



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

QRDA-I File Creation for CY 2016 eCQM Reporting

Presentation Transcript

Moderator:

Debra Price, PhD, MEd, MSPH

Manager Continuing Education

Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

Speakers/Subject Matter Experts:

Elizabeth Driskell, MSN, RN-C

Electronic Health Record (EHR) Clinical Analyst

Project Management Business Requirements (PMBR) Contractor

Artrina Sturges, EdD

Team Lead, electronic Clinical Quality Measure (eCQM)/EHR Alignment

Hospital Inpatient VIQR Outreach and Education SC

Jennifer Seeman

Inpatient Quality Reporting (IQR) and Hospital Quality Reporting (HQR) EHR Program Manager

PMBR Contractor

Veronica Dunlap, BSN, RN, CCM

Project Manager

Hospital Inpatient VIQR Outreach and Education SC

April 14, 2016

1 p.m. ET

Matt McDonough: Thank you for joining us for today's webinar. My name is Matt McDonough, and I'm going to be your virtual host for today's event. Before we get started and turn things over to our speakers, I'd like to cover some event housekeeping items with you so that you understand how today's event is going to work and also how you can interact with our speakers on today's call. As you can see on this slide, we are streaming our audio for today's call over ReadyTalk®'s internet streaming service. If you're hearing my voice coming out of your speakers or headphones right now, then you're connected. This service means that no telephone line is

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

required to listen to today's event, but you do need to have those speakers or headphones plugged in and turned up to hear the streaming audio feed. If for some reason you're not able to stream audio today or you encounter issues with the streaming audio feed, we do have a limited number of dial-in lines available. Please, just send us a chat message if you need to dial in, and we'll get that number out to you as soon as possible. Also, as always, we are recording today's event so that it can be archived and played back at a later date.

If you are streaming audio today, you may encounter some audio issues that affect the quality of your audio feed. For example, you may hear choppy audio at times or your audio feed may stop completely. Fortunately, there are a few things you can do to try and correct this without dialing-in on a telephone. One, you can click the F5 key located in the top row of your keyboard. Two, you could click the refresh button in your browser. The image here on this slide is what that button looks like in Internet Explorer. Either of these two actions will do the same thing, refresh your browser, reconnect you to the event, and restart your audio feed. This should clear up any audio issues you may be experiencing. Also, if you note that the audio feed is lagging behind the slides, you can perform either of these two actions to refresh your event and catch up in the presentation. If neither of these two options resolves your audio issue, remember, we do have those dial-in lines available. Simply reach out to us in the chat window for a dial-in number, and you can listen to the audio feed that way.

If you're streaming audio today and hear a bad echo on the call, does it sound like you can hear my voice multiple times? Then you may be connected in our event today in more than one browser window or tab. More than one connection in your browser, equals more than one audio stream from your computer. Fortunately, this is something that you can easily fix. Simply close all but one of the browsers or tabs connected to our event today. The graphic here shows what that might look like on your screen. Once you are down to only one connection, you should only be hearing one audio stream and the echoing issue should clear up. Again,

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

we do have dial-in lines available, if you prefer to hear the audio feed over your telephone.

All of our attendees are in a listen-only mode today. But, that doesn't mean that you can't interact with our speakers today. We encourage you to submit any questions or comments you may have to our speakers at any time today using the chat with presenter feature located in the bottom left corner of your screen. Simply type your question or comment into the chat with presenter box and click the "Send" button. Your feedback will be visible to all of our presenters on today's call. As time, resources and the availability of answers allows, we will address as many questions as possible either verbally or in the chat window. Please do note however that if we don't get to your question today, all questions submitted during today's are being archived to be addressed in a future Q&A document. That's going to do it for my introduction. So, at this point, I'd like to hand things over to our first speaker. Thanks for your time and enjoy today's event.

Debra Price:

Well, thank you, Matt for that introduction into the chat box. Hello and welcome to the eCQM webinar entitled *QRDA I File Creation for Calendar Year 2016 eCQM Reporting*. My name is Debra Price, and I'm the coordinator for this event. Today's webinar is being recorded and a transcript of the program will be posted on our website. The transcript of the questions and answers that come in today will be posted at a later date. Slides were already posted before the event on our quality reporting center website, www.QualityReportingCenter.com. Again, that's www.QualityReportingCenter.com. And now, I'd like to introduce our guest speakers for today, Elizabeth Driskell, Artrina Sturges, Jennifer Seeman, and Veronica Dunlap. Elizabeth Driskell is the Electronic Health Record Clinical Analyst for the Project Management Business [Requirements] Contractor. Dr. Artrina Sturges is the Project Lead for electronic Clinical Quality Measure / Electronic Health Record alignment within the Hospital Inpatient Value, Incentives and Quality Reporting Outreach and Education Support Contractor. Jennifer Seeman is the Hospital Quality Reporting, Electronic Health Record Program Manager

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

for the Project Management Business [Requirements] Contractor. And Veronica Dunlap is the Project Manager for the Hospital Inpatient Value, Incentives and Quality Reporting Outreach and Education Support Contract. Wow, all of them have long titles. And now, I'll turn the webinar over to Dr. Sturges. Artrina, take it away.

