Inpatient Quality Reporting (IQR) Program

Support Contractor

FY 2017 IPPS Final Rule: IQR–EHR Incentive Program Requirements

Questions & Answers

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Question 1: **Regarding Critical Access Hospitals (CAHs) and CQMs: Is it mandatory for CAHs to report on CQMs for the Hospital IQR Program? Are CAHs required to report on CQMs for the Medicare and Medicaid EHR Incentive Programs?**

With respect to any impacts on payment adjustment, the Hospital Inpatient Quality Reporting (IQR) Program only applies to eligible hospitals under the Inpatient Prospective Payment System (IPPS). CAHs are not required to participate in the Hospital IQR Program, but are encouraged to voluntarily report quality data, including electronic Clinical Quality Measure (eCQM) data.

CAHs are required to report on CQMs to the Medicare and Medicaid EHR Incentive Programs and will be subject to a payment adjustment. Please visit the CMS.gov website for information pertaining to the Medicare and Medicaid EHR Incentive Programs. Webinars regarding the reporting requirements for the EHR Incentive Programs are posted on the QualityReportingCenter.com website.

Question 2: **What is meant by no longer feasible to implement the measures specification?**

The FY 2017 IPPS Final Rule discusses the removal of 13 eCQMs from the Hospital IQR Program and the EHR Incentive Programs. At times, measures are "topped out" given that the identified measure no longer provides meaningful information regarding the quality of care provided by the hospitals. Quite often the removed or topped out measure is a widely adopted standard and is considered for removal from the hospital IQR Program because the associated reporting burden may outweigh the benefits.

Question 3: **Are definitions of eCQMs the same as the definitions of the chart-abstracted measures?**

The definitions of the chart-abstracted measures differ from the definitions of the eCQMs. eCQMs are different because they include data elements and measure logic. Visit the eCQI Resource Center and review the Eligible Hospital (EH) Measures section to view a number of details regarding the eCQMs, such as the measure description, denominator and numerator statements and exclusions, etc. Similar to

the release of the specifications manual yearly release, CMS releases an annual update for eCQMs.

All chart-abstracted measures remain in the Hospital IQR Program and continue to be a reporting requirement. The measure specifications for the chart-abstracted measures are located in the specifications manual. The calendar year 2017 list of chart-abstracted measures for the Hospital IQR Program are shown on slide 15 of the presentation. All hospitals must report on all six of these chart-abstracted measures. Some of these measures are also available in eCQM forms.

Hospitals must report the chart-abstracted forms of those measures and then, they can choose to also report the eCQM form of those measures.

Question 4: **We're switching EHR vendors in 2017, can we submit data out of those independently to facility requirement to make up a full year for the 8 eCQMs?**

Technically, yes, you can do that. Just keep in mind that, if the following four data elements match, you are at risk of overwriting files and will have an incomplete patient record. The four data elements include: the CMS certification number (CCN), the CMS program name, the EHR patient ID, and the reporting period specified in the reporting parameter section. We understand that a number of facilities are transitioning EHRs in the midst of 2017. Keep in mind that there is flexibility regarding the reporting timeframe for 2017, so a year of reporting can be submitted at one time, or the data can be submitted on a quarterly basis. The key is to ensure the data is being reported via a Certified EHR Technology (CEHRT) for the 2014 or 2015 edition.

Question 5: **Just to clarify, ED-1 and ED-2 can both be used to meet the Hospital IQR Program eCQM requirement, correct?**

Yes, that is correct. The chart-abstracted forms of ED-1 and ED-2, are required and all hospitals must report this data on a quarterly basis. To meet the eCQM reporting requirement, hospitals can also report on the eCQM forms of ED-1 and ED-2 by February 28, 2017.

Question 6: **If a hospital does report on four measures for calendar year 2016,**

identified for removal for calendar year 2017, does the hospital then have to stop reporting the original four and identify four different measures for calendar year 2017?

Beginning with calendar year 2017 reporting, CMS will no longer accept files for any of the eCQMs that we have finalized for removal and that are listed on slides 12 and 13 of the presentation. So, in order to be able to meet the 2017 Hospital IQR Program reporting requirements and not receive a negative payment adjustment, you will need to submit eCQM data for the remaining available eCQMs listed on slide 14 of the presentation. And again, this is beginning with the calendar year 2017 reporting period.

