

December 15 CMS Quality Vendor Workgroup

December 15, 2016
12:00 – 1:30 p.m. ET



Agenda

Topic	Speaker
ONC Update: Health IT Support for Zika Response	James Daniel <i>Office of the National Health IT Coordinator, HHS</i>
Hospital Inpatient Quality Reporting (HIQR) Program Update	Artrina Sturges <i>Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), CMS</i>
eCQI Resource Center Integration with USHIK	Shanna Hartman and Edna Boone <i>Division of Electronic and Clinician Quality, CMS</i>
MACRA Section 101(f) Patient Relationship Codes	Theodore Long <i>Center for Clinical Standards and Quality, CMS</i>
Questions	

ONC Update: Health IT Support for Zika Response

James Daniel

*Office of the National Coordinator for Health
Information Technology, HHS*

Related Resources

CDC-ONC Community of Practice Related to Zika

- <https://www.cdc.gov/ehrmeaningfuluse/public-health-ehr-vendors-collaboration-initiative.html>

ONC Federal Advisory Committee (FACA) Task Force

- <https://www.healthit.gov/facas/collaboration-health-it-policy-and-standards-committees/joint-hitpchitsc-task-forces/public-health>

Hospital Inpatient Quality Reporting (HIQR) Program Update

Artrina Sturges, EdD

*Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor*

Qualitynet.org Updates – electronic Clinical Quality Measure (eCQM) Reporting Overview

- Website updates went live November 30
- All sections updated, including a new tab for Electronic Health Record (EHR) email notifications

CY 2017 Reporting Period for FY 2019 Payment Determination
For the CY 2017 reporting period, EHRs are required to report eCQMs to the Hospital IQR Program. EHRs and CAHs are required to either electronically report or attest CQMs to the Medicare EHR Incentive Program. The volume of available eCQMs has been reduced from 29 to 16 for reporting to the EHR Incentive Program. CMS has aligned 15 of the eCQMs for the Hospital IQR Program.

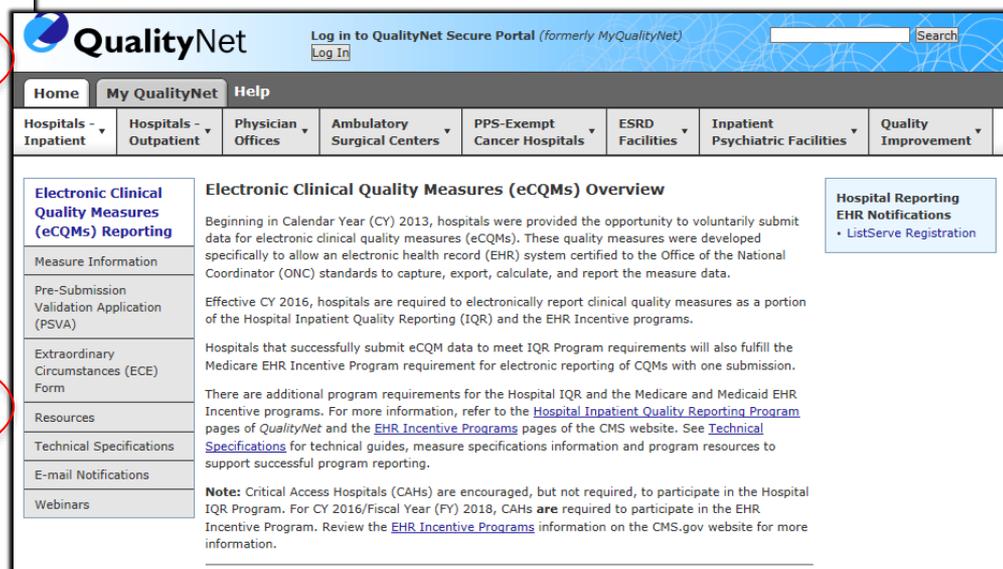
Hospital IQR Program Reporting Requirements for CY 2017
For the CY 2017 reporting period, hospitals participating in the IQR Program must:

- Self-select and successfully report on a minimum of 8 of the 15 available eCQMs utilizing EHR Technology certified to the 2014 or 2015 Edition through the *QualityNet Secure Portal*. Hospitals can report utilizing any combination of QRDA Category I files, Zero Denominator Declarations, and/or Case Threshold Exemptions.
- Report four quarters of data on a quarterly, bi-annual, or annual basis from a certified EHR.
- Submit data via the *QualityNet Secure Portal* by the **February 28, 2018**, deadline.

