# JUNE 27 CMS QUALITY VENDOR WORKGROUP

June 27, 2019

12:00 – 1:30 p.m. ET

# Agenda

| Topic | Speaker |
| --- | --- |
| **Quality Payment Program Updates (10 min)** | **Kati Moore**<br>*CMS Division of Electronic and Clinician Quality* |
| **Quality Payment Program EHR API Submissions (10-15 min)** | **Ivana Ng**<br>*Nava PBC* |
| **eCQM Annual Update for 2021 Reporting and Performance (10 min)** | **Shanna Hartman**<br>*CMS Division of Electronic and Clinician Quality*<br>**Johanna Ward**<br>*Mathematica* |
| **Final 2020 QRDA I Implementation Guide for Hospital Quality Reporting, Schematrons, and Sample Files (5-10 min)** | **Shanna Hartman**<br>*CMS Division of Electronic and Clinician Quality*<br>**Matt Tiller**<br>*ESAC, Inc.*<br>*Healthcare IT and Life Sciences Data Management Solutions Contractor* |
| **Medicare Promoting Interoperability Program Hardship Exception Application (5-10 min)** | **Ketchum** |
| **2019 Medicare Promoting Interoperability Program Annual Call for Measures (5-10 min)** | **Angela Wright**<br>*CMS Division of Health Information Technology* |
| Questions | |

# Quality Payment Program Updates

Kati Moore
*CMS Division of Electronic and Clinician Quality*

# MIPS 2019 Group Registration

# MIPS 2019 GROUP REGISTRATION

- Registration is required for groups and virtual groups that intend to use CMS Web Interface and/or administer the CAHPS for MIPS Survey for 2019
- Registration period **closes on July 1, 2019 at 5:00pm ET**
    - Groups and virtual groups must have 25 or more clinicians (including at least one MIPS eligible clinician) to register for CMS Web Interface
    - Groups and virtual groups with 2 or more clinicians (including at least one MIPS eligible clinician) can register for CAHPS for MIPS Survey
- To register, please log in to Quality Payment Program website and refer to 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 MIPS 2018 performance period via CMS Web Interface:
  - CMS automatically registered your group to report quality data via CMS Web Interface for 2019 performance period
  - You may edit or cancel your registration at any time during registration period
- Automatic registration does not apply to CAHPS for MIPS Survey
- Groups and virtual groups planning to collect and submit 2019 MIPS quality data in other ways and those not planning to administer 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 Medicare Shared Savings Program Accountable Care Organization (ACO) do not need to register or report separately from ACO; Medicare Shared Savings Program ACO is required to report quality measures on behalf of participating TINs/eligible clinicians for purposes of MIPS*

# 2019 Call for Measures for MIPS Promoting Interoperability Measures and Improvement Activities

# 2019 CALL FOR MIPS PROMOTING INTEROPERABILITY MEASURES AND IMPROVEMENT ACTIVITIES

- Deadline to submit Promoting Interoperability measures and Improvement Activities for consideration for future years of MIPS is **July 1, 2019**
- Currently accepting submissions for:
  - EHR measures for Promoting Interoperability performance category
  - Activities for Improvement Activities performance category

# HOW TO SUBMIT MEASURES AND ACTIVITIES

- Review Call for Measures and Activities Overview fact sheet
- Fill out and submit following forms by **July 1, 2019**:
  - Improvement Activities Performance Category for 2021 activities
  - Promoting Interoperability Performance Category for 2021 measures

# MIPS 2018 Final Score and Performance Feedback

# MIPS 2018 FINAL SCORE AND PERFORMANCE FEEDBACK

- If you submitted data through the Quality Payment Program website, you are 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

# 2018 Targeted Review

# TARGETED REVIEW OVERVIEW

- What is a Targeted Review?
  - Process where MIPS eligible clinicians, groups, virtual groups, and MIPS Alternative Payment Model participants can request CMS review their 2020 MIPS payment adjustment factor(s)
  - You can request a Targeted Review after MIPS final performance feedback is made available
- Who can request a Targeted Review?
  - MIPS eligible clinicians
  - Groups
  - Virtual groups
  - Designated support staff
  - Authorized third-party intermediaries
- Why would a clinician request a Targeted Review?
  - If you believe there's an error with your 2018 MIPS final performance feedback and 2020 MIPS payment adjustment factors

# TARGETED REVIEW PROCESS

1) Complete Targeted Review request form (accessible through performance feedback using your HARP credentials)

2) Provide supporting documentation

3) Complete Targeted Review Application

# TARGET REVIEW PROCESS (CONT'D)

- Targeted Reviews will be released in **July** and can be requested until **September 30, 2019**
- CMS strongly recommends Targeted Review requests be submitted as soon as possible to ensure that payment adjustments are applied correctly at beginning of 2020
- Each request for Targeted Review is reviewed and either approved or denied based upon information provided- include as much documentation as necessary to detail circumstances of your request
- If Targeted Review request is **approved**, final score and associated MIPS payment adjustment will be updated, if applicable
    - CMS will attempt to recalculate performance category scores and final scores to extent possible based on data submitted during performance year submission window

# New Resources

# RESOURCES NOW AVAILABLE ONLINE

CMS has posted following new resources to Quality Payment Program Resource Library:

- 2018 MIPS Eligibility Redetermination Fact Sheet
- 2019 MIPS Eligibility Decision Tree
- Participating in QPP in 2019 Infographic
- 2019 MIPS Cost User Guide
- 2019 MPS Quality User Guide
- 2019 CAHPS for MIPS Approved Survey Vendors

# Quality Payment Program EHR API Submissions: Upcoming Changes to the Quality Payment Program Submissions API to Enable EHR API Submissions

Ivana Ng
*Nava PBC*

# Existing Quality Payment Program Developer Tools: Review of Our Guiding Principles and Existing Developer Tools

# GUIDING PRINCIPLES

- **API first**
  - Quality Payment Program platform designed from ground up on APIs
  - Nearly every aspect of the platform has an API
  - All of the customer facing applications we have developed for Quality Payment Program use those APIs.
  - For example, our Quality Payment Program submission user interface on the Quality Payment Program website is built atop the very same API endpoints that we have made available for use by third parties.

