CMS-Designated Qualified Clinical Data Registry (QCDR)

Clinical Emergency Data Registry (CEDR) Overview

Pawan Goyal, MD, FHIMSS
Associate Executive Director, Quality
American College of Emergency Physicians
Dallas, Texas
Content

- Overview
  - ACEP
  - CEDR

- Value Based Program
  - CMS’s Quality Payment Program
    - The Merit-based Incentive Payment System (MIPS) Overview
    - Revenue Impact of MIPS
    - MIPS 2020 Goals and Proposed Changes

- CEDR Implementation and Data Mapping

- Quality Measures

- How to get started with CEDR?

- CEDR Participation Cost

- 2021 CEDR Participation Timeline

- Stay Connected with ACEP Quality Webinars
American College of Emergency Physicians (ACEP)

ACEP Mission Statement
The American College of Emergency Physicians promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients, and the public.

You Serve Your Community – ACEP’s Proud to Serve You
- 40,000 members
- 53 Chapters
- 35 Sections
- 410 Councilors
- Emergency Medicine Residents’ Association (EMRA)
- Association of Academic Chairs in Emergency Medicine (AACEM)
- Council of Residency Directors in Emergency Medicine (CORD)
- Society for Academic Emergency Medicine (SAEM)
What is Clinical Emergency Data Registry (CEDR)?

- A Qualified Clinical Data Registry (QCDR)
  - A designation by the Centers for Medicare & Medicaid Services (CMS) as an approved mechanism for clinicians and groups to report Quality Payment Program (QPP) data and participate in the Merit-based Incentive Payment System (MIPS)
  - Allows for reporting all-payer data
  - Allows for registry-specific quality measures

- Developed by ACEP
  - Enables participation in the CMS Quality Payment Program
  - Developed ED specific Quality Measures
  - Promotes highest quality of emergency care and demonstrating the value of that care

- Generate new science (identify practice patterns, trends, and outcomes)

- Inform health policy decisions
## Clinical Emergency Data Registry (CEDR) Customer and Data Growth

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EM Practice Groups</td>
<td>5</td>
<td>30</td>
<td>90</td>
<td>200</td>
<td>250+</td>
<td>220+</td>
</tr>
<tr>
<td>Individual ED Locations</td>
<td>14</td>
<td>65</td>
<td>500</td>
<td>770</td>
<td>1,000+</td>
<td>1,000+</td>
</tr>
<tr>
<td>Clinicians</td>
<td>263</td>
<td>1,534</td>
<td>9,000+</td>
<td>15,000+</td>
<td>18,000+</td>
<td>18,000+</td>
</tr>
<tr>
<td>Unique Visits</td>
<td>458,263</td>
<td>2,888,625</td>
<td>15+ Million</td>
<td>26+ Million</td>
<td>28+ Million</td>
<td>28+ Million</td>
</tr>
</tbody>
</table>
Distribution of EDs in CEDR

Data as of Sept. 2020
Total EDs: 990
Advantages of Participating in CEDR

• Quality reporting
  ▶ Allows use of ACEP measures
    ▪ These measures are more applicable to Emergency Medicine
  ▶ Covers multiple aspects of reporting requirements
    ▪ Quality, Improvement Activities (IA), Promoting Interoperability (PI)
  ▶ Provides reporting option for large groups as only small practices may submit data via claims-based reporting for 2019 onward.

• Maintenance of Certification
  ▶ American Board of Emergency Medicine (ABEM) Maintenance of Certification (MOC)
    Part IV can be completed through the use of CEDR

• Accountability
  ▶ More secure and accurate than paper; allows for electronic end-to-end reporting
Advantages of Participating in CEDR (Cont.)

- **Revenue**
  - Protects from potential 9% downside based on 2021 reporting
  - Opportunity for bonus incentive payments from CMS

Percentage of 2019 CEDR customers in positive MIPS scoring brackets*
* Estimated based on actual CEDR MIPS score. Does not include scores related to cost.
CEDR ROI

Percentage of 2019 CEDR customers in positive MIPS scoring brackets*

* Estimated based on actual CEDR MIPS score. Does not include scores related to cost.
- 221 Groups reported through 298 TINs
- All 298 TINS received bonus
- 22 TINs received a MIPS score of 100
- 113 TINs received at least a 1% bonus (38%)
- 165 TINs received at least $0.25 per visit in bonus
- 74 TINs received at least $0.50 per visit in bonus (100% ROI)
- 23 TINs received the maximum $0.70 in bonus (180% ROI)

Total Bonuses to CEDR participants = $3.4 million
CEDR ROI – Financial Impact

For a 40,000 visit ED*:
* Estimated cost of CEDR participation = $10,000.
- **Soft ROI** – Penalty avoidance = $125,000
- **Hard ROI**:
  - 60% got base bonus in the range of 0.01% to 0.20% = $250 to $5,000
  - 40% got exceptional bonus in the range of 0.50% to 1.68% = $12,500 to $40,000

*Assumptions for a 40,000 visit ED
  - 25 clinicians
  - Each clinician has a mean Medicare Part-B reimbursement of $100,000
Advantages of CEDR Over Other Registries

• Provides ED-specific measures, developed by EM Clinicians for EM clinicians. These measures enable additional opportunities to monitor clinical care and patient outcomes, in addition to providing opportunities to increase scoring and reward under the QPP program.