Artrina Sturges: OK. Thank you so much, Deb. And, good afternoon, everyone. Today we'll be providing a high level overview of how a certified Electronic Health Record system creates Quality Reporting Document Architecture, or, as you often hear it, referred to as QRDA-I files; also, the standard applied for the file creation process and a quick review of the tools available to assist hospitals and their vendors to meet program reporting requirements. Next slide, please.

Our intent is to ensure that you're more comfortable with the concept of how EHRs use Clinical Quality Measure data to create QRDA files, to be more aware of the conformance requirements needed to create those files, and understand what an eMeasure is, and how the data is represented in an XML file. And, if you have additional questions, we want you to be able to quickly locate resources to support those mandatory eCQM reporting requirements. So, Beth is going to go ahead and talk with us about how QRDA files are created. Next slide, please.

So, Beth, you're welcome to start.

Elizabeth Driskell: OK, great. Thank you, Artrina. So, QRDA files are created using e-specifications. And e-specifications of quality measures describe the measure definition, data elements, and the logic that is used to evaluate the performance using patient data in QRDA-I documents. So, a QRDA Cat-I document is created for each patient that's meeting the initial patient population criteria of an e-specification. Next slide.

So, here we have a clinical scenario. We have a 76-year old female presenting to the emergency department with left-sided facial drooping, slurred speech that started a day ahead – prior. The EKG shows AFib with the rate of 120. The patient's CT scan shows signs of an ischemic

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

stroke. She's initiated a Metoprolol, aspirin, IV heparin in the emergency department and then admitted to telemetry and started on Plavix the following day. A discharge planning consult was done. And, upon discharge, the patient was provided – patient's daughter was provided educational information. And, a follow-up appointment was made. Next slide, please.

So, these highlighted areas show us what parts of the scenario are captured by our EHR and these elements that we used when we're creating – when we're evaluating the EHR – or the QRDA, excuse me, the QRDA to define measure – levels of measure validation. Next slide.

So, the scenario this patient meets is eligible for five different e-specs, ED-1, ED-2, STK-3, STK-5, and STK-8. And, it shows you what we're looking at. So, the initial patient population for an admitted – for ED-1 and ED-2 are that the patient has an inpatient admission that's less than or equal to 120 days, and that we're looking for the admission date and the discharge date. ED-1 is measuring the median time from the ED arrival to the ED departure. So, that's from the time that they walk in to the emergency department to the time that they had the inpatient bed upstairs. And, ED-2 is the admit decision time to the time that the patient actually gets to go upstairs to the floor. Next slide.

And, for the stroke measures to meet the initial patient population, you have to have a non-elective admission, and you have to have a diagnosis of either ischemic or hemorrhagic stroke, and a patient has to be over 18 years of age. So, here is STK-3, STK-5 and STK-8. We can see that the denominator is pretty much the same, except for STK-8 [where] you have to be discharged home as part of the denominator. The numerators are where the logic changes from time to time, and then there are exclusions with these. So, when you're looking through the logic, you can see where the exclusions are and what's required for each patient to make the denominator, numerator, and so forth. Next slide, please.

So, this is an e-specification of STK-8. This is where it starts off. These are the measure details, and it's described in the document header. It tells

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

you what the intent of a measure is, who created it, and how it's scored. This is where you're also going to find your version specific Globally Unique Identifier (GUID) and the version number and the Measure Authoring Tool (MAT) number and the short name. Next slide, please.

And this gives you more of the human readable logic. And, just so you can see, it's a lot easier to read. Well, if you go to the next slide, we can see the actual logic.

And, this is what we use when we're evaluating in the measures engine to see what you're looking for. So, you see that the initial patient population here is you have to be over age 18 years old. And, you have to have a current of encountering patient non-elective, which means you're admitted to the hospital not, you know, not an elective admission but – you know, you came to hospital and were admitted. You have a diagnosis and then you move on to the denominator, and we evaluate each measure of each level of – sorry. So, we look at each level of evaluation. And for the numerator, in order to meet the numerator for STK-8, you have to have all of this logic. You have to have the communication from patient to provider for emergency medical system, for the instructions for the follow-up at discharge, the prescribed medications, identify risk factors, warning signs and symptoms, and written information document given. Or, alternatively, the patient refused. Next slide.

