

# Welcome!

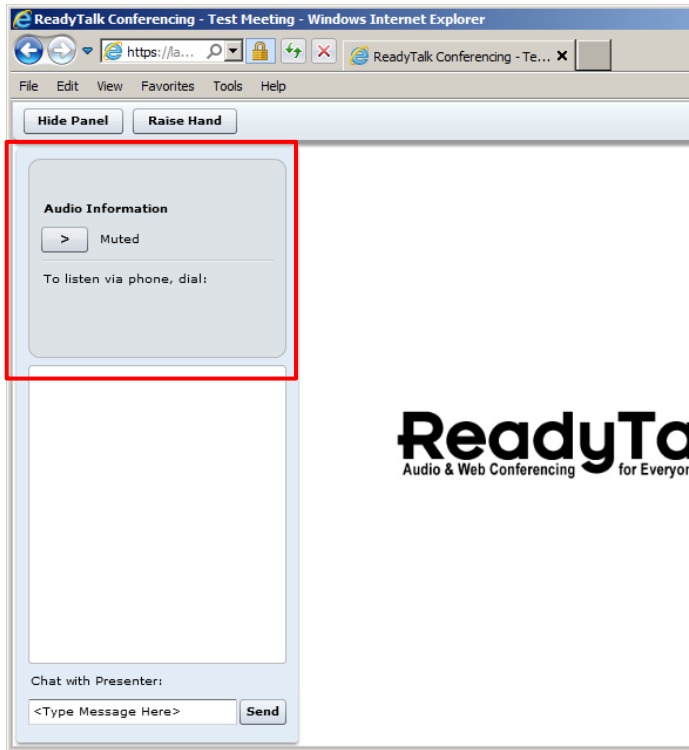
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



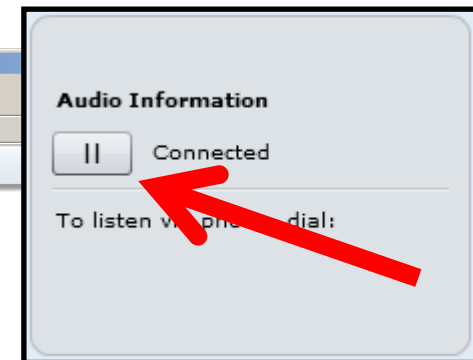
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

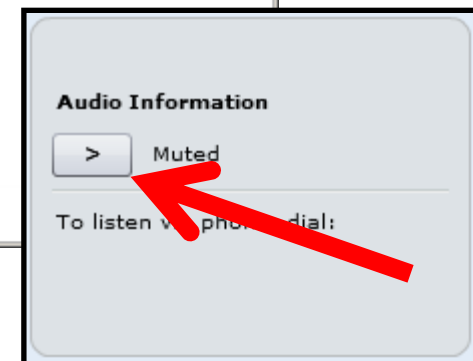
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



