

CCO Incentive Measures: Requirements for Year Two Technology Plan & Data Submission

GUIDANCE DOCUMENTATION

Oregon Health Authority

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1. Introduction

The purpose of this document is to provide Coordinated Care Organizations (CCOs) with guidance on fulfilling reporting requirements for three CCO incentive measures in order to qualify for associated payments in the second measurement year (2014). These measures are:

- Controlling High Blood Pressure – Hypertension (NQF 0018)
- Diabetes HbA1c Poor Control (NQF 0059), and
- Screening for Clinical Depression and Follow-up Plan (NQF 0418)

For the purposes of this document, these measures will be referred to as the three EHR-based CCO incentive measures.

1.1 Background

The Metrics and Scoring Committee originally selected three CCO incentive measures that require clinical (EHR- based) data in addition to administrative (claims-based) data: Controlling High Blood Pressure – Hypertension, Diabetes HbA1c Poor Control, and Screening for Clinical Depression and Follow-up Plan.

In Year One, OHA held discussions with stakeholders regarding the feasibility of CCOs collecting clinical data, and received extensive feedback from CCOs on their health information technology and health information exchange infrastructure. Based on these findings, OHA proposed a multi-pronged approach for capacity building related to reporting on the three EHR-based CCO incentive measures. The Year One approach required CCOs to submit two components in order to receive the associated payment for these three measures: a Technology Plan and a Proof-of-Concept Data Submission. The objective of the Technology Plan was to describe how the CCOs will build the capacity to collect and report on these three measures and the objective of the Proof of Concept Data Submission was to demonstrate this capacity. The approach in Year Two builds on this approach, with the intention of incenting increased capacity for electronic submission of clinical quality measure data.

1.2 OHA's Vision

OHA plans to engage a contractor to implement a statewide Clinical Quality Metrics Registry (CQMR) solution by early 2016. OHA's vision is that future requirements for clinical quality measure data reporting will occur through regular electronic submissions to the CQMR. OHA's intention is to leverage the ability of 2014 certified EHRs to submit clinical quality measure data in a standard format, known as Quality Reporting Data Architecture (QRDA). Provider practices within a CCO network that have upgraded to 2014 certified EHR technology (CEHRT) should be able to export data as QRDA Category III (individual patient data aggregated at the provider level) and QRDA Category I (individual patient level data). Please see [Appendix 2](#) for more information about the Meaningful Use program requirements and QRDA.

OHA recognizes that federal standards change over time, and that practices in the CCO network are in varied states of electronic health record adoption, health information exchange, and meeting Meaningful Use. OHA's goal is that Oregon providers meet Meaningful Use requirements and that CCOs take action to move their networked providers towards 2014 CEHRT. Oregon has a unique opportunity to invest in the infrastructure that will move our state toward the vision for electronic reporting of clinical quality data; the Technology Plans and Data Submissions from the CCOs are the crucial first steps.

2. Overview

2.1 Technology Plan & Data Submission

The Year Two process and requirements for reporting on the three EHR-based CCO incentive measures are similar to Year One. The CCO will be required to submit two components: 1) Year Two Technology Plan and 2) Year Two Data Submission. Detailed requirements for the Year Two Technology Plan and Year Two Data Submission are included in [Section 3](#) and [Section 4](#).

Minor modifications to the Year One process and requirements have been made in order to incorporate lessons learned as well as further incent increased capacity for electronic clinical quality measure reporting. An overview of significant changes includes:

- Due Dates
 - Technology Plan: February 15th, 2015
 - Data Submission: April 1st, 2015
- Data Submission Parameters
 - Population thresholds
 - Increased to 50% for Controlling High Blood Pressure – Hypertension (NQF 0018)
 - Increased to 50% for Diabetes HbA1c Poor Control (NQF 0059)
 - Increased to 25% for Screening for Clinical Depression and Follow-up Plan (NQF 0418)
 - Measurement Periods
 - Calendar year 2014 is preferred
 - Quarter 4 of 2014 (or a 90 day period within Q4) will also be accepted
- Payment
 - Split changed to equal distribution for Technology Plan (50% of 3/17ths) and Data Submission (50% of 3/17ths)
 - Challenge pool measures have an associated performance benchmark
- Required use of templates for Technology Plan and Data Submission

2.2 Review Process

Once submitted, the Technology Plan and Data Submission will undergo a two-step review process: an initial review for completeness and a secondary review for content. For both components, the initial review will be completed within 10 days and the secondary review will be completed within 30 days. In some cases, OHA may require additional information from a CCO, or request a revision to the Year Two Technology Plan or Year Two Data Submission.

Additional details regarding the review process, including review criteria and timeline, are included in [Section 5](#).

2.3 Quality Pool Payments

Once OHA has approved the Year Two Technology Plan, CCOs will receive 50 percent of the quality pool funds tied to these three measures (e.g., 50 percent of 3/17th of the quality pool). The remaining payment associated with these three measures is dependent upon the submission and approval of the Year Two Data Submission.

If the CCO is unable to submit data, they will not be eligible to receive the remaining 50 percent of the quality pool funds tied to these three measures and the remaining funds will be re-distributed to other CCOs who have met the measures through the challenge pool.

In Year Two, two of the three EHR- based measures are challenge pool metrics: Diabetes HbA1c Poor Control (NQF 0059) and Screening for Clinical Depression and Follow-up Plan (NQF 0418). The CCO will receive challenge pool funds for these two measures if they meet the associated benchmark set by the Metrics and Scoring Committee. For Year Two, the benchmarks associated with these measures are:

Measure	Year Two (2014) Benchmark
Diabetes: HbA1c poor control (NQF 0059)	34%
Depression Screening and Follow-up (NQF 0418)	25%

3. Year Two Technology Plan

3.1. Requirements

The Year Two Technology Plan is intended to be an update to the information submitted by the CCO in Year One, with additional emphasis on the CCO's approach for developing technological infrastructure to collect and electronically report clinical quality measure data for an increasing percentage of CCO members. The CCO must submit the Year Two Technology Plan by February 15th, 2015.