CY 2018 Reporting Period for FY 2020 Payment Determination
For the CY 2018 reporting period, EHRs are required to report eCQMs to the Hospital Inpatient Quality Reporting (IQR) Program. EHRs and CAHs are required to electronically report to the Medicare EHR Incentive Program. Attestation will no longer be an option to report to the Medicare EHR Incentive Program.

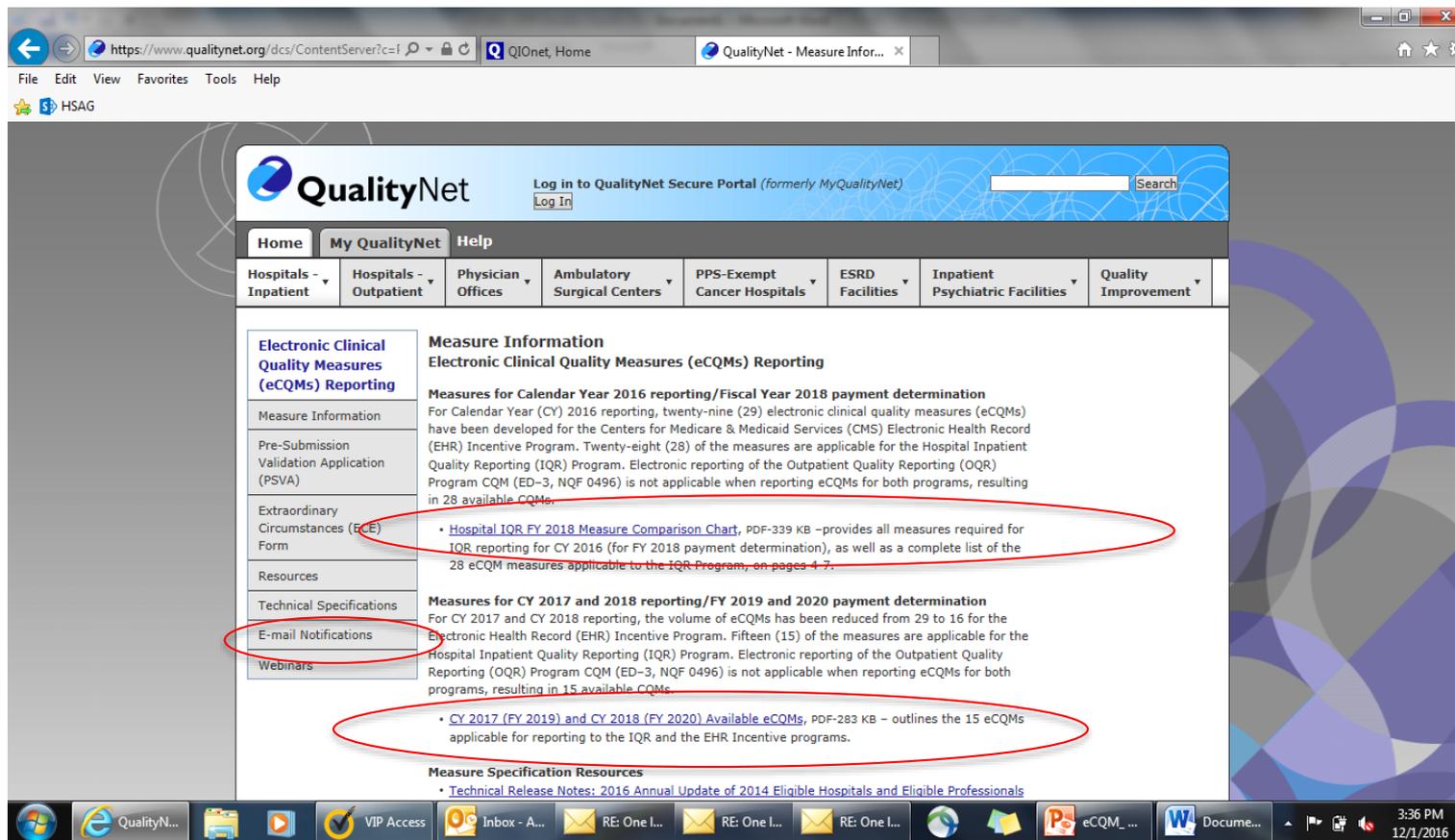
Hospital IQR Program Reporting Requirements for CY 2018
For the CY 2018 reporting period, hospitals participating in the IQR Program must:

- Self-select and successfully report a minimum of 8 of the 15 available eCQMs utilizing EHR Technology certified to the 2015 Edition through the *QualityNet Secure Portal*. Hospitals can report utilizing any combination of QRDA Category I files, Zero Denominator Declarations, and/or Case Threshold Exemptions.
- Report four quarters of data on a quarterly, bi-annual, or annual basis from a certified EHR.
- Submit data via the *QualityNet Secure Portal* by the **February 28, 2019**, deadline.



The screenshot shows the QualityNet website interface. At the top, there is a navigation bar with the QualityNet logo, a search bar, and a "Log in to QualityNet Secure Portal" button. Below the navigation bar is a menu with categories: Home, My QualityNet, and Help. Under "My QualityNet", there are several dropdown menus: Hospitals - Inpatient, Hospitals - Outpatient, Physician Offices, Ambulatory Surgical Centers, PPS-Exempt Cancer Hospitals, ESRD Facilities, Inpatient Psychiatric Facilities, and Quality Improvement. The main content area is titled "Electronic Clinical Quality Measures (eCQMs) Overview". It contains several sections: "Electronic Clinical Quality Measures (eCQMs) Reporting" with a table of links (Measure Information, Pre-Submission Validation Application (PSVA), Extraordinary Circumstances (ECE) Form, Resources, Technical Specifications, E-mail Notifications, Webinars); "Electronic Clinical Quality Measures (eCQMs) Overview" with introductory text; and "Hospital Reporting EHR Notifications" with a link to "ListServe Registration". A "Note" section at the bottom states: "Critical Access Hospitals (CAHs) are encouraged, but not required, to participate in the Hospital IQR Program. For CY 2016/Fiscal Year (FY) 2018, CAHs are required to participate in the EHR Incentive Program. Review the EHR Incentive Programs information on the CMS.gov website for more information."

Qualitynet.org Updates – eCQM Reporting – Measure Information



QualityNet
Log in to QualityNet Secure Portal (formerly MyQualityNet) [Search]

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Electronic Clinical Quality Measures (eCQMs) Reporting

Measure Information

Pre-Submission Validation Application (PSVA)

Extraordinary Circumstances (ECE) Form

Resources

Technical Specifications

E-mail Notifications

Webinars

Measure Information
Electronic Clinical Quality Measures (eCQMs) Reporting

Measures for Calendar Year 2016 reporting/Fiscal Year 2018 payment determination
For Calendar Year (CY) 2016 reporting, twenty-nine (29) electronic clinical quality measures (eCQMs) have been developed for the Centers for Medicare & Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program. Twenty-eight (28) of the measures are applicable for the Hospital Inpatient Quality Reporting (IQR) Program. Electronic reporting of the Outpatient Quality Reporting (OQR) Program CQM (ED-3, NQF 0496) is not applicable when reporting eCQMs for both programs, resulting in 28 available CQMs.

- [Hospital IQR FY 2018 Measure Comparison Chart](#), PDF-339 KB –provides all measures required for IQR reporting for CY 2016 (for FY 2018 payment determination), as well as a complete list of the 28 eCQM measures applicable to the IQR Program, on pages 4-7.