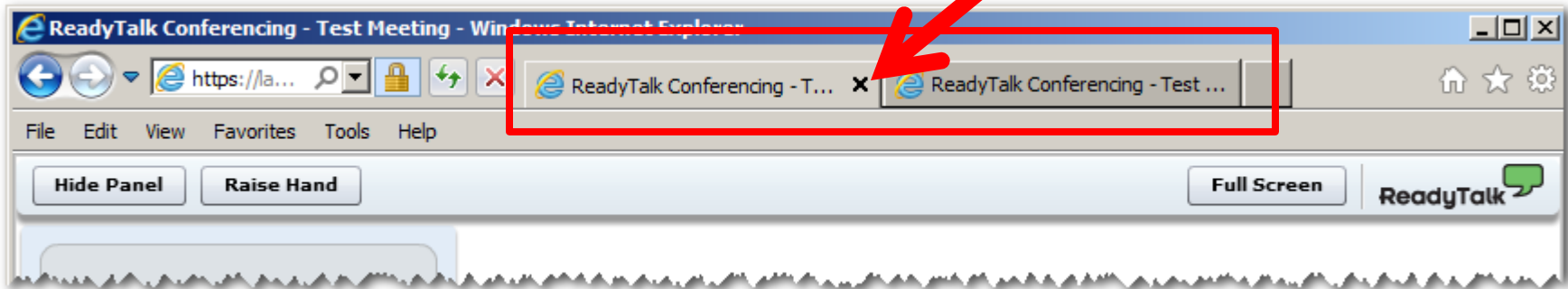
Step 1



Step 2

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



*Example of Two Browsers Tabs open in Same Event*

# Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The main content area features the CMS logo (Centers for Medicare &amp; Medicaid Services) and a large heading that reads "Welcome to Today's Event". Below this, a message states "Thank you for joining us today! Our event will start shortly." On the left side, there is a vertical chat window titled "Chat with Presenter" which contains a text input field labeled "Type questions here." and a "Send" button. The top of the chat window has "Hide Chat" and "Return Home" buttons, and the top right of the main interface has "Full Screen" and "ReadyToGo" buttons.



# **2016 CMS QRDA Implementation Guide Changes for Eligible Hospitals/Critical Access Hospitals**

**Yan Heras, PhD**

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# Purpose

Discuss the Centers for Medicare & Medicaid Services' (CMS') Quality Reporting Data Architecture (QRDA) Implementation Guide (IG) and the impact of QRDA Category I (QRDA-I) changes to electronic Clinical Quality Measures (eCQMs) on Eligible Hospitals (EHs), Critical Access Hospitals (CAHs), and the Hospital Quality Reporting (HQR) Program.

# Objectives

- Cite 2016 eCQM submission requirements
- Review the 2016 CMS QRDA IG
- Explain 2016 CMS QRDA-I changes for HQR programs
- Identify Health Level 7 (HL7) QRDA-I Release 3 changes from HL7 QRDA-I Release 2 overview

2016 CMS QRDA Implementation Guide Changes for Eligible  
Hospitals/Critical Access Hospitals

# **2016 eCQM SUBMISSION REQUIREMENTS**

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CMS



# HQR Alignment

- Alignment of measures across HQR programs will:
  - Simplify reporting for HQR programs through the collection and reporting of data through health information technology (HIT)
  - Minimize the reporting burden imposed on hospitals
- Initial focus on aligning the **Hospital Inpatient Quality Reporting (IQR)** and the **Medicare Electronic Health Record (EHR) Incentive** programs for EHs and CAHs
- Further alignment of quality reporting programs across care settings planned for the future

# eCQM Reporting Requirements

- eCQM reporting requirements specify that hospitals must report:
  - A minimum of four eCQMs for Calendar Year (CY) 2016 reporting
  - For one quarter (Q3 or Q4) of CY 2016/Fiscal Year (FY) 2018 payment determination
- CY 2016/FY 2018 submission deadline is February 28, 2017
- National Quality Strategy (NQS) Domain distribution will not be required

# Available eCQMs

ED-1	STK-5	AMI-8a	VTE-5	SCIP-INF-2a
ED-2	STK-6	AMI-10	VTE-6	SCIP-INF-9
ED-3*	STK-8	VTE-1	PC-01	EHDI-1a
STK-2	STK-10	VTE-2	PC-05	HTN
STK-3	AMI-2	VTE-3	CAC-3	PN-6
STK-4	AMI-7a	VTE-4	SCIP-INF-1a	

\*ED-3 is an outpatient measure and not applicable for IQR.

# Successful eCQM Submission

Successful submission is defined as submission of at least four eCQMs which can be reported as any combination of:

- Accepted QRDA-I files with patients meeting the Initial Patient Population of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

# eCQM Reporting for 2016

EHs and CAHs that seek to report CQMs electronically under the Medicare EHR Incentive or the Hospital IQR Program must use:

- An EHR system certified to either the 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) standards
- The *June 2015 Update for eReporting for the 2016 Reporting Year* version of the electronic specifications for the CQMs
- The *2016 CMS QRDA Implementation Guide for Eligible Professionals and Hospital Quality Reporting*

**Note:** eCQM and QRDA file specifications can be located on the eCQM Library page of the CMS website at:

[https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm\\_library.html](https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html)

2016 CMS QRDA Implementation Guide Changes for Eligible  
Hospitals/Critical Access Hospitals

# **2016 CMS QRDA IG OVERVIEW**

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# 2016 CMS QRDA IG Overview

*CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III Eligible Professional Programs and Hospital Quality Reporting (HQR) Supplementary Implementation Guide for 2016 (Version 1.0, 07/08/2015)*