As noted in Section 1, a significant change to the Year Two process is the creation of a template for the CCO to utilize for submission of the Technology Plan. The *Year Two Technology Plan Template* can be found at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx> under the Guidance Document

section. **OHA requires the CCO Technology Plan to be submitted utilizing the *Year Two Technology Plan Template* document.**

Please note that OHA has requested a significant amount of detail related to the proposed Year Two Data Submission within the Technology Plan; see Table 2.2.1 in the *Year Two Technology Plan Template*. OHA anticipates that in Year Two, much of the CCO’s efforts in compiling the Technology Plan will be focused on conversation with practices and understanding how best to report on the three clinical incentive measures. Due to this fact, and the fact that additional processes are in place for receiving updates on HIT/HIE (e.g., ‘Deeper Dive’ meetings, Transformation Plan Progress Updates, etc.) the amount of narrative requested within the Year Two Technology Plan has decreased.

3.2 Completing the Technology Plan Template

The table below outlines the major sections of the *Year Two Technology Plan Template* and the associated objectives:

Section #	Section Name	Section Objective
1.0	Environmental Scan	The objective of Section 1 is to provide an update on the CCO network’s providers, practices, and membership since the Year One submissions as well as a brief update on any significant HIT updates.
1.1	Update on CCO network: membership, practices, and providers	
1.2	Update on Health Information Technology (HIT) initiatives and infrastructure	
2.0	Year Two Data Submission Proposal	The objective of Section 2 is to assist the CCO in the creation of a Year Two Data Submission Proposal and inform OHA’s expectations for the submission. OHA anticipates that the majority of the CCO’s efforts in compiling a Year Two Technology Plan will be spent in the accurate completion of Table 2.2.1.
2.1	Outline	
2.2	Practice Identification	
2.3	Submission Details	
3.0	Gap Analysis	The objective of Section 3 is to describe gaps or limitations of the CCO’s existing technological infrastructure as well as opportunities for future development.
3.1	Challenges	
3.2	Additional Considerations	

3.3 Identifying Practices for Year Two Data Submission Proposal

Section 2.0 of the *Year Two Technology Plan Template* requires the CCO to identify practices that will be included in Year Two. OHA's intention is that in Year Two the CCO will build upon the practice sample provided in the Year One Data Submission. For any Year One practices that are not included in Year Two, OHA will require an 'exclusion rationale.' In addition to the Year One practices, the CCO should consider the following when identifying additional practices in Year Two:

- Practices that have upgraded to 2014 CEHRT
- Practices that see a high volume of Medicaid beneficiaries
- Practices where a high prevalence of the measure conditions exist (hypertension, diabetes, depression)
- Practices where any tailored efforts are underway to reach members with depression or to improve network capacity to address depression

3.4 Submitting the Technology Plan Template

The Year Two Technology Plan must be submitted on or before February 15th, 2015 in order to qualify for the associated payment. Please submit the completed template by email to Crystal Nielson at crystal.nielson@state.or.us and copy the CCO's Innovator Agent. Please utilize the following naming convention when submitting the Year Two Technology Plan document:

<CCOName>_Year Two Technology Plan_<DateCreated>

Once submitted, the review process for the Year Two Technology Plan will commence. Please see [Section 5](#) for additional detail regarding the review process and timeline.

4. Year Two Data Submission

4.1 Requirements

The Year Two Data Submission is intended to build upon the capacity and infrastructure created through the Year One reporting process. The CCO must submit the Year Two Data Submission to OHA on or before April 1st, 2015. **All data must be submitted through each CCO's secure FTP site** using the instructions outlined in [Section 4.5](#). After uploading the file, please submit an email notification to Crystal Nielson at crystal.nielson@state.or.us and copy the CCO's Innovator Agent. For assistance with the FTP site, please contact Chris Coon at christopher.w.coon@state.or.us.

Note: The CCO must submit and receive approval of the Year Two Technology Plan before submitting the Year Two Data Submission.

4.2 Measure Specifications

In the Year Two Data Submission, OHA requires CCOs to report on three electronic clinical quality measures using Meaningful Use measure specifications. It is OHA's intention to leverage existing Meaningful Use reports provided by the EHR vendor and associated functionality where it exists. In

order to best identify the appropriate report type for each practice in the CCO network, please reference the *Report Type Flow Chart* in [Appendix 3](#).

For practices in the CCO network that will be utilizing vendor provided MU reports from 2011 CEHRT and 2014 CEHRT, OHA will accept the CQM release version currently supported by the vendor. Practices in the CCO network submitting data via custom queries should align with CMS' [June 2013 Update for the 2014 Reporting Year](#) specifications (see table below). **OHA reserves the right to request additional detail regarding specifications for any measures in the Year Two Data Submission.**

CMS CQM Specifications					
NQF #	Measure Title	Description	Numerator	Denominator	Steward
0018	Controlling high blood pressure	Percentage of patients 18-85 years of age who had a diagnoses of hypertension and whose blood pressure was adequately controlled (>140/90mmHg) during the measurement period).	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.	NCQA
0059	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%.	Patients 18-75 years of age with diabetes with a visit during the measurement period.	NCQA
0418	Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	Quality Insights of Pennsylvania / CMS

CMS guidance for Meaningful Use instructs eligible professionals to submit electronic (eCQM) data as generated from certified EHR technology, including any errors caused by technical glitches in the software. OHA recognizes that data generated from certified EHRs for Meaningful Use may not include

the expected number of records or may be missing data for required fields. OHA may request additional information/clarification if these issues appear in the data submission.

In addition, OHA has posted updated specification sheets for the 2014 CCO incentive measures online at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>. The specification sheets were updated to reflect any final decisions made by the Metrics and Scoring Committee (e.g., 2014 benchmark for depression screening) and to provide clarification where needed.