- **Design with users, not for them**
  - We engage with our users continuously throughout the development lifecycle to ensure that the software we are building is aligned with their needs.
    - Public developer sandbox since March of 2017
    - Private Developer Preview environment since July 2017.
  - Surfaced bugs and generated feedback that guided our development process
  - Resulted in a product that was more closely aligned with users needs

# CURRENT DEVELOPER TOOLS

- **Measures Data Repository**
  - Open source codebase that contains information about Quality Payment Program measures.
  - Includes all four Quality Payment Program measures categories (Promoting Interoperability, Improvement Activities, Quality, Cost)
  - Import measures data into your own codebase
- **Submissions API**
  - Public developer sandbox
  - API documentation on QPP website
  - Quality Payment Program APIs Google Group
  - Developer Preview for Qualified Registries and Qualified Clinical Data Registries (QCDRs)
- **QPP Conversion Tool**
  - Open source codebase for converting QRDA III files to QPP JSON for submission to the Quality Payment Program

# EHR API Submissions Using OAuth: Enabling EHR Direct API Submissions to Quality Payment Program Using OAuth Permissions

# AUTHENTICATION CHALLENGE

- Quality Payment Program submissions and scoring are authenticated transactions
  - Transactional model for Qualified Registries and QCDRs lends itself well to this
  - EHRs have many transactional models
  - Simply applying the Registry model does not work for EHRs

- What authentication model would work across all EHR models?
  - Cloud – hundreds or thousands of users, one codebase
  - On premises – many locally installed codebases, multiple vintages
  - Shared instance – many customers per codebase, many codebases of multiple vintages
  - Open source – lots of possible variations, no single developer

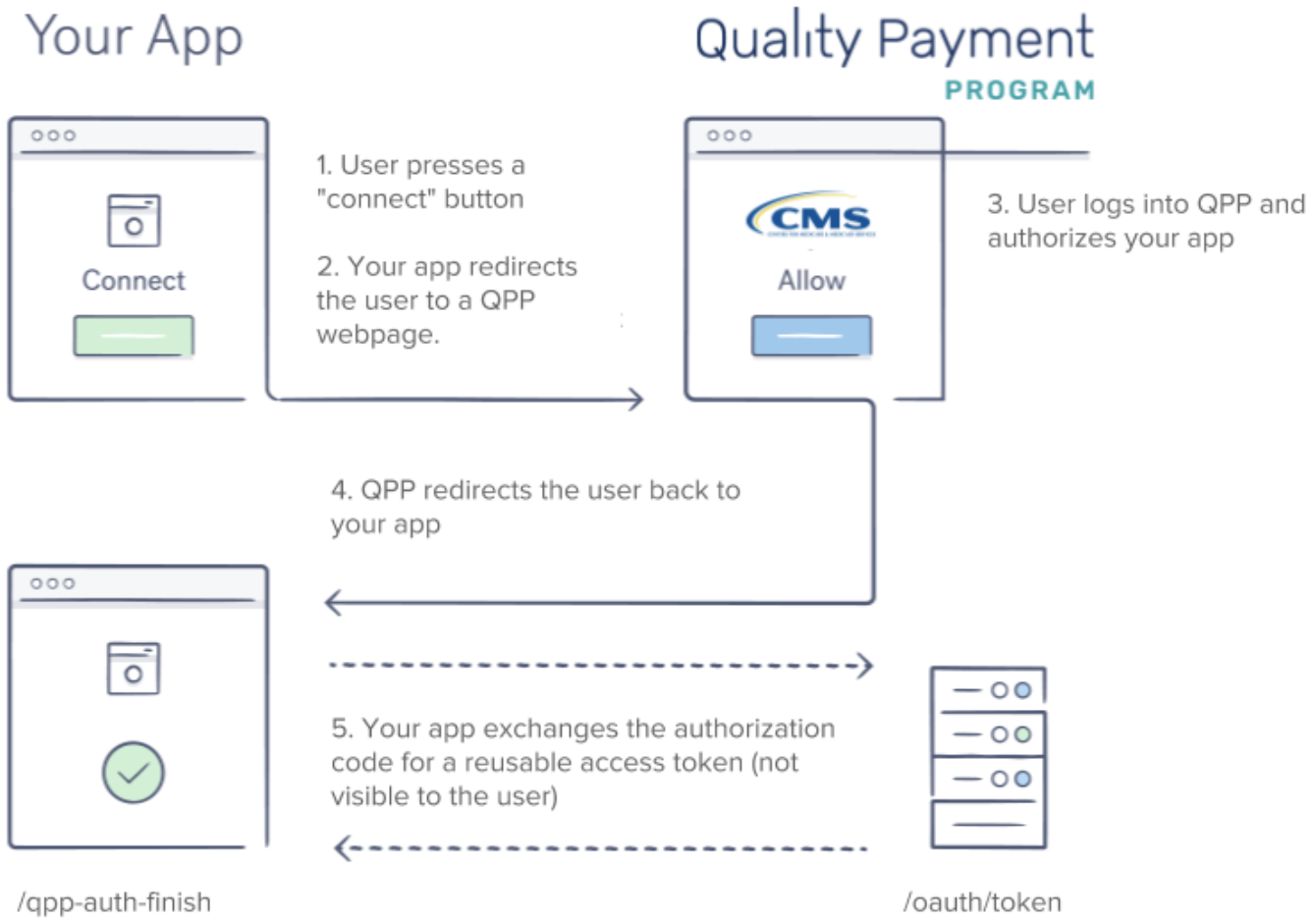
# EHR API SUBMISSIONS WITH OAUTH

**What is OAuth?**

OAuth is an open standard for access delegation. A person uses their own login information for a service to grant another application access to their information in that service.

