May 24 CMS Quality Vendor Workgroup

May 24, 2018
12:00 – 1:30 p.m. ET

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Agenda

Topic	Speaker
eCQI Resource Center Update, Direct Referenced Codes, Technical Release Notes, Annual Update for 2019 Reporting/Performance Overview	**Shanna Hartman** *CMS* **Edna Boone** *ESAC/Batelle* **Juliet Rubini** *Mathematica*
Update on OCR Cybersecurity and Breach Resources	**Nick Heesters** *Office for Civil Rights*
Medicare and Medicaid EHR Incentive Programs Name Change	**Ketchum on behalf of Kathleen Johnson**
Questions	

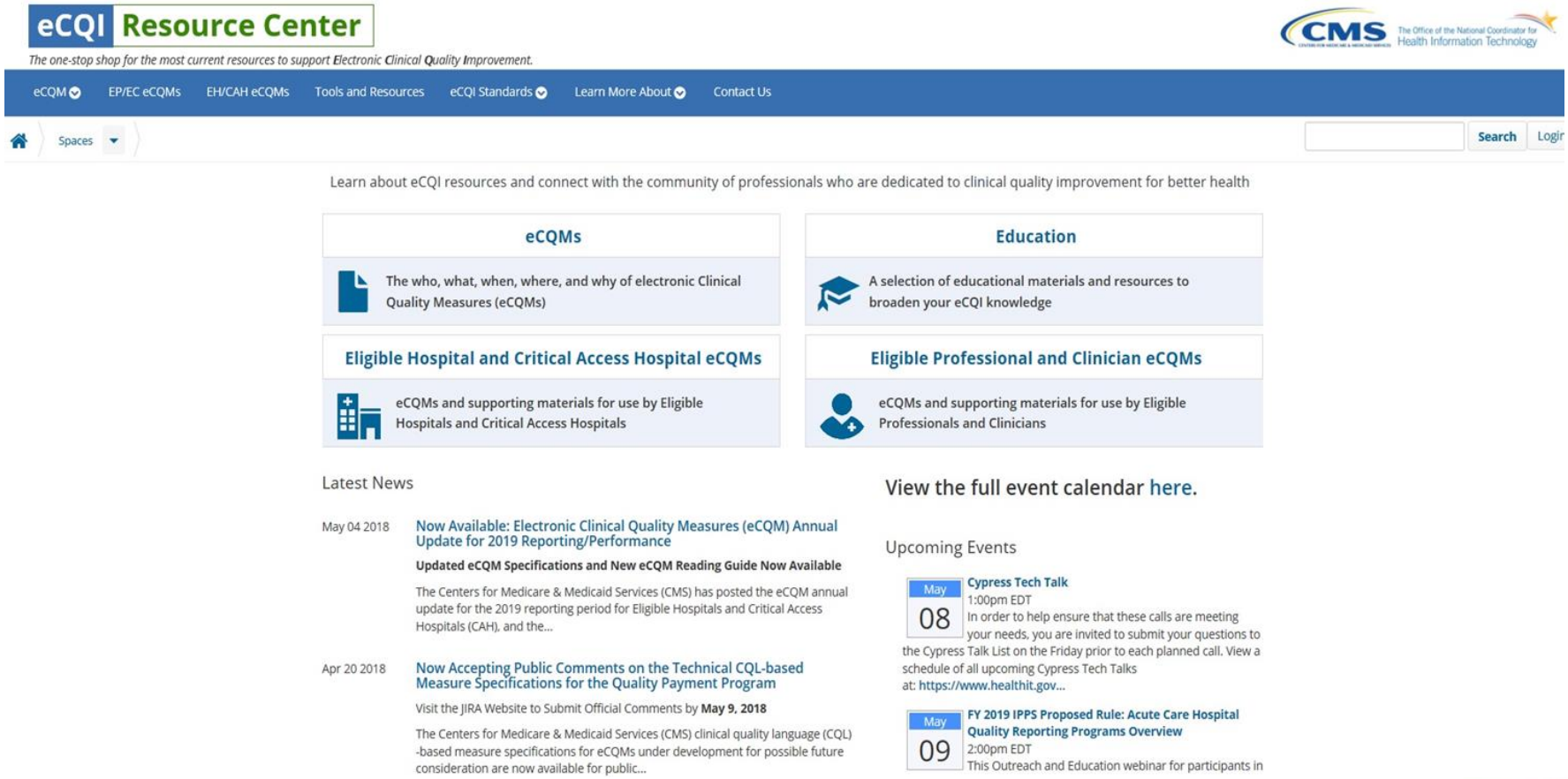
eCQI Resource Center Update, Direct Referenced Codes, Technical Release Notes, eCQM Annual Update for 2019 Reporting/Performance Overview