4.3 Parameters

Due to a recently published proposed rule from HHS¹, the adoption of 2014 certified EHRs may be slower than anticipated. In Year Two, OHA anticipates continued challenges related to the lack of associated functionality, such as: availability of data in QRDA format, availability of data for the entire 2014 calendar year, and availability of ‘out-of-the-box’ reporting for NQF 0418 Screening for Clinical Depression and Follow-up Plan. Taking into consideration these potential challenges, Year Two Data Submission parameters are as follows:

Measures	Population Threshold See Section 4.3.1	Measurement Period See Section 4.3.2	Data Aggregation Level See Section 4.3.3	Payers See Section 4.3.4
Controlling High Blood Pressure – Hypertension (NQF 0018)	50%	<ul style="list-style-type: none"> • Calendar Year 2014 (preferred) • Q4 of 2014 • 90 day increments within Q4 of 2014 	<ul style="list-style-type: none"> ○ Practice ○ Site ○ Provider ○ Individual Patient 	<ul style="list-style-type: none"> • CCO Medicaid Beneficiaries only (preferred) • All payers
Diabetes: HbA1c Poor Control (NQF 0059)	50%			
Screening for Clinical Depression and Follow-up Plan (NQF 0418)	25%			

4.3.1 Percentage of CCO Population

The minimum percentage of the CCO population (i.e. ‘population threshold’) required for reporting on each measure has increased for all measures in Year Two. The population threshold for Controlling High Blood Pressure – Hypertension (NQF 0018) and Diabetes: HbA1c Poor Control (NQF 0059) has increased from 10 percent in Year One to 50 percent in Year Two. The population threshold for Screening for Clinical Depression and Follow-up Plan (NQF 0418) has also increased in Year Two, but OHA will require a threshold of 25 percent, instead of the originally anticipated 50 percent.

¹ <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-05-20.html>

The minimum population threshold is not condition specific (e.g., CCOs do not need to include 50 percent of their members with diabetes) but does apply to each measure. For example, the CCO cannot submit data that includes 10 percent of the population for the Screening for Clinical Depression and Follow-up Plan measure and 40 percent of the population for the Diabetes: HbA1c Poor Control measure. The population threshold should be calculated based on total membership, inclusive of adults and children.

4.3.2 Measurement Period

OHA's preferred measurement period for Data Submission in Year Two is Calendar Year 2014. However, OHA will accept the following measurement periods:

- Calendar Year 2014: 01/01/2014 – 12/31/2014
- Quarter 4 of 2014: 10/01/2014 – 12/31/2014
- Ninety day increments within Quarter 4 of 2014
 - 10/01/2014 – 12/29/2014
 - 10/02/2014 – 12/30/2014
 - 10/03/2014 – 12/31/2014

OHA's intention is to allow practices in the CCO network to leverage vendor provided MU reports when possible, and understands that there are small variances among the reporting requirements for the Medicare and Medicaid EHR Incentive Programs. For this reason, OHA will accept data for Q4 of 2014 or any 90 day increments included within Q4 of 2014. **OHA will not accept 90 day increments outside of Q4 of 2014.**

4.3.3 Data Aggregation

OHA requires the CCO's Data Submission to include data at the Practice Level for each Practice included in the Data Submission. Depending on the type of report utilized, it may be possible to 'drill-down' to the Site (for practices with multiple locations), Provider, or Patient Level. Where possible, OHA appreciates this detail but it is not required for the Year Two Data Submission. Please see [Section 4.4.1](#) for additional detail regarding how to populate the *Year Two Data Submission Template* based on the level of data aggregation.

4.3.4 Payers

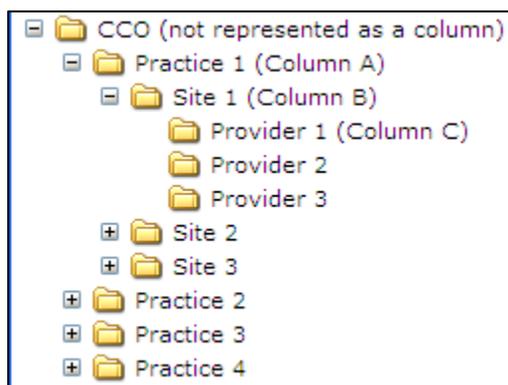
OHA's preference is that the CCO submits data for CCO Medicaid Beneficiaries only. However, OHA acknowledges that the functionality to parse data by payer (i.e. filter out non-Medicaid beneficiaries from the data submission) is still largely unavailable when utilizing vendor provided Meaningful Use Reports. For this reason, OHA will also accept Data Submissions that include beneficiaries of all payers. Please note that any Data Submission that includes all payers must be aggregated at either the Practice Level or Provider Level; patient level data should not be submitted for all payers.

4.4 Populating the Data Submission Template

OHA's intention is to leverage existing functionality in 2014 CEHRT for the export of clinical quality measure data as QRDA. OHA recognizes that not all practices in the CCO network may have the capacity

to export data as QRDA, and the upgrade to 2014 CEHRT and build-out of associated functionality is still in process for many providers. For these reasons, **OHA is requiring the use of a single Excel template for all data submissions to OHA in Year Two.** The Excel file will provide a method for CCOs to submit measure data as well as a ‘checklist’ for other data submission parameters (measurement period, payer info, etc.). If the CCO is able to submit clinical quality measure data for any practices in QRDA format, please reference [Section 4.4.2](#) below.

Please note that Columns A - C on the *Year Two Data Submission Template* are intended to represent the hierarchical relationship of Practice, Site (where applicable), and Provider within a data submission. One way to think about this relationship is similar to a folder structure on a computer:



OHA’s requirement is that the data submission is ‘drilled-down’ to the Practice level (Column A) at a minimum. Where possible, OHA appreciates data submissions that are ‘drilled-down’ to either the Site (Column B) or Provider Level (Column C), but this is not a requirement. For this reason, Column B or Column C may not be populated for any practices in the data submission, or may be populated for a subset of practices. Please note that this parameter has not changed from Year One, additional detail is being provided in order to guide the CCO in populating the *Year Two Data Submission Template*.

4.4.1 Instructions

Please follow the instructions below when populating the *Year Two Data Submission Template* located at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx> under the Guidance Documents section.