- [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA\\_2016\\_CMS\\_IG.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_2016_CMS_IG.pdf)
- Part A – QRDA-I for Eligible Professionals (EPs) and HQR
- Part B – QRDA-III IG for EPs
- Appendices
  - Troubleshooting and Support
  - Additional QRDA-I Validation Rules for HQR Programs
  - Null Flavor Rules for Data Types
  - QRDA-I Draft Standard for Trial Use (DSTU) R3 Supplemental IG Changes to Base Standard
  - QRDA-III DSTU R1 Supplemental IG Changes to Base Standard
  - Change Log for 2016 CMS QRDA IG from the 2015 CMS QRDA IG

# 2016 CMS QRDA IG Overview

Accompanying QRDA-I and QRDA-III Schematron files for each CMS program are available on the eCQM Library page of the CMS website under QRDA Resources

- Link to 2016 CMS QRDA -I schematrons for HQR
  - [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA\\_I\\_SchematronandSampleFiles2.zip](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_I_SchematronandSampleFiles2.zip)
- HQR program-specific schematron file:
  - HQR CMS 2016 QRDA Category I v2.sch
- HQR sample file
  - HQR\_Sample\_QRDA\_I\_Informative.xml



2016 CMS QRDA Implementation Guide Changes for Eligible  
Hospitals/Critical Access Hospitals

# **2016 CMS QRDA IG QRDA CATEGORY I CHANGES**

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# High-Level Changes

	2016 CMS QRDA IG QRDA-I for HQR	2015 CMS QRDA IG QRDA-I for HQR
Base HL7 Standard	HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture Category I (QRDA I), Release 1, <b>DSTU Release 3 - US Realm (June 2015)</b> ( <a href="http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_QRDA_I_R1_DSTU3_2015JUN.zip">http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_QRDA_I_R1_DSTU3_2015JUN.zip</a> )	HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture Category I, <b>DSTU Release 2</b> , (US Realm), Draft Standard for Trial Use, <b>July 2012</b> (and its December 2012 and 2014 Errata Updates)
Reporting Period	<b>2016</b> Reporting Period	<b>2015</b> Reporting Period
eCQMs	eCQM Specifications for Eligible Hospitals <b>Update June 2015</b>	eCQM Specifications for Eligible Hospitals <b>Update April 2014</b>
CMS Program Name	HQR_EHR HQR_IQR HQR_EHR_IQR <b>CDAC_HQR_EHR</b>	HQR_EHR HQR_IQR HQR_EHR_IQR

# Conventions

	2016 CMS QRDA IG QRDA-I for HQR	2015 CMS QRDA IG QRDA-I for HQR
Conformance Statements Naming Conventions	<p>The “<b>CMS_</b>” prefix indicates the new conformance statements.</p> <p>The “<b>_C01</b>” postfix indicates the conformance statement from the base HL7 QRDA Category I, R3 standard is further constrained in the guide.</p>	<p>The “CMS_” prefix indicates the new conformance statements including the further constrained existing HL7 QRDA-I, R2 conformance statements.</p>
Conventions used to indicate Program Specific Conformance Statements	<p>If “[HQR PQRS CEC]” were in front of the conformance statement, then it indicates the constraint applies to a specific CMS program only.</p> <p>Examples:  <b>[HQR]</b> SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.336" CMS Certification Number (CONF:1140-28244).            ([HQR] means this constraint applies to HQR only)  <b>[HQR,PQRS]</b> This patientRole SHOULD contain zero or one [0..1] id (CONF:1140-16857) such that it ([HQR, PQRS] means this constraint applies to HQR and PQRS only)</p>	<p>Conformance statements apply to all programs.</p>

# Template Versioning

- Versioning follows conventions used by the HL7 QRDA-I, R3
- A versioned template's object identifier (OID) remains the same
- Versioned templates include the addition of the extension "2015-07-01" to the template identifier
  - Represents the month in which the 2016 CMS QRDA IG was published

