

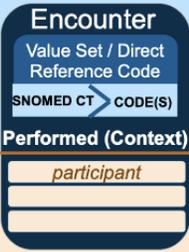
Quality Data Model (QDM) User Group Meeting | Minutes

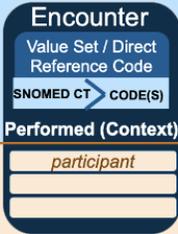
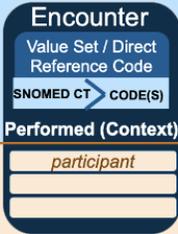
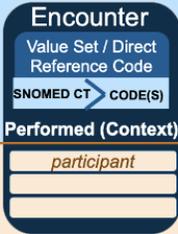
Meeting date | 02/17/2021 2:30 PM ET | Meeting location|Webinar <https://global.gotomeeting.com/join/980942653>

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Announcements	Jen Seeman (ESAC)	<ul style="list-style-type: none"> • A Cooking with CQL session is scheduled for February 25, 2021. • CMS Quality Conference March 2-3, 2021 • Next QDM User Group Meeting March 17, 2021
10 Minutes	HL7 FHIR Connectathon 26 & HL7 WGM Recap	Floyd Eisenberg (ESAC)	<p>Clinical Reasoning Connectathon 26 Summary</p> <ul style="list-style-type: none"> ▪ Combining gaps in care with clinical reasoning brought a lot of exposure from participants in both groups to create cross-pollination and received positive feedback from participants. ▪ The effort requires additional implementers to truly test the breadth and scope of quality measures. ▪ Testing with the Post-Acute Care Interoperability Project (PACIO) generated a lot of interest in continued testing and possible use of DEQM for Internet Quality Improvement and Evaluation System (IQIES) system using FHIR. <p>WGM Recap:</p> <ul style="list-style-type: none"> ▪ FHIR R4B will include increased maturity levels for Library/Measure/MeasureReport - opens for comment March 5, 2021 ▪ FHIR R5 planning targets maturity level 4 for Clinical Reasoning resources, promote profiles and guidance for Measure and MeasureReport from QM IG and DEQM IG ▪ QI-Core <ul style="list-style-type: none"> – Update to QI-Core R4 early Spring for QDM 5.6 and errata (including US Core 3.1.1 errata from Fall 2020) – Ballot September 2021 based on US Core 3.2 ballot reconciled after January 2021 ballot – Include QI-Core authoring (profile-based authoring) in May and September Connectathons – Add cumulative medication duration guidance ▪ QM IG - May ballot, include composite measures, measure terminology service, measure repository service ▪ CQL-based HQMF IG - STU update for QDM 5.6 plus some corrections for ratio and composite measures

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	Next Steps for QDM 5.6	Floyd Eisenberg (ESAC)	<ul style="list-style-type: none"> ▪ Publication <ul style="list-style-type: none"> – Availability on eCQI Resource Center - for eCQM Performance/Reporting in 2023 ▪ Update to templates (volume 3) CQL-based HQMF <ul style="list-style-type: none"> – HL7 Clinical Quality Information Workgroup – Implementation Guide Update Process ▪ Incorporation into Measure Authoring Tool (MAT) and Bonnie <ul style="list-style-type: none"> – May 2021 ▪ Availability for 2022 Annual Update Process ▪ QDM to QI-Core Update <ul style="list-style-type: none"> – QDM to QI-Core Mapping Draft
30 Minutes	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<p>QDM 5.6 Entity Changes (changes underlined in red)</p> <ul style="list-style-type: none"> ▪ Patient – information about an individual receiving healthcare services <ul style="list-style-type: none"> – <i>identifier</i> – <i>id</i> (instance identifier) ▪ Care Partner – a person that assists with a patient’s care (e.g., a family member and non-family, non-professional caregiver), but who is not the direct target of care <ul style="list-style-type: none"> – <i>identifier</i> – <i>id</i> (instance identifier) – <i>relationship</i> ▪ Practitioner – a person with a formal responsibility in the provisioning of healthcare or related services <ul style="list-style-type: none"> – <i>identifier</i> – <i>id</i> (instance identifier) – <i>role</i> (role this practitioner may perform [e.g., physician, nurse]) – <i>specialty</i> (specific specialty of the practitioner [e.g., anesthesia, cardiology, gastroenterology]) – <i>qualification</i> (coded representation of the certification, licenses, or training pertaining to the provision of care [e.g., MD, CNE, CHPN, ACNP, PA]) ▪ Organization –a grouping of people or organizations with a common purpose <ul style="list-style-type: none"> – <i>identifier</i> – <i>id</i> (instance identifier) – <u>organizationType</u> (kind of organization [e.g., hospital])