Question 7: **If we are reporting eCQMs for both the EHR Incentive Programs and the Hospital IQR Program, can we report annually with the deadline in February of 2018?**

Yes, for the calendar year 2017 reporting period, eCQMs will be submitted through the *QualityNet Secure Portal*. The submission period and deadline (February 28, 2018) for the EHR Incentive Programs and the Hospital IQR Program are the same. There are other Hospital IQR Program requirements separate from the eCQM reporting piece that have their own deadlines. For example, there are different deadlines for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data or chart-abstracted measures, or other program requirements.

Question 8: **When is the deadline for submitting an ECE request for calendar year 2017?**

For calendar year 2017 reporting, the ECE's request deadline will be April 1, 2018, more than a year away. We highly encourage hospitals to make every effort to try to meet the reporting deadlines. However, a big part of the reason why CMS extended the Extraordinary Circumstances Extension/Exception (ECE) deadline for eCQM reporting is to try to provide some extra months for hospital to try to have their systems ready to be able to report on these eCQMs.

Question 9: **Since the Hospital IQR Program's eCQM requirements**

fulfillment also satisfies the CQM reporting option requirement for the Medicare EHR Incentive Program, how do hospitals notify you of this fulfillment? Is it automatically applied to the Medicare EHR Incentive Program or do we have to submit those in a different format?

Electronically submitted CQMs that meet the Hospital IQR Program and Medicare EHR Incentive Program come through the *QualityNet Secure Portal* and automatically count towards the Medicare EHR Incentive Program. When you go into the CMS Registration and Attestation System to submit all of the other EHR Incentive Program requirements, you would just select that you already submitted those, and it would not ask for any eCQM data. If you do not make such selection, the system will prompt you to enter your attestation data. For questions specific to the EHR Incentive Program, contact the EHR Information Center (EHRIC) at 1-888-734-6433 or 1-888-734-6563 (TTY number), or visit CMS.gov.

Question 10: **Our EHR vendor is currently working to certify our software. What if they are not done by January 1, 2017?**

For calendar year 2016 and calendar year 2017 reporting, facilities submitting eCQM data are required to utilize EHR technology certified to the 2014 or 2015 Edition. Facilities that fail to meet the eCQM reporting and submission requirements by the applicable submission deadline are at risk of failing their Annual Payment Update (APU), which is one-fourth of the market basket update.

Question 11: **Are CAHs included in the validation process?**

CAHs do not participate in the Hospital IQR Program; therefore, they would not be included in the validation process.

Question 12: **Are HCAHPS results required for eCQM requirements?**

The HCAHPS is a patient experience survey that is a requirement for the Hospital IQR Program and is not related to eCQM reporting.

Question 13: **What is the submission deadline? Is it February 28, 2017 at 11:59PM Eastern Time or Pacific Time?**

For the Hospital IQR Program and EHR Incentive Programs, the deadline for submitting eCQMs through the *QualityNet Secure Portal* is 11:59 p.m. PT. For those facilities not participating in the Hospital IQR Program and who plan to attest for the EHR Incentive Programs, the deadline to enter data into the CMS Registration and Attestation System is February 28, 2017, by 11:59p.m. ET.

Question 14: **Can a hospital continue to report chart-abstracted inpatient data to QualityNet instead of eCQM reporting?**

Reporting eCQMs does not eliminate the requirement to submit data for the chart-abstracted, web-based, and claims-based measures within the IQR Program. Chart-abstracted data will still need to be submitted for required measures even if there is a corresponding eCQM available for reporting. For calendar year 2017 reporting, all IPPS hospitals participating in the Hospital IQR Program are required to self-select and electronically submit at least eight eCQMs for a full calendar year by February 28, 2018. Hospitals that do not fulfill all portions of the IQR Program reporting requirement are at risk for failing their APU.

Question 15: **Can people have access to PSVA without having access to QualityNet?**

The Pre-Submission Validation Application (PSVA) Tool is located in the Secure File Transfer within the *QualityNet Secure Portal*. Providers must download this tool from the Portal onto their own system. Using the PSVA tool requires the user to have a *QualityNet Secure Portal* account. The user must also have the EHR Data Upload Role assigned to their account. For assistance with user accounts or roles, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday, 7:00 a.m. – 7:00 p.m. CT.

