Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2018 IPPS Proposed Rule
Overview of the Hospital IQR Program and
Medicare and Medicaid EHR Incentive Programs
Proposals Specific to eCQMs and MU Requirements

Questions & Answers

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May 9, 2017

2 p.m. ET

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Calendar Year (CY) 2017 eCQM Reporting Requirements

Question 1: **What version of the Quality Data Model (QDM) should we be using for the CY 2017 electronic clinical quality measure (eCQM) reporting period?**

The eCQI Resource Center website indicates the version of QDM that should be used for the CY 2017 reporting period is 4.2. The March 28, 2017 webinar entitled, *CMS QRDA Implementation Guide Changes for CY 2017 Hospital Quality Reporting* reviews not only the changes but the different templates associated with the data sections, e.g., slide 20, patient data section in the QDM. The webinar materials are posted on the QualityReportingCenter.com website on the eCQM Archived Events page.

Question 2: **Is there one place where we are able to locate everything in order to read and interpret the calendar year 2017 eCQM and QDM elements?**

Visit the eCQI Resource Center website to obtain documentation and helpful materials. Everything is posted on the website from the 2017 schematron, to the Quality Reporting Document Architecture (QRDA) Category I sample files, to CMS implementation guides, etc.

Question 3: **When will we know when the FY 2018 CMS IPPS proposed rule has been finalized to submit six eCQMs instead of eight eCQMs for CY 2017 reporting to the Hospital IQR and the Medicare EHR Incentive programs?**

The fiscal year 2018 IPPS final rule will be published around August 1, 2017. Make sure you sign up for the EHR ListServe through the *QualityNet* website to ensure you receive notification when the final rule is published.

Question 4: **If it is finalized to only report six eCQMs for two quarters, do they have to be consecutive quarters, and which two quarters are we able to report?**

If the currently proposed rule is finalized, the hospital self-selects the two quarters for reporting, but CMS requires that the same set of six eCQMs are reported for each selected period.

Question 5: **If you have zero cases for one of the six eCQMs selected, are we still able to report it as a zero denominator and/or case threshold exemption?**

That is correct. Use of the zero denominator and/or case threshold exemption continues to be available to hospitals for CY 2017 eCQM reporting.

Question 6: **When will we be able to submit our 2017 test and/or production file?**

The CMS data receiving system is already available to receive test or production QRDA Category I files for CY 2017 eCQM reporting to the Hospital IQR and the Medicare EHR Incentive programs.

Question 7: **Because the current rule states that we have to submit eight eCQMs, and we can submit now, should we submit that for Q1 if we have it available? Do we have the option to start submitting data five months prior to the deadline?**

With the CMS data receiving system now available to receive test or production QRDA Category I files, hospitals have the flexibility to determine the frequency of when the data is reported through the CMS data receiving system for the full year of discharge data. Hospitals can choose to report quarterly, semiannually, or annually, as long as the submission is prior to the February 28, 2018 deadline.

Question 8: **For CY 2017 and CY 2018, are we required to submit QRDA I files for 100% of the measure initial patient population?**

The expectation from CMS remains that hospitals report all patients meeting initial patient population (IPP) of the applicable measures. Use of the zero denominator and/or case threshold exemption also continues to be available to hospitals for CY 2017 eCQM reporting.

Question 9: **If none of the eCQM measures are applicable to our facility, do we still need to report or is there an option for an exclusion waiver as there is for some of the IQR measures?**

Hospitals are required to utilize EHR technology certified to report all of the identified measures. This supports the hospital's ability to utilize the zero denominator to fulfill the definition of successful reporting (combination of QRDA Category I files for patients who meet IPP, case threshold, and/or zero denominator).

Question 10: **If your facility is planning on a change of EHR vendor, how will we be able to submit only one QRDA for each patient?**

The FY 2017 IPPS final rule indicates facilities are permitted to extract data from noncertified sources into certified EHR technology (CEHRT) for capture and reporting through QRDA Category I files. This will assist facilities to work with their vendors to continue making progress to achieve electronic data capture and reporting.

