

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

GUIDANCE DOCUMENTATION

Oregon Health Authority

Information included within this document is subject to change; final documentation will be published on July 31st, 2014.

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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, they 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 (medical record) data in addition to administrative (claims) 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 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 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 an operational 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 state-wide Clinical Quality Metrics Registry (CQMR). These data will be used to calculate future CCO incentive payments. CCOs will also be able to receive collected clinical data for their members for analytics/quality improvement efforts.

To meet this vision, 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)¹

¹ The ONC's Certified Health IT Product List (CHPL) for the 2014 Edition Standards & Certification Criteria (S & CC) can be found at <http://oncchpl.force.com/ehrcert?q=chpl>.

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).

OHA recognizes that federal standards change over time, and that not all CCOs are in the same place when it comes to 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 certified EHR technology. 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 process and requirements for reporting on the three EHR-based CCO incentive measures in Year Two is similar to that taken in 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](#) of this document.

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.

2.2 Quality Pool Payments

For each of the three EHR-based CCO incentive measures, CCOs will have the opportunity to earn 50 percent of the quality pool funds tied to these metrics (e.g., 50 percent of 3/17^{ths} of the quality pool) upon OHA's receipt and acceptance of the Year Two Technology Plan. The remaining 50 percent of the quality pool funds tied to these three metrics (i.e., 50 percent of 3/17^{ths} of the quality pool) will be disbursed upon OHA's receipt and approval of the Year Two Data Submissions.

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 metrics and the remaining funds will be re-distributed to other CCOs who have met the metrics through the challenge pool. Additional information regarding the quality pool methodology and challenge pool distribution is available in the '*2014 Reference instructions*' document on page [\[x\]](#).

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

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

Additional information regarding the identification of measure benchmarks is available in the '2014 Benchmarks' document, available at [\[x\]](#).

2.3 Review Process

OHA will review each Technology Plan to determine if it meets criteria outlined in this guidance document and will provide CCOs with feedback within 30 days of CCO submission. In some cases, OHA may require additional information from a CCO, or request a revision to the Year Two Technology Plan or proposed 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, any time after January 15th, 2015 and no later than April 1st, 2015. OHA will review the data submission within 30 days of receipt. 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.

For additional details regarding the review process, including review criteria and timeline, please see [Section 5](#).

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 the Year One Technology Plan, 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 January 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 [\[link\]](#). **OHA requires the CCO Technology Plan to be submitted utilizing the 'Year Two Technology Plan Template' document.** . Please contact Crystal Nielson at crystal.nielson@state.or.us or (971) 304-9627 with any questions regarding submission of the Year Two Technology Plan.

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 2.2.3 in the ‘Year Two Technology Plan Template.’ OHA anticipates that in Year Two, much of the CCO’s efforts in submitting the Technology Plan will be focused on outreach to practices and understanding how best to report on the three clinical incentive measures. Due to the increasing emphasis on the data submission and the fact that additional processes are in place for receiving updates on HIT/HIE (‘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: providers, practices, and membership	
1.2	Update on Health Information Technology (HIT) 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 crafting a Year Two Technology Plan will be spent in the accurate completion of Table 2.2.1.
2.1	Project 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 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 January 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.

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 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 (CQMs) 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.

Please see [Appendix 1](#) for more information about the Meaningful Use program requirements and QRDA; please see [Appendix 2](#) for more information regarding measure specifications.

4.3 Parameters

Due to a recently published proposed rule from HHS², 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 Stratification See Section 4.3.4	Payers See Section 4.3.3
NQF 0018: Controlling High Blood Pressure – Hypertension	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 Location ○ Provider ○ Individual Patient 	<ul style="list-style-type: none"> ○ CCO Medicaid Beneficiaries only (preferred) ○ All payers
NQF 0059: Diabetes: HbA1c Poor Control	50%			
NQF 0418: Screening for Clinical Depression and Follow-up Plan	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 NQF 0018: Controlling High Blood Pressure (Hypertension) and NQF 0059 Diabetes: HbA1c Poor Control) has increased from 10 percent in Year One to 50 percent in Year Two. The population threshold for NQF 0418 Screening for Clinical Depression and Follow-up Plan has also increased in Year Two, but OHA will require a threshold of 25 percent, instead of the originally anticipated 50 percent.

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.

² <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-05-20.html>

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 Stratification

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 Physical Location (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 stratification.

4.3.4 Payers

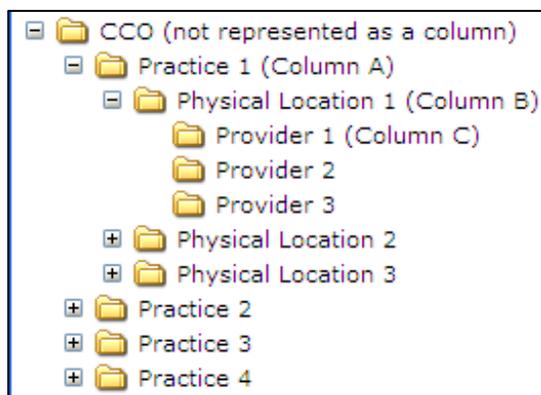
OHA's preference is that the CCO submits data for CCO Medicaid Beneficiaries only. However, OHA acknowledges that the functionality to parse data by payer (i.e. filter out non-Medicaid beneficiaries from the data submission) is still largely unavailable when utilizing vendor provided Meaningful Use Reports.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

- Access the ‘*Year Two Data Submission Template*’ at [\[link\]](#).
- Complete the columns utilizing the descriptions provided below:

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: Physical Location

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 unique identifier used to indicate Physical Location 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 (physical location) and in the city of Newberry (physical location). OHA will defer to CCOs for the usage of appropriate unique identifiers.