Measures for CY 2017 and 2018 reporting/FY 2019 and 2020 payment determination
For CY 2017 and CY 2018 reporting, the volume of eCQMs has been reduced from 29 to 16 for the Electronic Health Record (EHR) Incentive Program. Fifteen (15) of the measures are applicable for the Hospital Inpatient Quality Reporting (IQR) Program. Electronic reporting of the Outpatient Quality Reporting (OQR) Program CQM (ED-3, NQF 0496) is not applicable when reporting eCQMs for both programs, resulting in 15 available CQMs.

- [CY 2017 \(FY 2019\) and CY 2018 \(FY 2020\) Available eCQMs](#), PDF-283 KB – outlines the 15 eCQMs applicable for reporting to the IQR and the EHR Incentive programs.

Measure Specification Resources

- [Technical Release Notes: 2016 Annual Update of 2014 Eligible Hospitals and Eligible Professionals](#)

December 2016 EHR ListServe Distributions

- **12/1:** CMS Issues Additional Guidance Regarding the Hospital IQR Program Extraordinary Circumstances Extension/Exception (ECE) Policy for Calendar Year (CY) 2016 eCQM Reporting
- **12/1:** Reminder to Complete the Quality Reporting Data Architecture (QRDA) eCQM Submission Customer Satisfaction Survey
- **12/6:** Pioneers in Quality Webinar Expert to Expert Series – eSTK-2, eSTK-3, and eSTK-5 (December 13, 2016)
- **12/8:** Pioneers in Quality Webinar Expert to Expert Series eCAC-3 & eEHDI-1a (December 15, 2016)

NOTE: Archived EHR listserves are posted within 30 days to the QualityNet.org website in the eCQM section under the Email Notifications tab.

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

Upcoming Presentations and Archived Webinar Materials

Upcoming Presentations:

January Provider Webinar – details coming soon!

Archived Webinar Materials:

The Joint Commission, *Pioneers in Quality Expert-to-Expert Series* (please visit TJC website for archived presentation materials)

Provider Webinar, *Common Errors for QRDA Category I Test & Production Files – Session II* (please visit the QualityReportingCenter.com or QualityNet.org for webinar materials)

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

To register for upcoming webinars and to review archived Pioneers in Quality, Expert-to-Expert presentations, please visit JointCommission.org.

Frequently Asked Question – Changes to ECE Criteria for CY 2016 eCQM Reporting

Question: Our hospital is considering submitting an ECE form for CY 2016 eCQM reporting. We are transitioning our EHR in early 2017 and have reviewed the criteria before, but were told CMS may have changed the criteria because a number of us are in the midst of changing EHR vendors. Is this true, and where can we locate the supporting documentation?

Answer: CMS recognizes that some hospitals continue to face significant challenges to comply with the new eCQM reporting requirements, including the time and financial burdens of switching EHR vendors and upgrading EHR systems. During this period of transition, CMS understands the possible need for additional exemptions and will consider granting ECE requests related to EHR vendor transitions and upgrades.

Hospitals who previously submitted ECEs and were denied based on the prior criteria are welcome to resubmit an updated ECE with documentation for reconsideration due to the policy clarification enacted by CMS November 22, 2016. The deadline for submitting ECEs remains April 1, 2017 for CY 2016 eCQM reporting.

NOTE: *When eCQM reporting becomes more established and familiar to hospitals, CMS intends to treat an EHR vendor change as part of a hospital's routine business operations and no longer an extraordinary circumstance for the purposes of granting an ECE. Stakeholders would first be informed through the issuance of additional guidance when that transition occurs.*

This information was updated November 22, 2016, and is published as part of the eCQM ECE Policy Clarification Questions and Answers document posted on the [Qualitynet.org website](http://Qualitynet.org) and the QualityReportingCenter.com website.

