To: The Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC)

Subject: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs

Date: February 1, 2016

As an eMeasure developer, Lantana Consulting Group (Lantana) appreciates the opportunity to comment on the RFI distributed by the Centers for Medicare and Medicaid Services (CMS), in collaboration with the Office of the National Coordinator (ONC), titled *Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs*. Specifically, our feedback addresses frequency, minimum requirements, and testing for CQM certification.

Key Points

- We believe a mandate on the number of measures to which health IT developers must certify is unnecessary. Health IT developers understand the needs and clinical expertise of their client base, and should determine the measures to which they certify.
- Health IT developers should not be expected to test and certify measures that are beyond the Health IT developer's market.
- Clinical measures do not cover all specialty populations. Hospitals report zeros to meet reporting requirements when they do not have measures that cover their specific populations and specialties.
- CMS must ensure there is adequate time within the measure development cycle. This cycle must include collaboration among measure developers, health IT developers, and implementers to establish standards and quality measures, and to complete all testing and training.

11.A. Frequency of Certification

- Decrease the frequency of, or lengthen the time between, updates and changes to existing standards, CQM specifications, and certification requirements. Without allowing adequate time, increased frequency reduces providers' ability to meet meaningful use timeframes, as well as other quality reporting program requirements (e.g., the IQR and PQRS programs). Among providers and developers, this increase contributes to a growing dissatisfaction with the program.
- CMS should explore simpler, faster, and cheaper approaches to certification/recertification. CQM specifications must be updated to remain current and clinically valid. We suggest that CMS only require recertification if the revised measure includes a change to underlying standards (QDM, HQMF, QRDA, and CQL).

11.B. Changes to Minimum CQM Certification Requirements – Option 3

- We believe the health IT developer should determine which CQMs must be certified within each of their applications. In order to meet business needs and satisfy clients, developers will select measures based on clients' patient populations and specialties.
- Health IT developers should not be expected to test and certify measures that are beyond the Health IT developer's market.

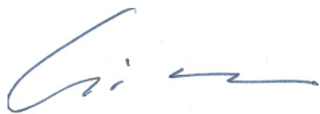
- Providers and hospitals should not be allowed to report uncertified measures.
- The ONC CHPL website should include the version of the measure to which the health IT is certified.
- **Option 2 – Incrementally increase the number of certified CQMs:** This approach provides vendors with more time to manage and allocate internal resources.
- **Option 3.C – Specialty provider health IT developers:**
    - This is the most feasible option. Require that primary care health IT developers certify their applications to meet requirements for the measures that are aligned across multiple CMS programs.
    - We suggest that CMS require specialty provider health IT developers to certify to the measures recommended under the PQRS program, which were developed in collaboration with those specialty societies.
    - We recommend grouping measures by care setting/venue.

11.C. CQM Testing and Certification

- At a minimum, test cases must cover the measure logic variables for initial patient population (IPP), numerator, denominator, exclusions, and exceptions.
- Test cases should account for testing outside the boundaries of the measure logic. For example, if the IPP is identified as between age 65 and 74, test cases should also look below 65 and above 74. This would result in a minimum of three test cases for each different logic variable.
- For ease of testing, and to ensure all logic is covered, CMS could format test cases within a spreadsheet that illustrates the test logic on the x-axis and the names and parameters of test cases on the y-axis.

Thank you for the opportunity to provide input regarding *Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs*. Please let us know if you have any questions related to our feedback.

Sincerely,



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