Column A: Practice

Please populate cells in this column with the name of the ‘parent’ organization/health system included in the Year Two Data Submission.

Column B: Site

Note: This column is not required; as specified in [Section 4.3.4](#).

For those practices in the CCO network that have multiple locations and are able to report at this level, please populate this column. The identifier used for the Site may vary, based on what is most appropriate for the CCO network. In the example below, Wellness Junction (practice) has multiple

locations: in the city of Smithfield (site) and in the city of Newberry (site). OHA will defer to CCOs for the usage of appropriate site identifiers.

	A	B
1	Practice	Site
2	Wellness Junction	Smithfield
3	Wellness junction	Newberry

Column C: Provider

Note: This column is not required; as specified in [Section 4.3.4](#).

For those practices in the CCO network that are able to report at this level, please populate this column. Any practices for which vendor provided Meaningful Use reports will be utilized should be able to report at the Provider Level but may not automatically associate a provider to a site (i.e. populating Column C does not require the population of Column B). However, all providers must be associated to a practice. In the example below, Wellness Junction (practice) in Smithfield (site) is able to report at the Provider Level for Jane Doe and Alex Martinez.

	A	B	C
1	Practice	Site	Provider
2	Wellness Junction	Smithfield	Jane Doe
3	Wellness junction	Newberry	Alex Martinez

Column D: Measure Number

For the purposes of the data submission, ‘measure number’ refers to the number assigned by the National Quality Forum (NQF) to each of the three clinical quality measures. Each cell should have one of the following three measure numbers: NQF 0418, NQF 0018, or NQF 0059.

Column E: Measure Description

For the purposes of the data submission, ‘measure description’ refers to the textual description assigned by the National Quality Forum (NQF) to each of the three clinical quality measures. Each cell should have one of the following three descriptions: Controlling High Blood Pressure – Hypertension, Diabetes HbA1c Poor Control, or Screening for Clinical Depression and Follow-up Plan.

Columns F - H: Numerator, Denominator, Denominator Exclusions

These columns should include the resulting data from the report or query.

Column I: Denominator Exceptions

This column should only be populated for the Screening for Clinical Depression and Follow-up Measure (NQF 0418). This column should include the resulting data from the report or query.

Column J: Rate

This column will auto-calculate the measure rate based on the numerator and denominator that were entered in columns F and G.

Column K: Report Type

This column is used to identify the report type that produced data entered in columns F – H. The cells in this column should include one of the four report types accepted by OHA: QRDA, Custom Query, MU Report from 2011 CEHRT or MU Report from 2014 CEHRT. For the purposes of the data submission, these are noted as:

- QRDA: Files generated by 2014 CEHRT, intended to be used for electronic submission of clinical quality measure data. Please see [Appendix 2](#) for more information about QRDA.
- MU Report: Reports generated by 2011 or 2014 CEHRT, intended to be used for attestation-based (manually typing in numerator and denominator data into a reporting system) submission of clinical quality measure data.
- Custom Query: Any creation of code for querying the system that is not included in vendor provided MU Reports.

Please see [Appendix 3](#) for additional detail regarding the identification of which report type is most appropriate for each of the practices in the CCO's data submission.

Column L: Measurement Period: Begin

This column is used to identify the begin data of the measurement period for the data submission. The cells in this column should include one of the four 'begin' dates accepted by OHA: 01/01/2014, 10/01/2014, 10/02/2014, or 10/03/2014. See [Section 4.3.2](#) for details.

Column M: Measurement Period: End

This column is used to identify the end data of the measurement period for the data submission. The cells in this column should include one of the three 'end' dates accepted by OHA: 12/29/2014, 12/30/2014, or 12/31/2014. See [Section 4.3.2](#) for details.

Column N: Payer Info

This column is used to identify whether the data submission includes data for All Payers or CCO Medicaid Beneficiaries only. Please see [Section 4.3.3](#) for details.

When completed, there will be three rows (one for each measure) associated with the most 'drilled-down' level of data. In the example below, Wellness Junction 'drilled-down' to the Provider Level for reporting, so the template includes three measures for each provider: Doe and Martinez.

	A	B	C	D
1	Practice	Site	Provider	Measure Number
2	Wellness Junction	Smithfield	Jane Doe	NQF 0059
3	Wellness Junction	Smithfield	Jane Doe	NQF 0418
4	Wellness Junction	Smithfield	Jane Doe	NQF 0018
5	Wellness Junction	Smithfield	Alex Martinez	NQF 0059
6	Wellness Junction	Smithfield	Alex Martinez	NQF 0418
7	Wellness Junction	Smithfield	Alex Martinez	NQF 0018

4.4.2 QRDA Submissions

OHA recognizes that some practices in the CCO network may be able to export clinical quality measure data as QRDA in Year Two. For these practices, please complete the spreadsheet as outlined above; however Columns B – I will not need to be populated as these data are included within the QRDA file. Please reference [Section 4.5](#) for instructions on naming conventions that should be utilized for QRDA files.

4.5 Uploading the Data Submission Template (and QRDA Files)

When the CCO has completed the template and is ready to submit data, please utilize the instructions below. OHA reserves the right to request resubmission of any files that are not submitted using the process as outlined in this section.

The Excel file template must be posted to the secure FTP site with the following naming convention:

<CCOName>_Y2DataSubmission_<DateCreated>

Fields	Description
CCO Name_	All files must start with CCO name. The CCOs must use the same name consistently on each file included in their Year Two Data Submission.
Y2 Data Submission_	All files must be clearly labeled as a Year Two Data Submission for ease of identification on the FTP site.
Date Created	All files must include the date of submission, written as YYYYMMDD.