Time	Item	Presenter	Discussion/Options/Decisions						
30 Minutes (cont.)	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<ul style="list-style-type: none"> ▪ Location – information about a physical place where services and resources are provided and resources and participants may be stored, found, contained, or accommodated <ul style="list-style-type: none"> – <i>identifier</i> – <i>id</i> (instance identifier) – locationType – location role type based on function performed (e.g., hospital, emergency department, radiology unit, intensive care unit) <p>NOTE: Final publication <u>did not</u> add <i>location</i> and <i>organization</i> attributes to Practitioner, <u>nor did it add</u> <i>location</i> attribute to Organization since a CQL expression can express more than one entity as a performer (i.e., an organization and a location) - examples below.</p> <p>QDM 5.6 Entity Examples - 2.6.1 Encounter performed by organization (practice) - Unchanged</p> <p>To specify that an encounter was performed by an ambulatory clinical practice</p> <div data-bbox="766 646 1675 1084" style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td style="background-color: #e6f2ff; padding: 5px;"> <ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Office Visit"] </td> <td style="background-color: #e6f2ff; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Encounter</p> <p>Value Set / Direct Reference Code</p> <p>SNOMED CT > CODE(S)</p> <hr/> <p>Performed (Context)</p> <p><i>participant</i></p> </div> </td> <td style="background-color: #fff9e6; padding: 5px;"> <p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p> </td> </tr> <tr> <td style="background-color: #fff9e6; padding: 5px;"> <ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> – Organization <ul style="list-style-type: none"> ▪ <i>organizationType</i> ~ "Ambulatory Clinical Practice" <p>[Direct reference code or value set defining "Ambulatory Clinical Practice" as a type of organization – example shows CQL reference to a direct reference code]</p> </td> <td></td> <td></td> </tr> </table> </div> <p>define "Qualifying Encounters (1)": ["Encounter, Performed": "Office Visit"] Encounter where exists (Encounter.participant Participant where Participant is "Organization" and Participant.organizationType in "Ambulatory Clinical Practice"</p>	<ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Office Visit"] 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Encounter</p> <p>Value Set / Direct Reference Code</p> <p>SNOMED CT > CODE(S)</p> <hr/> <p>Performed (Context)</p> <p><i>participant</i></p> </div>	<p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p>	<ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> – Organization <ul style="list-style-type: none"> ▪ <i>organizationType</i> ~ "Ambulatory Clinical Practice" <p>[Direct reference code or value set defining "Ambulatory Clinical Practice" as a type of organization – example shows CQL reference to a direct reference code]</p> 		
<ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Office Visit"] 	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Encounter</p> <p>Value Set / Direct Reference Code</p> <p>SNOMED CT > CODE(S)</p> <hr/> <p>Performed (Context)</p> <p><i>participant</i></p> </div>	<p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p>							
<ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> – Organization <ul style="list-style-type: none"> ▪ <i>organizationType</i> ~ "Ambulatory Clinical Practice" <p>[Direct reference code or value set defining "Ambulatory Clinical Practice" as a type of organization – example shows CQL reference to a direct reference code]</p> 									

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes (cont.)	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<p>QDM 5.6 Entity Examples - 2.6.2 Practitioner is Specialist (unchanged)</p> <p>To specify that an encounter was performed by an ophthalmologist</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1; padding-right: 10px;"> <ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Office Visit"] </div> <div style="flex: 0.5; text-align: center;">  </div> <div style="flex: 1; padding-left: 10px;"> <p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient identifier</p> <p>Care Partner identifier relationship</p> <p>Practitioner identifier organization location role specialty qualification</p> <p>Organization identifier organizationType location</p> <p>Location identifier locationType</p> </div> </div> <ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> - Practitioner <ul style="list-style-type: none"> ▪ <i>specialty</i> ~ "Ophthalmology" <p>[Direct reference code or value set defining "Ophthalmology" as a specialty – example shows CQL reference to a direct reference code]</p> <p>define "Qualifying Encounters (2)": ["Encounter, Performed": "Office Visit"] Encounter where exists (Encounter.participant Participant where Participant is "Practitioner" and Participant.specialty in "Ophthalmology")</p>