	2016 CMS QRDA IG QRDA-I for HQR	2015 CMS QRDA IG QRDA-I for HQR
5.1.1 General Header	<p>ClinicalDocument (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:<u>2015-07-01</u>)</p> <p>SHALL contain exactly one [1..1] templated (CONF:CMS_0001) such that it</p> <ol style="list-style-type: none"> <li>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.24.1.3" (CONF:CMS_0002).</li> <li>SHALL contain exactly one [1..1] @extension="2015-07-01" (CONF:CMS_0003).</li> </ol>	<p>ClinicalDocument (identifier:2.16.840.1.113883.10.20.24.1.3)</p> <p>SHALL contain exactly one [1..1] templated (CONF:CMS_0001) such that it</p> <ol style="list-style-type: none"> <li>SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.24.1.3" (CONF:CMS_0002).</li> </ol>

# Document-Level Template: administrativeGenderCode

recordTarget/patientRole/patient/administrativeGenderCode

- Uses the same ONC Administrative Sex value set specified in the June 2015 eCQMs for EHs
- Overwrites the Administrative Gender value set specified in the base HL7 QRDA-I, R3

	2016 CMS QRDA IG QRDA-I for HQR	2015 CMS QRDA IG QRDA-I for HQR	Base HL7 QRDA-I, R3
administrative GenderCode	<p>ONC Administrative Sex Value Set (urn:oid:2.16.840.1.113762.1.4.1)</p> <p>Codes contained in the ONC Administrative Sex Value Set are updated during the 2015 eCQM Annual Update, which now contains only F (Female) and M (Male).</p> <p>If the patient's administrative sex is unknown, this SHALL be reported by using nullFlavor="UNK."</p>	<p>Either ONC Administrative Sex Value Set (2.16.840.1.113762.1.4.1) or Administrative Gender (HL7 V3) Value Set (2.16.840.1.113883.1.11.1)</p> <p>ONC Administrative Sex Value Set contains: F, M, and U (Unknown)</p> <p>Administrative Gender (HL7 V3) Value Set contains: F, M, and UN (Undifferentiated)</p>	<p>Administrative Gender (HL7 V3) Value Set (2.16.840.1.113883.1.11.1)</p>

# Document-Level Template: raceCode

- recordTarget/patientRole/patient/raceCode
  - The base HL7 QRDA-I, R3 standard uses Race Category Excluding Nulls value set, which does not match the Race value set specified in the 2015 eCQMs for EHs.
  - 2016 CMS QRDA IG overwrites this base HL7 QRDA-I, R3 Race value set requirement to match the Race value set specified in the 2015 eCQMs for EHs.
- recordTarget/patientRole/patient/sdtk:raceCode
  - The base HL7 QRDA-I, R3 standard uses Race value set (urn:oid:2.16.840.1.113883.1.11.1491), which does not match the Race value set specified in the 2015 eCQMs for EHs.
  - 2016 CMS QRDA IG overwrites this base HL7 QRDA-I, R3 Race value set requirement.

	2016 CMS QRDA IG	2015 CMS QRDA IG	Base HL7 QRDA-I, R3
raceCode	Race Value Set urn:oid:2.16.840.1.114222.4.11.836	Race Value Set 2.16.840.1.114222.4.11.836	Race Category Excluding Nulls urn:oid:2.16.840.1.113883.3.2074.1.1.3
sdtk:raceCode	Race Value Set urn:oid:2.16.840.1.114222.4.11.836	Race Value Set 2.16.840.1.114222.4.11.836	Race urn:oid:2.16.840.1.113883.1.11.1491

# Document-Level Template: PID and Medicare HIC Number

- Patient Identification Number (PID)
  - recordTarget/patientRole/id
  - PID is required for HQR
  - This patientRole SHALL contain exactly one [1..1] id (CONF:CMS\_0009) such that it:
    - SHALL contain exactly one [1..1] @root (CONF:CMS\_0053)
    - SHALL contain exactly one Patient Identifier Number (CONF:CMS\_0007)
- Medicare HIC Number
  - recordTarget/patientRole/id[@root="2.16.840.1.113883.4.572"]
  - Medicare HIC number is not required for HQR but should be submitted if the payer is Medicare and the patient has an HIC number assigned
    - [HQR,PQRS] This patientRole SHOULD contain zero or one [0..1] id (CONF:1140-16857) such that it SHALL contain exactly one [1..1] @root="2.16.840.1.113883.4.572" Medicare HIC number (CONF:1140-16858)

# Document-Level Template: Custodian

	2016 CMS QRDA IG QRDA-I for HQR	2015 CMS QRDA IG QRDA-I for HQR
CMS Certification Number (CCN)	CMS CCN is six to ten characters in length.	CCN is six characters in length.