Question 16: **Can you explain what "certified to the 2014 or 2015 Edition" means?**

For calendar year 2017, facilities submitting eCQM data will need to utilize EHR technology certified to the 2014 or 2015 Edition, which includes certification criteria, standards, and implementation specifications that facilitate interoperability for several clinical health

information purposes and enables health information exchange. Please visit the Certified Health IT Product List (CHPL) Website to review which measures the system is certified to report.

Question 17: **Can you go over the eCQM validation requirements again? In particular, will every hospital need to validate 32 random patient records for the 90 days? And How would we submit that information? Wouldn't the QRDA I file already have all that information?**

For those hospitals selected for validation, 32 cases (individual patient-level reports) will be randomly selected by CMS from the Quality Reporting Data Architecture (QRDA) Category I files submitted. Hospitals will be asked to provide the corresponding medical record for those 32 cases. The medical records provided must be at least 75% complete and submitted within 30 days of the date of the request.

Question 18: **Can you please clarify bullet #2 on Slide 20?**

Hospitals may continue to either use abstraction or pull the data from non-certified sources in order to then input these data into CEHRT for capture and reporting QRDA Category I files. 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 it then can be captured in the database when the system generates the QRDA I file for reporting on that measure.

Question 19: **Can you provide guidance on a hospital's options if they are not only switching vendors in 2017, but they also have different eCQM selections in each system -- this is due to large hospital system decisions that were made for the system at large vs. individual hospital selections (out of legacy systems).**

The FY 2017 IPPS Final Rule indicates facilities are permitted to extract data from noncertified sources into 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. Hospitals are also expected to

report the same eight self-selected measures for CY 2017 reporting. Facilities are also offered the flexibility for CY 2017 reporting to determine if they would like to report data on a quarterly, semi-annual or annual basis. Your facility can work with your vendor to determine your data submission timeframe for QRDA Category I reporting based on several factors including internal planning for EHR transition activities (system implementation, training, etc.). This supports your facility's effort to fulfill the intent of achieving interoperability and meet program reporting requirements.

Question 20: **What are the reporting requirements for the 2016 submission period if we manually attest for the MU objectives?**

For hospitals and CAHs participating in the EHR Incentive Program (Meaningful Use, or MU) in CY 2016 and reporting CQMs by attestation, they are required to report on a minimum of 16 CQMs covering at least 3 NQS domains. Attestation is an option available only under the EHR Incentive Program and will not meet the Hospital IQR Program requirements. Visit the CMS.gov website and review the EHR Incentive Program resource pages for additional details. **NOTE:** All other EHR incentive program requirements, including core and menu set measures, will need to be reported through attestation for complete program fulfillment.

Question 21: **Case Threshold Exemption – (5 or fewer discharges), does this apply to any discharge of that reporting period or only those discharges relevant to that measure set?**

Case threshold exemptions can be used when a hospital has five or fewer discharges that occur during a reporting discharge quarter for a particular measure. The exemption does not have to be used; facilities can report those individual cases if they would like to as an option.

Question 22: **Could you clarify when the eCQM validation begins? Will the validation start with CY 2017 data collection or CY 2018 data collection?**

Validation of eCQM data will begin with the validation of CY 2017 reported data. The validation process itself will begin Spring 2018,

which will impact FY 2020 payment determination.

Question 23: **Could you explain the difference between electronic reporting versus attestation for CY 2017 reporting requirements?**

Under the EHR Incentive Program, hospitals and CAHs have the option to report CQMs by attestation or electronically. Attestation is a legal statement declaring that you have met the thresholds and all of the requirements of the Medicare EHR Incentive Program. The process of attestation happens through an internet-based CMS system that allows you to enter information on the objectives and measures required. Hospitals and CAHs reporting CQMs by attestation are required to report on all 16 available CQMs for CY 2017. For those demonstrating meaningful use for the first time in 2017, the reporting period is any continuous 90-day period within CY 2017. For those who have demonstrated meaningful use in any year prior to 2017, the reporting period is the full calendar year of 2017.

The electronic reporting of CQMs is available under both the EHR Incentive Program and the Hospital IQR Program. For the CY 2017 reporting requirements, hospitals are required to report on eight self-selected CQMs. The reporting period for the reporting of CQMs electronically is the full calendar year of 2017. A successful submission is defined as reporting a combination of QRDA Category I files with patients meeting the IPP of the applicable measures, Zero denominator declarations and Case Threshold Exemptions.