Time	Item	Presenter	Discussion/Options/Decisions				
30 Minutes (cont.)	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<p>QDM 5.6 Entity Examples - 2.6.3 Encounter performed by organization (hospital) – Unchanged</p> <p>To specify that an encounter was performed by a specific organization</p> <div data-bbox="758 272 1627 695" style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td style="background-color: #e6f2ff; padding: 5px;"> <ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Inpatient"] </td> <td rowspan="2" style="text-align: center; vertical-align: middle;">  </td> <td rowspan="2" style="background-color: #fff9e6; padding: 5px; vertical-align: top;"> <p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p> </td> </tr> <tr> <td style="background-color: #fff9e6; padding: 5px;"> <ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> – Organization <ul style="list-style-type: none"> ▪ <i>identifier</i> = "CCN" <p>[CCN references the CMS Certification Number as the naming system]</p> </td> </tr> </table> </div> <p>define "Qualifying Encounters (3)": ["Encounter, Performed": "Inpatient"] Encounter with ["Encounter, Performed": "ED"] ED such that ED.relevantPeriod ends 1 hour or less on or before start of Encounter.relevantPeriod and CCNOF(ED.participant.identifier) = CCNOF(Encounter.participant.identifier) define function CCNOF(identifiers List<Identifier>): singleton from (identifiers where I.namingSystem = 'CCN Identifier System' return I)</p>	<ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Inpatient"] 		<p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p>	<ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> – Organization <ul style="list-style-type: none"> ▪ <i>identifier</i> = "CCN" <p>[CCN references the CMS Certification Number as the naming system]</p>
<ul style="list-style-type: none"> ▪ Encounter, Performed [Direct reference code, or value set defining "Inpatient"] 		<p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p>					
<ul style="list-style-type: none"> ▪ <i>participant</i> <ul style="list-style-type: none"> – Organization <ul style="list-style-type: none"> ▪ <i>identifier</i> = "CCN" <p>[CCN references the CMS Certification Number as the naming system]</p>							

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes (cont.)	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<p>QDM 5.6 Entity Examples - 2.6.4 Physical Exam performed by a Care Partner (family member) - Unchanged</p> <p>To specify that a blood pressure was performed by a Care Partner</p> <div data-bbox="758 272 1625 695" style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <ul style="list-style-type: none"> ▪ Physical Exam, Performed [Direct reference code, or value set defining "blood pressure examination"] ▪ <i>performer</i> <ul style="list-style-type: none"> - Care Partner <ul style="list-style-type: none"> ▪ <i>relationship in "Family"</i> <p>[Direct reference code or value set defining "family" as a relationship- example shows CQL reference to a value set, e.g., mother, father, brother, sister]</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Encounter</p> <p style="text-align: center; margin: 0;">Value Set / Direct Reference Code</p> <p style="text-align: center; margin: 0;">SNOMED CT > CODE(S)</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center; margin: 0;">Performed (Context)</p> <p style="text-align: center; margin: 0;"><i>performer</i></p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> </div> </div> <div style="width: 35%; margin-top: 10px;"> <p>QDM Entities available to reference actors and information about each QDM Entity that can be defined in a measure:</p> <p>Patient <i>identifier</i></p> <p>Care Partner <i>identifier</i> <i>relationship</i></p> <p>Practitioner <i>identifier</i> <i>organization</i> <i>location</i> <i>role</i> <i>specialty</i> <i>qualification</i></p> <p>Organization <i>identifier</i> <i>organizationType</i> <i>location</i></p> <p>Location <i>identifier</i> <i>locationType</i></p> </div> </div> <p>define "Family-measured Blood Pressure Exams": ["Physical Exam, Performed": "Blood Pressure"] BloodPressure where exists (BloodPressure.performer Performer where Performer is CarePartner and Performer.relationship in "Family"))</p>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes (cont.)	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<p>QDM 5.6 Entity Examples - 2.6.5 Performer (actor) is member of an Organization (UPDATED)</p> <pre> define "Qualifying Encounters (4)": ["Encounter, Performed": "Inpatient"] Encounter where exists (Encounter.participant Participant where Participant is "Organization") define "Eye Exam Order": ["Intervention, Order": "Diabetic Eye Exam"] ExamOrder with "Qualifying Encounters (4)" Encounter such that exists (ExamOrder.requester Requester where Requester is Organization and Requester.id in Encounter.participant.id) define "Eye Exam Complete": ["Intervention, Performed": "Diabetic Eye Exam"] EyeExam with "Qualifying Encounters (4)" Encounter such that exists (EyeExam.performer Performer where Performer is Organization and Performer.id in Encounter.participant.id) and exists (EyeExamEncounter.performer Performer where Performer is "Practitioner" and Performer.specialty in "Eye Care Professional") </pre>