• Does not simply take data and report it. CEDR provides customers with measure refinement and improvement strategies.

• No hidden fees at reporting time.

• Long-term partner focused on the success of the EM community.

• Ongoing development of new measures assures a steady supply of valuable, sustainable measures that support the EM community.
CEDR High-Level End to End Process

Contracting
- Complete Interest Form
- Discuss and Collect Group’s Details
- Execute Contracts

Implementation
- Data Collection (Pull/Push)
- Identify Measures that need Improvement
- Measure Mapping & Scoring
- Review with Clinician Group

CMS Submission
- Submit MIPS Score to CMS
- CMS: MIPS Performance Feedback and Final Score
# CEDR Dashboard – Measure View

## Quality Performance Dashboard

<table>
<thead>
<tr>
<th>PHYSICIAN GROUP</th>
<th>CLINICIANS (59)</th>
<th>EDS (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Favorites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPORT ALL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>ACHIEVED PERFORMANCE</th>
<th>DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine: Emergency Department Utilization of CT for Minor...</td>
<td>64.12%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Medicine: Emergency Department Utilization of CT for Minor...</td>
<td>33.33%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Medicine: Coagulation Studies in Patients Presenting with C...</td>
<td>7.83%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Medicine: Appropriate Emergency Department Utilization of...</td>
<td>74.41%</td>
<td>100%</td>
</tr>
<tr>
<td>Tobacco Use: Screening and Cessation Intervention for Patients with A...</td>
<td>64.95%</td>
<td>100%</td>
</tr>
<tr>
<td>Septic Shock: Lactate Clearance Rate of &gt;=10%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Medicine: Appropriate Foley Catheter Use in the Emergency...</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Septic Shock: Lactate Level Measurement, Antib...</td>
<td>69.39%</td>
<td>100%</td>
</tr>
</tbody>
</table>
CEDR Dashboard – Measure Detail

You have selected custom duration from Jan 1st 2020 to Aug 26th 2020

<table>
<thead>
<tr>
<th>DEN</th>
<th>DEN EXCL</th>
<th>DEN EXPT</th>
<th>NUM</th>
<th>NUM EXCL</th>
<th>MET</th>
<th>NOT MET</th>
<th>DC NOT MET</th>
<th>PR</th>
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<tbody>
<tr>
<td>662</td>
<td>385</td>
<td>0</td>
<td>233</td>
<td>0</td>
<td>233</td>
<td>44</td>
<td>0</td>
<td>84.12%</td>
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</table>
MIPS Submission Tool Example: Quality

<table>
<thead>
<tr>
<th>QUALITY</th>
<th>PI</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures selected</td>
<td>2</td>
<td>(Select minimum 5 measures)</td>
</tr>
<tr>
<td>Measures meeting 20 cases</td>
<td>2</td>
<td>(All measures should meet min 20 cases)</td>
</tr>
<tr>
<td>Outcome/High-priority measure selected</td>
<td>2</td>
<td>(Select minimum 1 Outcome/High-priority measure)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGISTRY ID</th>
<th>QUALITY ID</th>
<th>MEASURES</th>
<th>NUM</th>
<th>DEN</th>
<th>EXCL</th>
<th>EXCP</th>
<th>PERFORMANCE</th>
<th>POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEP19</td>
<td>ACEP19</td>
<td>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma 1..</td>
<td>20</td>
<td>67</td>
<td>41</td>
<td>0</td>
<td>76.92</td>
<td>3.0</td>
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<tr>
<td>ACEP20</td>
<td>ACEP20</td>
<td>Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma 2..</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>1.0</td>
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<tr>
<td>ACEP21</td>
<td>ACEP21</td>
<td>Emergency Medicine: Coagulation Studies in Patients Presenting with Chest Pain with No Co..</td>
<td>6</td>
<td>2536</td>
<td>108</td>
<td>0</td>
<td>0.24</td>
<td>3.0</td>
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<tr>
<td>ACEP22</td>
<td>ACEP22</td>
<td>Emergency Medicine: Appropriate Emergency Department Utilization of CT for Pulmonary Em..</td>
<td>78</td>
<td>227</td>
<td>0</td>
<td>0</td>
<td>34.36</td>
<td>8.7</td>
</tr>
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</table>

Measure Collection Type: MIPS 2019

Estimated Quality Points: 18.7
Estimated Quality Weight: 19.7/60
Estimated Quality Weight: 14.8/45
MIPS Submission Tool Example: Improvement Activities

<table>
<thead>
<tr>
<th>QUALITY</th>
<th>PI</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ HIGH WEIGHT ACTIVITIES</td>
<td>✔️ MEDIUM WEIGHT ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>Estimated IA Points: 20/40</td>
<td>Estimated IA Weight: 8/15</td>
<td></td>
</tr>
</tbody>
</table>

Select and attest to the Improvement activities which you have performed for the consecutive 90 days duration that you have selected.