This is a template we put in here to show you where you would find the primary diagnosis code and template. Because all these have the requirement to have either a stroke of hemorrhagic or ischemic stroke listed as a primary diagnosis. So, we just put this template in here, it's actually part of the QRDA file, so – and highlighted the areas where you see the diagnosis, the principal, and what the actual diagnosis is. And then, highlighted in green, you'll actually see what our value set is, and it's one of the items that we're looking for when we are doing our calculation on the files. So, the next slide please.

So, a QRDA conformance requirement: so, QRDAs have to conform to HL7 standards, which are base standards, clinical documentation CDA

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

standards. And, on top of that, CMS puts out implementation guides for each year, and they add additional levels of standards and requirements that we're looking for to have in our file. And, just as a side note, just because it can get kind of confusing, but HQR uses – eligible hospitals uses – QRDA-I release 3, Cat 1 release 3, patient level files. And, the physician's quality reporting system uses both, QRDA Cat 1 R3 and QRDA Cat 3 R1, which is aggregate level data. So, that's just another slide point. And, the next slide please.

So, here we have a visual aid that shows the flow from the patient data entered by the clinician into the certified Electronic Health Record tool that you have at your facility. And, all the different levels of conformance rules that are required in order to make a QRDA file. And then, when you submit the file to the CMS, you'll see that the QRDA Cat 1 IG, implementation base standard is our first level of validation by the CMS system. And then, we go down to the CMS, then we have specific validations on top of that. And, we used the HQMF and the e-specs for our measure calculation. And from there, we are able to calculate the outcomes and we store those in the data warehouse. So, next slide.

OK, Jen, you can take it from here.

Jennifer Seeman: Great. Thanks, Beth. So, what I want to cover is just some ways that you can test the QRDA files that you are putting together for your system. If you want to go to the next slide, Deb.

One of the things that I will say many times in my short duration of slides is that I can't emphasize enough how important it is to test your QRDA files. Test early, test often. And, one of the tools that we have available for testing at this time is the Pre-Submission Validation Application. This is a tool that is downloadable through the *QualityNet Secure Portal*. It allows the user to test QRDA files – excuse me – from their own system, without having to log in to *QualityNet*. It also provides feedback about validation rules within the QRDA file. It allows correction of the files and validated files can be submitted directly to CMS through the PSVA application. Next slide, please.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

The current version of PSVA is listed on this slide as 1.1.1. What I do need to correct, at this point, is that we, at this very moment, have version 1.1.2 being deployed to production. So, for reference, this slide deck will need to be updated at this time. And there should be communication going out about that, if not today, then you'll see that communication go tomorrow. To download the tool, you do require a *QualityNet Secure Portal* user account and you must have an EHR Data Upload Role to upload data through the PSVA tool. And, the helpdesk is listed there in case you have any questions or issues with the download of that application. Next slide.

One other thing that I'll discuss a little bit is what CMS is expecting for submissions. So, what we want to see in our receiving system is one file per patient per quarter. So, what is a little bit different with our EHR QRDA submissions is that, if you have a patient that, as Beth used in her clinical example, meets criteria for multiple measures, we would want to see one file that contains all of the applicable measures for that patient in that quarter. So, it might be a little bit different, but that is the intent. We also want to make sure that file includes all of the episodes of care within that quarter. Maximum file size and batch limits are listed. I will also add that those files that are submitted for EHR submissions do need to be Cat-1 R3 and also compliant with the 2016 CMS IG and appendix. Next slide, please.

Who submits QRDA files? So, these are pretty straightforward. This is listed. A hospital can generate their own files and submit them. In some cases, the vendor can submit data on a hospital's behalf. And, in some cases, the vendors can create QRDA files and provide them back to the hospital for submission. Again, I want to emphasize that whoever is submitting for the hospital must have the EHR Data Upload Role. And, if you have a vendor submit for you, you must authorize that vendor through *QualityNet* before they're able to submit your data. Next slide.

So, for 2016 program requirements, what we expect to see for IQR, and this is a big deal, this is the first year we're actually requiring QRDA submission for IQR. So, what we expect to see is a minimum of 4 of the

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

28 available eQMs. We expect that hospitals will report for one quarter, that being either Q3 or Q4 for 2016. And, that submission period will run from October 1 of 2016 through February 28 of 2017. One thing to clarify for this year is that, if you submit ~~eQMs, that~~ eQMs that does not mean that you do not have to also chart-abstract or submit clinical data for those measures. Also, hospitals can get EHR Incentive Program credit for submitting QRDA as opposed to attesting their data. And, just to note, that exception forms are available for facilities that do not have ED or OB units. Next slide.