It is permissible for hospitals to review a report that may be a part of the patient's record, but not in a structured data field. Hospitals are able to enter data elements in a structured field in the CEHRT, so the information can then can be captured in the database when the system generates the QRDA Category I file for reporting on that measure.

Question 11: **In the CY 2017 Outpatient Prospective Payment System (OPPS) final rule, CMS finalized a 90-day EHR reporting period for CQMs submitted by attestation for CYs 2016 and 2017 reporting to the EHR Incentive Program. In this presentation, it says the EHR reporting period is a full year for CY 2017. I have also confirmed with the EHR Incentive Program Help Desk that the EHR reporting period for CQMs is 90 days in CY 2017. Why is there this discrepancy?**

There are differences in the proposals regarding reporting period time frames. We encourage you to submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 12: **On slide 23, you indicate the submission under EHR would fulfill IQR requirements. This is the opposite of what happened in 2016 correct, where IQR fulfilled EHR?**

Actually, the process has remained the same for CY 2016 and CY 2017 reporting. It was worded in this fashion because the focus of the slide was on the Medicare EHR Incentive Program requirement. Successfully fulfilling the electronic reporting portion of the Hospital IQR Program provides aligned credit for the Medicare EHR Incentive program.

Question 13: **Since this is a proposed rule, when will we know for sure if the deadline is going to be February 28, 2018? Won't we have already had to submit for the July 30, 2017 deadline?**

CMS is not proposing changes to the data-submission deadline for CY 2017 eCQM reporting to the Hospital IQR Program and Medicare EHR Incentive Program. The deadline remains February 28, 2018.

If you are referring to another aspect of reporting related to the EHR Incentive Programs, please contact the Electronic Health Record Information Center (EHRIC) to obtain additional details at (888) 734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT, except holidays. Visit the EHR Incentive Programs page on the CMS.gov website to review the program reporting requirements listed by reporting period.

Question 14: **Understanding the backlog that *QualityNet* experienced (around the submission deadline) with hospitals submitting CY 2016 IQR QRDA I files, what measures will be put in place to ensure that hospitals are not negatively affected by not being able to complete a timely submission and receive timely feedback submission reports, due to *QualityNet* issues?**

CMS support teams have already begun taking steps to address report-generation issues. Users are reporting improved report-generation times for CY 2017 reporting efforts. This also reinforces the importance of testing early and often to ensure timely production data-submission activities.

Question 15: **Is it specific in the proposed rule that measures reported for CY 2017 and CY 2018 quarterly measures must be the same?**

CMS expects the same measures to be reported throughout the reporting period, although it is not specified. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 16: **Will CY 2017 eCQM data be reportable on *Hospital Compare*?**

At this time, eCQM data will not be publicly reported and will not be displayed on the *Hospital Compare* website. Any changes regarding the public reporting of eCQM data will be outlined in future rulemaking.

Question 17: **We had to select eight measures for IQR that are electronic. Can we now modify that to six?**

The FY 2017 IPPS final rule reporting requirements are in force as of October 1, 2016. The FY 2018 IPPS final rule will be published around August 1, 2017 and will indicate what the final requirements are for CY 2017 eCQM reporting. Until then, hospitals are expected to report on at least eight self-selected eCQMs for a full year of discharge data prior to the February 28, 2018 deadline. Please note, there were no proposals in the FY 2018 IPPS proposed rule to change this submission deadline.

Question 18: **What happens if we change EHRs in the middle of the year?**

CMS has recommended that the hospital import the data from its old EHR into the new EHR, and submit one file per patient, per quarter. The FY 2017 IPPS final rule indicates hospitals are permitted to extract data from uncertified sources into CEHRT for capture and reporting through QRDA Category I files. This will assist hospitals in working with their vendors to continue making progress to achieve electronic data capture and reporting.

If there are issues with the legacy system, some hospitals have worked with a data-aggregation vendor to combine their data into one file per patient. Hospitals are also offered the flexibility for CY 2017 reporting to determine if they would like to report data on a quarterly, semiannual, or annual basis. This also supports your hospital's effort to fulfill the intent of achieving interoperability and meeting program reporting requirements.