Common examples: Google login, Facebook login

Quality Payment Program is implementing OAuth for the Submissions API. This will allow Quality Payment Program participants to use their own Quality Payment Program credentials to login through your application to view and submit their data.



# BENEFITS OF USING OAUTH

- **Lower administrative burden to your clients:** Security officials can use their existing Quality Payment Program credentials to submit directly to the Quality Payment Program or view their feedback through your application instead of going through qpp.cms.gov
- **Save time, money and resources:** EHR Data Submission Vendors don't need to have admin teams to manually upload files to the Quality Payment Program
- **Improved end-user experience:** Direct EHR Vendors deliver more value to their doctors by submitting data on their behalf
- **Create your own feedback experience:** Since the Quality Payment Program participant is granting you access to the data they can see, you can design your own feedback to help them understand and interpret their QPP results.

# TIMELINE AND PROCESS

- **Summer 2019**
  - Launch 2019 Developer Preview environment with OAuth capabilities and corresponding Developer Documentation
    - During this time you will be able to register any application in the Developer Preview environment, create test users, and begin testing OAuth integration and submitting to the Quality Payment Program
- **Fall 2019**
  - Request access to the production Submissions API environment
    - To gain access to the production environment to officially submit for Quality Payment Program providers, you will sign up for an interview and review process with the Quality Payment Program. If approved, you can register your application in the production environment.
- **January 2020**
  - If you are approved for production access, then your Quality Payment Program eligible clients may begin submitting to the Quality Payment Program through your EHR application throughout the submissions window.

# CONSIDERATIONS AND FEEDBACK

- Do you have any reservations about using OAuth with the Quality Payment Program OAuth service and Submissions API?
- What would you need from CMS in order to integrate the API into your software?
- How far in advance of the submission window would you need to integrate the API?
- How would your team handle developing OAuth and API integration?
- How would you roll this out to your providers?
- How would integrating with OAuth change the current submission process of your customers?

# QUESTIONS OR COMMENTS?

- You can reach us through the Developer Google Group for the Quality Payment Program APIs: https://groups.google.com/forum/#!forum/qpp-apis
- Or by emailing QPP@cms.hhs.gov

# ECQI Resource Center Update, eCQM Annual Update for 2020 Reporting/Performance

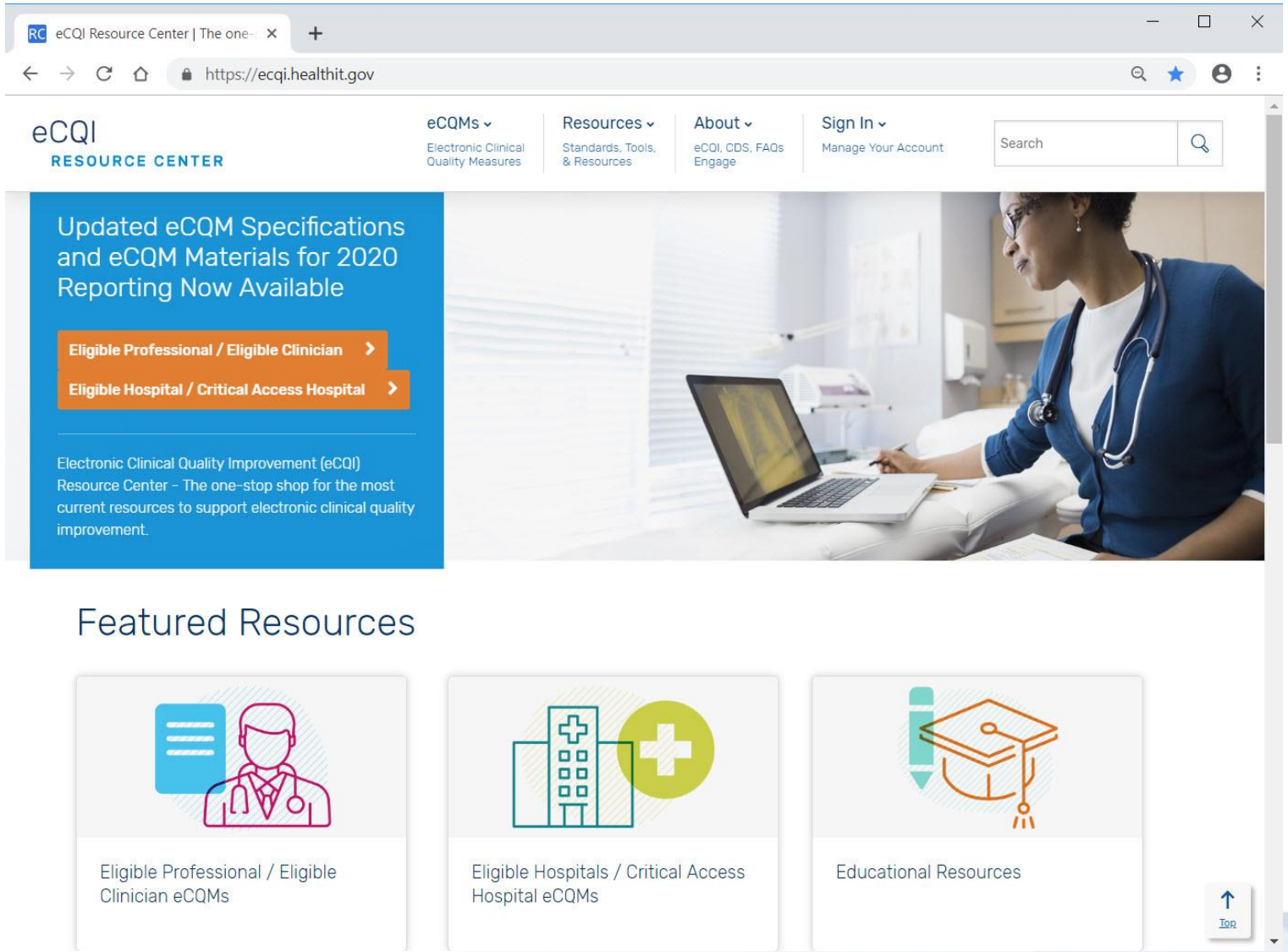
Shanna Hartman
*CMS Division of Electronic and Clinician Quality*

