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.
Submitting Questions

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

Welcome to Today’s Event

Thank you for joining us today! Our event will start shortly.
2016 CMS QRDA Implementation Guide
Changes for Eligible Hospitals/Critical Access Hospitals

Yan Heras, PhD
Principal Informaticist
ESAC, Inc.

Debbie Krauss, MS, BSN, RN
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services (CMS)
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
DEBBIE KRAUSS, MS, BSN, RN
CENTER FOR CLINICAL STANDARDS AND QUALITY
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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1</td>
<td>STK-5</td>
<td>AMI-8a</td>
<td>VTE-5</td>
<td>SCIP-INF-2a</td>
<td></td>
</tr>
<tr>
<td>ED-2</td>
<td>STK-6</td>
<td>AMI-10</td>
<td>VTE-6</td>
<td>SCIP-INF-9</td>
<td></td>
</tr>
<tr>
<td>ED-3*</td>
<td>STK-8</td>
<td>VTE-1</td>
<td>PC-01</td>
<td>EHDII-1a</td>
<td></td>
</tr>
<tr>
<td>STK-2</td>
<td>STK-10</td>
<td>VTE-2</td>
<td>PC-05</td>
<td>HTN</td>
<td></td>
</tr>
<tr>
<td>STK-3</td>
<td>AMI-2</td>
<td>VTE-3</td>
<td>CAC-3</td>
<td>PN-6</td>
<td></td>
</tr>
<tr>
<td>STK-4</td>
<td>AMI-7a</td>
<td>VTE-4</td>
<td>SCIP-INF-1a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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:

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

2016 CMS QRDA IG OVERVIEW
YAN HERAS, PHD
PRINCIPAL INFORMATICIST
ESAC, INC
2016 CMS QRDA IG Overview


- 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
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

- 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

YAN HERAS, PHD
PRINCIPAL INFORMATICIST
ESAC, INC
# High-Level Changes

<table>
<thead>
<tr>
<th>Base HL7 Standard</th>
<th><strong>2016 CMS QRDA IG QRDA-I for HQR</strong></th>
<th><strong>2015 CMS QRDA IG QRDA-I for HQR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reporting Period</strong></td>
<td><strong>2016 Reporting Period</strong></td>
<td><strong>2015 Reporting Period</strong></td>
</tr>
<tr>
<td><strong>eCQMs</strong></td>
<td>eCQM Specifications for Eligible Hospitals <strong>Update June 2015</strong></td>
<td>eCQM Specifications for Eligible Hospitals <strong>Update April 2014</strong></td>
</tr>
<tr>
<td><strong>CMS Program Name</strong></td>
<td>HQR_EHR HQR_IQR HQR_EHR_IQR CDAC_HQR_EHR</td>
<td>HQR_EHR HQR_IQR HQR_EHR_IQR</td>
</tr>
</tbody>
</table>
## Conventions

<table>
<thead>
<tr>
<th>Conformance Statements Naming Conventions</th>
<th>2016 CMS QRDA IG QRDA-I for HQR</th>
<th>2015 CMS QRDA IG QRDA-I for HQR</th>
</tr>
</thead>
<tbody>
<tr>
<td>The “CMS_” prefix indicates the new conformance statements. The “_C01” postfix indicates the conformance statement from the base HL7 QRDA Category I, R3 standard is further constrained in the guide.</td>
<td>The “CMS_” prefix indicates the new conformance statements including the further constrained existing HL7 QRDA-I, R2 conformance statements.</td>
<td></td>
</tr>
</tbody>
</table>

