

ONC Measure Guide 2017



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Introduction

As a healthcare IT company, you know that identifying and verifying the integrity of electronic clinical data is important for you and your clients. NCQA's *ONC eAssure Guide* contains the policies and procedures for this program. Use it as you complete certification. The first step is completing and submitting your application. After NCQA reviews and accepts your application, you receive a License Agreement. After you execute your License Agreement, you may begin the certification process.

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Background

Program Overview

For each measure, NCQA generates random, unique sets of patient-level test data (“test decks”) that are in Continuity of Care Documents (CCD) encoded in Extensible Markup Language (XML). Vendors process the CCDs using their measure logic and report their results in QRDA Category I and III reports, which are also encoded in XML. *Refer to Appendices C, D in the Testing Guide.* NCQA compares measure results with expected results and determines if the measure logic computes according to measure and program specifications. Multiple test decks are available for each measure, giving vendors the opportunity to correct inaccuracies in each round of testing.

. NCQA issues a Report to be distributed to the certification body.

Beginning Testing

Participation in ONC testing begins with completing an application and signing a License Agreement.

- Application** Applications are available upon request by sending an e-mail to Latasha Acher at archer@ncqa.org.
- The application requests company and contact details; information on the product that contains measures; and a list of measures to be tested. Your completed application must be submitted Latasha Archer through e-mail.
- New applicants pay NCQA a one-time, nonrefundable fee of \$500, which is credited toward the testing fee.
- License agreement** New applicants receive a License Agreement (“Agreement”) after NCQA receives the completed application.
- Return one signed copy of the Agreement to Latasha Archer with an e-signature. NCQA signs and sends you a copy of the fully executed agreement for your records.
- Testing fees** Testing fees are based on the information in your application and are calculated using the fee structure. *Refer to Appendix A.* They include three testing rounds per measure; an additional 3 rounds of testing can be purchased for the applicable testing cycle per measure fee.
- All testing rounds are distributed according to the time frame and procedures described in the *Testing Guide*.
- Invoices are sent within 10 business days of contract execution. All fees are due within 30 days.
- Vendors are charged a late payment service fee for each payment received more than 30 days after the due date. Access to test decks is granted after all fees are received.

Testing

Actual eCQM testing starts on November 1 and continues through February 28 of the next year. Testing start and end dates are flexible for the first year of the program. After testing is complete, statuses will be posted on NCQA's Web site.

Measure specifications and value sets

Refer to *Testing Guide*.

File layout standards

Refer to *Testing Guide*.

OSP

Refer to *Testing Guide*.

Sample and test rounds

Refer to *Testing Guide*.

Customer support

Testing Support

Questions regarding testing (e.g., test decks, test patients, and the OSP), should be submitted to Latasha Archer at archer@ncqa.org.

Technical eCQM Specifications Clarification

Submit technical questions on the eCQM specifications (e.g., logic, code sets, and measure intent) to the "CQM Issue Tracker" project in the ONC Issue Tracking System using a JIRA login at: <http://oncprojecttracking.org/>.

Testing Report

When you complete testing, NCQA sends you a Testing Report that lists all the measures tested, the status for each measure and the date. Provide this report to the certification body as evidence of completed testing with NCQA.

APPENDIX A

The Testing Fee Structure (Exhibit B)



APPENDIX B

C1 Testing Steps

NCQA will use the ONC gold standard test procedure and tools.

APPENDIX C

C2 Testing Steps

NCQA will use the ONC gold standard test procedure and tools, unless otherwise noted.

Steps for testing measures using NCQA test decks

Please consult the Final Rule entitled: *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications* for a detailed description of the certification criterion with which these testing steps are associated. We also encourage developers to consult the NCQA Measure Certification Guide in tandem with the test procedure as it provides clarifications that may be useful for testing.

Required Tests

(c)(2) Import

(i) Import: Enable a user to import a data file in accordance with the standard specified in § 170.205(h)(2) for one or multiple patients and use such data to perform the capability specified in paragraph (c)(2)(ii) of this section. A user must be able to execute this capability at any time the user chooses and without subsequent developer assistance to operate.