Question 24: **Do you have any idea when manually abstracted measures will no longer be required?**

CMS will signal their intent in future rulemaking. The removal of any chart-abstracted measures from the Hospital IQR Program would also be proposed through rulemaking.

Question 25: **Does a hospital have to submit a QRDA Category III file for eCQM?**

QRDA Category III files would not be accepted for the electronic reporting of eCQMs. For additional details, please contact the EHR Information Center (EHRIC) at 1-888-734-6433 or 1-888-734-6563

(TTY number), Monday through Friday, 7:30 p.m. – 6:30 p.m. CT.

Question 26: **Each zip file is 5MB or each file within the zip file is 5MB or less?**

The expectation is that submitted QRDA Category I files will contain one patient per file for every quarter. The file should include all the episodes of care and the measures associated with the patient file. The maximum individual file size is five MB. The files can be uploaded by zip file with a maximum submission of 15,000 files per zip file.

Question 27: **For acute care facilities that don't have a current Notice of Participation (NOP) for IQR reporting for CY 2016 but will for CY 2017, will they need to report 0 denominator for 3Q 2016 or 4Q 2016?**

Facilities have to submit data starting with the first full calendar quarter after they sign the NOP. So, the NOP signature date and the Medicare Acceptance date determine when the reporting of eCQMs as part of the IQR Program becomes a requirement. Please contact the Hospital Support Contractor at 844-472-4477 or at https://cms-ip.custhelp.com.

Question 28: **For attestation in 2017, there are still 29 available for MU correct?**

For the CY 2017 reporting period, the number of CQMs has been reduced from 29 to 16 CQMs available for reporting under the EHR Incentive Program. Hospitals must attest to all 16 available CQMs for the EHR Incentive Program. To clarify, reporting CQMs by attestation under the EHR Incentive Program will not meet the Hospital IQR Program requirements. For hospitals wanting to meet the requirements for both the EHR Incentive Program and the Hospital IQR Program, they will need to report eight CQMs electronically.

Question 29: **For what duration should a hospital request an ECE for eCQMs when transitioning to another EHR vendor (quarter versus year)? The MU program hardships seem to be for one year, but the IQR ECE form references quarters. Please explain.**

Hospitals may utilize the ECE form to request an exemption from the Hospital IQR Program's eCQM reporting requirement for the

applicable program year. The request must be based on unforeseen circumstances preventing hospitals from electronically reporting. Those circumstances can affect a hospital and their vendor for a shortened timeframe, hence the ability to request assistance for one quarter.

The hardship exception process for the EHR Incentive Program is a separate program with a different set of criteria and request process. Please review the information on the Medicare EHR Incentive Program hardship program posted on the CMS.gov website.

Question 30: **Has a decision been finalized about the public reporting of the data for CY 2017 and CY 2018? The current specifications and algorithms do not reflect our clinical practice.**

CY 2016 and 2017 data will not be published on the *Hospital Compare* website. Any decisions regarding public reporting of eCQM data will be signaled in future CMS rulemaking.

Question 31: **How do we give a third party vendor access to submit eMeasures?**

Hospitals and vendors are required to have the EHR Data Upload Role to submit eCQM data. Hospitals must authorize their vendor(s) through the *QualityNet Secure Portal*. For additional information, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday, 7:00 a.m. – 7:00 p.m. CT.

Question 32: **How important is the version of the measure in the eCQM?**

It is important that you are reporting the correct version of the measure based on the identified reporting period. eCQMs are updated annually and posted to both the eCQI Resource Center and the CMS eCQM Library. The CMS Implementation Guide for QRDA Category I Hospital Quality Reporting-Implementation Guide for 2017, is available on the CMS Measure Library webpage under "QRDA Resources." This guide will reference the version that should be submitted for the CY 2017 reporting period. For the CY 2017 reporting period, only the April 2016 version of the electronic specifications for the EH eCQMs will be accepted.

Question 33: **How many charts are requested for Manual abstraction?**

Hospitals selected for validation for the chart-abstracted measures will receive a written request from the Clinical Data Abstracting Center (CDAC). The request is to submit a patient medical record for each case and candidate case that CMS selected for validation. Please refer to the Data Validation Overview page on qualitynet.org.