Shanna Hartman, *CMS*
Edna Boone, *ESAC/Battelle*
Juliet Rubini - *Mathematica*

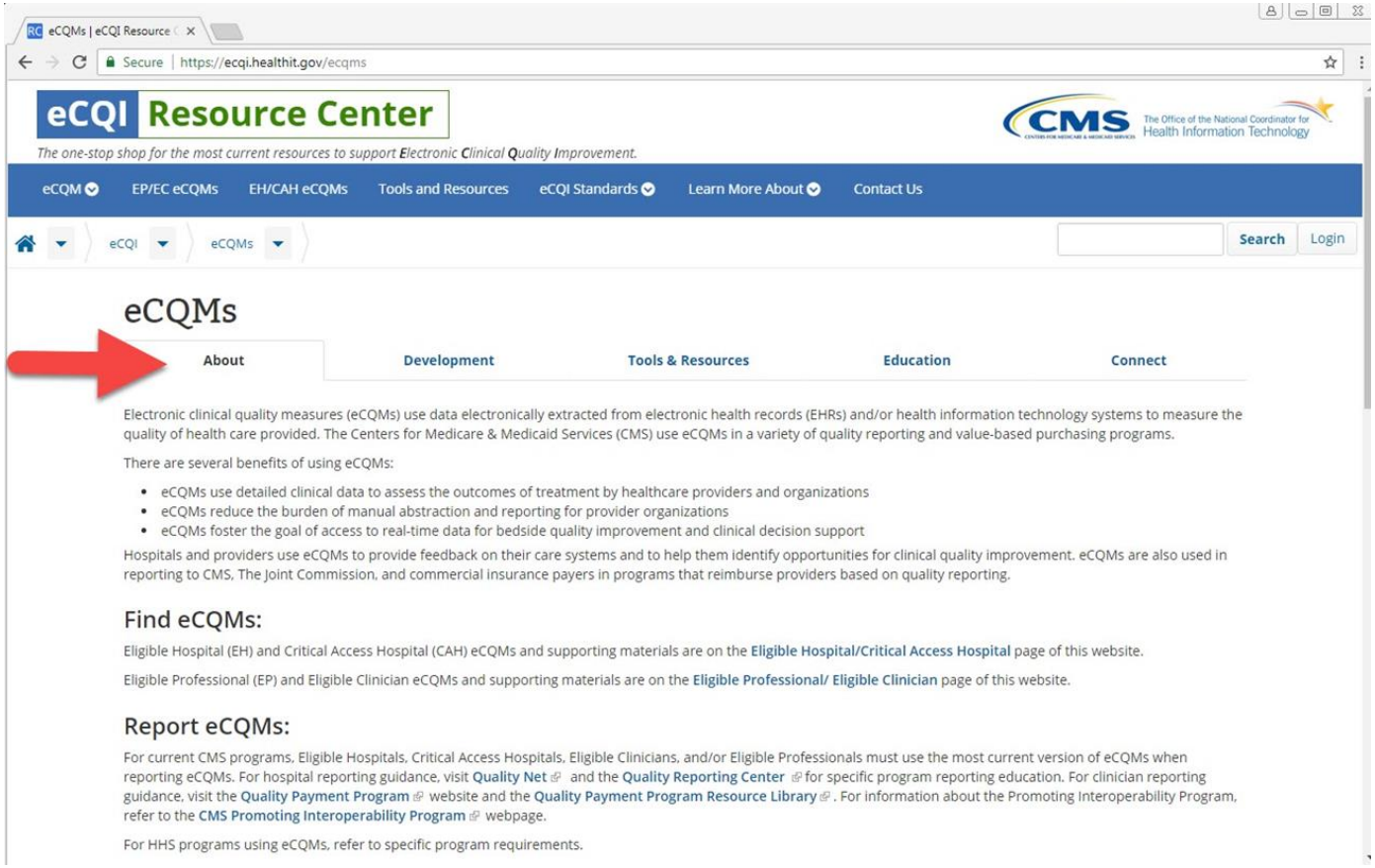
eCQM Annual Update for 2019 Reporting/Performance Overview

- eCQI Resource Center
  - eCQM specifications for Eligible Professionals, Eligible Clinicians, Eligible Hospitals and Critical Access Hospitals
  - eCQM supporting materials
  - eCQI standards information
    - Clinical Quality Language (CQL)
    - Quality Data Model (QDM)
    - Quality Reporting Document Architecture (QRDA)
  - Tools and Resources
    - Education materials
    - Implementation resources
    - eCQM Tool Library
  - Engagement Opportunities

eCQI Resource Center https://ecqi.healthit.gov



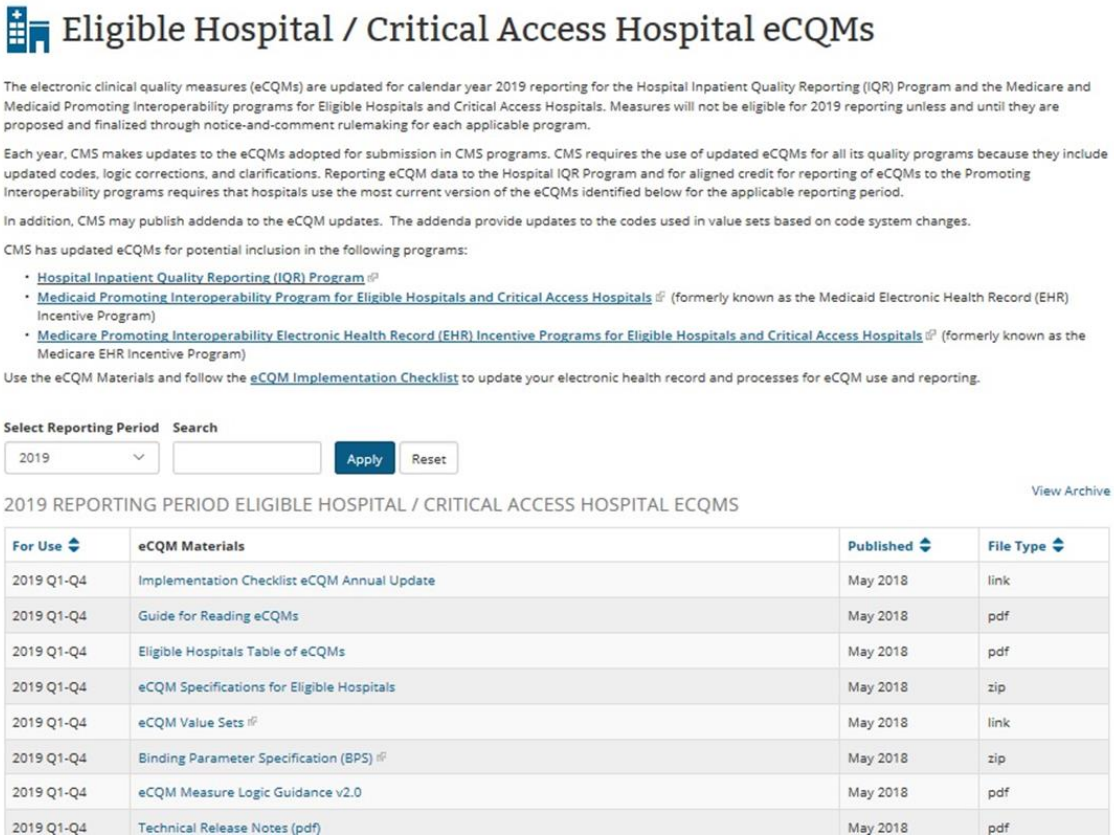
Tab structure – eCQM Page



https://ecqi.healthit.gov/ecqms

Tab structure – CQL Page

Eligible Hospital / Critical Access Hospital eCQMs



Eligible Hospital / Critical Access Hospital eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare and Medicaid Promoting Interoperability programs for Eligible Hospitals and Critical Access Hospitals. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to the Hospital IQR Program and for aligned credit for reporting of eCQMs to the Promoting Interoperability programs requires that hospitals use the most current version of the eCQMs identified below for the applicable reporting period.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCQMs for potential inclusion in the following programs:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)
- Medicare Promoting Interoperability Electronic Health Record (EHR) Incentive Programs for Eligible Hospitals and Critical Access Hospitals (formerly known as the Medicare EHR Incentive Program)