<table>
<thead>
<tr>
<th>Activities:</th>
<th>All</th>
<th>Selected</th>
<th>Favorites</th>
<th>Duration: 02/28/2019 to 06/05/2019</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ACTIVITY ID</th>
<th>ACTIVITY DESCRIPTION</th>
<th>WEIGHT</th>
<th>POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieving Health Equity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✔️ IA_AHE_1</td>
<td>Engagement of New Medicaid Patients and Follow-up</td>
<td>High</td>
<td>20</td>
</tr>
<tr>
<td>✔️ IA_AHE_2</td>
<td>Leveraging a QCDR to standardize processes for screening</td>
<td>Medium</td>
<td>10</td>
</tr>
<tr>
<td>✔️ IA_AHE_3</td>
<td>Promote Use of Patient-Reported Outcome Tools</td>
<td>High</td>
<td>20</td>
</tr>
</tbody>
</table>
Value-Based Programs
What are Value-Based Programs?

- Value-based programs reward health care providers with incentive payments for the quality of care they provide to Medicare patients.

- These programs are part of CMS’s larger quality strategy to reform how health care is delivered and paid for.

- Value-based programs support CMS’s three-part aim:
  - Better care for individuals
  - Better health for populations
  - Lower cost

- CMS’s Value-Based Program is named the Quality Payment Program (QPP)
What is CMS’s Quality Payment Program?

- By law, the Medicare Access and CHIP Reauthorization Act (MACRA) requires CMS to implement an incentive program, referred to as a Quality Payment Program (QPP).

- The Quality Payment Program (QPP) improves Medicare by helping clinicians focus on the quality of patient care and outcomes by rewarding clinicians for implementing innovative approaches to patient care.

- There are 2 ways clinicians can choose to participate in the Quality Payment Program:
  - The Merit-based Incentive Payment System (MIPS)
  - Advanced Alternative Payment Models (APMs)

- CEDR focuses on the MIPS track for reporting under QPP for both individual clinicians and for clinician groups.
What is the Merit-Based Incentive Payment System (MIPS)?

- CMS combined the following three legacy programs into single improved program called MIPS
  - Physician Quality Reporting System (PQRS)
  - Value-Based Payment Modifier (VM)
  - Medicare EHR Incentive Program (EHR) for Eligible Professionals

- MIPS was designed to tie payments to quality and cost efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.

- MIPS comprises four performance categories

- The points from each performance category are added together to give a MIPS Final Score

- The MIPS Final Score is compared to the MIPS performance threshold to determine positive, negative, or neutral payment adjustment
What is the Merit-Based Incentive Payment System (MIPS)? (Cont.)

• Four performance categories

MIPS performance category weights in 2019:

- Quality: 45% of MIPS Score
- Cost: 15% of MIPS Score
- Improvement Activities: 15% of MIPS Score
- Promoting Interoperability: 25% of MIPS Score

To learn more about how to participate in MIPS:

• Visit the MIPS Eligibility and Individual or Group Participation web pages on CMSs Quality Payment Program website.
• View the 2020 Quality Payment Program Final Rule Overview Fact Sheet.
• View the 2020 Quality Payment Program Final Rule FAQ.
• View the 2020 Quality Payment Program Final Rule Executive Summary.
• Check your current participation status using the QPP Participation Status Tool.
MIPS Goals for 2020

- Quality Payment Program Year 4 Focus Areas:
  - The program’s measures and activities are meaningful
  - Care coordination is better
  - Clinicians have a clear way to participate in Advanced APMs

- Addressing Physician Concerns:
  - Continuing to phase in requirements in preparation for full implementation in year 6
  - Allowing hospital-based clinicians reporting as a group to be exempt from the Promoting Interoperability Category of MIPS
  - Creating a new framework for MIPS reporting called the MIPS Value Pathways (MVPs) that will become effective in 2021.
Clinician Types Eligible for MIPS 2020

Physicians

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

Clinical Psychologists

Physician Assistants

Nurse Practitioners

Physical Therapists

Occupational Therapists

Qualified Speech-Language Pathologists

Qualified Audiologists

Registered Dietitians or Nutritional Professionals

Groups or virtual groups that include 1 or more of these MIPS eligible clinician types

*With respect to certain specified treatment, a Doctor of Chiropractic legally authorized to practice by a State in which he/she performs this function.
Revenue Impact of the Merit-based Incentive Payment System (MIPS)

- CMS uses MIPS reporting for the 2021 performance year to adjust reimbursements in 2023
- MIPS is scored on a scale of zero to 100
- A score of **50** is required to avoid penalty
- A score of **85** is required to earn an Exceptional Performance bonus (0.5% - 10%)
- CMS applies a scaling factor on positive adjustments to maintain budget neutrality
The QPP Program Evolution

Health Policy Brief: Medicare’s New Physician Payment System, Health Affairs, April 21, 2016
MIPS Score Category: Quality (45%)

- **Class 1**
  - These measures meet the case minimum of 20, the minimum data completeness threshold of 70% and have a benchmark to be compared
  - These measures will result in a score between 3-10

- **Class 2**
  - The measures fall into multiple criteria
  - A submission that meets Class 1 requirements, but no benchmark is available receives a score of 3 points
  - A submission that does not meet the case minimum but meets the minimum data completeness rate will result in a score of 3 points
  - For small practices, if they do not meet any of the criteria to be considered a Class 1 this will result in a score of 3 points

- **Class 3**
  - For practices that are not considered Small Practices, measures that fail to meet the minimum data completeness rate will be awarded a score of 1 point
MIPS Score Category: Cost (15%)

- CMS automatically calculates performance on cost measures, if the measures' minimum case volumes are met. If there are not enough attributed cases for any of the cost measures to be scored, the Cost performance category percentage will be added to the Quality performance category.