Time	Item	Presenter	Discussion/Options/Decisions
30 Minutes (cont.)	QDM 5.6 Entity Modifications and Examples	Floyd Eisenberg (ESAC)	<p>Note - Allowing the performer attribute of a QDM datatype to reference more than one entity requires that the performer attributes have cardinality = 0..* instead of previous 0..1.</p> <p>Applies to:</p> <ul style="list-style-type: none"> ● <i>dispenser</i> ● <i>participant</i> ● <i>performer</i> ● <i>prescriber</i> ● <i>recipient</i> ● <i>recorder</i> ● <i>sender/</i>

Time	Item	Presenter	Discussion/Options/Decisions																																				
20 Minutes	QDM 5.6 “Adverse Event” code attribute and QI-Core Mapping	Floyd Eisenberg (ESAC)	<p>Overview: QDM 5.5 and 5.6 “Adverse Event” mapping to QI-Core Existing QI-Core Mapping Table</p> <table border="1"> <thead> <tr> <th>QDM Context</th> <th>QI-Core R4</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Adverse Event</td> <td>AdverseEvent</td> <td></td> </tr> <tr> <td></td> <td>AdverseEvent.actuality</td> <td></td> </tr> <tr> <td>QDM Attributes</td> <td></td> <td></td> </tr> <tr> <td>code</td> <td>AdverseEvent.event</td> <td>FHIR R4 replaces AdverseEvent.type with AdverseEvent.event</td> </tr> <tr> <td>type</td> <td>AdverseEvent.category</td> <td></td> </tr> <tr> <td>severity</td> <td>AdverseEvent.severity</td> <td></td> </tr> <tr> <td>relevant dateTime</td> <td>AdverseEvent.date</td> <td></td> </tr> <tr> <td>FacilityLocations</td> <td>AdverseEvent.location</td> <td></td> </tr> <tr> <td>Author dateTime</td> <td>AdverseEvent.recordedDate</td> <td></td> </tr> <tr> <td>id</td> <td>AdverseEvent.id</td> <td></td> </tr> <tr> <td>recorder</td> <td>AdverseEvent.recorder</td> <td></td> </tr> </tbody> </table> <p>QDM 5.5 and 5.6 “Adverse Event” mapping to QI-Core CMS 347 uses “Adverse Event” and in the 2021 performance period used a value set = statin allergen (2.16.840.1.113762.1.4.1110.42), i.e., the QI-Core element <i>suspectEntity</i>; in the 2022 performance period the measure developer is considering using a value set = Statin Associated Muscle Symptoms, i.e., the <i>event</i> or <i>resultingCondition</i></p>	QDM Context	QI-Core R4	Comments	Adverse Event	AdverseEvent			AdverseEvent.actuality		QDM Attributes			code	AdverseEvent.event	FHIR R4 replaces AdverseEvent.type with AdverseEvent.event	type	AdverseEvent.category		severity	AdverseEvent.severity		relevant dateTime	AdverseEvent.date		FacilityLocations	AdverseEvent.location		Author dateTime	AdverseEvent.recordedDate		id	AdverseEvent.id		recorder	AdverseEvent.recorder	
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severity	AdverseEvent.severity																																						
relevant dateTime	AdverseEvent.date																																						
FacilityLocations	AdverseEvent.location																																						
Author dateTime	AdverseEvent.recordedDate																																						
id	AdverseEvent.id																																						
recorder	AdverseEvent.recorder																																						