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Period: 2019 | Search | Apply | Reset

View Archive

2019 REPORTING PERIOD ELIGIBLE HOSPITAL / CRITICAL ACCESS HOSPITAL ECQMS

For Use	eCQM Materials	Published	File Type
2019 Q1-Q4	Implementation Checklist eCQM Annual Update	May 2018	link
2019 Q1-Q4	Guide for Reading eCQMs	May 2018	pdf
2019 Q1-Q4	Eligible Hospitals Table of eCQMs	May 2018	pdf
2019 Q1-Q4	eCQM Specifications for Eligible Hospitals	May 2018	zip
2019 Q1-Q4	eCQM Value Sets	May 2018	link
2019 Q1-Q4	Binding Parameter Specification (BPS)	May 2018	zip
2019 Q1-Q4	eCQM Measure Logic Guidance v2.0	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (pdf)	May 2018	pdf

https://ecqi.healthit.gov/eh

Eligible Hospital / Critical Access Hospital eCQMs

Select 2019

Eligible Hospital / Critical Access Hospital eCQMs

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Select Reporting Period **Search**

2019 | Apply | Reset

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Eligible Hospital / Critical Access Hospital eCQMs

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2019 Q1-Q4	Technical Release Notes (pdf)	May 2018	pdf
2019 Q1-Q4	Technical Release Notes (zip)	May 2018	zip
2019 Q1-Q4	eCQM Annual Update Pre-Publication Document	Feb 2018	pdf
2019 Q1-Q4	2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting	May 2018	pdf
2019 Q1-Q4	2019 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting	May 2018	zip

-**USHIK Links** are not updated for the 2019 Reporting Period.

Measure Name	Short Name	CMS eCQM ID	NQF ID	Meaningful Measure Area	USHIK Version Links
Exclusive Breast Milk Feeding	PC-05	CMS9v7	0480	Preventive Care	Version Detail Version Compare
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	CAC-3	CMS26v6	None	Preventive Care	Version Detail Version Compare
Hearing Screening Prior To Hospital Discharge	EHDI-1a	CMS31v7	1354	Preventive Care	Version Detail Version Compare
Median Time from ED Arrival to ED Departure for Discharged ED Patients	ED-3	CMS32v8	0496	Patients Experience of Care	Version Detail Version Compare

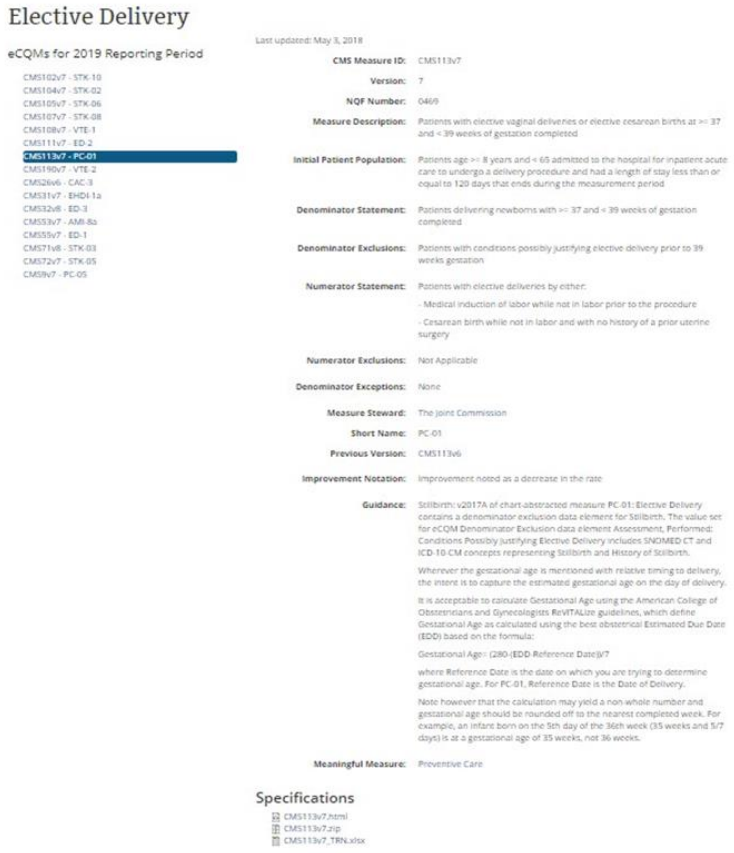
eCQM Materials

- eCQM Specifications
- Technical Release Notes
- Implementation Guides
- QRDA Links

eCQM Table

https://ecqi.healthit.gov/eh

Eligible Hospital / Critical Access Hospital eCQMs – Measure Detail



Elective Delivery

eCQMs for 2019 Reporting Period

- CMS102v7 - STK-10
- CMS104v7 - STK-02
- CMS105v7 - STK-06
- CMS107v7 - STK-08
- CMS108v7 - VTE-1
- CMS111v7 - ED-2
- **CMS113v7 - PC-01**
- CMS190v7 - VTE-2
- CMS26v6 - CAC-3
- CMS31v7 - EHDI-1a
- CMS32v8 - ED-3
- CMS53v7 - AMI-8a
- CMS55v7 - ED-1
- CMS71v8 - STK-03
- CMS72v7 - STK-05
- CMS9v7 - PC-05

Last updated: May 3, 2018

CMS Measure ID: CMS113v7

Version: 7

NQF Number: 0469

Measure Description: Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed

Initial Patient Population: Patients age >= 8 years and < 65 admitted to the hospital for inpatient acute care to undergo a delivery procedure and had a length of stay less than or equal to 120 days that ends during the measurement period

Denominator Statement: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed

Denominator Exclusions: Patients with conditions possibly justifying elective delivery prior to 39 weeks gestation

Numerator Statement: Patients with elective deliveries by either:

- Medical induction of labor while not in labor prior to the procedure
- Cesarean birth while not in labor and with no history of a prior uterine surgery

Numerator Exclusions: Not Applicable

Denominator Exceptions: None

Measure Steward: The Joint Commission

Short Name: PC-01

Previous Version: CMS113v6

Improvement Notation: Improvement noted as a decrease in the rate

Guidance: Stillbirth: v2017A of chart-abstracted measure PC-01: Elective Delivery contains a denominator exclusion data element for Stillbirth. The value set for eCQM Denominator Exclusion data element Assessment, Performed: Conditions Possibly Justifying Elective Delivery includes SNOMED CT and ICD-10-CM concepts representing Stillbirth and History of Stillbirth.