- Cost measures include:
  - Total per Capita Cost (TPCC) Measure
  - Medicare Spending Per Beneficiary (MSPB)
  - 8 episode-based measures (10 additional episode-based measures are proposed for 2020).

- The case minimums are:
  - TPCC measure: 20 episodes
  - MSPB cost measure: 35 episodes
  - Procedural episodes: 10 episodes
  - Acute inpatient medical condition episodes: 20 episodes
MIPS Score Category: Improvement Activities (15%)

- Select a minimum of 1 activity (from 117+ proposed) with additional credit for more activities
- Report for 90 days
- 2 high-weighted or 4 medium-weighted activities gets full credit
- Patient-centered medical home gets full credit
- Participation in APM earns half credit
- CEDR and/or E-QUAL participation get you most credits
- Starting in 2020, a group can only attest to an improvement activity if at least 50% of MIPS eligible clinicians in the group participate in or perform the activity. ACEP opposes this proposal.
MIPS Score Category: Promoting Interoperability (25%)

- Certain clinicians are automatically exempt from the Promoting Interoperability category, including those who meet the definition of “hospital-based” at either the individual or group level. Most emergency physicians meet this exception. Before 2020, if individual clinicians decide to report as a group, they would lose the exemption status if even one of them does not meet the definition of “hospital-based.”
  - ACEP has repeatedly argued that this “all or nothing rule” is unfair and penalizes hospital-based clinicians who work in multi-specialty groups. In a major victory for ACEP, CMS is now modifying this policy by exempting groups from the Promoting Interoperability category if 75 percent of the individuals in the group meet the definition of hospital-based.
- Being exempt from the Promoting Interoperability category means that this category is reweighted down to 0% of the total MIPS score. The 25% weighting for this category is shifted to the Quality Category.
- Non-exempt providers must meet measure requirements under the following four objectives: e-Prescribing; Health Information Exchange; Provider to Patient Exchange; and Public Health and Clinical Data Exchange. You must report on each measure, or claim an exclusion, for a 90 day continuous period. Each measure will be scored by multiplying the performance rate (calculated from the numerator and denominator submitted) by the available points for the measure.
CEDR Implementation
Data Mapping
CEDR Implementation

- CEDR creates a Dashboard after receiving data and mapping it to Measures
- The Dashboard is accessible via an ACEP login
- Groups will be given access to only their dashboard to view their data
- Groups/EDs can view performance across measures for multiple locations and clinicians
- Clinicians can view their individual performances and determine which measures they want to report
- Administrators/ED Directors can view group level performances
- Groups/EDs can query their data and generate reports
CEDR Technical Implementation – Get the Data

• CEDR collects structured and semi-unstructured data

• The CEDR team works with the ED/Hospital IT team to collect data

• Choose from the two data collection method supported by CEDR
  ▶ **PULL**: Usually 12-20 weeks
  ▶ **PUSH**: A minimum of 16-40* weeks using standard data file format
    * The time it takes to complete the Push methodology varies significantly across hospitals, depending on the format and quality of the data, the amount of ED IT resources, and the level of engagement of the participating ED staff

• Text parsing is used to read unstructured data

• ED Clinical Lead will ensure accurate data mapping and measures calculation
Data Sources

- CEDR supports collecting of data from Multiple Data Sources
- Common Data Sources
  - Electronic Health Records (EHR)
  - Billing Systems (Revenue Cycle Management (RCM) Systems)
  - Emergency Department Information System (EDIS)
  - Data Warehouse
  - Reporting Database

- CEDR merges records from multiple data sources via a unique patient and encounter identifier.
- Many implementations require more than one data source.
Data Pull vs. Data Push

**Data Pull**
- FIGmd installs software that passively collects data
- Does not affect EHR performance
- Cost efficient for hospitals
- **Provides richest data set for demonstrating the value of emergency medicine**
- **Provides best opportunity for MIPS scoring, including CEHRT bonus**

**Data Push**
- Hospitals need to abstract data to meet the requirements of the CEDR data dictionary
- More labor intensive for hospital IT staff
- Preferred CCDA/HL-7/FHIR/CCD
- Acceptable - .xml, flat file, .xls/.xlsx
- Not acceptable – PDF, Scanned Images
Data Mapping Process

- Transmission to CEDR
- Data Parsing
  - Data Validation
- Patient Identifier
  - Episode Identifier

**EMR**

**RCM**

- Transmission to CEDR
- Data Parsing
  - Data Validation
- Patient Identifier
  - Episode Identifier