If a portion of the data is to be submitted as QRDA files, in addition to posting the *Year Two Data Submission Template*, please upload QRDA files to the secure FTP site utilizing the following naming convention:

<CCOName>_Y2DataSubmission_<ProviderName>_<QRDA>_<DateCreated>

Fields	Description
CCO Name_	All files must start with CCO name. The CCOs must use the same name consistently on each file included in their Year Two data submission.
Y2 Data Submission_	All files must be clearly labeled as a Year Two Data Submission for ease of

	identification on the FTP site.
Provider_	All files must be clearly labeled to identify which provider the QRDA files are associated.
QRDA_	All files must be clearly labeled as QRDA.
Date Created	All files must include the date of submission, written as YYYYMMDD.

4.6 Summary

In summary, all CCOs must submit one Excel file that contains data for the practices in their data submission. In addition to the Excel file, some CCOs may submit QRDA files for some practices in their data submission that have this capability.

5. Review Process: Details

OHA will review each component to determine if it meets initial review and secondary review criteria as outlined in this guidance document. In some cases, OHA may require additional information from a CCO, or request a revision to the Year Two Technology Plan or Year Two Data Submission. Once OHA has approved the Year Two Technology Plan, CCOs will receive 50 percent of their quality pool funds tied to these three measures.

CCOs may submit their data as soon as their Year Two Technology Plan is approved but no later than April 1st, 2015. Once the data submission has been reviewed and accepted, CCOs will receive the remaining 50 percent of their quality pool funds tied to these measures as part of the distribution made in June 2015.

5.1 Timeline

Step One: Submit Year Two Technology Plan

Due Date: On or before February 15th, 2015.

Step Two: Initial Review and Notification

Timeline: Within 10 business days of the Year Two Technology Plan Submission.

- If the technology plan passes the initial review, OHA will proceed with the secondary, in-depth review (skip to Step Four).
- If the technology plan does not pass the initial review, OHA will suspend the review process and ask the CCO to resubmit a revised Year Two Technology Plan.

Step Three: Resubmit Plan (only if plan did not pass initial review)

Timeline: Within 10 business days of initial review notification.

Step Four: Secondary Review and Notification

Timeline: Within 30 business days of passing initial review.

- If the Technology Plan passes the secondary review, OHA will notify the CCO of final approval.
- If the Technology Plan does not pass the secondary review, OHA will notify the CCO of any issues or concerns and next steps for revising the plan. OHA staff will make every effort to notify the CCO of any issues as soon as they are identified, but no later than the end of the secondary review period. OHA staff will work with the CCO with the goal of getting to an approved Year Two Technology Plan.

Step Five: Submit Year Two Data Submission

Due Date: On or before April 1st, 2015.

Step Six: Initial Review and Notification

Timeline: Within 10 business days of receipt of Year Two Data Submission.

- If the Data Submission passes the initial review, OHA will proceed with the secondary, in-depth review (skip to Step Eight).
- If the Data Submission does not pass the initial review, OHA will suspend the review process and ask the CCO to resubmit a revised data submission.

Step Seven: Resubmit Data (only if submission did not pass initial review)

Timeline: Within 10 business days of initial review notification.

Step Eight: Secondary Review and Notification

Timeline: Within 30 business days of passing initial review.

- If the Data Submission passes the secondary review, OHA will notify the CCO of final approval.
- If the Data Submission does not pass the secondary review, OHA will notify the CCO of any issues or concerns and next steps for revising the plan. OHA staff will make every effort to notify the CCO of any issues as soon as they are identified, but no later than the end of the secondary review period. OHA staff will work with the CCO with the goal of getting to an approved Year Two Data Submission.

Note: OHA will not accept the Year Two Data Submission until the Year Two Technology Plan is approved. Although OHA will work with CCOs to approve a Year Two Technology Plan through May 31st, the CCO will need to have an approved plan no later than March 31st for Year Two data to be submitted on April 1st. Year Two Technology Plans approved between April 1st and May 31st 2015 will allow the CCO to earn 50 percent of the 3/17ths of the quality pool, but would result in the CCO becoming ineligible for the remaining 50 percent of the 3/17ths of the quality pool as well as the challenge pool payment.

5.2 Review Criteria

5.2.1 Technology Plans

Initial Review

Once a CCO submits its Year Two Technology Plan, OHA staff will use the *Technology Plan: Initial Review Form* included in [Appendix 4](#) to note whether each required element of the plan is complete or incomplete.

After this initial review, the results of the review and a copy of the completed checklist will be sent to the CCO. This step will give CCOs rapid feedback on the status of their Year Two Technology Plan and will help expedite any needed revisions to the plan.

Secondary Review

Once a CCO's Year Two Technology Plan passes the initial review described above, OHA will use the *Technology Plan: Secondary Review Form* included in [Appendix 4](#) to conduct an in-depth review of the Year Two Technology Plan.

Throughout the secondary review period, OHA may follow up with the CCO with clarifying questions or to reach agreement on a proposed sampling approach. OHA envisions this secondary review resulting in an open conversation between OHA and the CCO.

5.2.2 Data Submissions

Initial Review

Once a CCO submits data, OHA staff will use the *Data Submission: Initial Review Form* included in [Appendix 4](#) to assess whether the Data Submission is complete.

Secondary Review

Once a CCO's Year Two Data Submission passes the initial review described above, OHA will use the *Data Submission: Secondary Review Form* included in [Appendix 4](#) to conduct an in-depth review of the Year Two Data Submission.

5.3 Review Notifications & Communication

Email notifications will be sent to the individuals included on the Year Two Technology Plan submission email. The CCO's Innovator Agent will be copied to ensure communications reach the appropriate individuals at the CCO.

CCOs can submit questions about their Year Two Technology Plan or Year Two Data Submission review to OHA at any point during this process. Questions should be directed to Crystal Nielson at crystal.nielson@state.or.us. Innovator Agents should be copied on all communication regarding the review process.

6. Additional Information

6.1 Contacts

For questions related to the Technology Plan, Data Submission, or CQMR, please contact:
Crystal Nielson at crystal.nielson@state.or.us.

For questions related to the CCO incentive measures, please contact:
Sarah Bartelmann at sarah.e.bartelmann@state.or.us.

For questions related to Meaningful Use and 2014 certified EHR technology, please contact:
Karen Hale at karen.hale@state.or.us.