### Conventions used to indicate Program Specific Conformance Statements

<table>
<thead>
<tr>
<th>Conventions used to indicate Program Specific Conformance Statements</th>
<th>2016 CMS QRDA IG QRDA-I for HQR</th>
<th>2015 CMS QRDA IG QRDA-I for HQR</th>
</tr>
</thead>
<tbody>
<tr>
<td>If “[HQR</td>
<td>PQRS</td>
<td>CEC]” were in front of the conformance statement, then it indicates the constraint applies to a specific CMS program only. Examples: [HQR] SHALL contain exactly one [1..1] @root=&quot;2.16.840.1.113883.4.336&quot; CMS Certification Number (CONF:1140-28244). ([HQR] means this constraint applies to HQR only) [HQR,PQRS] 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)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>5.1.1 General Header</th>
<th>2016 CMS QRDA IG QRDA-I for HQR</th>
<th>2015 CMS QRDA IG QRDA-I for HQR</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHALL contain exactly one [1..1] templated (CONF:CMS_0001) such that it</td>
<td>SHALL contain exactly one [1..1] templated (CONF:CMS_0001) such that it</td>
<td></td>
</tr>
<tr>
<td>a. SHALL contain exactly one [1..1]</td>
<td>a. SHALL contain exactly one [1..1]</td>
<td></td>
</tr>
<tr>
<td>@root=&quot;2.16.840.1.113883.10.20.24.1.3&quot; (CONF:CMS_0002).</td>
<td>@root=&quot;2.16.840.1.113883.10.20.24.1.3&quot; (CONF:CMS_0002).</td>
<td></td>
</tr>
<tr>
<td>b. SHALL contain exactly one [1..1]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>@extension=&quot;2015-07-01&quot; (CONF:CMS_0003).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>administrative GenderCode</th>
<th>2016 CMS QRDA IG QRDA-I for HQR</th>
<th>2015 CMS QRDA IG QRDA-I for HQR</th>
<th>Base HL7 QRDA-I, R3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONC Administrative Sex Value Set (urn:oid:2.16.840.1.113762.1.4.1)</td>
<td>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). If the patient’s administrative sex is unknown, this SHALL be reported by using nullFlavor=&quot;UNK.&quot;</td>
<td>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)</td>
<td>Administrative Gender (HL7 V3) Value Set (2.16.840.1.113883.1.11.1)</td>
</tr>
</tbody>
</table>

Administrative Gender (HL7 V3) Value Set contains:
- F, M, and UN (Undifferentiated)
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/sdtc:raceCode
  - The base HL7 QRDA-I, R3 standard uses Race value set (urn:oid:2.16.840.1.114222.4.11.836), 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.

<table>
<thead>
<tr>
<th></th>
<th>2016 CMS QRDA IG</th>
<th>2015 CMS QRDA IG</th>
<th>Base HL7 QRDA-I, R3</th>
</tr>
</thead>
<tbody>
<tr>
<td>raceCode</td>
<td>Race Value Set</td>
<td>Race Value Set</td>
<td>Race Category Excluding Nulls</td>
</tr>
<tr>
<td></td>
<td>urn:oid:2.16.840.1.114222.4.11.836</td>
<td>urn:oid:2.16.840.1.114222.4.11.836</td>
<td>urn:oid:2.16.840.1.113883.3.2074.1.13</td>
</tr>
<tr>
<td>sdtc:race</td>
<td>Race Value Set</td>
<td>Race Value Set</td>
<td>Race</td>
</tr>
<tr>
<td>Code</td>
<td>urn:oid:2.16.840.1.114222.4.11.836</td>
<td>urn:oid:2.16.840.1.114222.4.11.836</td>
<td>urn:oid:2.16.840.1.113883.1.11.1491</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>CMS Certification Number (CCN)</th>
<th>2016 CMS QRDA IG QRDA-I for HQR</th>
<th>2015 CMS QRDA IG QRDA-I for HQR</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS CCN is six to ten characters in length.</td>
<td></td>
<td>CCN is six characters in length.</td>
</tr>
</tbody>
</table>
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.
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.

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


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)

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

```xml
<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>
</section>
```
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).

```xml
<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"
        display="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" display="Observation Parameters"/>
    <effectiveTime>
      <low value="20160701"/>
      <high value="20160930"/>
    </effectiveTime>
  </act>
</entry>
```

**CY 2016 Discharge Reporting Period**

- July 1–September 30, 2016 (Q3)
- October 1–December 31, 2016 (Q4)
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:
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).

```xml
<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>
</section>
```

All three template ids must be present.
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.

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boolean (BL)</td>
<td>@value and @nullFlavor attributes are mutually exclusive.</td>
</tr>
<tr>
<td>Coded Simple (CS)</td>
<td>@code and @nullFlavor attributes are mutually exclusive.</td>
</tr>
<tr>
<td>Coded Descriptor (CD)</td>
<td>@code or @nullFlavor or both @codeSystem and @nullFlavor=&quot;OTH&quot; 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.</td>
</tr>
<tr>
<td>Instance Identifier (II)</td>
<td>@root is allowed to be present with @extension or @nullFlavor, but @root is not allowed with both @extension and @nullFlavor at the same time.</td>
</tr>
<tr>
<td>Integer Number (INT)</td>
<td>@value and @nullFlavor attributes are mutually exclusive.</td>
</tr>
<tr>
<td>Physical Quantity (PQ)</td>
<td>@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.</td>
</tr>
<tr>
<td>Point in Time (TS)</td>
<td>@value and @nullFlavor attributes are mutually exclusive.</td>
</tr>
<tr>
<td>Real Number (REAL)</td>
<td>@value and @nullFlavor attributes are mutually exclusive.</td>
</tr>
</tbody>
</table>
HL7 QRDA-I R3 CHANGES FROM HL7 QRDA-I R2 OVERVIEW
YAN HERAS, PHD
PRINCIPAL INFORMATICIST
ESAC, INC
HL7 QRDA-I DSTU, R3 Overview