**Combined Record**
- Discrete Data Elements
- Semi-structured Data Parsing

**Data Dictionary**
- Data Elements
- Data Calculations

**Dashboard**
- Measures
- Data Validation
# Fundamental Data Elements

<table>
<thead>
<tr>
<th>Element name</th>
<th>Coding Instructions</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Last Name</td>
<td>Indicate the patient's last name. Hyphenated names should be recorded with a hyphen.</td>
<td>N</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>Indicate the patient's first name.</td>
<td>N</td>
</tr>
<tr>
<td>Patient Middle Name</td>
<td>Indicate the patient's middle name(s).</td>
<td>N</td>
</tr>
<tr>
<td>SSN or MRN</td>
<td>Indicate the patient's unique identifier</td>
<td>Y</td>
</tr>
<tr>
<td>Date and time of Birth</td>
<td>Indicate the patient's date of birth.</td>
<td>Y</td>
</tr>
<tr>
<td>Sex</td>
<td>Indicate the patient's sex at birth.</td>
<td>Y</td>
</tr>
<tr>
<td>Clinician NPI</td>
<td>Indicate the NPI of the Clinician</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Private Health Insurance</td>
<td>Indicate if the patient has private health Insurance.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Medicaid</td>
<td>Indicate if the patient is insured by Medicaid.</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Military Healthcare / Department of Defense / Tricare</td>
<td>Indicate if the patient has military health care.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Medicare (Fee for service)</td>
<td>Indicate if the patient is insured by Medicare (fee for service).</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Medicare (Advantage care)</td>
<td>Indicate if the patient is insured by Medicare (managed care/HMO).</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Blue Cross/ Blue Shield</td>
<td>Indicate if the patient is insured by Blue Cross/ Blue Shield</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Other Government / Indian Health Service/ State Local government</td>
<td>Indicate if the patient is insured by Other Government.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Department of Corrections</td>
<td>Indicate if the patient is insured by Department of Corrections</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Managed Care Unspecified</td>
<td>Indicate if the patient is insured by Managed Care Unspecified.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - No Payment Listed</td>
<td>Indicate if the patient has No Payment Listed</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Miscellaneous/Other/Foreign National, Worker’s Comp, Auto Insurance</td>
<td>Indicate if the patient is insured by Miscellaneous/Other.</td>
<td>N</td>
</tr>
<tr>
<td>Measure Description</td>
<td>Element ID</td>
<td>Element Name</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>ACEP 24: Pregnancy Test for Female Abdominal Pain Patients</td>
<td>2050</td>
<td>Date and time of Birth</td>
</tr>
<tr>
<td></td>
<td>8505</td>
<td>Date and Time of arrival (onset) to Emergency Department</td>
</tr>
<tr>
<td></td>
<td>1510</td>
<td>Encounter Date and time</td>
</tr>
<tr>
<td></td>
<td>9210</td>
<td>Complaint of abdominal pain</td>
</tr>
<tr>
<td></td>
<td>9215</td>
<td>Date and time of complaint of abdominal pain</td>
</tr>
<tr>
<td></td>
<td>8500</td>
<td>Emergency Department Visit</td>
</tr>
<tr>
<td></td>
<td>8500</td>
<td>Date and Time of arrival (onset) to Emergency Department</td>
</tr>
<tr>
<td></td>
<td>2060</td>
<td>Sex</td>
</tr>
<tr>
<td></td>
<td>4020</td>
<td>Pregnancy (urine/serum) test ordered</td>
</tr>
<tr>
<td></td>
<td>4025</td>
<td>Pregnancy (urine/serum) test ordered-Date</td>
</tr>
<tr>
<td></td>
<td>4040</td>
<td>Diagnosis of hysterectomy</td>
</tr>
<tr>
<td></td>
<td>8020</td>
<td>Date and timing of diagnosis of hysterectomy</td>
</tr>
<tr>
<td></td>
<td>4045</td>
<td>Patient post-menopausal</td>
</tr>
<tr>
<td></td>
<td>8025</td>
<td>Date and timing of postmenopausal</td>
</tr>
<tr>
<td></td>
<td>8030</td>
<td>Diagnosis of pregnancy</td>
</tr>
<tr>
<td></td>
<td>8035</td>
<td>Date and timing of pregnancy</td>
</tr>
</tbody>
</table>
EMRs/Data Systems that CEDR has worked with

- EPIC
- Cerner
- Meditech
- Allscripts
- PICIS
- Merge Financials
- Wellsoft
- T-system
- MEDHOST EDIS
- Paragon WebStation
- Soarian EDIS
- Medpoint
- Forerun
CEDR Hosting and Security

- CEDR standards exceed industry standards for data security and management
- All required policies and procedures are created and controls are in place.
- All data is handled in accordance with HIPAA requirements
- Data is encrypted while in motion and at rest
- Internal Audits and Security reviews on an on-going basis.
- FIGmd, Inc. (our Technology partner) has designed HIPAA and Security Awareness Training Program for entire workforce.
- Access to FIGmd Corporate Headquarters is controlled by video monitoring, Biometric scan systems at each door, visitor registration, and badge access.
- Limit uses & disclosures of PHI to the "minimum necessary"
Quality Measures
What are Quality Measures?

- Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.
  - These goals include effective, safe, efficient, patient-centered, equitable, and timely care.

- ACEP develops quality measures targeting variations in emergency care and gaps in quality.
  - An evidence-based approach is used to develop and maintain all measures.
  - Our approach ensures that measures:
    - are linked to outcomes
    - address reducing clinician burden
    - are meaningful to clinicians and patients.
MIPS Quality Measure Data Requirements

- Participants must collect measure data for the **12-month performance period** (January 1 - December 31, 2020).
  - The amount of data that must be submitted depends on the collection (measure) type.