Wherever the gestational age is mentioned with relative timing to delivery, the intent is to capture the estimated gestational age on the day of delivery.

It is acceptable to calculate Gestational Age using the American College of Obstetricians and Gynecologists ReVITALize guidelines, which define Gestational Age as calculated using the best obstetrical Estimated Due Date (EDD) based on the formula:

Gestational Age= (280-(EDD-Reference Date))/7

where Reference Date is the date on which you are trying to determine gestational age. For PC-01, Reference Date is the Date of Delivery.

Note however that the calculation may yield a non-whole number and gestational age should be rounded off to the nearest completed week. For example, an infant born on the 5th day of the 36th week (35 weeks and 5/7 days) is at a gestational age of 35 weeks, not 36 weeks.

Meaningful Measure: Preventive Care

Specifications

- CMS113v7.html
- CMS113v7.zip
- CMS113v7_TRN.xlsx

Specifications

- CMS113v7.html
- CMS113v7.zip
- CMS113v7_TRN.xlsx

Downloadable specifications

https://ecqi.healthit.gov/ecqm/measures/cms113v7

Eligible Hospital / Critical Access Hospital eCQMs – QRDA

QRDA - Quality Reporting Document Architecture

About | Tools & Resources | Previous Versions | Education | Connect

The Quality Reporting Document Architecture (QRDA) is the data submission standard used for a variety of quality measurement and reporting initiatives. QRDA creates a standard method to report quality measure results in a structured, consistent format and can be used to exchange eCQM data between systems.

Current QRDA Reference and Implementation Guides:

Find 2019 QRDA here and in eCQM Materials

2019 Reporting and Performance Period

The 2019 CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2019 eCQM reporting is based on the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: Quality Reporting Document Architecture (QRDA) Category I, Release 1, Standard for Trial Use Release 5 (published December 2017).

- 2019 CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)
- 2019 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting (zip)

2018 Reporting and Performance Period

For 2018 reporting, there are two CMS QRDA Implementation Guides: one CMS Implementation Guide for Eligible Hospitals and a separate CMS Implementation Guide for Eligible Clinicians.

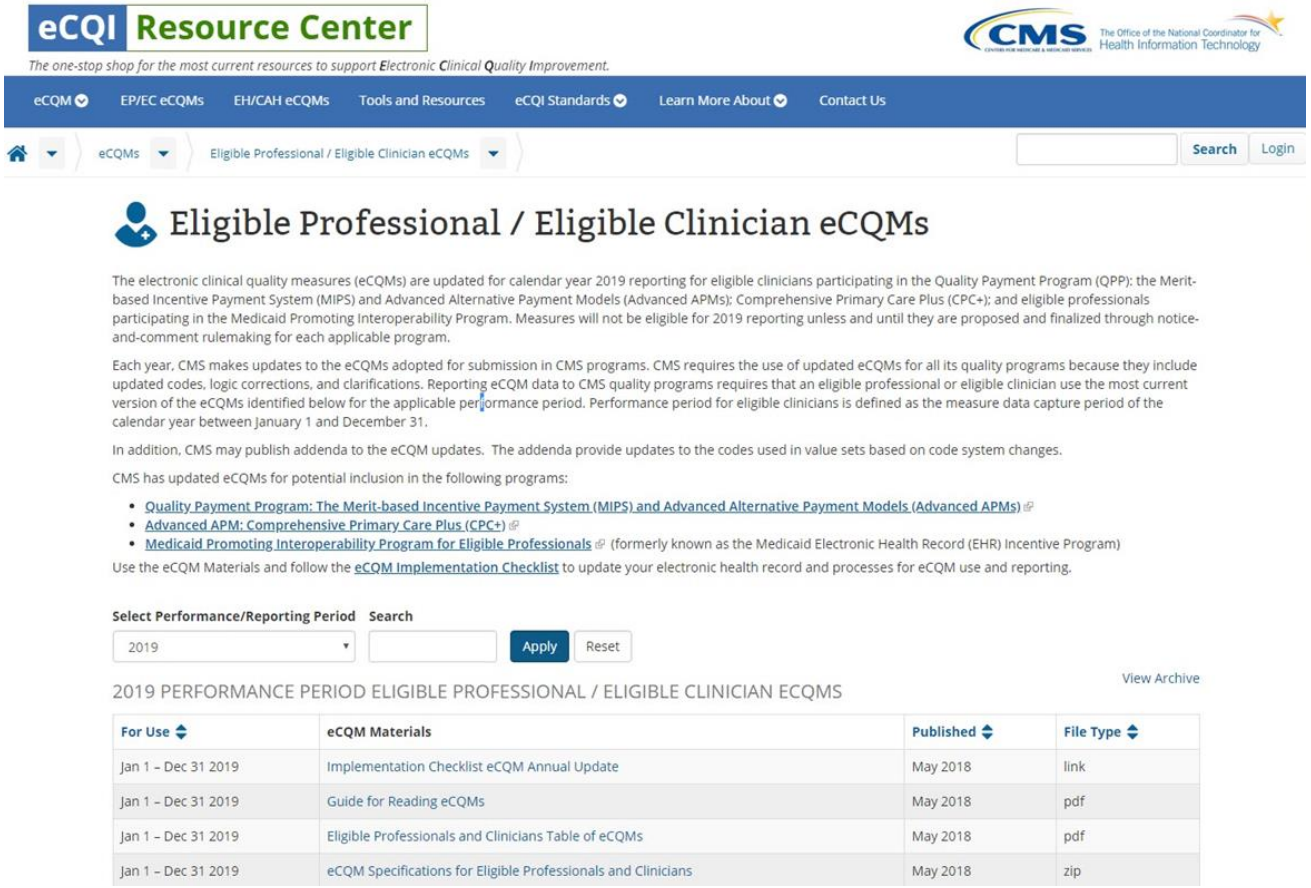
- 2018 CMS QRDA I Implementation Guide for Hospital Quality Reporting (pdf)
- 2018 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting (zip)
- 2018 CMS QRDA III Implementation Guide for Eligible Professionals (EPs) and Eligible Clinicians (pdf) (Updated March 2018)
- 2018 CMS QRDA III Schematrons and Sample Files for Eligible Professionals (EPs) and Eligible Clinicians (zip)