Johanna Ward
*Mathematica*

# eCQI RESOURCE CENTER UPDATE FOR 2020 REPORTING/PERFORMANCE

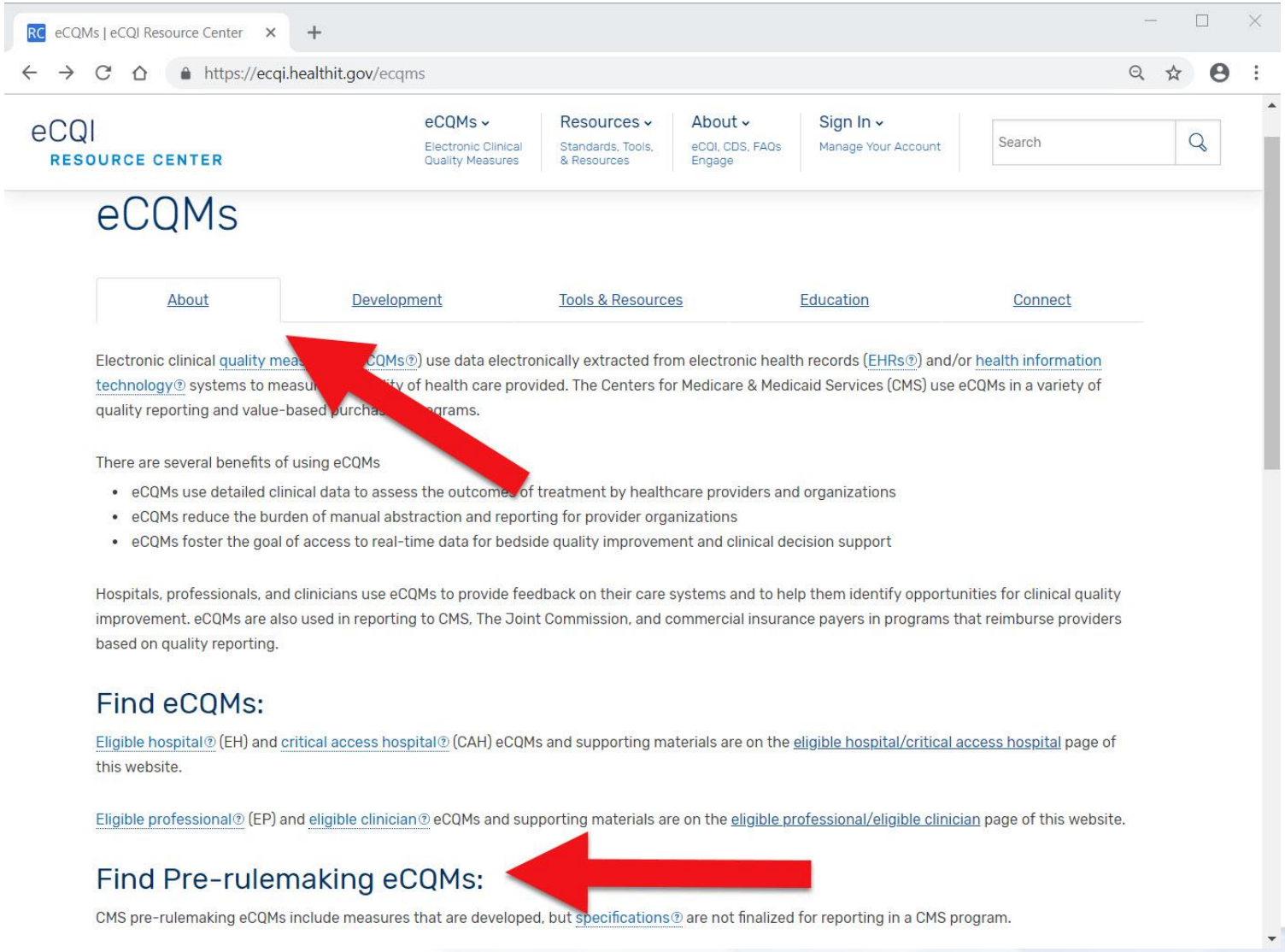
- **eCQI Resource Center**
  - About electronic clinical quality measure (eCQM) page
  - eCQM specifications for eligible professionals, eligible clinicians, eligible hospitals and critical access hospitals
  - eCQM Supporting Materials
  - eCQI Standard - Quality Reporting Document Architecture (QRDA)