Question 34: **How soon can Q3 2016 or Q4 2016 data be submitted as QRDA Category I files to QualityNet?**

The *QualityNet Secure Portal* is now accepting test files. Production files will be accepted beginning October 1, 2016. Although not a requirement, eligible hospitals are encouraged to submit test files to *QualityNet Secure Portal*. In addition, there is a downloadable tool called the Pre-Submission Validation Application (PSVA) that can be used to identify potential errors before formal submission of the test and production files to the CMS data receiving system. Please contact the *QualityNet* Help Desk for additional assistance at qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday, 7:00 a.m. – 7:00 p.m. CT.

Question 35: **If a case is rejected, will it be expected that the case be accepted?**

It is CMS program policy that all cases considered represented within the patient population will be submitted to fulfill program reporting requirements.

Question 36: **If a facility were using an abstracted CQM for VBP benefit, is there anything preventing the usage of that for MU as an eCQM as well?**

CMS will signal their intent in future rulemaking regarding the electronic submission of quality measures for the Hospital VBP Program.

Question 37: **If a hospital/hospital system compiles their own QRDA files out of a certified EHR according to CMS specifications, can a 3rd party**

vendor be used to upload the files to CMS?

Hospital and vendors are required to have the EHR Data Upload Role to submit eCQM data. Hospitals must authorize their vendor(s) through the *QualityNet Secure Portal*. For additional information, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday, 7:00 a.m. – 7:00 p.m. CT.

Question 38: **If the data validation for eCQM is for CY 2017 submission, why is the potential payment impact FY 2020?**

The data validation will be performed in spring 2018 using CY 2017 data, the successful reporting of which impacts the FY 2019 payment determination. The potential payment impact for lack of timely and complete submission of medical record information for validation will occur in the following fiscal year, which is the FY 2020 payment update for IPPS hospitals. This is because the validation of CY 2017 eCQM data cannot begin until after the data have been submitted by the submission deadline of February 28, 2018 and cannot be feasibly completed before FY 2019 begins on October 1, 2018. So, the validation process will impact payment updates for the following fiscal year.

Question 39: **Is it likely then that CMS could potentially get multiple files per patient if a hospital submits one file per patient every quarter if a patient happens to have visited the hospital every quarter?**

Yes, CMS expects one patient to be reported for each file, for each quarter. If a patient has an admission and a discharge each quarter, CMS would expect to receive a QRDA Category I file representing the episodes of care associated with that reporting period.

Question 40: **Is the Denominator Declaration screen separate from the Attestation portal for the meaningful use reporting?**

The Denominator Declaration screen is found in the *QualityNet Secure Portal* and is available for purposes of meeting the electronic reporting requirements for CQMs. Attestation activities related to the EHR Incentive Program take place within the CMS Registration and

Attestation System.

Question 41: **Is the HIC number for traditional Medicare (code of "1") required for successful submission of CY 2017 eCQMs?**

Please review page 12 of the 2017 CMS QRDA Category I Implementation Guide published July 8, 2016, and posted on the eCQM Library. The document states the following: Medicare Health Insurance Claim (HIC) Number is not required for Hospital Quality Reporting (HQR), but should be submitted if the payer is Medicare and the patient has a HIC number assigned.

Question 42: **Is the zero denominator rule for all years or just 2018 and beyond?**

The ability to utilize a zero denominator was referenced in the FY 2015 IPPS Final Rule (79 FR 50323 through 50324) and is included as part of the definition for successful submission of eCQM data. Any changes in the application of a zero denominator will be reflected in future rulemaking.

Question 43: **Is there a crosswalk between the eCQMs and MBQIP measure sets?**

The Medicare Beneficiary Quality Improvement Project (MBQIP) has contact information available on their website: tasc@ruralcenter.org. They may be able to provide details pertaining to your request.

Question 44: **Is there a penalty for hospitals not meeting validation in the eCQMs chosen?**

There is no validation process in place for CY 2016 eCQM reported data. For CY 2017 reported data, the validation process will begin in the spring of 2018 after the submission deadline. The FY 2017 IPPS Final Rule indicates that the timely and complete submission of medical record information will impact FY 2020 payment updates for IPPS hospitals.

Question 45: **Is there a way that a webinar can be done that would discuss the**

process of doing the eCQM from start to submittal with error troubleshooting, etc. I think it would be helpful to have a full picture of how the QRDA I file looks and process to review and verify information before doing the PSVA, then process in doing the PSVA and what common issues and errors have been identified and then submittal process steps.