2017 Reporting and Performance Period

The CMS QRDA Category I Implementation Guide for Eligible Hospitals for 2017 eCQM reporting is based on the HL7 QRDA Category I, STU Release 3.1 and further constrains the base HL7 QRDA Category I standard by providing CMS-specific requirements for Eligible Hospitals, such as requiring the CMS Certification Number when submitting QRDA Category I reports.

https://ecqi.healthit.gov/qrda

Eligible Clinician/Eligible Professional eCQMs



eCQI Resource Center

*The one-stop shop for the most current resources to support **E**lectronic **C**linical **Q**uality **I**mprovement.*

CMS The Office of the National Coordinator for Health Information Technology

eCQM | EP/EC eCQMs | EH/CAH eCQMs | Tools and Resources | eCQI Standards | Learn More About | Contact Us

eCQMs > Eligible Professional / Eligible Clinician eCQMs

Search | Login

Eligible Professional / Eligible Clinician eCQMs

The electronic clinical quality measures (eCQMs) are updated for calendar year 2019 reporting for eligible clinicians participating in the Quality Payment Program (QPP): the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs); Comprehensive Primary Care Plus (CPC+); and eligible professionals participating in the Medicaid Promoting Interoperability Program. Measures will not be eligible for 2019 reporting unless and until they are proposed and finalized through notice-and-comment rulemaking for each applicable program.

Each year, CMS makes updates to the eCQMs adopted for submission in CMS programs. CMS requires the use of updated eCQMs for all its quality programs because they include updated codes, logic corrections, and clarifications. Reporting eCQM data to CMS quality programs requires that an eligible professional or eligible clinician use the most current version of the eCQMs identified below for the applicable performance period. Performance period for eligible clinicians is defined as the measure data capture period of the calendar year between January 1 and December 31.

In addition, CMS may publish addenda to the eCQM updates. The addenda provide updates to the codes used in value sets based on code system changes.

CMS has updated eCQMs for potential inclusion in the following programs:

- Quality Payment Program: The Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM: Comprehensive Primary Care Plus (CPC+)
- Medicaid Promoting Interoperability Program for Eligible Professionals (formerly known as the Medicaid Electronic Health Record (EHR) Incentive Program)

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Performance/Reporting Period: 2019 | Search | Apply | Reset

View Archive

2019 PERFORMANCE PERIOD ELIGIBLE PROFESSIONAL / ELIGIBLE CLINICIAN ECQMS

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Jan 1 – Dec 31 2019	Implementation Checklist eCQM Annual Update	May 2018	link
Jan 1 – Dec 31 2019	Guide for Reading eCQMs	May 2018	pdf
Jan 1 – Dec 31 2019	Eligible Professionals and Clinicians Table of eCQMs	May 2018	pdf
Jan 1 – Dec 31 2019	eCQM Specifications for Eligible Professionals and Clinicians	May 2018	zip

https://ecqi.healthit.gov/ep

Direct Reference Codes

- What are direct referenced codes (DRCs)?
  - A direct referenced code is a single concept code that is used to describe a clinical element directly within the logic of electronic clinical quality measures (eCQMs).
- How are DRCs used in the measures?
  - DRCs replace single code value sets.
  - DRCs are sourced from terminologies like LOINC, SNOMED, CPT, CVX, RXNORM, and AdministrativeGender.
- Why are DRCs used instead of single code value sets?
  - Due to licensing agreements in the Value Set Authority Center (VSAC), single code value sets are no longer allowed. DRCs allow eCQMs to use the single code without violating licensing agreements.

DRCs and 2019 Reporting/Performance

- Which measures use DRCs?
  - For 2019 Reporting/Performance, 47 measures use DRCs.

Program	Measures
Eligible Professionals and Eligible Clinicians (42 measures)	CMS117, CMS122, CMS123, CMS124, CMS125, CMS127, CMS128, CMS129, CMS130, CMS131, CMS133, CMS134, CMS136, CMS137, CMS139, CMS144, CMS145, CMS146, CMS153, CMS154, CMS155, CMS156, CMS159, CMS160, CMS161, CMS164, CMS165, CMS177, CMS2, CMS22, CMS349, CMS52, CMS56, CMS65, CMS66, CMS68, CMS69, CMS74, CMS75, CMS771, CMS82, CMS90
Eligible Hospitals and Critical Access Hospitals (5 measures)	CMS108, CMS190, CMS26, CMS31, CMS32

Additional DRC Information

- Where can I find more information on DRCs used in the measures?
  - The Direct Reference Codes Specified within eCQM HQMF files spreadsheet on the VSAC's Download page provides information on the DRCs used in the 2019 specifications including the code, code description, code system, and eCQM ID.
  - Based on feedback from implementers, the file also includes the "Prior Value Set OID." This column lists the OID used in the 2018 version of the measure specifications, if applicable.

Technical Release Notes (TRNs)

- Transition to CQL raised questions as to how best to describe changes to measures
  - Changes based on new standard
  - Changes as a result of annual maintenance
- Mathematica and CMS sought implementer input on how to provide a similar level of detail in TRNs with logic changes
  - Will continue to identify type of change, location of change, and source of change
  - No changes to TRNs related to header or value set changes
- We provide updated examples of “global” TRNs on new CQL concepts that are included in the TRNs for all measures (see next slides)
- We look forward to feedback on TRNs so we can continue to improve their usefulness to implementers

Examples: Timing TRNs

AU 2017 TRN	AU 2018 TRN Changes
Replaced the 'ends before start of' logical operator to address situations where time stamps are not attached to procedures, diagnosis, and immunizations. Wherever applicable, the operators have been changed to 'ends before or concurrent with start of'.	CQL introduces new timing changes such as removing references to specific operators. Global TRNs will address CQL updates and may not be able to quote previous QDM-based standards. Instead, a similar TRN for AU 2018 may be expressed as: *Updated timing operators to address situations where time stamps are not attached to procedures, diagnosis, and immunizations.*
Changed logic from: '< 1 day(s) starts before start of ('Physical Exam, Performed: Time of Delivery' starts during Occurrence A of $EncounterInpatient)' to '<= 1 day(s) starts before or concurrent with start of ('Occurrence A of Assessment, Performed: Time of Delivery' starts during Occurrence A of $EncounterInpatient)' to support the organizations in calculating the gestational age using current EHR functionality.	See above. With transition to CQL, we will not be able to quote lines of logic in the TRNs. Instead, a similar TRN for AU 2018 may be expressed as: *Expanded the timing for the physical exam to determine the time of delivery to include the start time of the encounter.*