Resources (1 of 2)

QualityNet Help Desk – PSVA and Data Upload

Qnetsupport@hcqis.org

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

eCQM General Program Questions – IQR Program & Policy

<https://cms-ip.custhelp.com>

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

Resources (2 of 2)

EHR (Meaningful Use) Information Center – EHR Incentive Program

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

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

<http://oncprojecttracking.org>

Resource to submit questions and comments regarding:

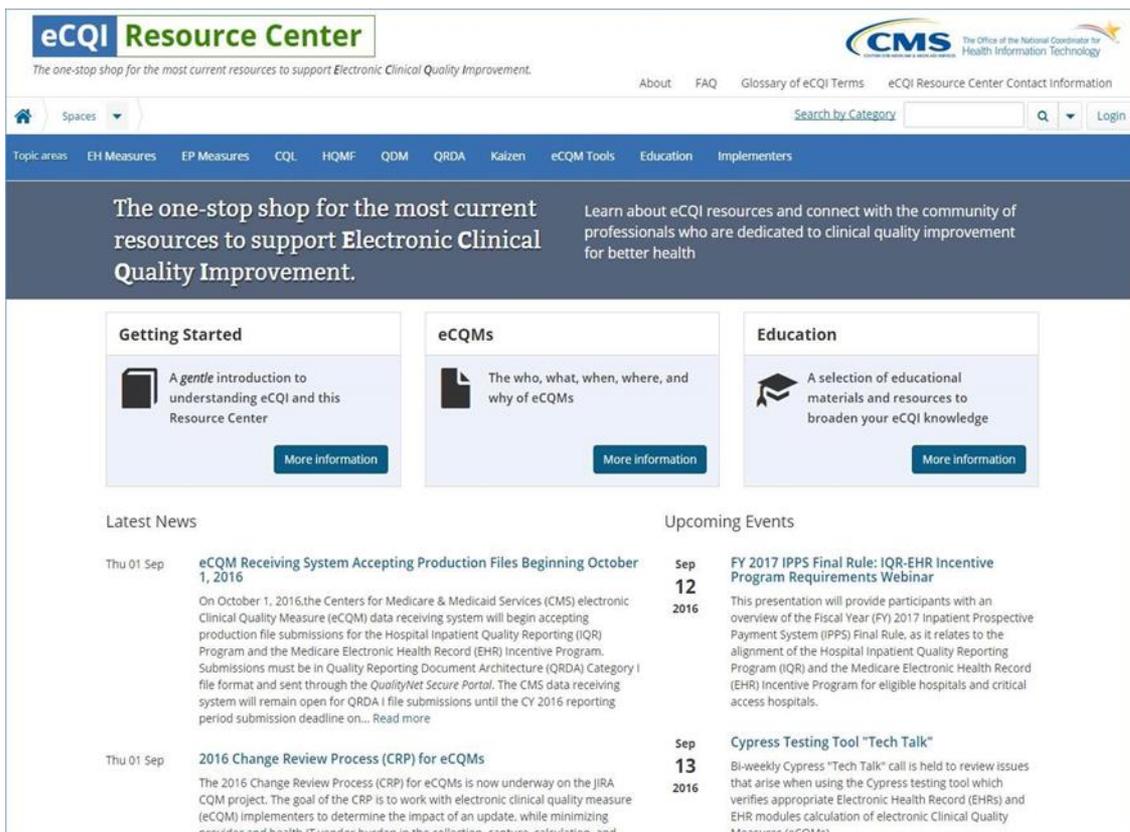
- Issues identified with eCQM logic
- Clarification on specifications
- The Combined QRDA Implementation Guide for 2016

eCQI Resource Center – USHIK Integration

Shanna Hartman and Edna Boone

*Office of the National Coordinator for Health
Information Technology, HHS*

Electronic Clinical Quality Improvement (eCQI) Resource Center



The screenshot shows the eCQI Resource Center website. At the top, there is a navigation bar with the CMS logo and the text "The Office of the National Coordinator for Health Information Technology". Below this is a search bar and a "Login" button. The main content area features a dark blue banner with the text: "The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement." and "Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health". Below the banner are three main sections: "Getting Started" (with a book icon and a "More information" button), "eQMs" (with a document icon and a "More information" button), and "Education" (with a graduation cap icon and a "More information" button). At the bottom, there are two columns: "Latest News" and "Upcoming Events".