	A	B
1	Practice	Physical Location
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. In the example below, Wellness Junction (practice) in Smithfield (physical location) is able to report at the Provider Level for Jane Doe and Alex Martinez.

	A	B	C
1	Practice	Physical Location	Provider
2	Wellness Junction	Smithfield	Jane Doe
3	Wellness Junction	Smithfield	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 in this column 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 in this column 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.

Column I: Rate

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

Column J: 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 three report types accepted by OHA: QRDA, Custom Query, or Vendor Provided MU Report. 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.
- Vendor Provided 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.

Column K: 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 K: 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 M: 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.

4.4.2 Instructions for 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 must use 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 CCO's data is to be submitted as QRDA files, in addition to posting the Year Two Data Submission document, please upload QRDA files to the secure FTP site utilizing the following naming convention:

<CCOName>_<Y2DataSubmission>_<Organization>_<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.
Organization_	All files must be clearly labeled to identify which organization generated the data. CCOs should be consistent in Organization names across all files. If using abbreviations for Organizations, a key should be provided in the supporting documentation.
QRDA_	All files must be clearly labeled as QRDA.
Date Created	All files must include the date of submission, written as YYYYMMDD.

5.0 Review Process: Details

OHA will review each Year Two Technology Plan to determine if it meets criteria outlined in this guidance document and will provide CCOs with feedback within 30 days of CCO submission. In some cases, OHA may require additional information from a CCO, or request a revision to the Year Two Technology Plan or proposed 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, any time after January 15th, 2015 and no later than April 1st, 2015. OHA will review the Year Two Data Submission within 30 days of receipt. For Data Submissions that are approved, 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 January 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.

- A technology plan that is resubmitted later than 10 business days after notification of initial review will be reviewed, but will not be eligible for the 50 percent of the 3/17ths of the quality pool tied to the technology plan.

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.

Year Two Technology Plans that are not approved by May 31st, 2015 will not be eligible for the 50 percent of the 3/17ths of the quality pool tied to the technology plan submission. Approval by May 31st allows OHA to calculate the total number of CCO incentive measures met to determine each CCO's quality pool awards in June 2015.

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 by 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.

Step Five: Data Submission

Due Date: On or before April 30th, 2015.

Step Six: Data Submission Review

Timeline: Within 10 business days of submission.

- If the data submission passes the review, OHA will notify CCO that the submission is approved.
- If the data submission does not pass the review, OHA will suspend the review process and ask the CCO to resubmit data or provide additional documentation or rationale for the submission.

Data submissions that are not approved by May 31, 2015 will not be eligible for the 50 percent of the remaining 3/17ths of the quality pool or the challenge pool payment.

5.2 Review Criteria

5.2.1 Technology Plans

Initial Review of Required Elements

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 of Technology Plan

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 of Required Elements

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:

1. Is complete. Completeness here refers to the following:
 - a. Does the data submission include all practices proposed in the approved Year Two Technology Plan?
 - b. Is the data submission missing data for required fields for any practice? If so, is this discrepancy addressed in the supporting documentation?
 - c. Does the data submission include the expected number of records, based on the approved Year Two Technology Plan?
 - d. Is the data submission correctly labeled so data can be identified appropriately?

Note: CMS guidance for Meaningful Use instructs eligible professionals to submit electronic Clinical Quality Measures (eCQM) 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. CCOs should provide explanation for these discrepancies in the supporting documentation.

Secondary Review of Technology Plan

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 listed on the Year Two Technology Plan submission, with the CCO's Innovator Agent copied, who can help make sure these 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.

Appendix 1: Glossary

[Content to be included in final version]

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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) receives certification for use within the EHR Incentive Program (Meaningful Use). The 2014 Edition Standards & Certification Criteria (S & CC) included certification criteria for clinical quality measures focused on data capture, calculation, and enabling electronic submission of clinical quality measure (CQM) data.

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.³ 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
- 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

³ 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*.

Appendix 3: Measure Specification Checklist

Measure 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 most recent blood pressure 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 diagnoses of essential hypertension within the first six months of the measurement period, or any time prior to the measurement period.	NCQA
0059	Diabetes: HbA1c poor control	Percentage of patients 18-75 years of age with diabetes who had HbA1c >9.0% during the measurement period.	Patients whose most recent hemoglobin A1c 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 ⁴ and older screened for clinical depression on the date of the encounter, using an age appropriate, standardized follow up tool.	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 visit during the measurement period.	CMS

⁴ The Metrics & Scoring Committee agreed to report on patients ages 18 years and older to align with the SBIRT measure specifications. NQF specifications are still for age 12. OHA will accept this measure as produced by EHRs, for ages 12 and older, instead of requiring ages 18+ in the year two data submission.

Appendix 4: Review Forms

[Content to be included in final version]

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