Standard(s): § 170.205(h)(2) [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I \(QRDA I\); Release 1, DSTU Release 3 \(US Realm\)](#), Volume 1 – Introductory Material and [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I \(QRDA I\); Release 1, DSTU Release 3 \(US Realm\)](#), Volume 2 – Templates and Supporting Material (incorporated by reference in § 170.299)

Test Data: [Cypress Gold Standard Test Data created using the Cypress Test Tool and NCQA Test Deck](#)

Test Tool: [Cypress Test Tool User Interface and NCQA Online Scoring Program](#)

Criteria ¶	System Under Test	Test Lab Verification
(i)	<p><u>Execute Any time</u></p> <ol style="list-style-type: none"> The health IT developer supplies documentation outlining how a user can execute the import capability described in (c)(2)(i) any time the user chooses and without subsequent developer assistance to operate. <p><u>Setup</u></p> <ol style="list-style-type: none"> The Health IT Module provides the following information as part of the NCQA application: <ul style="list-style-type: none"> Name of the health IT developer; Name of the Product; List of CQMs to be certified; and List of certification criteria to be tested (such as (c)(1)only or (c)(1), (c)(2), (c)(3) and (c)(4)) 	<p><u>Execute Any time</u></p> <ol style="list-style-type: none"> The tester verifies that the health IT developer supplied documentation outlines that a user can perform an import as specified in (c)(2)(i) any time the user chooses and without subsequent developer assistance to operate. <p><u>Setup</u></p> <ol style="list-style-type: none"> The tester creates the test decks for the corresponding CQMs being tested.

	<p><u>Import</u></p> <ol style="list-style-type: none"> Using the test deck (CCD) for one measure, a user imports all the data needed to calculate each of the clinical quality measures (CQMs) presented for testing, for one or multiple patients. After the user tests the measure, a user demonstrates the importing of reports formatted in accordance with the standard specified at §170.205(h)(2), HL7 CDA® R2 Implementation Guide:Quality Reporting Document Architecture – Category I(QRDA I) DSTU Release 3 (US Realm) for all of the data needed to calculate each of the clinical quality measures (CQMs) presented for testing, for one or multiple patients. 	<p><u>Import</u></p> <ol style="list-style-type: none"> Using visual inspection, the tester verifies that the Health IT Module can demonstrate the importing of CQM data specified in accordance to the standard § 170.205(h)(2).
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(c)(2) Calculate:

- (ii) Calculate each and every clinical quality measure for which it is presented for certification.

Standard(s): § 170.205(h)(2)[HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I \(QRDA I\); Release 1, DSTU Release 3 \(US Realm\)](#), Volume 1 – Introductory Material and [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I \(QRDA I\); Release 1, DSTU Release 3 \(US Realm\)](#), Volume 2 – Templates and Supporting Material (incorporated by reference in § 170.299)
 §170.205(k)(1) [Quality Reporting Document Architecture Category III, Implementation Guide for CDA Release 2](#) (incorporated by reference in § 170.299).
 §170.205(k)(2) [Errata to the HL7 Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture – Category III, DSTU Release 1 \(US Realm\), September 2014](#) (incorporated by reference in § 170.299).
 Test Data: [NCQA Test Deck](#)
 Test Tool: [NCQA Online Scoring Program](#)

Criteria ¶	System Under Test	Test Lab Verification
(ii)	<p><u>Calculate</u></p> <ol style="list-style-type: none"> The user imports the CCD test data supplied by NCQA through the Online Scoring program. The user calculates the aggregate reports for each of the CQMs for which they are seeking certification, based upon the imported and de-duplicated data set. The health IT module submits an aggregate report to the online scoring program for each of the CQMs to be certified. 	<p><u>Calculate</u></p> <ol style="list-style-type: none"> The tester verifies that the Health IT Module can use the imported data to calculate the aggregate data and display the report in accordance at a minimum to the standard at 170.205(k)(1) and (2) using visual inspection. The tester uses the online scoring program to verify the report was submitted and the results were accurate. All data and results will be archived from the online scoring program.

