practices to transition toward value-based arrangements
- Most eligible clinicians (93 percent) who participated in MIPS earned a positive payment adjustment and 2 percent earned a neutral adjustment
- Of the eligible clinicians who participated in MIPS, 54 percent did so as groups, 12 percent as individuals, and 34 percent through MIPS APMs
- MIPS eligible clinicians who were in small or rural practices had participation rates of 81 and 94 percent, respectively
- A total of 99,076 clinicians were Advanced APM Qualifying Participants (QPs) and an additional 52 were Partial QP

2017 QPP EXPERIENCE REPORT (CONT'D)

- The report also highlights:
  - Data on participation rates and mean and median scores, detailed by categories such as reporting type (individual, group, or APM), clinician type, group size, and special status
  - The amount of data clinicians chose to submit, the ways they submitted data, and the most commonly reported quality measures
- For more information, review the 2017 Quality Payment Program (QPP) Experience Report
  - Additional and more extensive data can be found in the appendix of the report

MIPS 2018 Data Submission

MIPS 2018 DATA SUBMISSION

- The data submission period for the 2018 Merit-based Incentive Payment System (MIPS) closed on **April 2, 2019** (Exception: CMS Web Interface)
- The data submission period for the 2018 CMS Web Interface closed on March 22, 2019 with a five-hour extension on April 1, 2019
- CMS is currently in the process of reviewing the submitted data
- **Preliminary feedback on MIPS 2018 data submission is now available**

MIPS 2018 DATA SUBMISSION: PRELIMINARY FEEDBACK

- If you submitted data through the Quality Payment Program website, you are now able to review your preliminary feedback data
- **This is not your final score or feedback**
- Your final score and feedback will be available in **July 2019;** your score could change before July
- Use your HCQIS Access Roles and Profile (HARP) credentials to access preliminary and final feedback

MIPS 2019 Group Registration

MIPS 2019 GROUP REGISTRATION

- Registration is required for groups and virtual groups that intend to use the CMS Web Interface and/or administer the CAHPS for MIPS Survey for 2019. The registration period opened on **April 4, 2019 at 10:00am Eastern Daylight Time (EDT) and closes on July 1, 2019 at 5:00pm EDT**.
  - Groups and virtual groups must have 25 or more clinicians (including at least one MIPS eligible clinician) to register for the CMS Web Interface
  - Groups and virtual groups with 2 or more clinicians (including at least one MIPS eligible clinician) can register for the CAHPS for MIPS Survey
- To register, please log in to the Quality Payment Program website. Refer to the 2019 Registration Guide for the CMS Web Interface and CAHPS for MIPS Survey for step-by-step instructions

MIPS 2019 GROUP REGISTRATION (CONT'D)

- If your group reported quality data for the MIPS 2018 performance period via the CMS Web Interface:
  - CMS automatically registered your group to report quality data via the CMS Web Interface for the 2019 performance period
  - You may edit or cancel your registration at any time during the registration period
- Automatic registration does not apply to the CAHPS for MIPS Survey
- Groups and virtual groups planning to collect and submit 2019 MIPS quality data in other ways and those that are not planning to administer the CAHPS for MIPS survey **do not** need to register
  - Example: submitting MIPS Clinical Quality Measures (CQMs) through a Qualified Registry
- *Note: Groups Taxpayer Identification Number (TIN) participating in a Medicare Shared Savings Program Accountable Care Organization (ACO) do not need to register or report separately from the ACO; the Medicare Shared Savings Program ACO is required to report quality measures on behalf of participating TINs/eligible clinicians for purposes of MIPS*

Questions?

cmsqualityteam@ketchum.com

Topics?

Do you have a topic that you would like CMS to discuss on the next Vendor Workgroup? CMS is listening! Please email cmsqualityteam@Ketchum.com with your suggestions.

Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held in June 2019. CMS will share more information when it becomes available.