For submissions, currently the CMS system is not accepting any submissions. You will get an error if you attempt to submit either test or rejection files at this time. We anticipate that the system will be available for test submissions early spring or summer of this year. So, what we need to look for is the HQR 10.0 release. Notification will go out, as we get closer, once that date is finalized. At that time, we will have test submissions available in the system, which will include file validation and measure outcomes. And, as we get closer to the October first submission period, the production system will become available and you will be able to submit production files for program credit after October first of 2016. And, again, I'd just like to take a minute to emphasize testing, whether you start testing now, using PSVA, or testing as soon as the CMS system comes up. It is critical to have your files in line before you try to submit production data. And on that, I will hand it over to Artrina.

Artrina Sturges: Thank you, Jen. We just wanted to present a few points to consider. Next slide, please.

So, that demonstration showed us that data elements are captured, as you know, in different portions of a paper chart. And, they're going to transfer it to data elements stored within various specific fields in your EHR. So, part of what we want to mention to folks, the concerns about the chart abstraction results are not always a one-to-one relationship with what the EHR extract and what's submitted in terms of reporting. And, we understand that this is something that will improve over time. And a lot of that really has to do with hospital staff, as you take more opportunities to

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

work more closely with data abstractors, IT, y QI/PI staff, clinical folks... as long as you're working together, in terms of finding the way to collect that data in a structured systematic way, then it will be a better opportunity to be fully reflective of the patient care provided. So, we just want to let you all know that we do understand that, and we see that progress definitely being made in this area. Next slide, please.

Now here, what we've done is we just listed some questions because we've heard some folks who were not quite sure where to start in terms of how to generate those conversations. So, we could talk about in terms of asking different questions like, you know, does your facility have a certified EHR? Because we do have some who have not started yet with this process, and we want to make sure that you are starting to ask those types of questions. Has your staff already been discussing the calendar year 2016 program requirement to – you know, for the electronic reporting of the measures for IQR? Does your IT staff have the 2014 version of the measures with the 2015 update? You know, if your facility is creating and submitting their own files, which is what some of you are doing. Big question: does your staff know where to locate the tools to support the data submission process? We've done a number of presentations where we reinforced the need to locate the eCQM Library, to be comfortable with the information that's on the ECQI Resource Center, and also, most of you use *QualityNet* quite a bit, and just don't forget there's a piece for eCQMs as well to kind of teach you about that process. Other questions, is your IT or vendor staff aware that the PSVA tool is available for testing those files? As Jen stated, it's very important to test early, test often. So, just to reinforce that point. Has your internal team coordinated who will ensure your eCQMs will be reported by the February 28, 2017, deadline? So, again, as we always mention, in all of our presentations, reporting eCQMs is only a portion of what you report for the IQR Program. So, please, again, visit *QualityNet* to ensure you're fulfilling all the reporting requirements that you have. Next slide, please.

I just want to do a quick review of some of the resources that are available. To make sure that we assist you with that process. Next slide, please.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

So, this is the list of the presentations. And, again, the Final Rule for 2016 was released, you know, last August. And so, we wanted to start you from that point forward, in case you needed a broader overview of what CMS is requesting in terms of that. And then, if you continue on, we've done presentations pretty much every month that gave you different information, either from the one in December where we talked about the QRDA Implementation Guide changes. In January, that's really our kind of first introduction to using the PSVA tool there. In February, we again went through the alignment process to kind of review those pieces with you; it's a shorter version of what's in the Final Rule. And then, again, in March we did another PSVA demonstration. And, we also had an eCQM Q&A session. So, this is just to let you know that the information is there. And, I know everybody can access everything, so we certainly want to make sure that we give you as much content as we can to support your process. And, again, all current and future presentations will be posted on the [Quality Reporting Center](#) and you see the link here on the slide. Next slide, please.

In terms of a website again, [Quality Reporting Center](#), we just wanted to give you a visual of that to be more comfortable, and we have the information up there up in the left hand corner, in terms of how to find the email address – or the website address, excuse me. Next slide, please.

Again, this is just a screenshot of the eCQM Library that's on the [CMS.gov](#) page. Again, all the information there is updated there regularly, so we want to make sure you remember that's a resource for you. Next slide, please.

As for the [ECQI Resource Center](#), this is a really great place to get a one-stop shop overview of instituting Electronic Clinical Quality Improvement Activity. And so, please just remember to use the information, there are a number of things here, you have the measures listed there. If you want greater understanding of how to report eCQMs, they do have, you know, general introductions there in terms of getting started and all the different aspects to go with that in different educational tools and materials for you to share amongst your staff. And, even if you want to review some of

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

those things with your vendors, that's a great place to start. Next slide, please.

