



Changes in the 2017 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals and the 2018 CMS QRDA I Hospital Quality Reporting Implementation Guide

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2017 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals

» Background

- The Centers for Medicare & Medicaid Services (CMS) has published the 2017 CMS Quality Reporting Document Architecture Category III (QRDA III) Implementation Guide (IG) Version 1.0 (7/07/2017) for Eligible Clinicians and Eligible Professionals (EPs) Programs with Schematron and sample files
- Replaces the 2017 CMS QRDA III IG for Eligible Clinicians Reporting v0.1 (12/29/2016)
- The 2017 CMS QRDA III IG for Eligible Clinicians and EPs provides technical instructions for QRDA III reporting for the following programs:
 - Merit-based Incentive Payment System (MIPS)
 - Comprehensive Primary Care Plus (CPC+)

2017 CMS QRDA III Implementation Guide for Eligible Clinicians and Eligible Professionals

- » High level changes compared with the reporting specifications in the 2016 CMS QRDA IG:
 - The 2017 IG is based on the Health Level Seven (HL7) QRDA Category III R1, Standard for Trial Use R2.1
 - For the MIPS Program, Advancing Care Information measures and Improvement Activities can be reported using the two new section templates: Advancing Care Information Section and Improvement Activity Section, respectively
 - Performance period must now be specified using the Reporting Parameters Act template that is contained within each section template for Quality (electronic clinical quality measures), Advancing Care Information, and Improvement Activity

2018 CMS QRDA I Hospital Quality Reporting Implementation Guide

» Background

- The Centers for Medicare & Medicaid Services (CMS) has published the 2018 Quality Reporting Document Architecture (QRDA) Category I Hospital Quality Reporting (HQR) Implementation Guide (IG), Schematron, and sample files
- The 2018 CMS QRDA HQR IG provides technical instructions for QRDA Category I reporting for Eligible Hospitals and Critical Access Hospitals (CAHs) for the following programs:
 - Hospital Inpatient Quality Reporting (IQR) Program
 - Medicare Electronic Health Record (EHR) Incentive Program for Eligible Hospitals and CAHs

2018 CMS QRDA I Hospital Quality Reporting Implementation Guide

- » High level changes compared with the reporting specifications for Eligible Hospitals and CAHs in the 2017 CMS QRDA I HQR IG:
 - The 2018 HQR IG is based on the HL7 IG for Clinical Document Architecture (CDA) Release 2: QRDA Category I, Release 1, Standard for Trial Use (STU) Release 4, which supports the Quality Data Model (QDM) version 4.3
 - The CMS Certification Identification Number is now a required data element
 - Medicare Beneficiary Identifier (MBI) should be submitted if the payer is Medicare and the patient has an MBI number assigned

2017 CMS QRDA III IG for Eligible Clinicians and Eligible Professionals and 2018 CMS QRDA I Hospital Quality Reporting Implementation Guide

- » For more details regarding the changes, visit the Change Log section of the QRDA III and QRDA I IGs.

Resources

- » Current and past implementation guides - [eCQI Resource Center QRDA Space](#)
- » For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the [ONC QRDA JIRA Issue Tracker](#)
- » For questions related to Quality Payment Program/MIPS submissions, visit the Quality Payment Program [website](#) or call 1-866-288-8292