Question 19: **Will the QRDA file reported for a patient be per quarter (so two files per patient – one for each quarter) or is there an expectation that the data for both quarters for a single patient be included in a single file?**

CMS is expecting one QRDA Category I file, per patient, per quarter, that includes all episodes of care and measures associated with the patient file.

Question 20: **Will The Joint Commission (TJC) be moving to align for the proposed requirements in 2017, i.e., two self-selected quarters instead of full year?**

Please contact The Joint Commission (TJC) directly to determine if 2017 eCQM reporting requirements will be modified to align with the finalized CY 2017 CMS reporting requirements, which will be published in the FY 2018 IPPS final rule around August 1, 2017: https://www.jointcommission.org/about/contactus.aspx

CY 2018 eCQM Reporting Requirements

Question 21: **For the CY 2018 reporting period, is there any possibility to select the first three quarters versus the fourth quarter? Is there a possibility to select which three quarters?**

It has been proposed in the FY 2018 IPPS proposed rule that the data reporting periods would be the first three quarters of CY 2018. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 22: **So is the file format for QRDA Category I files going to change in 2018?**

There are no proposals related to changing from the currently required QRDA Category I file format for reporting eCQMs in CY 2018. If you have questions or feedback, you are encouraged to submit formal comments to become a matter of record and receive response in the final rule.

Question 23: **If you allow for 2014 CEHRT for meaningful use (MU) for CY 2018, will the objectives be modified?**

At this time, there are no proposals regarding modifying objectives for the CY 2018 EHR reporting period or CQM reporting. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 24: **In the FY 2017 IPPS final rule, it was finalized the 2015 Edition of CEHRT would be required for submitting eCQMs for CY 2018. The possibility of a flex year in CY 2018, allowing 2014 or 2015 CEHRT for eCQM submission, was mentioned in this year's proposed rule. However, I did not see any mention of this on the slides. Can you expound on this at all?**

As stated in the FY 2018 IPPS proposed rule with respect to eCQM reporting for CY 2018, CMS will work with ONC to monitor the status of EHR technology certified to the 2015 Edition and the deployment and implementation of such technology.

If CMS identifies a change in the current trends and significant issues with the certification and deployment of the 2015 Edition, CMS will consider additional methods to offer flexibility in CY 2018 for those hospitals that are not able to implement the 2015 Edition of CEHRT.

One possibility is the flexibility to use technology certified to the 2014 Edition or the 2015 Edition in CY 2018. Another option is allowing a combination of EHR technologies certified to the 2014 Edition and 2015 Edition to be used in CY 2018, for those hospitals that are not able to fully implement EHR technology certified to the 2015 Edition. CMS invites public comment on these options for offering flexibility in CY 2018 with regard to EHR certification requirements.

The information was also referenced on slide 36 of today's webinar when statements were made regarding CMS considering the flexibility of CY 2018 CEHRT for all participants of the Medicare and Medicaid EHR Incentive programs. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 25: When would the proposed eCQMs be available for reporting?

The eCQMs being considered for future reporting for the Hospital IQR and the Medicare and Medicaid EHR Incentive programs do not have a defined date for reporting availability. Any additional reporting requirements with respect to these or any other new eCQMs for these programs would be set forth through future rulemaking.

EHR Incentive Program Hardship

Question 26: When will the hardship application be available for CY 2017/FY 2019? Where can I locate more details about the hardship process?

There is a separate hardship request process specific to the Medicare and Medicaid EHR Incentive Program reporting requirements. Hardship application details for the Medicare and Medicaid EHR Incentive programs are located on the CMS.gov website. Questions regarding the hardship application process can be directed to ehrhardship@provider-resources.com.

Hospitals may utilize the Extraordinary Circumstances Extension/Exemption (ECE) Form to request an exemption from the Hospital IQR Program eCQM reporting requirement for the applicable program year, based on circumstances preventing hospitals from electronically reporting. Such circumstances could include, but are not limited to, infrastructure challenges (a hospital is in an area without sufficient internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification). The ECE policy is further explained and posted on the *QualityNet* website.

Question 27: Can an eligible hospital (EH) claim the exception because of decertification if the vendor voluntarily does not certify a product that was previously certified?