Time	Item	Presenter	Discussion/Options/Decisions
20 Minutes (cont.)	QDM 5.6 “Adverse Event” code attribute and QI-Core Mapping	Floyd Eisenberg (ESAC)	<p>Conceptually and based on this experience, AdverseEvent.event remains the best approach for mapping. It uses the value set adverse-event-type which lists all SNOMED CT findings. The CQI Workgroup requested input from a Zulip chat item asking for clarification on this interpretation and reviewed Jira ticket FHIR-30098.</p> <p>Therefore, the mapping description will be modified to:</p> <ul style="list-style-type: none"> ▪ QDM includes an attribute <i>code</i> that represents the specific type of event that occurred, consistent with AdverseEvent.event. ▪ QDM does not include an attribute to address additional elements available in QI-Core: AdverseEvent.suspectEntity (the suspected cause), or the AdverseEvent.resultingCondition. As an example to differentiate these elements: <ul style="list-style-type: none"> ▪ AdverseEvent.event = fall ▪ AdverseEvent.resultingCondition = fracture ▪ AdverseEvent.suspectEntity = area rug ▪ QDM version 5.6 (and earlier versions) only addresses one of these elements, the event. ▪ Therefore, QDM AdverseEvent <i>code</i> maps to AdverseEvent.event. Measure developers seeking to retrieve data about the cause of an AdverseEvent may be able to relate the occurrence timing of a potential causative event and the AdverseEvent.event timing. Further detail about the AdverseEvent will require use of FHIR or potentially a subsequent version of QDM after QDM 5.6 <p>Discussion: Rob McClure (MD Partners) suggested to be more explicit, guidance should indicate that when adverse event is used, use the event hierarchy and when using resulting conditions, use the findings hierarchy.</p> <p>Next Steps: Add guidance in the QI-Core QDM mapping to suggest use of the SNOMED event hierarchy.</p>
15 Minutes	QDM 5.6 Authoring with respect to “Encounter, Performed” diagnosis presentOnAdmissionIndicator value set	Floyd Eisenberg (ESAC)	<p>Overview:</p> <p>QDM 5.5 and 5.6 “Encounter, Performed” <i>diagnosis presentOnAdmission</i></p>

Time	Item	Presenter	Discussion/Options/Decisions	
15 Minutes (cont.)	QDM 5.6 Authoring with respect to “Encounter, Performed” diagnosis presentOnAdmissionIndicator value set	Floyd Eisenberg (ESAC)	Code	Reason for Code
			Y	Diagnosis was present at time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as "Y" for the POA Indicator.
			N	Diagnosis was not present at time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "N" for the POA Indicator.
			U	Documentation insufficient to determine if the condition was present at the time of inpatient admission. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "U" for the POA Indicator.
			W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. CMS will pay the CC/MCC DRG for those selected HACs that are coded as "W" for the POA Indicator.
			1	Unreported/Not used. Exempt from POA reporting. This code is equivalent to a blank on the UB-04, however; it was determined that blanks are undesirable when submitting this data via the 4010A. CMS will not pay the CC/MCC DRG for those selected HACs that are coded as "1" for the POA Indicator. The “1” POA Indicator should not be applied to any codes on the HAC list. For a complete list of codes on the POA exempt list, see the Official Coding Guidelines for ICD-10-CM.

Time	Item	Presenter	Discussion/Options/Decisions
15 Minutes (cont.)	QDM 5.6 Authoring with respect to “Encounter, Performed” diagnosis presentOnAdmissionIndicator value set	Floyd Eisenberg (ESAC)	<p>This new value set is not available in the Value Set Authority Center (VSAC) and, therefore, eCQMs cannot reference it or its codes.</p> <p>Interim solution:</p> <ul style="list-style-type: none"> ▪ Reference the presentOnAdmissionIndicator using text for the expected codes that meet the measure expression intent (i.e., one of more of Y, N, W, U or 1, depending on the intent). ▪ This CQL “value” being reported is not related to code/codesystem. It will be expressed as a string (text) and the report will return a string. Thus a change in the existing QRDA Category I STU 5.2 requires a change: <ul style="list-style-type: none"> – Existing QRDA Category I STU 5.2: <ul style="list-style-type: none"> ▪ SHALL contain exactly one [1..1] value with @xsi:type="CD", where the code SHOULD be selected from CodeSystem NUBC UB-04 Present on Admission (POA) Indicator code set (urn:oid:2.16.840.1.113883.6.301.11) DYNAMIC (CONF:4444-29948). – Change to: <ul style="list-style-type: none"> ▪ SHALL contain exactly one [1..1] value <p>Moving forward, HL7 is making progress with a value set that will eventually be available in VSAC.</p> <ul style="list-style-type: none"> ▪ HL7 Unified Terminology Guidance (UTG) is creating a new value set for presentOnAdmission consistent with the existing set of CMS values. <ul style="list-style-type: none"> – This value set is used in billing systems, but aligns with clinical systems that capture this information and we think this information is already showing up in IGs but with other representations. HL7 Terminology Authority (HTA) clarified with CMS this code system is free from intellectual property restrictions (indicated on the CMS Confluence Terminology page under POA Indicator). ▪ Timing of availability will likely extend beyond completion of the current Annual Update cycle requiring use of string (text) for existing measure expressions using the QDM or the FHIR-based Measure Authoring Tool.