Getting Started
A gentle introduction to understanding eCQI and this Resource Center
[More information](#)

eQMs
The who, what, when, where, and why of eQMs
[More information](#)

Education
A selection of educational materials and resources to broaden your eCQI knowledge
[More information](#)

Latest News

Thu 01 Sep **eCQM Receiving System Accepting Production Files Beginning October 1, 2016**
On October 1, 2016, the Centers for Medicare & Medicaid Services (CMS) electronic Clinical Quality Measure (eCQM) data receiving system will begin accepting production file submissions for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Electronic Health Record (EHR) Incentive Program. Submissions must be in Quality Reporting Document Architecture (QRDA) Category I file format and sent through the *QualityNet Secure Portal*. The CMS data receiving system will remain open for QRDA I file submissions until the CY 2016 reporting period submission deadline on... [Read more](#)

Thu 01 Sep **2016 Change Review Process (CRP) for eCQMs**
The 2016 Change Review Process (CRP) for eCQMs is now underway on the JIRA CQM project. The goal of the CRP is to work with electronic clinical quality measure (eCQM) implementers to determine the impact of an update, while minimizing provider and health IT vendor burden in the collection, capture, calculation, and

Upcoming Events

Sep 12 2016 **FY 2017 IPPS Final Rule: IQR-EHR Incentive Program Requirements Webinar**
This presentation will provide participants with an overview of the Fiscal Year (FY) 2017 Inpatient Prospective Payment System (IPPS) Final Rule, as it relates to the alignment of the Hospital Inpatient Quality Reporting Program (IQR) and the Medicare Electronic Health Record (EHR) Incentive Program for eligible hospitals and critical access hospitals.

Sep 13 2016 **Cypress Testing Tool "Tech Talk"**
Bi-weekly Cypress "Tech Talk" call is held to review issues that arise when using the Cypress testing tool which verifies appropriate Electronic Health Record (EHRs) and EHR modules calculation of electronic Clinical Quality Measures (eCQMs).

» One-stop shop for the most current resources to support electronic clinical quality improvement
<https://ecqi.healthit.gov>

EH Measures – Navigation to USHIK

eCQI Resource Center

The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement.

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eCQMs for the 2017 Reporting Period

Measure Name	Short Name	CMS ID	Domain	NQF ID	USHIK Version Links
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Stroke3	CMS71v6	Effective Clinical Care	436	Version Detail Version Compare
Antithrombotic Therapy By End of Hospital Day 2	Stroke5	CMS72v5	Effective Clinical Care	438	Version Detail Version Compare
Aspirin Prescribed at Discharge	AMI2	CMS100v5	Effective Clinical Care	142	Version Detail Version Compare
Assessed for Rehabilitation	Stroke10	CMS102v5	Communication and Care Coordination	441	Version Detail Version Compare
Discharged on Antithrombotic Therapy	Stroke2	CMS104v5	Effective Clinical Care	435	Version Detail Version Compare
Discharged on Statin Medication	Stroke6	CMS105v5	Effective Clinical Care	439	Version Detail Version Compare
Elective Delivery	PC01	CMS113v5	Effective Clinical Care	469	Version Detail Version Compare
Exclusive Breast Milk Feeding	BF	CMS9v5	Effective Clinical Care	480	Version Detail Version Compare
Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	AMI7a	CMS60v5	Effective Clinical Care	0	Version Detail Version Compare
Healthy Term Newborn		CMS185v5	Patient Safety	716	Version Detail Version Compare
Hearing Screening Prior To Hospital Discharge	EHDI_1a	CMS31v5	Effective Clinical Care	1354	Version Detail Version Compare
Home Management Plan of Care (HMPC)	HMPC	CMS26v4	Person and Caregiver-	0	Version Detail

USHIK Integration – Unified Medical Language System (UMLS) Authentication

U.S. Department of Health & Human Services
USHIK Staging Site

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All-Payer Claims
S&I Framework
Draft Measures
Child EHR Format
CDS