An October 14, 2016, webinar walked data submitters through the submission process for QRDA Category I files. Please visit the QualityReportingCenter.com website for a recording, transcript, and questions and answers from the even. Also, please visit the QualityNet website to ensure you are receiving ListServe notifications for all upcoming events.

Question 46: **Is there any plan to use the inpatient sepsis measure for any program that impacts payment?**

Any plans regarding the utilization of a sepsis measure for eCQM reporting or for a value-based payment program will be signaled in a future CMS rulemaking. Sepsis is a chart-abstracted measure required for CY 2016 reporting and can impact payment if not submitted for reporting to the Hospital IQR Program.

Question 47: **On Slide 26... cCan all four quarters of data be submitted any time before 2/28/2018?**

Reporting eCQMs for the Hospital IQR Program is expected to represent the total patient population. For CY 2017 reporting, facilities are expected to choose the timeframe for when the data are submitted – quarterly, semi-annually, or annually – but, the submitted QRDA Category I files should represent a year of discharge data. The expectation is that the QRDA Category I file represents one patient, per file, per quarter.

Question 48: **Please provide an example of meeting the 75% submission threshold. Does this mean that submitting 24 of the requested 32 cases would satisfy the requirement?**

The 32 cases, which are individual patient level reports, will be randomly selected by CMS from the QRDA Category I files submitted

from each hospital that has been chosen to participate in validation. Facilities will be asked to provide the corresponding medical records for those 32 cases. The medical records provided must be at least 75% complete and submitted within 30 days of the date of request.

Question 49: **Can we use a 3rd party vendor for chart-abstracted measures in 2017 and our EHR vendor for the eCQM measures or do all items reported need to be from one source?**

Facilities are encouraged to utilize vendors based on their reporting needs. A vendor for chart-abstracted measures need not be the same as the EHR vendor. However, please ensure all utilized vendors are permitted to report on your behalf through the *QualityNet Secure Portal*. Please contact the *QualityNet* Help Desk to ensure the proper permissions are in place for each vendor at qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday 7:00 a.m. – 7:00 p.m. CT.

Question 50: **Regarding Slide 21 and validation, will there be a list published of selected hospitals on QualityNet?**

Greater details regarding the implementation of the eCQM Validation process will be made available toward the end of the 2017 calendar year.

Question 51: **Rejected files and error messages received from the CMS test portal are best to troubleshoot with which tool? Is it the CMS Implementation Guide (IG)?**

There are basically two types of conformance, or error messages: the CMS CONF numbers and Health Level Seven (HL7) Clinical Document Architecture (CDA) QRDA Errors. The best resource is dependent on the type of error.

When troubleshooting CMS errors, which typically have CMS in the title (e.g., CONF: CMS_ 0062) it is best to reference the QRDA Supplementary Implementation Guide for 2016 and the QRDA Appendix. These documents are posted on the eCQM Library on the CMS.gov website.

When troubleshooting HL7 confirmation errors, it is best to visit the

HL7 website to obtain the HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm).

If the CONF messages indicate that there is a schematron error, or any other message that does not meet the criteria listed above, please consult the CMS Implementation Guide and appendix for further guidance. If there are additional questions regarding CONF numbers, please contact the *QualityNet* Help Desk: qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday, 7:00 a.m. – 7:00 p.m. CT.

Question 52: **The Extraordinary Circumstances Extensions/Exemptions (ECE) policy is out in the final rule, but the ECE request form itself is still the older version. When can we expect an update?**

CMS will announce via ListServe when a modified ECE form is in place. The current form is acceptable to utilize until the new form is published on the QualityNet.org website. The website will be updated to reflect the FY 2017 IPPS Final rule updates regarding the April 1, 2017, deadline for submitting an ECE for CY 2016 reporting.

Question 53: **This question is in regards to the FY 2017 IPPS Final Rule--eCQM content. Our vendor is only certified for ten of the 15 eCQMs on the list of eCQMs hospitals can report on. Does a vendor have to be certified to all 15 eCQMs on the list of eCQMs that a hospital can select from? While the vendor does have 2014 CEHRT, AMI-8a, PC-01, PC-05, CAC-3, & EDHI-1a did not undergo the Cypress validation process. It states in the event that an eligible hospital (EH) or CAH has certified EHR technology that is certified to the 2014 Edition and not certified to the 16 available CQMs (as established in this final rule) that would be available for reporting in 2017 under our finalized polices, we are finalizing our proposal that requires an eligible hospital or CAH to have its EHR technology certified to such CQMs in order to meet the reporting requirements for 2017?**

For CY 2017 reporting, facilities must have EHR technology that is certified to the 2014 or 2015 Edition. For the situation in which a facility has its EHR technology certified to only a portion of the 16 available CQMs, they will need to have its EHR technology certified

to the remainder of the 16 available CQMs.