# Document-Level Template: CMS Program Name

## informationRecipient

	2016 CMS QRDA IG QRDA-I for HQR	2015 CMS QRDA IG QRDA-I for HQR
CMS Program Names	HQR_EHR HQR_IQR HQR_EHR_IQR <del>CDAC_EHR_IQR</del> <b>CDAC_HQR_EHR</b>	HQR_EHR HQR_IQR HQR_EHR_IQR

- Correction: The correct CMS Program Name code is “CDAC\_HQR\_EHR”.
  - Table 5 QRDA-I CMS Program Name shows an incorrect code “CDAC\_EHR\_IQR”
- The code CDAC\_HQR\_EHR is an internal code used for eCQM validation and SHALL NOT appear in any hospital submitted QRDA files.

# Document-Level Template: NPI and TIN

- The id elements are still required for hospitals that do not have a National Provider Identifier (NPI) or Tax Identification Number (TIN), but the extension attribute must be replaced with a nullFlavor attribute set to NA.

```
<performer typeCode="PRF">
  <time>
    <low value="20160101"/>
    <high value="20160331"/>
  </time>
  <assignedEntity>
    <!-- This is the provider NPI -->
    <id root="2.16.840.1.113883.4.6" nullFlavor="NA"/>
    <representedOrganization>
      <!-- This is the organization TIN -->
      <id root="2.16.840.1.113883.4.2" nullFlavor="NA"/>
    </representedOrganization>
  </assignedEntity>
</performer>
</serviceEvent>
</documentationOf>
```

- If an NPI is submitted, the NPI must be in the valid format
  - Ten numeric digits where the tenth digit is a check digit computed using the Luhn algorithm
- If a TIN is submitted, the TIN must be in valid format
  - Nine decimal digits

# 2016 CMS QRDA-I Changes: Reporting Parameter Section

## I. Reporting Parameters Section – CMS EP & HQR (identifier: urn:oid:2.16.840.1.113883.10.20.17.2.1:2015-07-01)

1. Conforms to Reporting Parameters Section template (identifier: urn:oid:2.16.840.1.113883.10.20.17.2.1)
2. SHALL contain exactly one [1..1] templated (CONF:CMS\_0040) such that it:
  - a. SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.17.2.1" (CONF:CMS\_0041)
  - b. SHALL contain exactly one [1..1] @extension="2015-07-01" (CONF:CMS\_0042)

```
<section>
  <!-- This is the templateId for Reporting Parameters Section -->
  <templateId root="2.16.840.1.113883.10.20.17.2.1"/>
  <!-- This is the templateId for Reporting Parameters Section - CMS EP & HQR -->
  <templateId root="2.16.840.1.113883.10.20.17.2.1" extension="2015-07-01"/>
  <code code="55187-9" codeSystem="2.16.840.1.113883.6.1"/>
  <title>Reporting Parameters</title>
```

## II. Reporting Parameters Section – CMS EP & HQR template contains exactly one [1..1] Reporting Parameters Act – CMS EP & HQR