And then, the last slide that I have here for this portion is just, you know, reviewing the phone support that's available to you. So, if you have IQR Program questions, the *QualityNet Helpdesk* can assist with data submission question. The EHR Information Center is also available to assist with Incentive Program questions; and, that includes, if you are submitting registration and attestation data, or you're performing that process for the EHR Incentive Program. That's your contact for those types of questions. Next slide, please. And that's it for my portion. I will go ahead and hand it back to Deb.

Debra Price: Thank you, Artrina. That was great; a great way to wrap everything up. And now, I'm going to introduce Veronica Dunlap, she will be reviewing the questions that you guys have all posted in the chat box. And hopefully, we will be able to come up with some answers for you. Roni, take it away.

Veronica Dunlap: Thank you, Deb. I want to thank everyone for submitting your questions. We have received tons of excellent questions. So, again, we appreciate your time. Let's get started here. Where can you locate the data element definition for eCQM? The technical e-measure text does not include the specifics for each data element.

Jennifer Seeman: So, Roni, what I think would be a good idea to do with this one is to post it in the Q&A. I think it would be helpful to include links because there are potentially multiple documents that could be referenced.

Veronica Dunlap: Great, thank you.

Jennifer Seeman: Yes.

Veronica Dunlap: Will do. Do you know if the QDM has fixed the issue with the ED patient departure being taken from the patient status change of inpatient instead of a time stamp of the documentation?

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Jennifer Seeman: I do not have information on that. I would assume that there had been a Jira ticket created, and I would reference that site. If there has not been a ticket created, then I would encourage the user to create one.

Veronica Dunlap: OK. Let's see here. Can you define logic?

Jennifer Seeman: So, logic is basically how the – what we – what we referenced logic is the statements that define how the measure is evaluated. So, when we refer to logic, as Beth referenced in her presentation, those are the statements that actually stepped through the processing and the evaluation of that patient against the rules for that eCQM. I hope that helps – you know, that's – when we refer logic, that's what it is. Essentially it's the rationale, it's the step by step process that the eCQM takes to evaluate patient data.

Veronica Dunlap: At what point of the QRDA-I file creation is this logic applied? Is it in the actual creation or after submission?

Jennifer Seeman: I would say that the logic is applied most critically after the QRDA submission because that's how we determine what the outcome of the eCQM is for that patient. But, I would also say that you can't totally exclude it from the first half, right, from the file creation piece because we know that you need to evaluate the eCQM to determine what data elements to include and things like that. So, you – and even in your – as you're creating and testing your files, you want to understand what the outcome of that patient will be, or what you anticipate the outcome of that patient will be. So, I would say that you utilize the logic both at some level of file creation and definitely as we're evaluating measure outcomes on the CMS side.

Veronica Dunlap: Great, thanks. How do you get to the value set to determine what codes are included?

Jennifer Seeman: So, I think this one we can include in the Q&A also. Basically, the Value Set Authority Center – those value sets are all posted out there. I think it'd just be easiest to provide the link in the Q&A.

Veronica Dunlap: I agree. Is submission of an XML file still an option?