Question 54: **The Joint Commission (TJC) just released requirements for eCQM reporting in 2017 – Can the same files be used that are being submitted via QualityNet? Will they make their way to TJC as well?**

Facilities that intend to submit the same QRDA Category I files to CMS and to TJC for eCQM reporting would need to modify the files according to the specific formatting requirements outlined in each program's Implementation Guide. If converting a QRDA Category I file for submission to CMS, it is highly recommended to utilize the PSVA tool to identify potential errors before formal submission of the production file to the CMS data receiving system. TJC has a separate receiving system to process submitted QRDA Category I files for their eCQM reporting activities. Please visit The Joint Commission website for additional details.

Question 55: **We had been told previously, in another CMS webinar, that we would be required to submit 1 QRDA file per patient per quarter even if we had transitioned from one EHR vendor to another during the quarter.**

The intent is for facilities to achieve interoperability; therefore, facilities should continue to work with their vendor to combine their data into one file and report the data via CEHRT of the 2014 or 2015 Edition. CMS outlined within the FY 2017 IPPS Final Rule that facilities have the ability to abstract or pull data from non-certified sources. This is intended to assist facilities as they transition from one EHR to another. It allows facilities to have one EHR that contains all the data needed for accurate data capture when reporting eCQMs and supports efforts to achieve interoperability. This will assist facilities as they prepare for validation activities slated for spring 2018.

Question 56: **We have two hospitals in our system. One hospital does not have an ED or a Perinatal Care population. We will need to make a "0" denominator declaration for the eCQMs for ED-1, ED-2 and PC-01 for this particular facility. 4 eCQMs are required for either 3Q 2016 or 4Q 2016 and we are submitting our 4Q 2016 eCQM data to CMS. Since this hospital does not have an ED and**

PC population, and is a specialty hospital, would declaring "0" for ED-1, ED-2 and PC-01 count toward 3 of the eCQMs? Would that allow us to only have to report on 1 more eCQM to meet the 4 eCQM requirement?

How do we make that "0" denominator declaration on QualityNet for this facility for eCQMs? Where do we attest this for CY 2017? For CY 2017, the Final Rule stated that the requirement is 8 eCQMs. For this facility if we declare "0" denominator for these three eCQMs (ED-1, ED-2 and PC-01) again would that mean we only have to report 5 more eCQMs to meet the 8 eCQM requirement?

Please keep in mind, utilization of the zero denominator and case threshold exemption only apply if the facility has EHR Technology certified to report the specific measures in question. Otherwise, those cannot be utilized as a portion of the four eCQMs chosen for quarter three or quarter four CY 2016 reporting. Based on those criteria, if your facility is able to report those measures, the information would be entered on the Denominator Declaration screen in the *QualityNet Secure Portal*.

For CY 2017, if the facility is able to utilize zero denominator and case threshold exemptions for three of the available measures, the facility could self-select an additional five measures to meet the eight eCQMs required for CY 2017 electronic reporting.

Question 57: **What happens if the data does not match between chart-abstracted ED-1 and eCQM submitted ED-1, for instance?**

Because the eCQM embeds measure logic, there is no expectation for a one-to-one match between the chart-abstracted versus the eCQM version of ED-1 or any other eCQM where there is a similar chart-abstracted measure.

Question 58: **What is meant by "Electronic reporting of the Outpatient Quality Reporting (OQR) Program CQM (ED-3, NQF 0496) is not applicable when reporting on CQMs for both programs, resulting in the reporting of 15 available CQMs". Are you referring specifically to ED-3 that is not part of the IQR Program?**

ED-3 is an outpatient measure and is not available for reporting to the Hospital IQR Program. Therefore, if facilities are participating in both the Hospital IQR Program and the EHR Incentive Program, they would report on eight of 15 available CQMs. However, facilities that are only participating in the EHR Incentive Program can utilize ED-3, and would need to report on eight of the 16 available CQMs.

