

# Reporting Electronic Clinical Quality Measures (eCQMs) Using the HL7® Fast Healthcare Interoperability Resources® (FHIR®) Standard

## Questions & Answers

Centers for Medicare & Medicaid Services (CMS) Webinar Qs&As  
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**Q:** What is the Da Vinci Member Attribution (ATR) list?

**A:** The Da Vinci Member Attribution (ATR) list is an implementation guide (IG), focused on exchanging attribution lists between the payers and providers for implementing risk-based contracts, value-based contracts, care gap closures and quality reporting. The IG is on the [HL7 website](#). The IG focuses on identifying how to build the attribution lists and how to identify the contracts that support those lists within the group and the exchange of the actual group. The IG describes the use of a particular attribution model to cover a particular exchange, how to retrieve the group resource from the server, and how to utilize this list of pertinent patients to improve co-ordination of care between payer and the patient's providers. Any kind of computable representation of the attribution model is out-of-scope and not covered by the IG.

**Q:** Regarding the quality scenarios in Data Exchange for Quality Measures (DEQM) during the measurement period, how does the exchange scenario work if you need to aggregate measure data from multiple electronic health records (EHRs)?

**A:** The construction of the DEQM exchange scenarios is with actors (participants in the process) for simplicity of the architecture. The actor might be an aggregator, for example, you may have the consumer and producer relationship between all the provider organizations in the accountable care organization (ACO) and the ACO plays the reporter actor for all of the provider organizations. The aggregation from multiple sources occurs within the defined process and by the time the reporter sends the data to the receiver in the reporting exchange, this information is actually an aggregate across the multiple sources.

**Q:** I represent a Merit-based Incentive Payment System (MIPS) registry that reports electronic clinical quality measures (eCQMs) data from electronic health records (EHRs) and data for registry measures based on claims and codes. Can we collect data using our own Fast Healthcare Interoperability Resources® (FHIR®) profile instead of depending on extracting all data directly from the EHR eCQMs?

**A:** The exchanges described in Data Exchange for Quality Measures (DEQM) would certainly support the use of FHIR® to report data to the MIPS registry. There is no prescription within the DEQM Implementation Guide (IG) about where the extraction of data occurs. In addition, you can minimize or eliminate discrepancies between representations of different measure data sources within your aggregator. Therefore, the data are collected into the same normalized source that allows for reporting.

**Q:** Is there an equivalent to Cypress for testing for digital quality measures (dQMs)?

**A:** Inferno is a framework for Fast Healthcare Interoperability Resources® (FHIR®) that has been adapted to support quality measure testing. Existing testing frameworks, like Inferno, are being evaluated for use in testing dQMs. Some components of this testing capability are available and being used in Connectathons to validate measure calculation and other technical capabilities.

**Q:** Does attribution presuppose that you are only collecting quality data from the primary care physician (PCP)? What about specialty providers?

**A:** The attribution model does not specify the type of provider in the build content. The Da Vinci Member Attribution (ATR) List implementation guide (IG) prescribes how the list is exchanged once the list is defined. A specialty provider for a particular patient population can be part of your attribution model and still use the Da Vinci Member Attribution (ATR) List IG to communicate the patient's data. There is potential for attribution lists to assist in the coordination of care for chronic conditions managed by the associated specialty provider.