APPENDIX D

C3 Testing Steps

NCQA will use the ONC gold standard test procedure and tools, unless otherwise noted.

Steps for testing measures using NCQA test decks

Please consult the Final Rule entitled: *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications* for a detailed description of the certification criterion with which these testing steps are associated. We also encourage developers to consult the NCQA Measure Certification Guide in tandem with the test procedure as it provides clarifications that may be useful for testing.

Required Tests

(c)(3) Report

(i) Report: Enable a user to electronically create a data file for transmission of clinical quality measurement data: At a minimum, in accordance with the standards specified in § 170.205(h)(2) and § 170.205(k)(1) and (2).

Standard(s): § 170.205(h)(2) [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I \(QRDA I\)](#); [Release 1, DSTU Release 3 \(US Realm\)](#), Volume 1 – Introductory Material and HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 2 – Templates and Supporting Material (incorporated by reference in § 170.299)

Test Data: [NCQA Test Deck](#)

Test Tool: [NCQA Online Scoring Program](#)

Criteria ¶	System Under Test	Test Lab Verification
(i)	<p><u>QRDA Category III Report</u></p> <ol style="list-style-type: none"> The user can generate an aggregate report (QRDA Category III) with calculated summary data for the patient population of the clinical quality measures calculated in the Execute test (§ 170.315(c)(2)), which at a minimum is in accordance with the standard specified in § 170.205(k)(1) and (2), HL7 Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture – Category III, DSTU Release 1 (US Realm) with September 2014 Errata. Using the NCQA Online Scoring Program, the Health IT developer uploads the aggregate report(s) and scores each aggregate report. <p><u>QRDA Category I Report</u></p> <ol style="list-style-type: none"> A user can generate a de-duplicated report with raw data, an archive of patient documents in the QRDA Category I format of the clinical 	<p><u>Test Lab Setup</u></p> <ol style="list-style-type: none"> Prior to beginning this test, the tester creates and posts test data to the NCQA online scoring program, and the health IT developer imports the data into their Health IT Module. <p><u>QRDA Category III Report</u></p> <p>The tester verifies that all the QRDA Category III aggregate report(s), submitted by the health IT developer are at a minimum in accordance with the standard specified at § 170.205(k)(1) and (2) through evaluation of the Cypress validation report.</p> <p><u>QRDA Category I Report</u></p> <p>The tester verifies that all the de-duplicated QRDA Category I report(s) submitted by the health IT developer are at a minimum in accordance with the standard specified at § 170.205(h)(2) through the evaluation the Cypress validation report.</p>

	<p>quality measures calculated in the Execute test (§ 170.315(c)(2)), which at a minimum is in accordance with the standard specified in § 170.205(h)(2), HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture – Category I (QRDA I) DSTU Release 3 (US Realm).</p> <p><u>Data File for Transmission</u></p> <p>4. The health IT developer submits the quality measurement data file consisting of the data created in steps 1 and 2 for verification.</p>	<p><u>Data File for Transmission</u></p> <p>1. The tester verifies via visual inspection that the data file for transmission submitted in step 3 of the SUT of clinical quality measurement data includes both QRDA Category I and aggregated QRDA Category III report(s).</p>
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(c)(3) Optional:

- (ii) That can be electronically accepted by CMS.

Test Data: [NCQA Test Deck](#)

Test Tool: [NCQA Online Scoring Program](#)

Criteria ¶	System Under Test	Test Lab Verification
(ii)	<p>The QRDA reports created in Criterion (i) are validated using the Cypress tool to validate they can be electronically accepted by CMS.</p>	<p>The tester verifies that the QRDA reports can be electronically submitted to CMS based on the NCQA Online Scoring Program.</p>

APPENDIX E

C4 Testing Steps

NCQA will use the ONC gold standard test procedure and tools, unless otherwise noted.

Steps for testing measures using NCQA test decks

Please consult the Final Rule entitled: *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications* for a detailed description of the certification criterion with which these testing steps are associated. We also encourage developers to consult the NCQA Measure Certification Guide in tandem with the test procedure as it provides clarifications that may be useful for testing.