For questions related to the Medicare EHR Incentive Program, please contact:
CMS at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number)

For questions related to the Medicaid EHR Incentive program, please contact:
Oregon's Medicaid EHR Incentive Program at 503-945-5898 or medicaid.ehrincentives@state.or.us.

6.2 Resources

Additional information regarding the identification of measure benchmarks is available in the *2014 Benchmarks* document, located at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx> under the Data & Reporting section.

Additional information regarding the quality pool methodology and challenge pool distribution is available in the *2014 Reference instructions* located at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx> under the Guidance Documents section.

Additional information regarding specifications for the 2014 CCO incentive measures are located at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>.

Appendix 1: Glossary

2011 Certified EHR technology (CEHRT) – Established by the Office of the National Coordinator (ONC), the EHR criteria for the technical capabilities required to support the Stage 1 objectives and measures effective in 2011 – 2013. The final rule may be viewed here: <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17210.pdf>

2014 Certified EHR Technology (CEHRT) – The updated ONC Standards for EHR criteria for the technical capabilities required to support the revised Stage 1 and new Stage 2 objectives and measures that are effective beginning in 2014. All providers regardless of stage must adopt CEHRT that is 2014 certified. The final rule may be viewed here: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf>

Clinical Quality Measure Registry (CQMR) - OHA will engage a contractor to provide a Clinical Quality Metrics Registry (CQMR) by early 2016 with the ability to aggregate key clinical quality data for the Medicaid program. These data will be used to calculate CCO incentive payments and Medicaid EHR Incentive Program (Meaningful Use) payments to providers. CCOs will also be able to receive collected clinical data for their members for analytics/quality improvement efforts. Initial focus is on three clinical CCO incentive measures that are also included as quality measures within the EHR Incentive Program: diabetes A1c poor control, hypertension, and depression screening and follow-up.

Clinical quality measures (CQMs) – Tools that help measure and track the quality of healthcare services provided by eligible professionals (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs) within the health care system. These measures use a wide variety of data that are associated with a provider’s ability to deliver high-quality care or relate to long term goals for health care quality. CQMs measure many aspects of patient care including: health outcomes, clinical processes, patient safety, efficient use of healthcare resources, care coordination, patient engagements, population and public health, and clinical guidelines.² Beginning in 2014, all EPs and EHs beyond their first year of meaningful use will be required to submit CQMs electronically.³

Meaningful Use Stage 1 and 2: The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the “meaningful use” of certified EHR technology to improve patient care. To receive an EHR incentive payment, providers have to show that they are “meaningfully using” their EHRs by meeting thresholds for a number of objectives. CMS has established the objectives for “meaningful use” that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to receive an incentive payment.

² <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>

³ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic_Reporting_Spec.html

The Medicare and Medicaid EHR Incentive Programs are staged in three steps with increasing requirements for participation. All providers begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use. After meeting the Stage 1 requirements, providers will then have to meet Stage 2 requirements for two full years.⁴

Quality Reporting Document Architecture (QRDA) – The Health Level Seven International (HL7) Quality Reporting Document Architecture (QRDA) is a standard document format for the exchange of clinical quality measure data. QRDA reports contain data extracted from electronic health records and other information technology systems. QRDA reports are used for the exchange of clinical quality measure data between systems for a variety of quality measurement and reporting initiatives.

⁴ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

Appendix 2: Meaningful Use and QRDA

The Office of the National Coordinator for Health Information Technology (ONC) is the entity through which an Electronic Health Record (EHR) product receives certification for use within the EHR Incentive Program (Meaningful Use). The 2014 Edition Standards & Certification Criteria (S & CC) can be found at http://www.healthit.gov/sites/default/files/pdf/ONC_FS_EHR_Stage_2_Final_082312.pdf and includes certification criteria for clinical quality measures focused on data capture, calculation, and enabling electronic submission of clinical quality measure (CQM) data. The Certified Health IT Product List (CHPL) for the 2014 Edition S & CC can be found at <http://oncchpl.force.com/ehrcert?q=chpl>.

One criterion of the 2014 S & CC is the capability for EHRs to export clinical quality measure in a standard HL7 format: Quality Reporting Data Architecture (QRDA). QRDA is a Clinical Document Architecture (CDA)-based standard for reporting health care quality measurement data.⁵ There are three QRDA categories:

- **QRDA Category I** (single-patient report)
 - An individual patient-level report containing quality data for one patient for one or more quality measures.
 - QRDA I reports will be generated for all patients within the health information system who meet the quality measure(s), regardless of payer type.

- **QRDA Category II** (patient list report)
 - A multi-patient report across a defined population that may or may not identify individual patient data within the summary.

- **QRDA Category III** (calculated report)
 - An aggregate report containing calculated summary data for one or more measures for a given population over a specific period of time.
 - No individual patient data is included.
 - XML document.