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[How to License and Access the Unified Medical Language System™ \(UMLS™\) Data](#)

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<http://www.nlm.nih.gov/research/umls/support.html>

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USHIK Integration – eCQM Version Comparison

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AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care
United States Health Information Knowledgebase

Feedback / Help Search Meaningful Use

USHIK Home Standards HITSP Common Formats **Meaningful Use** All-Payer Claims S&I Framework Draft Measures Child EHR Format CDS

Electronic Clinical Quality Measure Comparison

Action	eCQM Name	Organization
<input type="checkbox"/>	(CMS71v2, December 2012 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter	Centers for Medicare & Medicaid Services (CMS)
<input type="checkbox"/>	(CMS71v3, April 2013 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter	Centers for Medicare & Medicaid Services (CMS)
<input type="checkbox"/>	(CMS71v4, April 2014 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter	Centers for Medicare & Medicaid Services (CMS)
<input checked="" type="checkbox"/>	(CMS71v5, June 2015 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter	Centers for Medicare & Medicaid Services (CMS)
<input checked="" type="checkbox"/>	(CMS71v6, April 2016 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter	Centers for Medicare & Medicaid Services (CMS)

Compare

Remove Shared Attribute Highlighting Remove Unshared Attribute Highlighting

Identifying Attributes Population Criteria QDM Data Elements & Codes

Metadata Attribute	(CMS71v5, June 2015 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter	(CMS71v6, April 2016 EH) Anticoagulation Therapy for Atrial Fibrillation/Flutter
ID:	71	71
Measure Version:	5	6
NQF:	0436	0436
GUID:	03876d99-085b-415c-ae9d-9924171d40c2	03876d99-085b-415c-ae9d-9924171d40c2
Domain:	Clinical Processes/Effectiveness	Clinical Processes/Effectiveness
Measurement Period:	January 1, 20XX through December 31, 20XX	January 1, 20XX through December 31, 20XX
Measure Steward:	The Joint Commission	The Joint Commission
Measure Developer:	The Joint Commission	The Joint Commission
Endorsed By:	National Quality Forum	National Quality Forum
Description:	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge	Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge
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 2004-2010 International Health Terminology Standards Development Organization. All rights reserved.	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 2004-2015 International Health Terminology Standards Development Organization. All rights reserved.
Disclaimer:	These performance measures are not clinical guidelines and do not establish a standard	These performance measures are not clinical guidelines and do not establish a

Electronic Clinical Quality Improvement (eCQI) Resource Center

- » Provide feedback to ecqi-resource-center@hhs.gov.
- » Submit key eCQI events for highlighting on the eCQI Resource Center.
- » Add a link to the eCQI Resource Center from your website.

CMS Patient Relationship Categories

Theodore Long

Center for Clinical Standards and Quality, CMS

Patient Relationship Categories and Codes

- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires that CMS share patient relationship categories and codes that will be used to attribute patients and episodes to clinicians.
- In April 2016, CMS posted a draft list of patient relationship categories and solicited public comment on the categories.
- In December 2016, CMS posted a [new document](#) to gain additional stakeholder input to these categories and codes ahead of the required final posting in April 2017.

Patient Relationship Categories and Codes

The following categories have been posted for public comment on [CMS.gov](https://www.cms.gov):

1. Continuous Broad
2. Continuous Focused
3. Episodic Broad
4. Episodic Focused
5. Only as ordered by another clinician

Healthcare Common Procedure Coding System (HCPCS) Modifiers

- Medicare, Medicaid, and private health insurers use HCPCS procedure and modifier codes for claims processing.
- CMS has not yet applied for HCPCS Modifiers, we are soliciting public comments on whether these would be an appropriate mechanism for this work.
- Procedure codes would identify the services clinicians provide for CMS.

Patient Relationship Categories and Codes: Comments

- Comments on the categories and codes must be submitted by January 6, 2017 and can be submitted [here](#).

Questions?

cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will be held on
Thursday, January 19 from 12:00 – 1:30 p.m. ET.