You are encouraged to submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

In general, hardship application details for the Medicare and Medicaid EHR Incentive programs are located on the CMS.gov website. Questions regarding the hardship application process can be directed to ehrhardship@provider-resources.com.

Question 28: **If a vendor fails to certify to the 2015 version by January 1, 2018, would that be considered an extraordinary circumstance? Or fall under the decertification exception?**

The hardship exception reason for extreme and uncontrollable circumstances includes issues with the certification of the EHR product or products such as delays or decertification, issues with the implementation of the certified EHR technology (CEHRT) such as switching products, or issues related to insufficient time to make changes to the CEHRT to meet CMS regulatory requirements for reporting.

In general, hardship application details for the Medicare and Medicaid EHR Incentive programs are located on the CMS.gov website. Questions regarding the hardship application process can be directed to ehrhardship@provider-resources.com. Regarding the proposal for an exception related to decertification of certified EHR technology, please submit formal comments by June 13, 2017 to become a matter of record and receive response in the final rule.

Measures

Question 29: **Will vendors be authorized to submit on behalf of hospitals for the proposed voluntary hybrid hospital-wide readmission (HWR) measure?**

This information has not been clarified. We encourage you to submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 30: **For the HWR measure, will CMS send a list of patients from claims followed by the hospital submitting those EHRs to CMS?**

This information has not been clarified. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 31: **For the hybrid measures for HWR, can you provide some more detail on how we would run these QRDA I reports for data elements? Would we look to EHR vendors to provide this or would we have to compile on our own?**

This information has not been clarified. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 32: Will there be consideration of allowing a flex rule for 2018 EPs?

On slide 36, the statement indicates this would be considered flexibility in the use of CEHRT for all participants of the Medicare and the Medicaid EHR Incentive programs. You are encouraged to submit formal comments to become a matter of record and receive response in the final rule.

Question 33: Is there an incentive to reporting the hybrid hospital-wide readmission measure?

As a voluntary measure in the Hospital IQR Program, there would be no financial impact on a hospital's fiscal year payment determinations. From a quality measurement perspective, inclusion of clinical information from patient EHRs would be responsive to stakeholders who find it preferable to use clinical information that is available to the clinical care team at the time treatment is rendered. This would allow them to account for the patient's severity of illness rather than relying solely on claims data. If you have additional questions or feedback, please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 34: Will hybrid measure reporting be used for benchmarking in the future?

This information has not been clarified. You are encouraged to submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 35: Would all measurements for each of the vital signs and laboratory tests be required to be reported? If not, which measurements are required?

Slide 19 of this webinar summarizes the data elements that would need to be submitted for reporting the HWR measure. For hospitals that voluntarily report this HWR measure, CMS would request submission of the data elements on at least 50% of discharged patients who are Medicare fee-for-service beneficiaries, 65 years or older. Additional clarification about the requirements of all outlined data elements to be submitted has not been issued. You are encouraged to submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 36: **Where can we find specifications for the QRDA file format required for the new hybrid hospital-wide readmission measure?**

For further detail on QRDA Category I file format, the most recently available QRDA Category I file specifications can be found on the Health Level Seven (HL7) website. The eCQM specifications are posted on the CMS.gov website, located at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html.

Question 37: **The possible new eCQMs (opioid and malnutrition/nutrition) are for hospital only, right?**

The opioid measure is for both inpatient and outpatient hospital settings, and the malnutrition/nutrition measures are inpatient only.

Medicare and Medicaid EHR Incentive Programs

Question 38: **Do you foresee any circumstances in removing the patient messaging measure for eligible hospitals?**

We are not proposing any changes to the Medicare and Medicaid EHR Incentive programs objectives and measures in the FY 2018 IPPS rule.

Question 39: **So is CMS proposing to reduce calendar year 2017 and 2018 Medicaid meaningful use EHR reporting period to 90 days for eligible professionals (EPs) and hospitals?**

For calendar year 2017, it is already 90 days. We are proposing 90 days for all participants, including Medicaid for 2018.