Time	Item	Presenter	Discussion/Options/Decisions
5 Minutes	General Discussion	Floyd Eisenberg (ESAC)	<p>Cumulative Medication Duration</p> <p>How to best identify cumulative medication duration (i.e., how long the patient has been on a specific medication in response to diagnosis or hospitalization, not lifetime cumulative dose) was discussed during the HL7 WGM by the Pharmacy Workgroup. Discussions about how to calculate cumulative medication duration are taking place on the Clinical Quality Information subgroup calls on Wednesdays at 10 a.m. ET. Interested parties may join these calls. As a result, the QDM examples of how to calculate cumulative medication duration may be enhanced or additional examples added.</p>
5 Minutes	Next Meeting	Jen Seeman (ESAC)	<p>Agenda items for next QDM user group meeting</p> <ul style="list-style-type: none"> – Contact us at gdm@esacinc.com – Or start a discussion: gdm-user-group-list@esacinc.com <p><i>If you attend the QDM User Group meetings but do not receive communications or have access to the QDM User Group List, please send an email to QDM@esacinc.com so you may be added to the distribution list.</i></p> <p>Next user group meeting</p> <ul style="list-style-type: none"> – March 17, 2021 from 2:30 to 4:30 PM ET.

Invitees/Attendees:

Attended	Name	Organization
N/A	Abrar Salam	The Joint Commission
N/A	Alex Borenstein	Greenway Health
N/A	Alex Lui	Epic
N/A	Andy Kubilius	The Joint Commission
X	Angela Flanagan	Lantana
X	Ann-Marie Dunn	Cerner
N/A	Ann Philips	NCQA
N/A	Anna Bentler	The Joint Commission
X	Anne Coultas	All Scripts
N/A	Anne Smith	NCQA
N/A	Amira Elhagmusa	Battelle
N/A	Balu Balasubramanyam	MITRE
N/A	Ben Hamlin	NCQA
N/A	Benjamin Bussey	Unknown
N/A	Beth Bostrom	AMA
N/A	Brian Blaufeux	Northern Westchester Hospital
N/A	Bidget Blake	MITRE
X	Brooke Villarreal	Unknown
N/A	Bryn Rhodes	ESAC
N/A	Carolyn Anderson	Primary care practice
N/A	Chana West	CDQ Solutions
N/A	Chris Moesel	MITRE
N/A	Cindy Lamb	Telligen
X	Claudia Hall	Mathematica
N/A	Corrie Dowell	BSW Health
N/A	Dalana Ostile	Providence Health Systems
N/A	Dawn Lane	Covenant Health
X	Dave Mishler	Care Evolution
N/A	David Brian	Unknown
N/A	David Clayman	Allscripts
N/A	Debbie Hall	University of Maryland
N/A	Debbie McKay	Unknown
N/A	Deidre Sacra	McKesson
N/A	Doug Goldstein	Epic
N/A	Drew Keller	Unknown
X	Evelyn Cody	Mathematica
X	Floyd Eisenberg	ESAC
N/A	Gary Rezik	QIP
N/A	Ganesh Shanmugam	Glenwood Systems
N/A	Gayathri Jayawardena	ESAC
N/A	Grace Glennon	Yale CORE