Required Tests

(c)(4) Record

Record the data listed in paragraph (c)(4)(iii) of this section in accordance with the identified standards, where specified.

§170.205(f)(2): [“Race & Ethnicity – CDC” code system in the PHIN Vocabulary Access and Distribution System \(VADS\), Release 3.3.9](#)

§170.207(n)(1): Birth sex must be coded in accordance with HL7 Version 3 Value Sets for AdministrativeGender and NullFlavor attributed as follows:

- (i) Male. M
- (ii) Female. F
- (iii) Unknown. NullFlavor UNK.

§170.207(a)(4): [Development Organization \(IHTSDO\) Systematized Nomenclature of Medicine Clinical Terms \(SNOMED CT®\), U.S. Edition, September 2015Release](#)

§170.207(r)(1): [Healthcare Provider Taxonomy Code Set \(updated April 2, 2015\)](#)

§170.207(s)(1): [Public Health Data Standards Consortium Source of Payer Typology Code Set Version 5.0 \(October 2011\)](#)

Test Data: [NCQA Test Deck](#)

Test Tool: [NCQA Online Scoring Program](#)

Criteria ¶	System Under Test	Test Lab Verification
(i)	<p><u>Record</u> For each quality measure being certified, the user records the data elements used to filter the Clinical Quality Measure(s) (CQM) data specified in (c)(4)(iii) in accordance with the identified standards where specified into a patient record:</p> <ul style="list-style-type: none"> • Taxpayer Identification Number. • National Provider Identifier. • Provider type in accordance with, at a minimum, the standard specified in § 170.207(r)(1), Healthcare Provider Taxonomy Code Set (updated April 2, 2015) • Practice site address. • Patient insurance in accordance with the standard specified in § 170.207(s)(1), Public Health Data Standards Consortium Source of Payer Typology Code Set Version 5.0 (October 2011). • Patient age (Calculated from the Patient Date of Birth) • Patient sex in accordance with the version of the standard specified in § 170.207(n)(1), birth sex must be coded in accordance with HL7 Version 3 Value Sets for AdministrativeGender and NullFlavor attributed as follows: <ul style="list-style-type: none"> (i) Male. M (ii) Female. F (iii) Unknown. NullFlavor UNK. • Patient race and ethnicity in accordance with, at a minimum, the version of the standard specified in § 170.207(f)(2), “Race & Ethnicity – CDC” code system in the PHIN Vocabulary Access and Distribution System (VADS), Release 3.3.9. • Patient problem list data as defined by the CQM value sets in the certified CQMs. Patient problem list data should support the version of the standard specified in § 170.207(a)(4), SNOMED-CT®. 	<p><u>Record</u> The tester verifies that all the CQM data can be recorded by the Health IT Module, in accordance with the identified standards, where specified in (c)(4)(iii).</p> <p><u>Packaging of Results</u> Upon completion of the test, the tester generates a test artifact containing: all the test data used to test (c)(4)(ii)(A) all the data generated by the Health IT Module and any additional notes that the tester deems important into a single archive file</p>

(c)(4) Filter:

(ii) Filter Filter CQM results at the patient and aggregate levels by each one and any combination of the data listed in paragraph (c)(4)(iii) of this section and be able to:

(A) Create a data file of the filtered data in accordance with the standards adopted in § 170.205(h)(2) and § 170.205(k)(1) and (2); and

(B) Display the filtered data results in human readable format.

Standards: §170.205(k)(1): Quality Reporting Document Architecture Category III, Implementation Guide for CDA Release 2 (incorporated by reference in § 170.299)
§170.205(k)(2): HL7 Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture—Category III, DSTU Release 1 (US Realm) with September 2014 Errata
§170.205(h)(2): HL7 CDA® Release 2 Implementation Guide for: Quality Reporting Document Architecture – Category I(QRDA I), DTSU Release 3 (US Realm)
Test Data: NCQA Test Deck -
Test Tool: -NCQA Online Scoring Program