- There are 5 collection types for Quality measures that you can use:
  - Electronic Clinical Quality Measures (eCQMs),
  - MIPS CQMs (formerly "Registry measures"),
  - Qualified Clinical Data Registry (QCDR) Measures,
  - Medicare Part B claims measures, and;
  - The CAHPS for MIPS survey.

- For all clinician types except the CAHPS for MIPS survey, participants should:
  - Submit collected data for at least 6 measures, or a complete specialty measure set; and
  - One of these measures should be an outcome measure (if you have no applicable outcome measure, you can submit another high priority measure instead).
  - In addition, for practices of 16 or more clinicians who meet the case minimum of 200, the administrative claims-based all-cause readmission measure will be automatically scored as a seventh measure.

- An individual or practice can submit any combination of measures across these collection types to fulfill the 6 measure requirement. The CAHPS for MIPS survey measure can also count as one of the 6 measures submitted.
CEDR Quality Measure Categories

- **QCDR Measures** (i.e. ACEP Measures)
  - Internally developed by ACEP.
  - Specific to emergency medicine.
  - Only available for use through CEDR or through ACEP licensing.
  - Can be reported to CMS to fulfill MIPS quality category.

- **MIPS Measures**
  - Measures developed by other organizations for the MIPS program and endorsed by CMS.
  - Applicable to multiple specialties.
  - Available for use by the general public.
  - Can be reported to CMS to fulfill MIPS quality reporting requirements.
  - Can use both electronic and claims data to report the measure with manual abstracting.

- **eCQMs**
  - Measures developed by other organization for the MIPS program and endorsed by CMS.
  - Applicable to multiple specialties.
  - Available for use by the general public.
  - Can be reported to CMS to fulfill MIPS quality reporting requirements.
  - Designated to use structured, encoded data present in the electronic health record for end-to-end electronic reporting with no human intervention.

- **Quality Improvement (QI) Measures**
  - Internally developed by ACEP.
  - Intended for quality improvement purposes only.
  - Not eligible to be reported to CMS.

- **E-QUAL Measures**
  - Measures developed for use in the Emergency Quality Network learning collaboratives
  - The E-QUAL Measures are not reportable to CMS. These measures are to support the benchmarking activities in the E-QUAL program
2020 ACEP Quality Clinical Data Registry (QCDR) Measures

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Title</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEP 19</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 20</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 21</td>
<td>Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 22</td>
<td>Appropriate Emergency Department Utilization of CT for Pulmonary Embolism</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 25</td>
<td>Tobacco Screening and Cessation Intervention</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 30</td>
<td>Sepsis Management: Septic Shock: Lactate Clearance Rate &gt;10%</td>
<td>Outcome</td>
</tr>
<tr>
<td>ACEP 31</td>
<td>Emergency Medicine: Appropriate Foley Catheter Use in the Emergency Department</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 48</td>
<td>Sepsis Management: Septic Shock: Lactate Level Measurement, Antibiotics Ordered, and Fluid Resuscitation</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 50</td>
<td>ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients (risk adjusted by ED volume)</td>
<td>Outcome</td>
</tr>
<tr>
<td>ACEP 51</td>
<td>ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients (risk adjusted by ED volume)</td>
<td>Outcome</td>
</tr>
<tr>
<td>ACEP 52</td>
<td>Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain</td>
<td>Process</td>
</tr>
<tr>
<td>ACEP 53</td>
<td>Appropriate Use of Imaging for Recurrent Renal Colic</td>
<td>Process</td>
</tr>
</tbody>
</table>
## 2020 ECPR Quality Clinical Data Registry (QCDR) Measures

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Title</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECPR 39</td>
<td>Avoid Head CT for Patients with Uncomplicated Syncope</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 40</td>
<td>Initiation of the Initial Sepsis Bundle</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 41</td>
<td>Rh Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 42</td>
<td>Restrictive Use of Blood Transfusions</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 45</td>
<td>Avoidance of Creatine Kinase-MB (CK-MB) Testing for Non-traumatic Chest Pain</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 46</td>
<td>Avoidance of Opiates for Low Back Pain or Migraines</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 50</td>
<td>Door to Diagnostic Evaluation by a Provider Within 30 Minutes – Urgent Care Patients</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 51</td>
<td>Discharge Prescription of Naloxone after Opioid Poisoning or Overdose</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 52</td>
<td>Appropriate Treatment of Psychosis and Agitation in the Emergency Department</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 53</td>
<td>Clinician Reporting of Loss of Consciousness to State Department of Public Health or Department of Motor Vehicles</td>
<td>Process</td>
</tr>
<tr>
<td>ECPR 55</td>
<td>Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions and Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain</td>
<td>Process</td>
</tr>
</tbody>
</table>
## 2020 Quality Payment Program (QPP) Measures