# 2016 CMS QRDA-I Changes: Reporting Parameters Act

## I. Reporting Parameters Act – CMS EP & HQR (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8:2015-07-01)

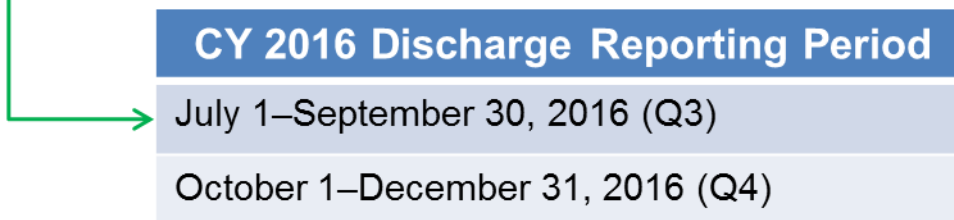
1. Conforms to Reporting Parameters Act template (identifier: urn:oid:2.16.840.1.113883.10.20.17.3.8).
2. SHALL contain exactly one [1..1] templated (CONF:CMS\_0044) such that it
  - a. SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.17.3.8" (CONF:CMS\_0045).
  - b. SHALL contain exactly one [1..1] @extension="2015-07-01" (CONF:CMS\_0046).

```
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- This is the templateId for Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- This is the templateId for Reporting Parameters Act - CMS EP & HQR -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8" extension="2015-07-01"/>
    <id root="3d7c11cf-b01b-4527-a704-c098c162779d"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20160101"/>
      <high value="20160331"/>
    </effectiveTime>
  </act>
</entry>
```

# Reporting Parameter Date and CY Discharge Quarters

The Reporting Parameter Effective Date Range must align with one of the program's allowable calendar year (CY) discharge quarters.

```
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- This is the templateId for Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- This is the templateId for Reporting Parameters Act - CMS EP & HQR -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8" extension="2015-07-01"/>
    <id root="3d7c11cf-b01b-4527-a704-c098c162779d"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20160701"/>
      <high value="20160930"/>
    </effectiveTime>
  </act>
</entry>
```



# 2016 CMS QRDA Cat I Changes: Patient Data Section

## I. Patient Data Section – CMS EP & HQR

(identifier: urn:oid:2.16.840.1.113883.10.20.24.2.1:2015-07-01)

1. Conforms to Patient Data Section QDM (V2) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2014-12-01).
2. SHALL contain exactly one [1..1] templateId (CONF:CMS\_0036) such that it
  - a. SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.24.2.1" (CONF:CMS\_0037).
  - b. SHALL contain exactly one [1..1] @extension="2015-07-01" (CONF:CMS\_0038).

```
<section>
  <!-- Patient Data Section -->
  <templateId root="2.16.840.1.113883.10.20.17.2.4"/>
  <!-- Patient Data Section QDM (V2) -->
  <templateId root="2.16.840.1.113883.10.20.24.2.1" extension="2014-12-01"/>
  <!-- Patient Data Section QDM (V2) - CMS EP & HQR -->
  <templateId root="2.16.840.1.113883.10.20.24.2.1" extension="2015-07-01"/>
  <code code="55188-7" codeSystem="2.16.840.1.113883.6.1"/>
  <title>Patient Data</title>
```

All three template ids must be present.

# Additional Validation Rules for HQR Encounter Performed

New “Appendix 10: Additional QRDA-I Validation Rules for HQR Programs” contains validation rules that the HQR receiving system performs in addition to what are specified in the 2016 CMS QRDA IG – Part A

- Encounter Performed (V2)
  - Encounter Performed Discharge Date can not be null.
  - Discharge Date (effectiveTime/high value) must not be after the QRDA-I file upload date.
  - Encounter Performed Admission Date (effectiveTime/low value) must be before the Encounter Performed Discharge Date (effectiveTime/high value).
  - At least one of the Encounter Performed Discharge Dates must be within the Program’s allowable CY discharge quarter.

# Reporting “Not Done” with a Reason

- “Not Done” used to state that something did not occur for a specific reason in QRDA-I, e.g.,
  - “Medication, Order not done: Medical Reason”
- HL7 QRDA-I, R3 specified how “Not Done” should be reported:
  - Set containing act attribute negationInd = “true”
  - Use code/[@nullFlavor=“NA”]
  - Set code attribute code/sdtc:valueset = “[VSAC value set OID]”
  - Use code/originalText for the text description of the concept in the pattern “None of value set: [value set name]”
- See the section 3.4 Asserting an Act Did Not Occur with a Reason in Volume 1 of the HL7 QRDA-I, R3 DSTU for more details



# Null Flavor Rules for Data Types

- Appendix 11 Null Flavor Rules for Data Types provides clarifications to proper “@nullFlavor” attribute use for a list of common data types.
- Rules are implemented in the HQR program specific schematrons.