# eCQI RESOURCE CENTER



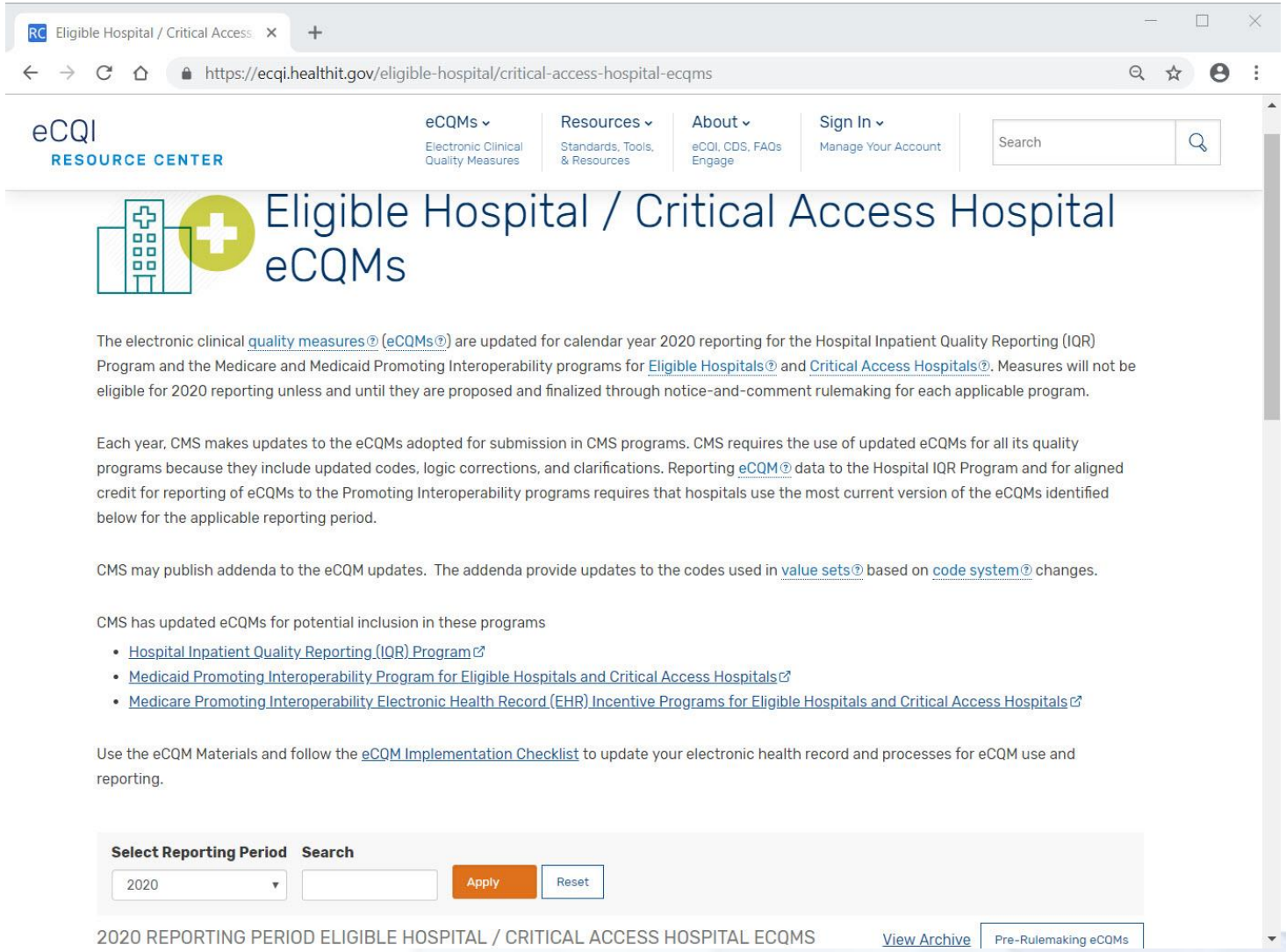

https://ecqi.healthit.gov

# eCQM PAGE - TAB STRUCTURE




https://ecqi.healthit.gov/ecqms

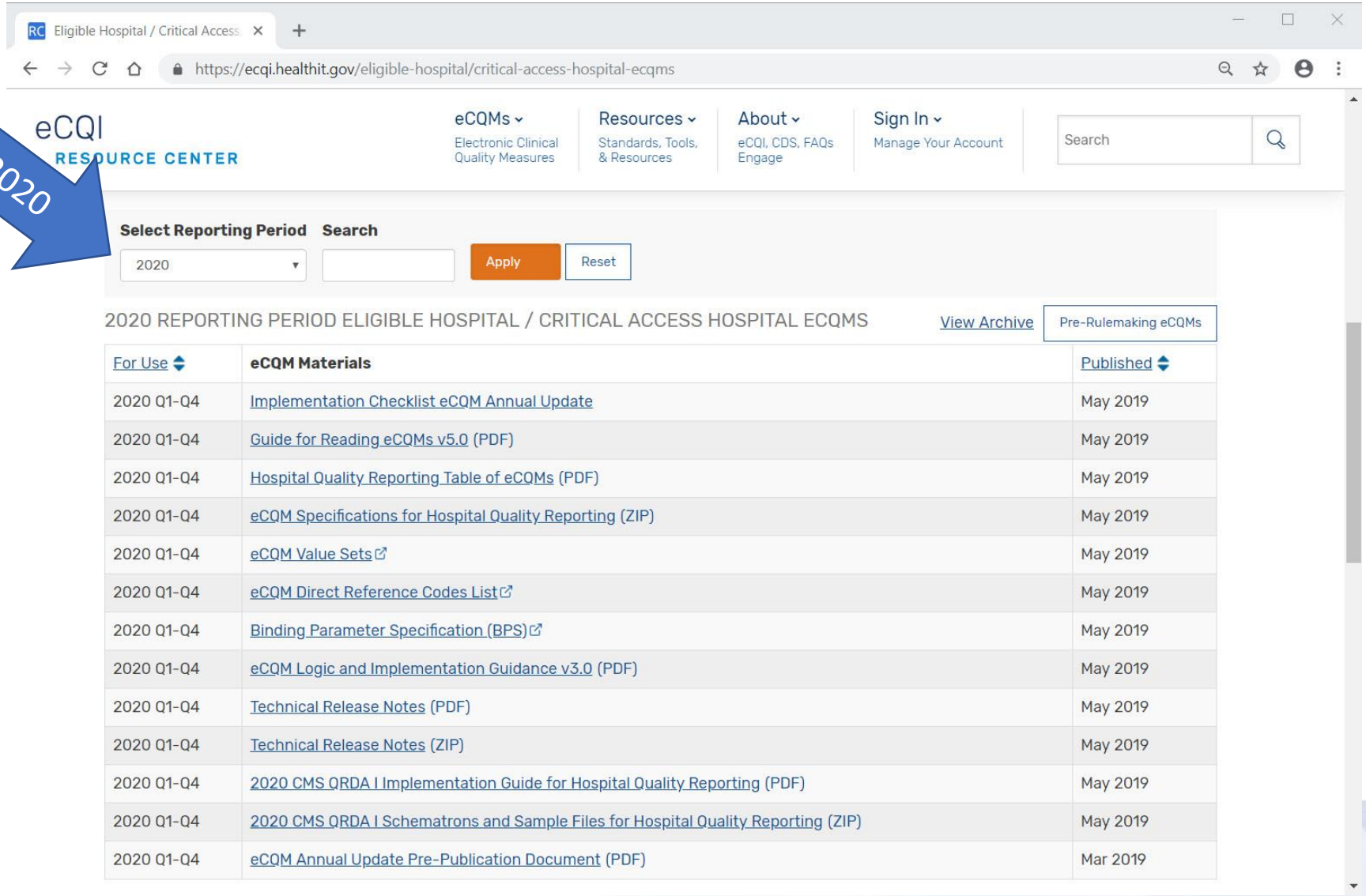
# ELIGIBLE HOSPITAL-CRITICAL ACCESS HOSPITAL eCQMS




https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

# ELIGIBLE HOSPITAL-CRITICAL ACCESS HOSPITAL eCQMS

Select 2020




| For Use | eCQM Materials | Published |
|---|---|---|
| 2020 Q1-Q4 | Implementation Checklist eCQM Annual Update | May 2019 |
| 2020 Q1-Q4 | Guide for Reading eCQMs v5.0 (PDF) | May 2019 |
| 2020 Q1-Q4 | Hospital Quality Reporting Table of eCQMs (PDF) | May 2019 |
| 2020 Q1-Q4 | eCQM Specifications for Hospital Quality Reporting (ZIP) | May 2019 |
| 2020 Q1-Q4 | eCQM Value Sets | May 2019 |
| 2020 Q1-Q4 | eCQM Direct Reference Codes List | May 2019 |
| 2020 Q1-Q4 | Binding Parameter Specification (BPS) | May 2019 |
| 2020 Q1-Q4 | eCQM Logic and Implementation Guidance v3.0 (PDF) | May 2019 |
| 2020 Q1-Q4 | Technical Release Notes (PDF) | May 2019 |
| 2020 Q1-Q4 | Technical Release Notes (ZIP) | May 2019 |
| 2020 Q1-Q4 | 2020 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF) | May 2019 |
| 2020 Q1-Q4 | 2020 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (ZIP) | May 2019 |