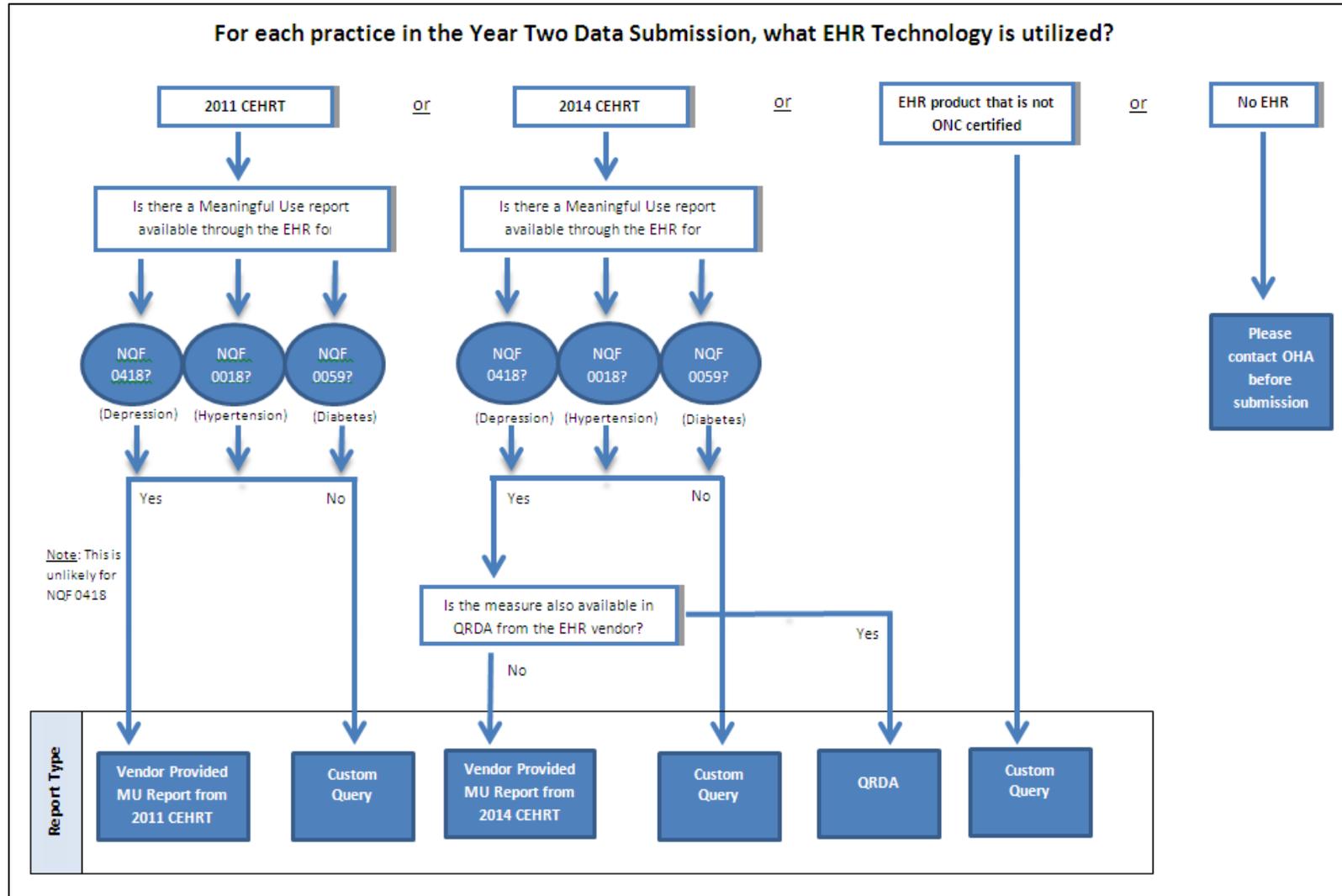
For more information about QRDA:

- Educational Webinar: Overview of QRDA Category I and III Reports (April 2013)
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/VendorWorkgroupCall_April16.pdf
- Additional information about QRDA for 2014 is available online at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_QRDA_2014eCQM.pdf

⁵ Information in this section adapted from a June 2013 Office of the National Coordinator for Health IT (ONC) presentation by Gaye Dolin and Russ Ott: *Quality Reporting Document Architecture (QRDA) Overview*.

- HL7 Implementation Guide for CDA: QRDA Category I (release 2)
www.hl7.org/implement/standards/product_brief.cfm?product_id=35
- HL7 Implementation Guide for CDA: QRDA Category III (release 1)
www.hl7.org/implement/standards/product_brief.cfm?product_id=286

Appendix 3: 'Report Type' Flow Chart



Appendix 4: Review Forms

OHA will complete the initial and secondary reviews utilizing the forms on pages 26-32. Reviewers will check off completed sections and note any sections that are incomplete, incorrect, or where additional clarification may be needed. A copy of the completed checklist will be sent to the CCO to assist in any needed revisions.

Technology Plan: Initial Review Form (1 of 4)

CCO Year Two Technology Plan: Initial Review		CCO Name. Initial Review completed on: Click here to enter a date. Initial Review completed by: Click here to enter text.
Technology Plan Required Elements	Complete	Reviewer Notes
Section 1.1: Update on CCO network: membership, practices, and providers		
Tables completed with information as requested, or information submitted as an appendix to the Technology Plan.	<input type="checkbox"/>	Click here to enter text.
Section 1.2: Update on Health Information Technology Infrastructure and Initiatives		
Narrative completed with information as requested.	<input type="checkbox"/>	Click here to enter text.
Section 2.1: Outline		
Narrative completed with information as requested, or information submitted as an appendix to the Technology Plan.	<input type="checkbox"/>	Click here to enter text.
Section 2.2: Practice Identification		
Tables completed as requested.	<input type="checkbox"/>	Click here to enter text.
Section 2.3: Submission Details		
Tables completed as requested.	<input type="checkbox"/>	Click here to enter text.
Narrative completed with information as requested.	<input type="checkbox"/>	Click here to enter text.
Section 3.1: Challenges		
Narrative provided as requested.	<input type="checkbox"/>	Click here to enter text.
Section 3.2: Additional Considerations		
Response is not required for this section.	N/A	Click here to enter text.

Technology Plan: Secondary Review Form (2 of 4)

CCO Year Two Technology Plan: Secondary Review		CCO Name.	
		Secondary Review completed on: Click here to enter date.	
		Secondary Review completed by: Click here to enter text.	
Technology Plan Required Elements	Review Criteria	Approved	Reviewer Notes
Section 1.1: Update on CCO network: membership, practices, and providers			
Update to CCO Network Information.	<p><i>Are tables populated with accurate, current data?</i></p> <p><i>Does the plan provide information regarding significant changes to the network in 2014?</i></p>	<input type="checkbox"/>	Click here to enter text.
Overall comments on Section 1.1	Click here to enter text.		
Section 1.2: Update on Health Information Technology (HIT) Infrastructure and Initiatives			
Overview/update on the CCO's Analytic Capacity, specifically to support reporting on the CCO Incentive measures.	<i>Does the description of existing analytic capacity reflect a thoughtful self-assessment?</i>	<input type="checkbox"/>	Click here to enter text.
Overview/update on the CCO's HIT and HIE initiatives.	<i>Does the plan provide information regarding significant updates to known HIT/HIE initiatives?</i>	<input type="checkbox"/>	Click here to enter text.
Overall comments on section 1.2	Click here to enter text.		