Question 40: **Also, does this impact meaningful use; will meaningful use allow only two quarters worth of data?**

This is an area of alignment between the Hospital IQR Program and the Medicare EHR Incentive Program, often referred to as, meaningful use (MU). The finalized reporting requirements for the CY 2017 reporting period will be outlined in the FY 2018 IPPS final rule, and apply to the electronic reporting of CQMs for both programs.

Question 41: **Can you submit eCQMs and not attest automated measures, and still meet the requirements?**

The Medicare EHR Incentive Program is comprised of multiple reporting requirements aside from electronic CQM reporting. Visit the EHR Incentive Programs page on the CMS.gov website to review the program reporting requirements listed by reporting period. Also contact the EHRIC at (888) 734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT (except holidays) with additional questions.

Question 42: **Are there any other EHR Incentive Program/meaningful use impacts outside of what this session covered?**

This webinar provided a high-level overview of the FY 2018 IPPS proposed rule, involving CQM reporting and overall considerations for the Medicare and Medicaid EHR Incentive programs.

Question 43: **How does an ambulatory surgical center (ASC)-exemption for CY 2018 Medicare EHR Incentive exist if CY 2018 is the second performance period under the merit-based incentive payment system (MIPS)?**

As provided in the FY 2018 IPPS proposed rule, the ASC-based EP exemptions are proposed for claims for services furnished in the CY 2015 and CY 2016 program years (also applicable CY 2017 and 2018 payment-adjustment years). We note that the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) final rule with comment period sunset payment adjustments under the current Medicare EHR Incentive Program for EPs (section 1848(o) of the Act) **after CY 2018** (81 FR 77011).

Question 44: **If we participate in the Hospital IQR Program and were notified [that] we did not meet the requirements for a specific year, do we still qualify for IQR for the purpose of submitting six eCQM versus all 16?**

We would like to assist you to differentiate the reporting requirements for the Hospital IQR Program and the Medicare EHR Incentive Program. Please contact us to clarify general program information for IQR at https://cms-ip.custhelp.com, (866) 800-8765, or (844) 472-4477, 8 a.m. – 8 p.m. ET, except holidays.

Question 45: **How will circumstances for reporting not being feasible to allow for 2018 attestation be defined?**

This information has not been clarified. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 46: **If the EH is already reporting six other measures to meet MU, does ED-3 need to also be included?**

Facilities have the option to self-select any of the 16 eCQMs for reporting for CY 2017. Aligned credit is available for 15 of the 16 measures for the Hospital IQR Program and the Medicare EHR Incentive Program when electronically reporting through the *QualityNet Secure Portal*.

NOTE: ED-3 is available to report for the Medicare EHR Incentive Program, but because it is an outpatient measure, it is not applicable or available to report for the Hospital IQR Program.

Question 47: **Slide 29. Does EHR reporting period mean Medicaid EP MU objectives and CQMs or only the MU objectives?**

This slide specifically references anyone who participates in the Medicare or Medicaid EHR Incentive programs for meaningful use objectives and measures. If this remains unclear, you are encouraged to submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Question 48: **If the MU flex being offered as 90 days for 2018, how will this work if IQR requires the first three quarters of data using v15? Doesn't this mean that all providers need to have v15 CEHRT by January 1, 2018?**

We cannot specifically respond to this question as it requires additional information related to the proposal. Please submit formal comments by June 13, 2017, to become a matter of record and receive response in the final rule.

Other

Question 49: Are the proposed rule overviews mentioned on today's webinar for the hospital IPPS or is it for the psychiatric program?

Today's webinar involves IPPS hospitals participating in the Hospital IQR Program and the Medicare EHR Program. Today's discussion is not in reference to hospitals paid under the Inpatient Psychiatric Facility Quality Reporting pay-for-reporting program.

Question 50: Are you familiar with error CMS_0121? Our vendor is saying that is an error in the PSVA validation tool.