| 2020 Q1-Q4 | eCQM Annual Update Pre-Publication Document (PDF) | Mar 2019 |

# ELIGIBLE HOSPITAL-CRITICAL ACCESS HOSPITAL eCQMS

eCQI RESOURCE CENTER

eCQMs — Electronic Clinical Quality Measures | Resources — Standards, Tools, & Resources | About — eCQI, CDS, FAQs Engage | Sign In — Manage Your Account | Search

| For Use | eCQM Materials | Published |
|---|---|---|
| 2020 Q1-Q4 | Implementation Checklist eCQM Annual Update | May 2019 |
| 2020 Q1-Q4 | Guide for Reading eCQMs v5.0 (PDF) | May 2019 |
| 2020 Q1-Q4 | Hospital Quality Reporting Table of eCQMs (PDF) | May 2019 |
| 2020 Q1-Q4 | eCQM Specifications for Hospital Quality Reporting (ZIP) | May 2019 |
| 2020 Q1-Q4 | eCQM Value Sets | May 2019 |
| 2020 Q1-Q4 | eCQM Direct Reference Codes List | May 2019 |
| 2020 Q1-Q4 | Binding Parameter Specification (BPS) | May 2019 |
| 2020 Q1-Q4 | eCQM Logic and Implementation Guidance v3.0 (PDF) | May 2019 |
| 2020 Q1-Q4 | Technical Release Notes (PDF) | May 2019 |
| 2020 Q1-Q4 | Technical Release Notes (ZIP) | May 2019 |
| 2020 Q1-Q4 | 2020 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF) | May 2019 |
| 2020 Q1-Q4 | 2020 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (ZIP) | May 2019 |
| 2020 Q1-Q4 | eCQM Annual Update Pre-Publication Document (PDF) | Mar 2019 |