CCO Year Two Technology Plan: Secondary Review		CCO Name.	
		Secondary Review completed on: Click here to enter date.	
		Secondary Review completed by: Click here to enter text.	
Section 2.1: Milestone Identification			
Outline of the CCO's plan for submitting measure data in Year Two.	<i>Does the plan identify reasonable and attainable milestones necessary to meet Year Two requirements?</i>	<input type="checkbox"/>	Click here to enter text.
Overall comments on Section 2.1	Click here to enter text.		
Section 2.2: Practice Identification			
Identification of practices to be included in the Year Two Data Submission.	<i>Are all practices from the Year One Submission included in the planned Year Two submission? If not, is adequate rationale for exclusion provided in the plan?</i> <i>Is Table 2.2.3 completed in entirety with accurate and current information?</i> <i>Based on information provided in Table 2.2.3, does the proposed data submission meet all data parameter requirement? Please see page 10 of the 'Year Two Guidance Documentation: Technology Plan and Data Submission' for details.</i>	<input type="checkbox"/>	Click here to enter text.

CCO Year Two Technology Plan: Secondary Review		CCO Name.	
		Secondary Review completed on:	Click here to enter date.
		Secondary Review completed by:	Click here to enter text.
	<i>Based on known information of the CCO's network and HIT infrastructure, are there any obvious omissions of practices that should be included in the submission?</i>		
Overall comments on Section 2.2	Click here to enter text.		
Section 2.3: Submission Details			
Detail regarding the data source and report type of the Year Two Data Submission.	<i>Does the plan identify the reporting source (i.e., directly from practice EHR, data intermediary, etc.)</i> <i>Does the plan provide detail regarding availability of measure data as QRDA for any practices on 2014 CEHRT?</i>	<input type="checkbox"/>	Click here to enter text.
Overall comments on section 2.3	Click here to enter text.		
Section 3.1: Gap analysis			
Detail regarding challenges/barriers expected in Year Two, and plans for mitigation.	<i>Does the plan describe challenges or barriers with enough specificity to inform future efforts to mitigate or overcome barriers?</i>	<input type="checkbox"/>	Click here to enter text.

CCO Year Two Technology Plan: Secondary Review		CCO Name. Secondary Review completed on: Click here to enter date. Secondary Review completed by: Click here to enter text.	
Identification of gaps that would affect ability to successfully meet anticipated requirements.	<i>Does the plan identify gaps that would need to be addressed in order to successfully meet the possible approached identified for Year 3?</i>	<input type="checkbox"/>	Click here to enter text.
Overall comments on section 3.1	Click here to enter text.		
Section 3.2: Additional Considerations			
Additional information provided at the discretion of the CCO.	<i>No review criteria; completion of this section is not required for approval.</i>	N/A	Click here to enter text.
Overall comments on section 3.2	Click here to enter text.		

Data Submission: Initial Review Form (3 of 4)

CCO Year Two Data Submission: Initial Review		CCO Name.	
		Review completed on:	Click here to enter a date.
		Review completed by:	Click here to enter text.
Data Submission Requirements	Complete	Reviewer Notes	
Was submission received by the deadline?	<input type="checkbox"/>		
Was data received in the appropriate format, utilizing the <i>'Year Two Data Submission Template?'</i>	<input type="checkbox"/>		
Was the data submitted utilizing the required process and correctly labeled so submission could be identified?	<input type="checkbox"/>		
Does the data submission match information provided in Table 2.2.3 of the Technology Plan template?	<input type="checkbox"/>		
Does the data submission include the expected number of records, based on the approved sampling approach?	<input type="checkbox"/>		
Is the data submission missing data for any required fields for any practice?	<input type="checkbox"/>		
Overall comments on data submission:			

Data Submission: Secondary Review Form (4 of 4)

CCO Year Two Data Submission: Secondary Review		CCO Name.	
		Secondary Review completed on: Click here to enter date.	
		Secondary Review completed by: Click here to enter text.	
Data Submission Required Elements	Review Criteria	Approved	Reviewer Notes
Parameters	<p><i>Are requirements for data parameters met?</i></p> <ul style="list-style-type: none"> • <i>Population Threshold</i> • <i>Measurement Period</i> • <i>Report Type</i> 	<input type="checkbox"/>	Click here to enter text.
Measure Specifications	<p><i>Are data elements understood for each measure?</i></p> <p><i>If custom queries were utilized, are they aligned with CMS' June 2013 Update for the 2014 Reporting Year?</i></p>	<input type="checkbox"/>	Click here to enter text.
Data Validity	<p><i>Are there any perceived issues with data validity? Issues may include the following:</i></p> <ul style="list-style-type: none"> • <i>Zero denominator</i> • <i>Denominator higher than expected</i> • <i>Exclusions higher than expected</i> • <i>Zero numerator</i> • <i>Incorrect rate calculations (i.e., greater than 100%)</i> 	<input type="checkbox"/>	Click here to enter text.
Overall comments	Click here to enter text.		

Appendix 5: Change Log

Date	Changes
08/08/2014	<ol style="list-style-type: none"><li data-bbox="451 384 1490 489">1. Section 3.4, page 8: The initial version of the document erroneously noted January 15th, 2015 as the submission due date for the Technology Plan. The correct due date is February 15th, 2015.<li data-bbox="451 499 1490 636">2. Section 5.1, page 18: The initial version of the document noted that '<i>Year Two Technology Plans approved between April 2nd (emphasis added) and May 31st 2015 will allow the CCO to earn 50% of the 3/17ths of the quality pool...</i>'. The current version of the document has been modified to include April 1st.<li data-bbox="451 646 1133 676">3. Minor edits to style and format throughout the document.