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPP 5</td>
<td>Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>QPP 8</td>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>QPP 47</td>
<td>Advance Care Plan</td>
</tr>
<tr>
<td>QPP 65</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
</tr>
<tr>
<td>QPP 66</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
</tr>
<tr>
<td>QPP 76</td>
<td>Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections</td>
</tr>
<tr>
<td>QPP 93</td>
<td>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy Avoidance of Inappropriate Use</td>
</tr>
<tr>
<td>QPP 116</td>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
</tr>
<tr>
<td>QPP 130</td>
<td>Documentation of Current Medications in the Medical Record</td>
</tr>
<tr>
<td>QPP 187</td>
<td>Stroke and Stroke Rehabilitation: Thrombolytic Therapy (tPA)</td>
</tr>
<tr>
<td>QPP 254</td>
<td>Ultrasounds Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</td>
</tr>
<tr>
<td>QPP 317</td>
<td>Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</td>
</tr>
<tr>
<td>QPP 326</td>
<td>Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy</td>
</tr>
<tr>
<td>QPP 331</td>
<td>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)</td>
</tr>
<tr>
<td>QPP 332</td>
<td>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patient with Acute Bacterial Sinusitis (Appropriate Use)</td>
</tr>
<tr>
<td>QPP 333</td>
<td>Adult Sinusitis: Computer Tomography for Acute Sinusitis (Overuse)</td>
</tr>
<tr>
<td>QPP 415</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</td>
</tr>
<tr>
<td>QPP 416</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years</td>
</tr>
<tr>
<td>QPP 419</td>
<td>Overuse of Neuroimaging for Patients with Primary Headache and a Normal Neurological Examination</td>
</tr>
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</table>
# 2020 QPP Measures – Topped Out

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPP 8</td>
<td>Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>QPP 65</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
</tr>
<tr>
<td>QPP 76</td>
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<td>Ultrasounds Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</td>
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<tr>
<td>QPP 326</td>
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</tr>
<tr>
<td>QPP 332</td>
<td>Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patient with Acute Bacterial Sinusitis (Appropriate Use)</td>
</tr>
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</table>
### EQUAL Measures Supported

<table>
<thead>
<tr>
<th>EQUAL11A</th>
<th>Disposition among ED visits for chest pain - Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL11B</td>
<td>Disposition among ED visits for chest pain - Observation</td>
</tr>
<tr>
<td>EQUAL11C</td>
<td>Disposition among ED visits for chest pain - Inpatient Admission</td>
</tr>
<tr>
<td>EQUAL11D</td>
<td>Disposition among ED visits for chest pain – Transfers</td>
</tr>
<tr>
<td>EQUAL12A</td>
<td>Stress testing and imaging among ED visits for chest pain - Stress ECG</td>
</tr>
<tr>
<td>EQUAL12B</td>
<td>Stress testing and imaging among ED visits for chest pain - Stress Nuclear, SPECT</td>
</tr>
<tr>
<td>EQUAL12C</td>
<td>Stress testing and imaging among ED visits for chest pain - Stress Nuclear, PET</td>
</tr>
<tr>
<td>EQUAL12D</td>
<td>Stress testing and imaging among ED visits for chest pain - Stress Echocardiogram</td>
</tr>
<tr>
<td>EQUAL12E</td>
<td>Stress testing and imaging among ED visits for chest pain - Coronary CT Angiography</td>
</tr>
<tr>
<td>EQUAL12F</td>
<td>Stress testing and imaging among ED visits for chest pain - Stress Cardiac MR</td>
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</table>
## Most Frequently Mapped Measures in 2019

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Title</th>
<th>No. of TINs</th>
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<tbody>
<tr>
<td>ACEP50</td>
<td>ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients</td>
<td>231</td>
</tr>
<tr>
<td>ACEP51</td>
<td>ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients</td>
<td>229</td>
</tr>
<tr>
<td>QPP331</td>
<td>Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)</td>
<td>220</td>
</tr>
<tr>
<td>QPP116</td>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</td>
<td>204</td>
</tr>
<tr>
<td>QPP65</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>193</td>
</tr>
<tr>
<td>QPP91</td>
<td>Acute Otitis Externa (AOE): Topical Therapy</td>
<td>190</td>
</tr>
<tr>
<td>QPP66</td>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>185</td>
</tr>
<tr>
<td>QPP254</td>
<td>Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain</td>
<td>177</td>
</tr>
<tr>
<td>QPP93</td>
<td>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy Avoidance of Inappropriate Use</td>
<td>158</td>
</tr>
<tr>
<td>ACEP21</td>
<td>Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding</td>
<td>151</td>
</tr>
<tr>
<td>QPP415</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</td>
<td>129</td>
</tr>
<tr>
<td>QPP333</td>
<td>Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)</td>
<td>106</td>
</tr>
</tbody>
</table>
How to Get Started with CEDR?
How to Get Started?

- Complete online interest form
  - Link: https://cedr.acep.org/InterestForm/RegistryInterestForm.aspx

- A CEDR Intake Specialist will be assigned to you and will contact you within 48 hours
  - This person will be your point of contact until all contracts are signed
  - You will receive a slide packages with additional details related to cost, implementation and data collection
  - You will also receive a spreadsheet to collect data about your group and clinicians
  - If required, a meeting will be setup with our technical team to answer questions.

- Contact your hospital administration
  - Make them aware of your intentions to join CEDR
  - Discuss requirement of providing EHR data to ACEP

- Contact your billing company or 3rd party data suppliers, if required.
How to Get Started? (Cont.)