Data Type	Rules
Boolean (BL)	@value and @nullFlavor attributes are mutually exclusive.
Coded Simple (CS)	@code and @nullFlavor attributes are mutually exclusive.
Coded Descriptor (CD)	@code or @nullFlavor or both @codeSystem and @nullFlavor="OTH" are allowed, but cannot have both @code and @nullFlavor and cannot have @codeSystem and @nullFlavor that does not equal "OTH". If @code is present, @codeSystem is always required.
Instance Identifier (II)	@root is allowed to be present with @extension or @nullFlavor, but @root is not allowed with both @extension and @nullFlavor at the same time.
Integer Number (INT)	@value and @nullFlavor attributes are mutually exclusive.
Physical Quantity (PQ)	@value and @nullFlavor attributes are mutually exclusive. The unit attribute must be populated if the value attribute is present, and cannot be present when the value attribute is not present.
Point in Time (TS)	@value and @nullFlavor attributes are mutually exclusive.
Real Number (REAL)	@value and @nullFlavor attributes are mutually exclusive.

2016 CMS QRDA Implementation Guide Changes for Eligible  
Hospitals/Critical Access Hospitals

# **HL7 QRDA-I R3 CHANGES FROM HL7 QRDA-I R2 OVERVIEW**

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# HL7 QRDA-I DSTU, R3 Overview

- Published in June 2015
  - [http://www.hl7.org/implement/standards/product\\_brief.cfm?product\\_id=35](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=35)
- DSTU comments can be submitted to HL7
  - <http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=152>
- Changes made in the HL7 QRDA-I DSTU, R3
  - To align with the Quality Data Model (QDM) Version 4.1.2
  - To align with the Consolidated-CDA (C-CDA), R2
  - To address those approved DSTU comments to the HL7 QRDA-I, R2

HL7 QRDA-I, R3	HL7 QRDA-I, R2
QDM Version 4.1.2 (January 2015)	QDM 2012
C-CDA R2 (November 2014)	C-CDA R1.1 (July 2012)

# Changes Made to Align with QDM Version 4.1.2

- Removed (retired) QRDA-I templates where corresponding QDM data types/attributes have been removed in QDM 4.1.2.

HL7 QRDA-I, R3 Retired Template	HL7 QRDA-I, R3 Template Should be Used Instead
Diagnostic Study Result	Diagnostic Study Performed
Functional Status Result	Function Status Performed
Laboratory Test Result	Laboratory Test Performed
Intervention Result	Intervention Performed
Procedure Result	Procedure Performed
Patient Characteristic Estimated Date of Conception	Patient Characteristic Observation Assertion
Patient Characteristic Gestational Age	Patient Characteristic Observation Assertion
Physical Exam Finding	Physical Exam Performed

- For other changes made to align with QDM 4.1.2, see the Appendix B: High-Level Change Log in Volume 1 of the HL7 QRDA-I, R3 DSTU for details.

# Changes Made to Align with C-CDA R2

- Versioned Templates
  - The majority of C-CDA templates implied by QRDA-I templates have been updated in C-CDA, R2 and are on Version 2 (V2).
  - These QRDA-I templates have all been updated in QRDA-I, R3 to imply the new versions of the C-CDA templates.
- Updated QRDA-I templates that are based on (conforms to) a C-CDA, R2 template to align with C-CDA, R2 changes, such as:
  - Changed from SNOMED to LOINC where necessary, e.g., C-CDA, R2 Problem Observation now uses LOINC for code element rather than SNOMED.
    - This affects QRDA-I Diagnosis and Symptom templates.
  - C-CDA, R2 “planned” type templates now constrain statusCode to “active” – removed statusCode=“new” constraints from implying templates, e.g. QRDA-I Order and Recommended templates

# C-CDA, R2 Changes: Problem Status Deprecated

Affect all Diagnosis and Symptom (Active, Inactive, and Resolved) templates

- The Problem Status Active/Inactive/Resolved templates used to indicate Diagnosis and Symptom status in HL7 QRDA-I R2 are deprecated in C-CDA R2
- Problem Concern Act template: in C-CDA R2 the new way of indicating status is to wrap the Problem Observation template in a Problem Concern Act template and to use a combination of both templates' status code, effectiveTime and time elements.