(USHIK Links are not updated for this Reporting Period)

| Measure Name | Short Name | CMS eCQM ID | NQF ID | Meaningful Measure Area |
|---|---|---|---|---|
| Anticoagulation Therapy for Atrial Fibrillation/Flutter | STK-3 | CMS71v9 | Not Applicable | Preventive Care |

eCQM Materials

- eCQM Specifications
- Technical Release Notes
- Implementation Guides
- QRDA Links

eCQM Table

# ELIGIBLE HOSPITAL-CRITICAL ACCESS HOSPITAL eCQMS MEASURE DETAIL

## Median Admit Decision Time to ED Departure Time for Admitted Patients

Last updated: May 10, 2019

### eCQMs for 2020 Reporting Period

- CMS104v8 - STK-2
- CMS105v8 - STK-6
- CMS108v8 - VTE-1
- **CMS111v8 - ED-2**
- CMS190v8 - VTE-2
- CMS71v9 - STK-3
- CMS72v8 - STK-5
- CMS9v8 - PC-05

| | |
|---|---|
| **CMS Measure ID:** | CMS111v8 |
| **Version:** | 8 |
| **NQF Number:** | Not Applicable |
| **Measure Description:** | Median time (in minutes) from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status |
| **Initial Patient Population:** | Inpatient Encounters ending during the measurement period with Length of Stay (Discharge Date minus Admission Date) less than or equal to 120 days, and where the decision to admit was made during the preceding emergency department visit at the same physical facility unless the ED and admitting hospital share the same CCN |
| **Measure Population:** | Initial Population |
| **Measure Observations:** | Time (in minutes) from Decision to Admit to ED facility location departure for patients admitted to the facility from the emergency department |

https://ecqi.healthit.gov/ecqm/measures/cms111v8

# ELIGIBLE HOSPITAL-CRITICAL ACCESS HOSPITAL eCQMS MEASURE DETAIL (CONT.)

## Specifications

- CMS111v8.html
- CMS111v8.zip
- CMS111v8-TRN.xlsx

Downloadable specifications

## Release Notes

Release Notes

Header

- Updated eCQM version number.

  **Measure Section:** eCQM Version number

  **Source of Change:** Annual Update

- Updated NQF number to 'Not Applicable.'

  **Measure Section:** NQF Number

  **Source of Change:** Standards Update

- Updated endorsed by field to 'None.'

https://ecqi.healthit.gov/ecqm/measures/cms111v8

# ELIGIBLE HOSPITAL-CRITICAL ACCESS HOSPITAL eCQMS QRDA

## QRDA - Quality Reporting Document Architecture

About | Tools & Resources | Previous Versions | Education | Connect

The Quality Reporting Document Architecture (QRDA) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report quality measure results in a structured, consistent format and can be used to exchange eCQM data between systems.

### Current QRDA Reference and Implementation Guides:

Find 2020 QRDA here and in eCQM Materials

### 2020 Reporting and Performance Period

The 2020 CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2020 eCQM reporting is based on the HL7 Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1, Standard for Trial Use Release 5.1 (published December 2018).

- 2020 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)
- 2020 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (ZIP)

### 2019 Reporting and Performance Period

The 2019 CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2019 eCQM reporting is based on the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1, Standard for Trial Use Release 5 (published December 2017).

- 2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting (PDF)
- 2019 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (ZIP) (Updated February 2019)

https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture

# ELIGIBLE CLINICIAN-ELIGIBLE PROFESSIONAL eCQMS

## Eligible Professional / Eligible Clinician eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2020 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 2020 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.

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

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

# DIRECT REFERENCE CODES

- A direct reference code is a single concept code that is used to describe a clinical element directly within the logic of eCQMs
- DRCs were first introduced in the 2019 reporting/performance versions of eCQMs, with the transition from QDM to CQL-based logic

# DRCS FOR 2020 REPORTING/PERFORMANCE

- Notable changes in DRCs for 2020 reporting/performance:
  - Direct reference code for Birth date (LOINC Code (21112-8)) now displayed in Human Readable
  - Removed code system versions from DRCs in Human Readable due to stakeholder feedback
    - For example:

**Terminology**

- codesystem "SNOMEDCT" using "2.16.840.1.113883.6.96 version 2017-09"
- code "Congenital absence of cervix (disorder)" using "SNOMEDCT version 2017-09 Code (37687000)"
- code "Discharge to healthcare facility for hospice care (procedure)" using "SNOMEDCT version 2017-09 Code (428371000124100)"
- code "Discharge to home for hospice care (procedure)" using "SNOMEDCT version 2017-09 Code (428361000124107)"

# ADDITIONAL DRC INFORMATION

- Where can I find more information on DRCs used in the measures?
  - The *Direct Reference Codes Specified within eCQM HQMF files* spreadsheet on the VSAC's Download page provides information on the DRCs used in the 2020 specifications including the code, code description, code system, and eCQM ID
    - A link to the DRCs is available on the Supporting Materials table of the Eligible Hospital-Critical Access Hospital page and the Eligible Professional-Eligible Clinician table of the eCQI Resource Center
  - Based on feedback from implementers, the file also includes the "Prior Value Set OID." This column lists the OID used in the 2019 version of the measure specifications, if applicable, which is now replaced by the DRC in the 2020 version

# TECHNICAL RELEASE NOTES (TRNS) FOR 2020 REPORTING PERFORMANCE

- Notable changes for 2020 reporting/performance:
  - TRNs for adding and/or removing DRCs

| |
|---|
| Replaced value set KCCQ Physical Limitation Score (2.16.840.1.113883.3.464.1003.118.12.1220) with direct reference code LOINC code (72195-1). |