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Jennifer Seeman:** So, QRDA is technically an XML. Remember, it's just structured a little differently than, for example, an XML that is submitted for IQR. So, the IQR Program can still accept XML submission. For QRDA, we expect XML files in a QRDA format for eCQMs. So, it's a little different, they're still XMLs, but formatting and file requirements are quite different than a traditional IQR XML.
- Veronica Dunlap:** OK. If a patient comes in more than once in a quarter, would each visit be one file?
- Jennifer Seeman:** No. If a patient comes in multiple times within a quarter, we would want to see each of those encounters listed in one file.
- Veronica Dunlap:** So one file is submitted, even if the patient had multiple admissions that qualify for core measures?
- Jennifer Seeman:** For eCQMs, yes. So, we're not looking at core measures in QRDA files. But, if a patient meets the criteria for multiple measures, those would all be included in one file for that quarter.
- Veronica Dunlap:** Great. So just to clarify, it is the one file per patient, per quarter, per hospital, or per hospital organization?
- Jennifer Seeman:** So, it would be on CCN, right, so, depending – you know, once you start talking about multiple facilities, that's what we look at when we're receiving files, is we look at the CCN, the patient, and the reporting quarter. So, it would be one file per CCN, patient, quarter.
- Veronica Dunlap:** Great. Can an organization submit both quarter three and quarter four and make quarter three act as a trial run?
- Jennifer Seeman:** So we will evaluate – during that submission period, we will evaluate the files that we received. And if you – I would suggest testing prior to. Or, if you want to submit quarter three, submit quarter three as test data through the CMS system. If you submit production data for quarter three, we will evaluate it as production data. But, you do have the option to submit test data through the CMS system for quarter three.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Veronica Dunlap:** OK. When do hospitals have to confirm what measures they are submitting electronically?
- Jennifer Seeman:** At this point, we do not have – or we are not requiring hospitals to determine that ahead of time. So, when you submit, if you make the determination that you’re going to submit those four measures, we don’t need prior notification of that. We’re going to evaluate the files that you send to us.
- Veronica Dunlap:** And to tail off that question, is there an intent to submit screen in the *QualityNet Secure Portal* to be completed this year?
- Jennifer Seeman:** There is a screen out there but it is not required. And, I believe at the time we go live, it will be grayed out and not available to users. So, in the past that was an expectation, moving forward it is not.
- Veronica Dunlap:** Thank you. How many people can have the data up-loadable per facility?
- Jennifer Seeman:** I need to confirm that. I don’t know that there’s a limit, but we can follow-up on that.
- Veronica Dunlap:** OK. Let’s see here. Where can I locate the link for the down-loadable PSVA tool?
- Jennifer Seeman:** So, I don’t know if the link was in here. But, if you go to the *QualityNet Secure Portal* and log in – and we can include the link I guess in the Q&A. As you log in, like you are going in to submit files, you’ll see the PSVA tool files there available for download.
- Veronica Dunlap:** OK.
- Jennifer Seeman:** And just to clarify – so I – we want to add something to that. With the new versions that’s coming out, you’ll see a zipped file named documents and a zipped file for the tool. The documents file will contain the user’s guide and implementation information. So, you can download that and review it prior to downloading the tool itself. That’s something new with this version that just came out.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Veronica Dunlap:** Great. Is there – let’s see here, let me try to rephrase this here. Could you further explain the zero denominator, as well as the case threshold exemption?
- Jennifer Seeman:** So, zero denominator declaration means that for a particular measure, you do not have any patients that meet the IPP of that measure. You can claim zero denominator, meaning that you have no patients that meet the denominator of that measure. Similar case threshold is if you have a – excuse me – less than five cases per quarter that would meet the denominator for a measure.
- Veronica Dunlap:** OK. Let’s see here. You mentioned that hospitals can get credits for their Meaningful Use program Clinical Quality Measurement requirement by submitting eCQMs. Will that credit work for hospitals that are in full calendar year reporting – I’m sorry – in full calendar year reporting period, even though they are only submitting data for quarter three or quarter four for IQR?
- Jennifer Seeman:** So, I believe that attestation is required for a full year. The QRDA submissions are required both for Meaningful Use and IQR one quarter, either Q3 or Q4 of 2016. So, I think the full year versus one quarter is different for attestation when compared to QRDA submissions.
- Veronica Dunlap:** Great. Is upgrading to version 1.2 required in order to use PSVA for file testing?
- Jennifer Seeman:** When you log in, if you’ve used PSVA, you’ll know that it will do a version check. Now, the validation rules within that file have not changed, but it will likely require you to re-download because of the version difference. There were some behind the scenes corrections that were made. So, yes.
- Veronica Dunlap:** OK. Where I can locate the 2015 update to the 2014 format?
- Jennifer Seeman:** I’m assuming these are eCQM questions and I would say the CMS eCQM Library page. I believe Artrina referenced that, and then also the eCQI Resource Center site. Those sites will both have links to the eCQMs.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Veronica Dunlap:** How well or will be – how will we be notified that the issue with QRDA-I ED patient departure is resolved?
- Jennifer Seeman:** I kind of come back to that first answer about this issue, so I assumed there is a Jira ticket. If there's a Jira ticket, I would – you know, if you login to Jira, you can follow an issue and get notifications on that. If there has not been a Jira ticket created, I would refer the users to create one.
- Veronica Dunlap:** Can you tell me where on the CMS website I can locate the updated CMS Implementation Guide? There's only the one from June 2015.
- Jennifer Seeman:** So, the June 2015 version and the appendix should be for the 2016 reporting period. And, those should be located on the eCQM Library page.
- Veronica Dunlap:** OK. How does the PSVA tool identify Medicare patients?
- Jennifer Seeman:** So, the PSVA tool only looks at validation rules. So, it will evaluate the Schematron rules themselves against the file. It doesn't make any assumptions, it doesn't do any evaluations about the data. It will just say yes or no, your templates are correct and you have the correct rules in place for the QRDA files. So it – PSVA really doesn't identify Medicare patients in any way.
- Veronica Dunlap:** Could you explain what Jira is?
- Jennifer Seeman:** So Jira is a site that ONC used to track issues, basically, and some other communications as well. I think – again, we can include the link to that in the Q&A also. But, many QRDA issues that are identified are tracked through Jira. Many eCQM issues are also tracked through Jira as well.
- Veronica Dunlap:** Thank you. We have a lot of hospital specific questions, so I think we probably would want to address them individually. OK, is there a test folder in the PSVA?
- Jennifer Seeman:** Right now, all of the PSVA validations are against one set of rules, and those are rules that are common to test and production. So, in PSVA right

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

now, you only see one set of validation rules, not defined by test or production.