Question 59: **When attesting through the Hospital IQR Program & EHR Incentive (Meaningful Use) Program, will we need to list the case threshold exemption for those measures we are not attesting to?**

Reporting CQMs by attestation is an option only available in the EHR Incentive Program. For information pertaining to exemptions, please consult the document entitled Eligible Hospital Attestation User Guide for EHR Incentive Programs in 2015 - 2017 on the CMS webpage. If you have additional questions regarding the attestation process, please contact the EHR Information Center 888-734-6433 or 1-888-734-6563 (TTY number) Monday through Friday, 7:30 a.m. – 6:30 p.m. CT.

Question 60: **Where can I find the acceptable drug list for eCQMs? I've been told that ASA RS is not an acceptable drug for Stroke-5 eCQM.**

Value sets for all eCQMs are available at the Value Set Authority Center (VSAC), which is hosted by the National Library of Medicine at https://vsac.nlm.nih.gov/. In order to access the value sets, you will need to sign up for a Unified Medical Language System (UMLS) Metathesaurus License. There is no fee to obtain the license when requesting a UMLS account.

Once you have an account to access the VSAC, you can search for the value set by measure ID, which for Stroke-5 is CMS72. Be sure that you are searching the version of the measure that is designated for the reporting period of interest. Additional information about the VSAC is available at https://vsac.nlm.nih.gov/#.

Question 61: **Will we be able to receive feedback from CMS regarding our measure performance for eCQMs?**

When facilities begin submitting production files, the eCQM Submission and Performance Report will be available to provide

patient level measure calculations. The eCQM Performance Summary Report will also be available for facilities and their vendors to generate within the *QualityNet Secure Portal* to provide a summary level of measure performance calculations. If your focus is on successful submission of eCQMs, Zero Denominator, and Case Threshold, the Submission Status Report will provide those details.

Question 62: **Will we have to tell CMS how often a hospital wants to submit their data?**

Facilities are not required to signal to CMS how often they intend to submit their data for CY 2017. The expectation is facilities will submit all required eCQM data by the submission deadline of February 28, 2018, but facilities may determine for themselves if they would like to submit a year of discharge data on a quarterly, semi-annual, or annual basis. Facilities are expected to submit one patient, per QRDA Category I file, per quarter of data no matter the submission timeframe identified by the submitter.

Question 63: **With the version 1.2 PSVA update, will there be a Java update needed to run this? I have been getting Java updates notices but I can't update Java now while using the 1.1.2 PSVA tool.**

There was a ListServe distributed September 13, 2016, entitled, Upgrading Java Version in preparation for Updated PSVA Tool Available Beginning Late September 2016. The ListServe indicated that the PSVA 1.2 version requires that a minimum of Java 7 is installed on the machine running the tool and the most recent Java Runtime Environment (JRE) is recommended. Please contact the *QualityNet* Help Desk with any additional questions: qnetsupport@hcqis.org or 1-866-288-8912 or 1-877-715-6222 (TTY number), Monday through Friday, 7:00 a.m. – 7:00 p.m. CT.

Question 64: **Would changing an entire EHR hospital-wide in mid-year be considered as an extraordinary circumstance? What if our vendor is not ready to report files on our behalf by January 1? What if we don't have an EHR in place?**

Please visit QualityNet.org and review the ECE criteria posted specifically for reporting eCQMs to the Hospital IQR Program.

Hospitals may utilize the ECE form to request an exemption from the Hospital IQR Program's eCQM reporting requirement for the applicable program year based on hardships preventing hospitals from electronically reporting. Such hardships 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).

There is a separate hardship request process specific to the EHR Incentive Program reporting requirements. Review the information posted on the CMS.gov website specific to the Hardship application process based on reporting year.

Question 65: **You stated that we could submit files from both EHR vendors in 2017 if we switch from one software to another. However, if we have already submitted a specific patient file from the first vendor and we submit a second patient file from the new vendor it would overwrite the first file if the following were identical: CCN, CMS Program, PT ID, and Reporting Period. Our transition from McKesson to Epic is on Aug 5. We most certainly would be overwriting files because the 4 items would be identical. Is that a problem?**

Facilities have an opportunity to work with their vendors to abstract or pull data from non-certified sources as they transition from one EHR to another. It allows facilities to coordinate as needed to have one EHR that contains all the data needed for accurate data capture when reporting eCQMs and supports efforts to achieve interoperability. This also reduces the likelihood of submitting partial files to meet the expectation of one QRDA Category I File being representative of the encounters and services provided to a patient within one quarter.