HL7 QRDA-I, R3	HL7 QRDA-I, R2
Problem Concern Act (V2) Diagnosis Active Concern Act (statusCode = "active") Diagnosis Active (V2)	Problem Observation Diagnosis Active Problem Status Active
Problem Concern Act (V2) Diagnosis Inactive Concern Act (statusCode = "suspended") Diagnosis Active (V2)	Problem Observation Diagnosis Inactive Problem Status Inactive
Problem Concern Act (V2) Diagnosis Resolved Concern Act (statusCode = "completed") Diagnosis Resolved (V2)	Problem Observation Diagnosis Resolved Problem Status Resolved

# QDE Value Set Binding

## @sdtc:valueSet

Added “SHALL contain exactly one [1..1] @sdtc:valueSet” to relevant coded elements in entry templates where Quality Data Elements (QDE) value set binding occurs.

HL7 QRDA-I, R3	HL7 QRDA-I, R2
<p>E.g., Encounter Performed (V2): SHALL contain exactly one [1..1] code (CONF:1140-27624).</p> <ul style="list-style-type: none"><li>a. This code SHALL contain exactly one [1..1] @sdtc:valueSet (CONF:1140-27625).</li></ul>	<p>Patient Data Section QDM SHOULD contain zero or more [0..*] entry (CONF:12833)</p> <ul style="list-style-type: none"><li>a. Where the clinical statement codes SHALL contain the @sdtc:valueSet extension to reference the value set from which the supplied code was drawn (CONF:16573).</li></ul>

# “Order” QDM Data Types

## Author Participation

- QRDA-I templates for “Order” QDM Data Types such as Procedure Order, Intervention Order, and Diagnostic Study Order
  - Where an author participant was explicitly spelled out in a template QRDA-I R2, this has been replaced with a reference to the C-CDA Author Participation template in QRDA-I, R3

HL7 QRDA Category I R3	HL7 QRDA Category I R2
<p>E.g., Intervention Order (V2)            SHALL contain exactly one [1..1] Author Participation (identifier: urn:oid:2.16.840.1.113883.10.20.22.4.119) (CONF:1140-27343).            SHALL contain exactly one [1..1] time (CONF:1098-31471).</p>	<p>E.g., Intervention Order            SHALL contain exactly one [1..1] author (CONF:13747).            This author SHALL contain exactly one [1..1] time (CONF:13748).</p>
<pre> &lt;author&gt;   &lt;templateId root="2.16.840.1.113883.10.20.22.4.119" /&gt;   &lt;time xsi:type="IVL_TS"&gt;     &lt;low value="201601151235"/&gt;     &lt;high value="201601151235"/&gt;   &lt;/time&gt;   &lt;assignedAuthor&gt;     ...   &lt;/assignedAuthor&gt; &lt;/author&gt;           </pre>	<pre> &lt;author&gt;   &lt;time xsi:type="IVL_TS"&gt;     &lt;low value="201601151235"/&gt;     &lt;high value="201601151235"/&gt;   &lt;/time&gt; &lt;/author&gt;           </pre>



# Get Involved

CMS strongly encourages vendors and hospitals to work toward successful submission of eCQM data:

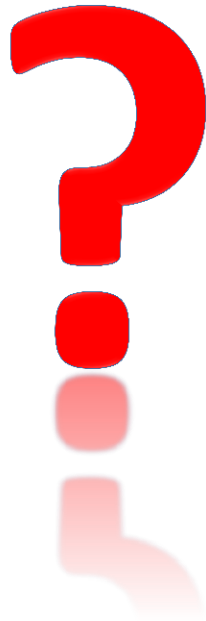
- Download and utilize PSVA for testing of QRDA-I files
- Submit test files through the Hospital eCQM receiving system (*QualityNet Secure Portal*) when it becomes available
- Sign-up for the Hospital Reporting EHR ListServe and participate in training opportunities

# Resources

- **2016 IPPS Final Rule**  
<http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>
- **2015 Edition Health IT Certification Criteria Final Rule**  
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25597.pdf>
- **Medicare and Medicaid Programs; EHR Incentive Program - Stage 2 and Modifications to MU in 2015 through 2017**  
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>

# Questions

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Thank you.