  - Added “Definitions” and “Functions” as measure section to identify location of change

| | | |
|---|---|---|
| Added 'exists' to CQL definitions 'Follow Up One Year' and 'Hypertensive Interventions at Most Recent Blood Pressure Encounter' to clarify the logic and reflect intended functionality; to return a true/false value rather than a potential list of interventions. | Logic | Definitions |

- We look forward to feedback on TRNs so we can continue to improve their usefulness to implementers

# RESOURCE CENTER CONTACT INFORMATION

- For comments, suggestions, eCQI questions, and request to post events and news
  - ecqi-resource-center@hhs.gov
- Shanna Hartman – Shanna.Hartman@cms.hhs.gov
- Johanna Ward – JRWard@mathematica-mpr.com

# 2020 CMS QRDA I Implementation Guide, Schematron, and Sample File for Hospital Quality Reporting

Shanna Hartman
*CMS Division of Electronic and Clinician Quality*

Matt Tiller
*ESAC, Inc.*
*Healthcare IT and Life Sciences Data Management Solutions Contractor*

# 2020 CMS QUALITY REPORTING DOCUMENT ARCHITECTURE (QRDA) I IMPLEMENTATION GUIDE, SCHEMATRON, AND SAMPLE FILE

- CMS has released the 2020 CMS QRDA I Implementation Guide (IG), Schematron, and Sample File for Hospital Quality Reporting (HQR)
- The 2020 CMS QRDA I IG outlines requirements for eligible hospitals and critical access hospitals to report eCQMs for the calendar year 2020 reporting period for the following programs:
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Medicare and Medicaid Promoting Interoperability Program for eligible hospitals and critical access hospitals

# 2020 CMS QRDA I IMPLEMENTATION GUIDE, SCHEMATRON, AND SAMPLE FILE

- The 2020 CMS QRDA I IG for HQR contains three high-level changes as compared with the 2019 CMS QRDA I IG:
  - The 2020 CMS QRDA I IG is based on the HL7 Clinical Document Architecture (CDA) Release 2: QRDA Category I, Release 1 which has been updated to Standard for Trial Use (STU) Release 5.1, published in December 2018. The main purpose of that update is to support Quality Data Model (QDM) version 5.4
  - Removed CDAC_HQR_EHR from the list of acceptable CMS Program Name codes for the 2020 reporting period
  - Removed “passes Schematron format check” from description of error message for CMS_0066. It now reads “CCN value does not appear in HQR lookup of valid CCNs. CCN is Null, resulting in this message.”

# 2020 CMS QRDA I SCHEMATRON

- The 2020 CMS QRDA I Schematron is a companion to the 2020 CMS QRDA I IG for HQR and allows for computerized validation of QRDA documents against the IG requirements

# RESOURCES

- May 2019 publication of the 2020 eCQM specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center – https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms
- Additional QRDA-related resources, as well as current and past IGs, Addendums, and Sample Files are found on the eCQI Resource Center QRDA page - https://ecqi.healthit.gov/qrda-quality-reporting-document-architecture
- For questions related to the QRDA IGs and/or Schematron visit the ONC QRDA JIRA Issue Tracker - https://oncprojectracking.healthit.gov

# Medicare Promoting Interoperability Program Hardship Exception Application

Ketchum

# MEDICARE PROMOTING INTEROPERABILITY PROGRAM HARDSHIP EXCEPTION APPLICATION

- Eligible hospitals and CAHs may be exempt from Medicare penalties if they can show that compliance with 2015 Edition CEHRT requirements would result in a significant hardship
- To be considered for an exemption, eligible hospitals and CAHs must complete a hardship exception application and provide proof of a hardship

# HARDSHIP EXCEPTION APPLICATION DETAILS

- You can now apply for a hardship exception using the application on the Promoting Interoperability Programs website
- If an electronic submission is not possible, you may verbally submit your application over the phone by calling the QualityNet Help Desk at (866) 288-8912
- Deadline for eligible hospitals: **July 1, 2019**
- Deadline for CAHs: **November 30, 2019**

# 2019 Medicare Promoting Interoperability Program Annual Call for Measures

Angela Wright
*CMS Division of Health Information Technology*

# 2019 CALL FOR MEASURES

- The CMS 2019 Annual Call for Measures for eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program is now open
- Proposals must be submitted by **July 1, 2019** to be considered for future rulemaking
  - Proposals submitted by the deadline will be considered for inclusion in future rulemaking

# 2019 CALL FOR MEASURES (CONT'D)

- **CMS requests that stakeholders consider the following priority areas when submitting measures:**
  - Build on the advanced use of certified electronic health record technology (CEHRT) using 2015 Edition Certification Standards and Criteria;
  - Promote interoperability and health information exchange;
  - Improve program efficiency, effectiveness, and flexibility;
  - Provide patients access to their health information;
  - Reduce clinician burden; and
  - Align with the Promoting Interoperability Performance Category for eligible clinicians participating in the Merit-based Incentive Payment System

- **All Call for Measure comments are welcome, but we CMS is seeking submissions specifically on:**
  - Health IT activities that may be attested to in lieu of traditional reporting
  - Potential new Opioid Use Disorder prevention and treatment related measures
  - Measurable outcomes demonstrating greater efficiency in costs or resource use that can be linked to the use of health IT-enabled processes

# 2019 CALL FOR MEASURES (CONT'D)

- Measure proposals will be accepted through July 1, 2019 and should be submitted to CMSPICallForMeasures@ketchum.com using the submission form
  - Stakeholders will receive email confirmation of their submission(s)
- Measure proposals will be reviewed by CMS for completeness, and incomplete applications will be disqualified
- CMS will notify participants if their measures have been selected
- Additional information on the measure submission process can be found in this fact sheet

# 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 August 2019. CMS will share more information when it becomes available.