- Once you have decided to proceed with using CEDR
  - Contact your intake specialist
  - An Intake Specialist will send you appropriate contract documents (see next slides for types of contracts)

- Execute Contracts
  - Review and execute the group contracts
  - Provide your hospital(s) a set of hospital contracts for them to execute
  - Provide your billing company with contract for them to execute, if required

- Prepare for CEDR Implementation
  - Intake specialist will hand over the group to the CEDR Implementation Team
  - A CEDR account manager will be assigned to your group
  - While the Implementation Team is preparing for the kick-off call
    - Review quality measures listed on our website: [https://www.acep.org/cedr/measures/](https://www.acep.org/cedr/measures/)
    - Start process of identifying 15 measures.
CEDR Contracts

- CEDR has 3 sets of Contracts:
  - **Group Contracts:**
    - Clinician Participation Agreement (CPA)
    - Business Associate Agreement (BAA) and Data Use Agreement (DUA)
  
  - **Hospital Contracts:**
    - Hospital Participation Agreement (HPA)
      - EHR Data access for Physician Group
    - Business Associate Agreement (BAA) and Data Use Agreement (DUA)
  
  - **Billing Company Contract:**
    - Billing Data access for Physician Group
CEDR Participation Cost
Participation Cost

- There are two cost components:
  - **Direct costs**: Fee paid to ACEP for CEDR services
    - **Data Processing Fee**: $0.35/visit Data Processing Fee
      - If the physician group is reporting on behalf of their physicians, the physician group incurs this cost, not the hospital
      - Several discounts apply on base price of $0.35
    - **Annual Clinician Fee**: $200 per Clinician
      - Waived for ACEP/SEMPA members and 100% ACEP Club groups.
    - **Additional Measures Fee**: $1000/each set of additional 5 measures
      - Data processing fee includes mapping of data for up to 15 measures chosen by participant
      - Additional measures request, in access of the 15 included, will incur $1000 charge per each additional set of 5 measure.
  - **Indirect costs**:
    - Depends on the data transfer method chosen by the ED.
      - The ED may need to devote IT resources to staff the CEDR project, particularly using the push method.
Discounts offered on the Data Processing Fee base price (Max = 30%)

<table>
<thead>
<tr>
<th>SPECIAL DISCOUNT TYPE</th>
<th>DISCOUNT ELIGIBILITY</th>
<th>DISCOUNT</th>
</tr>
</thead>
</table>
| Individual Member Discount | • ACEP Members  
• SEMPA Members  
The ratio of Clinicians who are ACEP or SEMPA members to the total Clinicians in the participant group is multiplied by the discount. Example: If the participant group has 10 Clinicians, 4 of which are ACEP members and 1 is a SEMPA member, then (4+1)/10 * 10% Discount = 5% net discount. | 10% Discount |
| 100% Club Member Discount | • ACEP Members  
• SEMPA Members | 20% Discount |
| Technology Discount | • Pull Technology  
• DW Technology  
• RCM Interface | 10% Discount |
| Rural/Critical Access Hospital Discount | • Critical Access Hospital (CAH) designation by the CMS | 10% Discount |
| Patient Visit Volume Discount | Emergency Department patient visit volume of  
• **1 to 5 million** for the previous calendar year  
• **Greater than 5 million** for the previous calendar year | 10% Discount  
20% Discount |
| Multiterm Discount | • 3-year term  
• 5-year term | 5% Discount  
10% Discount |
Example

- The following example illustrates how discounts are applied to the Data Processing Fee:
  - A Participant who is a 100% Club Member and
  - Electing a 5-year term

Will receive a **30%** discount.

<table>
<thead>
<tr>
<th>ELIGIBLE DISCOUNT</th>
<th>DISCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Club Member Discount</td>
<td>20%</td>
</tr>
<tr>
<td>5 Year Multiterm Discount</td>
<td>10%</td>
</tr>
<tr>
<td>Total Discount</td>
<td>30%</td>
</tr>
<tr>
<td>Final Data Processing Fee</td>
<td>$0.245 (per individual patient visit)</td>
</tr>
</tbody>
</table>
## 2021 CEDR Timeline – Full Implementation

*(open now for first 60 applicant groups)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 30, 2020</td>
<td>Complete Interest Form</td>
</tr>
<tr>
<td>December 15, 2020</td>
<td>Complete Detailed Application</td>
</tr>
<tr>
<td>January 15, 2021</td>
<td>Complete all Contracting</td>
</tr>
<tr>
<td>March 31, 2021</td>
<td>Submit required Data</td>
</tr>
<tr>
<td>June 30, 2021</td>
<td>Resolve Data Quality Issues</td>
</tr>
<tr>
<td>July through December 2021</td>
<td>Review Quality Scores &amp; Sign Release Form</td>
</tr>
<tr>
<td>March 31, 2022</td>
<td>Deadline for CMS Score Submission</td>
</tr>
</tbody>
</table>
Stay Connected with ACEP Quality Webinars

ACEP offers CEDR webinars every other month with free CME
CEDR Specific Questions?

- **www.acep.org/cedr**
  - Frequently Asked Questions (FAQ)
  - Resources

- **Contact**
  - cedr@acep.org
  - Pawan Goyal, MD, Associate Executive Director, ACEP
    - pgoyal@acep.org
  - Bill Malcom, CEDR Program Director, ACEP
    - bmalcom@acep.org