• Published in June 2015

• DSTU comments can be submitted to HL7

• 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

<table>
<thead>
<tr>
<th>HL7 QRDA-I, R3</th>
<th>HL7 QRDA-I, R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>QDM Version 4.1.2 (January 2015)</td>
<td>QDM 2012</td>
</tr>
<tr>
<td>C-CDA R2 (November 2014)</td>
<td>C-CDA R1.1 (July 2012)</td>
</tr>
</tbody>
</table>
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.

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

- 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.

<table>
<thead>
<tr>
<th>HL7 QRDA-I, R3</th>
<th>HL7 QRDA-I, R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Concern Act (V2)</td>
<td>Problem Observation</td>
</tr>
<tr>
<td>Diagnosis Active Concern Act (statusCode = “active”)</td>
<td>Diagnosis Active</td>
</tr>
<tr>
<td>Diagnosis Active (V2)</td>
<td>Problem Status Active</td>
</tr>
<tr>
<td>Problem Concern Act (V2)</td>
<td>Problem Observation</td>
</tr>
<tr>
<td>Diagnosis Inactive Concern Act (statusCode = “suspended”)</td>
<td>Diagnosis Inactive</td>
</tr>
<tr>
<td>Diagnosis Active (V2)</td>
<td>Problem Status Inactive</td>
</tr>
<tr>
<td>Problem Concern Act (V2)</td>
<td>Problem Observation</td>
</tr>
<tr>
<td>Diagnosis Resolved Concern Act (statusCode = “completed”)</td>
<td>Diagnosis Resolved</td>
</tr>
<tr>
<td>Diagnosis Resolved (V2)</td>
<td>Problem Status Resolved</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>HL7 QRDA-I, R3</th>
<th>HL7 QRDA-I, R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g., Encounter Performed (V2): SHALL contain exactly one [1..1] code (CONF:1140-27624).</td>
<td></td>
</tr>
<tr>
<td>a. This code SHALL contain exactly one [1..1] @sdtc:valueSet (CONF:1140-27625).</td>
<td>Patient Data Section QDM SHOULD contain zero or more [0..*] entry (CONF:12833)</td>
</tr>
<tr>
<td></td>
<td>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).</td>
</tr>
</tbody>
</table>
“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

<table>
<thead>
<tr>
<th>HL7 QRDA Category I R3</th>
<th>HL7 QRDA Category I R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td>E.g., Intervention Order SHALL contain exactly one [1..1] author (CONF:13747). This author SHALL contain exactly one [1..1] time (CONF:13748).</td>
</tr>
<tr>
<td>&lt;author&gt;</td>
<td>&lt;author&gt;</td>
</tr>
<tr>
<td>&lt;templateId root=&quot;2.16.840.1.113883.10.20.22.4.119&quot; /&gt;</td>
<td>&lt;time xsi:Type=&quot;IVL_TS&quot;&gt;</td>
</tr>
<tr>
<td>&lt;time xsi:Type=&quot;IVL_TS&quot;&gt;</td>
<td>&lt;low value=&quot;201601151235&quot;/&gt;</td>
</tr>
<tr>
<td>&lt;low value=&quot;201601151235&quot;/&gt;</td>
<td>&lt;high value=&quot;201601151235&quot;/&gt;</td>
</tr>
<tr>
<td>&lt;/time&gt;</td>
<td>&lt;/high value=&quot;201601151235&quot;/&gt;</td>
</tr>
<tr>
<td>&lt;/assignedAuthor&gt;</td>
<td>&lt;/time&gt;</td>
</tr>
<tr>
<td>...</td>
<td>&lt;/author&gt;</td>
</tr>
</tbody>
</table>
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

- 2015 Edition Health IT Certification Criteria Final Rule

- Medicare and Medicaid Programs; EHR Incentive Program - Stage 2 and Modifications to MU in 2015 through 2017
Questions

Thank you.