Veronica Dunlap: OK. You mentioned – I’m not sure if this was asked yet. You mentioned that the traditional IQR XML file is of a different format than required for CQM QRDA XML files. Please verify that the CQM QRDA format will be accepted in 2016 for both CQM and IQR files.

Jennifer Seeman: So, if you’re submitting eCQMs, you need to submit a QRDA file. But, I think there was something about the IQR aspect of it. So, the QRDA submissions that you submit to CMS can count both for IQR and Meaningful Use. But, I don’t want users to get confused because you still need to submit your chart abstracted data for any eCQMs that you submit; so that, eCQMs will come in via QRDA formatted files, and the normal attest – or I’m sorry – abstraction data will come in via the traditional XML that has always been submitted for IQR. Two different submissions.

Veronica Dunlap: Correct, thank you. Just to confirm, starting with 2016, we cannot attest, we have to submit the QRDA files for a minimum of one quarter?

Jennifer Seeman: A brief...

Veronica Dunlap: That’s probably...

Jennifer Seeman: ... 2016 – yes ...

Veronica Dunlap: ... referencing the Meaningful Use program.

Jennifer Seeman: Right. For Meaningful Use, you can still attest. However, attestation does not count for IQR credit, so just to be clear about that. It’s Meaningful Use only.

Veronica Dunlap: If you claim zero denominator or case exemptions for four eCQMs, does that meet the IQR Program requirement?

Jennifer Seeman: Yes.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

- Artrina Sturges:** Hi, this is Artrina and let me add one piece to that. One thing to think about is that when you're submitting these, please be mindful they need to be reflective of your patient population? So, as Jen said, this can be done, but just remember, it's any combination of the QRDA-I file, zero denominator declaration or case threshold exemption. So, just be mindful of your patient population. Thank you.
- Veronica Dunlap:** Thank you. If we select four eCQM measures for IQR in 2016 that are no longer chart abstracted, why do we have to start chart abstracting them as well?
- Jennifer Seeman:** So, I think if you – if you look at what you want to report, I would see where you'll get the most bang for your buck. So, if you know that an IQR measure is being retired, I'm not sure that I would spend a lot of time developing an EHR system that will generate files for a measure that's been retired in another reporting program. You can do that but, again, I would look towards creating files for current IQR measures.
- Veronica Dunlap:** OK. If a hospital selects an eCQM that is also required as a chart abstracted measure, such as ED-1, can we just submit one quarter of data electronically?
- Jennifer Seeman:** No. You still need to chart abstract your ED-1 data in addition to your eCQM submission for one quarter.
- Veronica Dunlap:** Is population and sampling required for this?
- Jennifer Seeman:** Pop and samp is not required for eCQM submissions.
- Veronica Dunlap:** Do you recommend facilities use the PSVA tool to evaluate their data, if they are using a vendor to actually submit the eCQM data?
- Jennifer Seeman:** I think that depends on the work that you've done with your vendor. So, if you have worked closely with your vendor, and you know that they have done testing and have had files be accepted, then I think it's kind of however you want to evaluate it. If you are submitting your own QRDA files, I would probably still recommend that you test, even if the vendor

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

created them for you. That way there's no surprises when you get to the time to submit production data. And so, you know, again, I think it depends on if you're comfortable with the approach that your vendor has taken, you know, that's sort of up to individual facilities. But, if you're submitting, I would certainly recommend testing.

Veronica Dunlap: Thank you. Do you know if it's true that The Joint Commission requires these to be submitted through a vendor and not on our own?

Jennifer Seeman: I am not clear on that, so we'd have to come back to that one.

Veronica Dunlap: OK. Let's see here. Where can I locate a list of CMS approved EHR vendors?

Jennifer Seeman: I believe that would be the CHPL site (<http://oncchpl.force.com/ehrcert>), but let's confirm that in the Q&A and provide a link.

Veronica Dunlap: We are a specialty hospital and do not have any stroke patients, are we still required to submit the four required eCQMs for calendar year 2016?

Jennifer Seeman: So, if you meet other criteria, I think that for 2016, of the 29 measures, there are four that do not apply the stroke. So, if you meet criteria, you should probably still be able to meet four eCQMs outside of the stroke measure set.

Veronica Dunlap: OK. Can hospitals utilize more than one certified EHR vendor to submit their eCQM?