This is not an error within the Pre-Submission Validation Application (PSVA) Tool. This is a QRDA conformance error. The *Centers for Medicare & Medicaid Services Implementation Guide for Quality Reporting Document Architecture Category I and Category III: Eligible Professional Programs and Hospital Quality Reporting (HQR) Supplementary Implementation Guide for 2017* (aka 2017 CMS QRDA IG) indicates on page 6 of the guide that CMS_0121 is a conformance error that indicates the Coordinated Universal Time (UTC) offset should not be used anywhere in the QRDA Category I file; or, if a UTC offset is needed anywhere, then it must be specified everywhere a time field is specified. Please contact the *QualityNet* Help Desk with additional questions at qnetsupport@hcqis.org or (866) 288-8912.

Question 51: What if we can meet all CMS measures except for the electronic prescriptions?

Please contact the EHRIC to clarify reporting requirements specific to the EHR Incentive Program at (888) 734-6433, Monday – Friday, 7:30 a.m. – 6:30 p.m. CT, except holidays. Visit the EHR Incentive Programs page on the CMS.gov website to review the program reporting requirements listed by reporting period.

Question 52: How do we sign up for the ListServe?

Visit the *QualityNet*.org website. On the left hand side of the web page, locate the *Join the ListServe* header towards the middle of the page.

Question 53: **If we submitted the eCQM extraordinary circumstance exclusion form, when can we expect a letter notifying us of the acceptance?**

As CMS makes decisions regarding ECE requests, facilities will receive a formal letter by mail.

Validation

Question 54: **Are Maryland hospitals still excluded from eCQM validation?**

Only hospitals that are part of the Hospital IQR Program will be validated.

Question 55: **For eCQM validation, is there any pass-fail determination? If so, what is the impact of failing eCQM validation?**

Per the FY 2016 IPPS final rule, the hospitals must submit at least 75% of the requested medical records within the time frame. If the records are not submitted in time and the records are not at least 75% complete, the hospitals will fail the validation and will be subject to the Hospital IQR Program penalty for not meeting the IQR requirements.

Question 56: **For the eight cases per quarter that you validate, how does that work? Do you request copies of the case chart and compare that to what was electronically submitted?**

Facilities will be asked to provide the corresponding medical records for the cases selected via random sample. The medical records provided must be at least 75% complete and submitted within 30 days of the date of request. The September 12, 2016 webinar entitled, *FY 2017 IPPS Final Rule: IQR-EHR Incentive Program Requirements* clarified this information on slide 21. Visit the *QualityReportingCenter*.com website to review archived webinar materials.

Question 57: **Where will the list of hospitals chosen for eCQM validation be posted?**

The list of hospitals chosen for validation of CY 2017 eCQM data in spring 2018 will be posted on the *QualityNet*.org website.

Question 58: **For our eCQM validation, how will hospitals be notified if our site has been selected?**

The Clinical Data Abstraction Center (CDAC) will send a written request to hospitals via Federal Express Certified Mail to submit a patient medical record for each case selected for eCQM validation. Hospitals have 30 calendar days from the date on the request to submit records to the CDAC. Hospitals will receive a written notice if the CDAC does not receive the records within 15 days of issuing the request, which is approximately 15 days before the due date.

Question 59: **If selected for chart-abstracted validation, does that mean you are automatically selected for eCQM validation or are those hospitals being selected separately?**

The September 12, 2016 webinar entitled, *FY 2017 IPPS Final Rule: IQR-EHR Incentive Program Requirements* clarified on slide 21 that hospitals selected for chart-abstracted measures validation or granted an ECE for eCQM reporting would be excluded from eCQM validation. Visit the *QualityReportingCenter.com* website to review archived webinar materials.

Question 60: **What exactly will be validated: how we pull the data according to the technical specs or how accurate the data is compared to chart abstracted?**

For the FY 2020 payment determination, the eCQM validation score will not affect payment. Hospitals will pass or fail validation, based on the timely and complete submission of at least 75% of the selected records. For example, if a hospital submits timely and complete information for at least 75% of requested records, but comparison of the QRDA Category I files and the abstracted data results in a validation score of 28%, the hospital would still pass validation and be eligible to receive its full annual payment update. For the FY 2020 payment determination, the eCQM validation score will not affect payment.

Question 61: **Who will select the cases?**

CMS will randomly select up to 200 hospitals for eCQM data validation. Please visit the *QualityNet*.org website to review additional details regarding the eCQM data validation process as they become available later this year.