Examples: TRNs for New CQL Concepts

CQL concept	AU 2018 TRN
Overall change from QDM-based logic to CQL-based logic	Updated measure logic from Quality Data Model (QDM)-based logic to Clinical Quality Language (CQL)-based logic. Information on CQL can be found at the eCQI Resource Center (https://ecqi.healthit.gov/cql). Information about specific versions of the new standards in use for CMS reporting periods can be found at the eCQI Resource Center (https://ecqi.healthit.gov/ecqm-tools-key-resources). Switching from QDM to CQL brings with it many changes, as well as enhanced expression capability, but only those changes with significant impact will be outlined in technical release notes. For example, in the case of timing operators, changes may only be summarized if those changes impact the measure calculation.
Context	CQL libraries contain sets of CQL definitions, or CQL expression statements. A context statement, patient or population, can now be used in a CQL library to clearly establish how the subsequent list of CQL expressions will be interpreted. A "Population" context will interpret the CQL expression with reference to the entire population of the item being counted, patients or encounters. A "Patient" context will interpret the CQL expression with reference to a single patient. Context statements are not required, but one or more context statements may be used within a library to help clarify how the CQL expressions will be interpreted. Patient context is the default if none is specified.
Library use	Replaced measure-defined definitions with similar definitions and functions from shared libraries for consistency across measures.

Resource Center Contact Information

- For comments, suggestions, eCQI questions, and request to post events and news
  - ecqi-resource-center@hhs.gov
- Shanna Hartman –
  - Shanna.Hartman@cms.hhs.gov
- Edna Boone
  - Edna@govhealth.com
- Juliet Rubini
  - Jrubini@mathematica-mpr.com

Update on OCR Cybersecurity and Breach Resources

Nick Heesters

Office for Civil Rights

Agenda

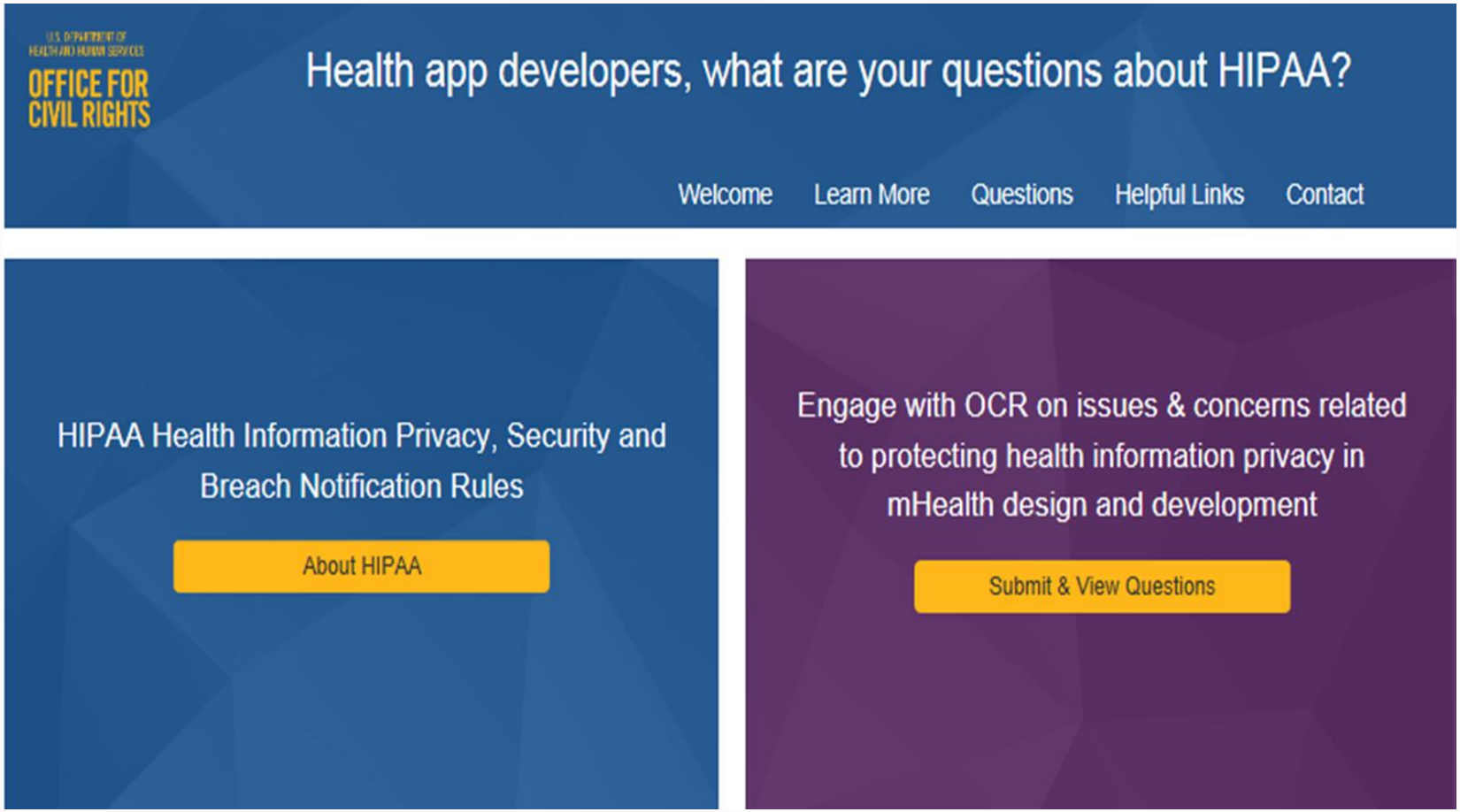
- OCR Cybersecurity Resources
- OCR Breach Reporting Tool

OCR CYBERSECURITY RESOURCES

HIT Developer Portal

- OCR launched platform for mobile health developers in October 2015; purpose is to understand concerns of developers new to health care industry and HIPAA standards
- Users can submit questions, comment on other submissions, vote on relevancy of topic
- OCR will consider comments as we develop our priorities for additional guidance and technical assistance
- Guidance issued in February 2016 about how HIPAA might apply to a range of health app use scenarios
- FTC/ONC/OCR/FDA Mobile Health Apps Interactive Tool on Which Laws Apply issued in April 2016

Platform for users to influence guidance
http://hipaaQsportal.hhs.gov/



Cloud Computing Guidance

- OCR released guidance clarifying that a CSP is a business associate – and therefore required to comply with applicable HIPAA regulations – when the CSP creates, receives, maintains or transmits identifiable health information (referred to in HIPAA as electronic protected health information or ePHI) on behalf of a covered entity or business associate.