Jennifer Seeman: That is possible. What I would just – there are some things to keep in mind about that, and one thing that I would say is that remember about the one file per patient per quarter. So, in the situation if you have two different vendors, if they're submitting different measures that's for example, and there's a potential that they would submit – each submit a file for a patient in a quarter, we could have some issues that you would need to work through before taking that approach with submissions. So, that might be something – if somebody has a specific question, maybe to reach out to one of the help lines referenced in the call, so we could get

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

specific details. That's kind of a hard question to answer at a general level.

Veronica Dunlap: OK. Who do we call if we have questions about Meaningful Use and attestation?

Jennifer Seeman: So, that would be the Meaningful Use information center. I believe that that was on Artrina's slide 34.

Veronica Dunlap: OK. Our IT department has questions on the eCQM specification and code set. Where can we obtain answers for these types of questions?

Jennifer Seeman: I think question specific to eCQMs could be directed to Jira. And, again, we can provide that link in the Q&A.

Veronica Dunlap: OK. It looks like we have a couple more questions coming in here. Could you resend a patient file, or is the stipulation one file one time?

Jennifer Seeman: You can resend a file. What you need to be aware of is, again, the one file per patient per quarter. So, if we evaluate a file, we look at specific criteria to determine if it's a duplicate. If it's a duplicate, it will overwrite, so the CCN, the patient ID, the reporting program, and the reporting period. If those four things match, the subsequent submission will overwrite the initial submission. Where that is important is, if you have different measures within that file, you could lose measures potentially. If you submit stroke and ED in the first submission, and then in the second submission you only submit ED, we're only going to recognize those ED measures. That's why it's very important to have that one file per patient per quarter. So, the answer is yes, you can resubmit. But, be aware of changes to data that you could potentially do – or, you know, create with that resubmission.

Veronica Dunlap: Does the PSVA tool catch the duplicate patient file to eliminate one patient multiple visits?

Jennifer Seeman: No. PSVA will not evaluate that type of data. It validates validation rules file formats only.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Veronica Dunlap: And OK, it looks like we have time maybe for one last question here. In reviewing the eCQM components, I'm unable to get a clear picture where the diagnosis codes for the population for the eCQMs are located at. Are these the same as in the IQR Specification Manual for each quality measure?

Jennifer Seeman: So, I think they're looking for the value sets, right, to reference. Did I understand that correctly?

Veronica Dunlap: Yes.

Jennifer Seeman: OK. So, the value set itself, the value set ID is listed in the eCQM. From there, you can go to the value set authority center and review the specific codes within each of those value sets. And, again, we can provide those links in the Q&A document.

Veronica Dunlap: Great. Thank you, Jen. Deb, back to you.

Debra Price: Thank you very much, Veronica. Hello, everyone again. And this is Deb Price. And, I'm going to go over your continuing education credits for today. There you go.

Today's webinar has been approved for one continuing education credit by the boards listed on the slide in front of you. We're now a nationally accredited nursing provider. And as such, all nurses report their own credits to their body, using the provider number on the screen. It's provider number 16578.

We now have an online CE certificate process. You can receive your certificate two separate ways. If you registered for the event through ReadyTalk[®], and you're listening right now, as soon as all the slides are done, a survey will pop up. Take the survey and follow the directions from there. The second way you can get the certificate is, if you're sitting in a room where only one of you registered, we will be sending out a survey within 48 hours to the registered person, and we're asking that person to send that survey around to other people in the room. And, that's how they will also receive the certificate.

Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

If you have any problems, you should immediately give us a call or give us a text, and so we can work with you on your problems. When you finished registering for the CE, whatever email you use will receive an immediate response. If you do not get an immediate response, that means that there's a firewall up on your computer. So then, please go and re-register using a personal email, since they don't have – they typically don't have firewalls up.

This is what the survey will look like at the end of this presentation. You noticed on the bottom right hand corner a little “Done” cube there in gray, you're going to click on the “Done” ...

... and then this page will open up. I know it's very small, but it does have two separate links on it. There's a link for new user – new user link in green and an existing user link. And, if you've been receiving certificates all along from us, please click on the “Existing User” link. That doesn't mean, however, that it will work because it could be that your hospital has a firewall up now. So, if that – if you don't get the certificate, go back to this particular page here and click on the “New User” link.

This is what the new user link looks like. You put your first name, last name. Put in an email address. And, we recommend the email be a personal email, since they don't have firewalls to block our links, and of course the phone number. This is what the existing user link looks like – yes, the page looks like. You see the username that you're going to use is going to be the entire email address, including what's after the @ sign. And, your password is whatever password you set up.

And now, I would like to thank everyone including our four speakers, Elizabeth, Artrina, Jennifer, and Veronica, as well as all of our attendees, for spending your time with us today. We hope you learned something, and have a great rest of your day. Goodbye, everyone.

END