Attended	Name	Organization
N/A	L Dejesus	Informedika
N/A	Lisa Anderson	NCQA
N/A	Lizzie Charboneau	MITRE
N/A	Lynn Perrine	Lantana
N/A	Maggie Lohnes	IMPAQ
N/A	Marc Hadley	MITRE
N/A	Marc Hallez	The Joint Commission
N/A	Marc Overhage	Cerner
N/A	Margaret Dobson	Zepf Center
N/A	Matt Hardman	Unknown
N/A	Marilyn Parenzan	The Joint Commission
N/A	Martha Radford	NYU
N/A	Melissa Van Fleet	Alliance Health Oklahoma
N/A	Mia Nievera	The Joint Commission
N/A	Michael Mainridge	Unknown
N/A	Michael Ryan	NCQA
N/A	Mike Nosal	MITRE
N/A	Michelle Dardis	Mathematica
N/A	Michelle Hinterberg	MediSolv
X	Michelle Lefebvre	IMPAQ
N/A	Mike Shoemaker	Telligen
N/A	Mukesh Allu	Epic
N/A	Nathan R	Unknown
N/A	Neelam Zafar	The Joint Commission
N/A	Nicole Hunter	Semantic Bits
X	Pamela Mahan-Rudolph	Memorial Hermann
N/A	Paul Denning	MITRE
X	Peter Muir	ESAC
N/A	Piper Ranallo	AAN
N/A	Qainta Harris	Arise Medical Center
N/A	Rachel Buchanan	Oregon Urology
X	Rajvi Shah	Unknown
N/A	Rayna Scott	PCPI
N/A	R Swaineng	Swaineng Associates
N/A	Rebecca Baer	NCQA
N/A	Rhonda Schwartz	ESAC
X	Rob McClure	MD Partners
N/A	Rob Samples	ESAC
N/A	Robin Holder	Unknown
N/A	Rose Almonte	MITRE
N/A	Ruth Gatiba	Battelle

Attended	Name	Organization
X	Howard Bregman	Epic
N/A	Huy	Unknown
N/A	Isbelia Briceno	Cerner
N/A	James Bradley	MITRE
N/A	Jamie Lehner	PCPI
N/A	Jana Malinowski	Cerner
N/A	Janet Wagner	Unknown
X	Jen Seeman	ESAC
N/A	Jennifer Distefano	Unknown
N/A	Jenna Williams-Bader	NCQA
N/A	Jill Shuemaker	VCU Health
N/A	John Carroll	The Joint Commission
N/A	John Lujan	Kaiser Permanente
N/A	Jessica Smails	Caradigm
N/A	Joe Bormel	Cognitive Medicine
X	Joseph Kunisch	Harris Health
N/A	Johanna Ward	Mathematica
N/A	Jorge Belmonte	PCPI
N/A	Julie Koscuiszka	Nyack Hospital
N/A	Juliet Rubini	Mathematica
N/A	Justin Schirle	Epic
N/A	Jay Frails	Meditech
X	Katie Magoulick	IMPAQ
X	Kathy Carson	SemanticBits
N/A	Kathy Clous	Memorial Care
N/A	Kimberly Smuk	HSAG
N/A	KP Sethi	Lantana
N/A	Latasha Archer	NCQA
N/A	Laura Pearlman	Midwest Center for Women's Healthcare
N/A	Laurie Wissell	Allscripts

Attended	Name	Organization
N/A	Ryan Clark	NCQA
N/A	Ryan Guifoyle	Unknown
N/A	Samuel Benton	NCQA
N/A	Sarah Sims	My Patient Insight
N/A	Sethuraman Ramanan	Cognizant
N/A	Shanna Hartman	CMS
N/A	Sheila Aguilar	TJC
X	Shellie T	Unknown
N/A	Stan Rankins	Telligen
N/A	Susan Wisnieski	Meditech
N/A	Syed Zeeshan	eDaptive Systems
N/A	Tammy Kuschel	McKesson
N/A	Tess Rayle	Unknown
N/A	Thoma Hudson	Parkview
N/A	Tom Dunn	Telligen
X	Traci Psihas	ESAC
N/A	Vaspaan Patel	NCQA
N/A	Wendy Wise	Lantana
N/A	Yan Heras	ESAC
X	Yanyan Hu	The Joint Commission
N/A	Yiscah Bracha	RTI
N/A	Yvette Apura	ASCO
N/A	Zahid Butt	MediSolv
N/A	Zeeshan Pasha	Unknown
N/A	N/A	N/A