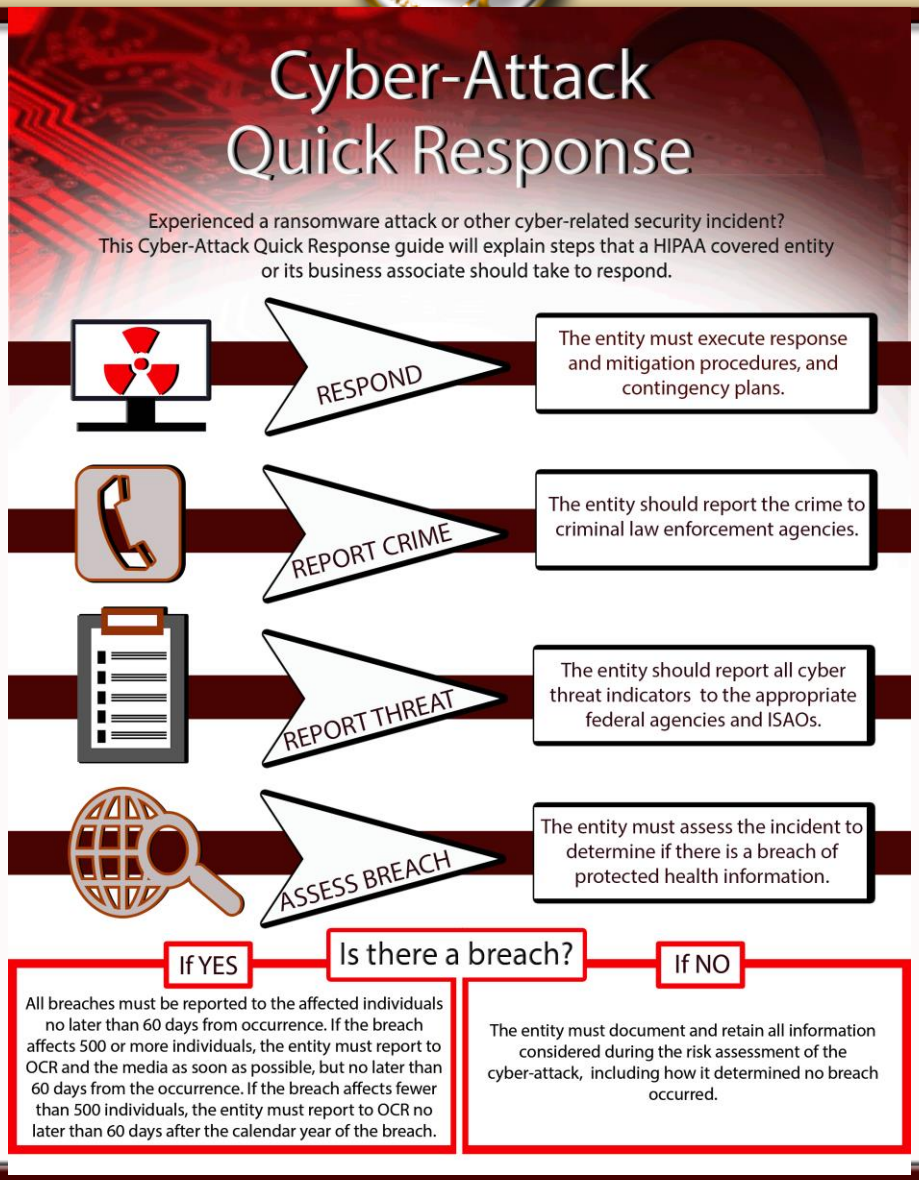
- When a CSP stores and/or processes ePHI for a covered entity or business associate, that CSP is a business associate under HIPAA, even if the CSP stores the ePHI in encrypted form and does not have the key.

- CSPs are not likely to be considered "conduits," because their services typically involve storage of ePHI on more than a temporary basis.
- http://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing/index.html
- http://www.hhs.gov/hipaa/for-professionals/faq/2074/may-a-business-associate-of-a-hipaa-covered-entity-block-or-terminate-access/index.html

Cyber Security Guidance Material

- HHS OCR has launched a Cyber Security Guidance Material webpage, including a Cyber Security Checklist and Infographic, which explain the steps for a HIPAA covered entity or its business associate to take in response to a cyber-related security incident.
  - Cyber Security Checklist - PDF
  - Cyber Security Infographic [GIF 802 KB]

https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html


Cyber-Attack Quick Response
Experienced a ransomware attack or other cyber-related security incident? This Cyber-Attack Quick Response guide will explain steps that a HIPAA covered entity or its business associate should take to respond.
RESPOND
The entity must execute response and mitigation procedures, and contingency plans.
REPORT CRIME
The entity should report the crime to criminal law enforcement agencies.
REPORT THREAT
The entity should report all cyber threat indicators to the appropriate federal agencies and ISAOs.
ASSESS BREACH
The entity must assess the incident to determine if there is a breach of protected health information.
Is there a breach?
If YES
All breaches must be reported to the affected individuals no later than 60 days from occurrence. If the breach affects 500 or more individuals, the entity must report to OCR and the media as soon as possible, but no later than 60 days from the occurrence. If the breach affects fewer than 500 individuals, the entity must report to OCR no later than 60 days after the calendar year of the breach.
If NO
The entity must document and retain all information considered during the risk assessment of the cyber-attack, including how it determined no breach occurred.

Cybersecurity Newsletters

- Began in January 2016
- Recent 2017-2018 Newsletters
  - October 2017 (Mobile Devices and PHI)
  - November 2017 (Insider Threats and Termination Procedures)
  - December 2017 (Cybersecurity While on Holiday)
  - January 2018 (Cyber Extortion)
  - February 2018 (Phishing)
- http://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html

Ransomware Guidance

- OCR recently released guidance on ransomware. The new guidance reinforces activities required by HIPAA that can help organizations prevent, detect, contain, and respond to threats.
- http://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html

OCR BREACH REPORTING TOOL

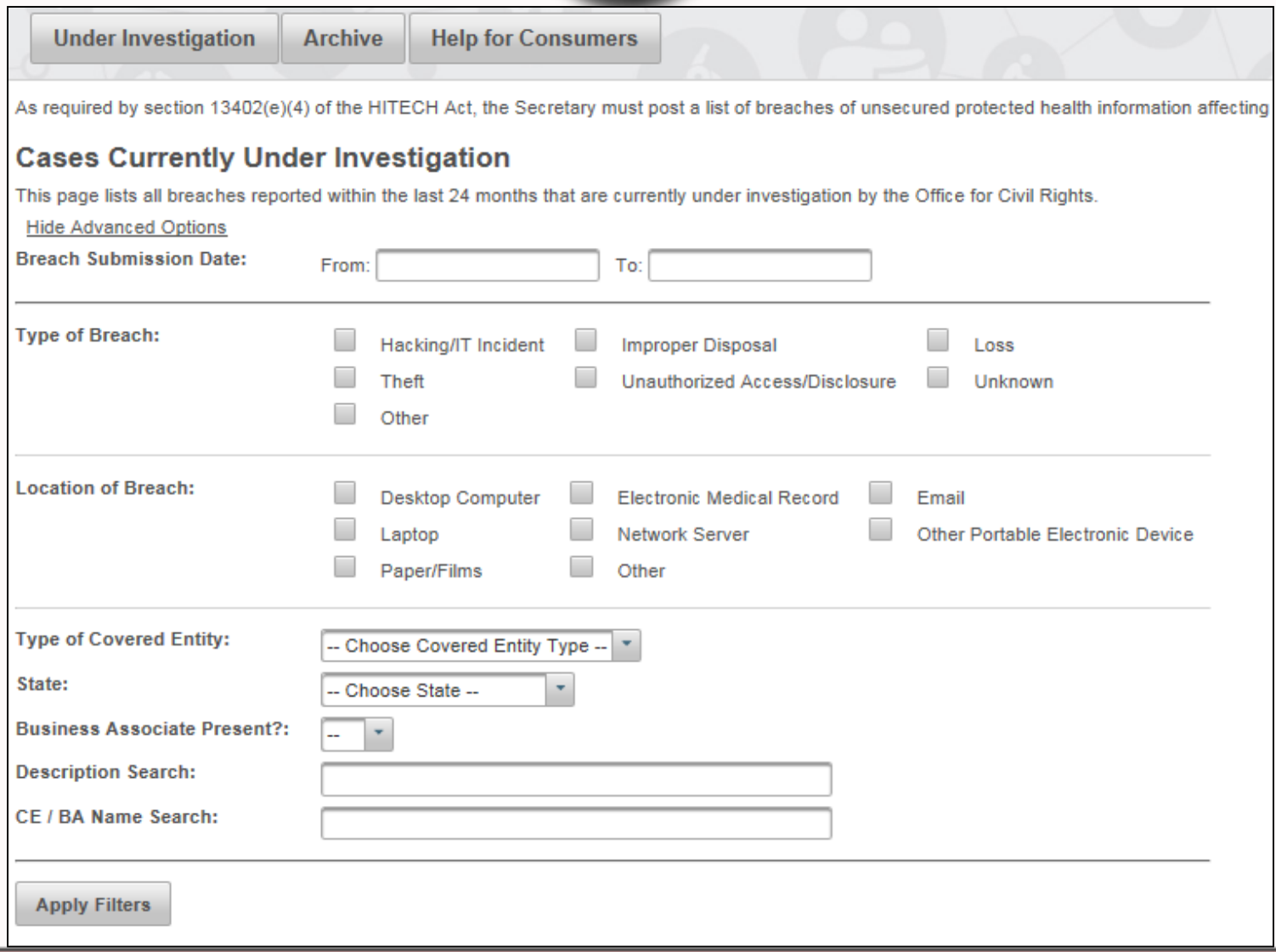
Breach Notification Requirements

- Covered entity must notify affected individuals, HHS, and in some cases, the media, of breach
- Business associate must notify covered entity of breach
- Notification to be provided without unreasonable delay (but no later than 60 calendar days) after discovery of breach
  - Annual reporting to HHS of smaller breaches (affecting less than 500 individuals) permitted
- OCR posts breaches affecting 500+ individuals on OCR website

The New HIPAA Breach Reporting Tool

- The revised web tool still publicly reports all breaches involving 500 or more records – but presents that information in a more understandable way.
- The HBRT also features improved navigation for both those looking for information on breaches and ease-of-use for organizations reporting incidents.
- The tool helps educate industry on the types of breaches that are occurring, industry-wide or within particular sectors, and how breaches are commonly resolved following investigations launched by OCR, which can help industry improve the security posture of their organizations.

https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf



Under Investigation | Archive | Help for Consumers

As required by section 13402(e)(4) of the HITECH Act, the Secretary must post a list of breaches of unsecured protected health information affecting

Cases Currently Under Investigation

This page lists all breaches reported within the last 24 months that are currently under investigation by the Office for Civil Rights.

Hide Advanced Options

Breach Submission Date: From: To:

Type of Breach:
- Hacking/IT Incident
- Improper Disposal
- Loss
- Theft
- Unauthorized Access/Disclosure
- Unknown
- Other

Location of Breach:
- Desktop Computer
- Electronic Medical Record
- Email
- Laptop
- Network Server
- Other Portable Electronic Device
- Paper/Films
- Other

Type of Covered Entity: -- Choose Covered Entity Type --

State: -- Choose State --

Business Associate Present?: --

Description Search:

CE / BA Name Search:

Apply Filters

September 2009 through February 28, 2018

- Approximately 2,222 reports involving a breach of PHI affecting 500 or more individuals
  - Theft and Loss are 46% of large breaches
  - Hacking/IT now account for 19% of incidents
  - Laptops and other portable storage devices account for 25% of large breaches
  - Paper records are 21% of large breaches
  - Individuals affected are approximately 177,298,024
- Approximately 341,002 reports of breaches of PHI affecting fewer than 500 individuals

http://www.hhs.gov/hipaa

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Medicare and Medicaid EHR Incentive Programs Name Change

Ketchum on behalf of Kathleen Johnson

Medicare and Medicaid EHR Incentive Programs Name Change

Medicare and Medicaid Promoting Interoperability Programs

- Align with the overhaul of the EHR Incentive Programs
- Enhanced focus on measures and objectives that drive interoperability
- Enhanced focus on the secure exchange of healthcare data and patient access

Questions?

cmsqualityteam@ketchum.com

Thank you!

The next CMS Quality Vendor Workgroup will tentatively be held on **Thursday, June 21, 2018 from 12 – 1:30 p.m. ET**. CMS will share more information when it becomes available.