



Inpatient Quality Reporting Program

Support Contractor

Hospital eCQM Reporting: CY 2015 Program and System Requirements

Questions & Answers

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Question 1: What is the difference between Quality Reporting Document Architecture (QRDA) I and III?

Answer 1: QRDA - I files are patient-level data, versus QRDA-III, which is aggregate data. And QRDA-3 is currently only accepted under the Physician Quality Reporting System (PQRS) and the Electronic Health Record (EHR) Incentive Program for eligible professionals. We do not collect that mode under hospital IQR or under the EHR Incentive Program for eligible hospitals.

Question 2: Slide 13: November 30, 2015 is the deadline for one Quarter of 2015 Data?

Answer 2: Yes that is correct.

Question 3: When will CMS require the electronically specified Clinical Quality Measure (eCQM) for IQR?

Answer 3: This has not yet been determined. Any status modifications will be published in a future IPPS Final Rule and posted on the Centers for Medicare & Medicaid Services (CMS) website.

Question 4: What is "HTN" under Patient Safety?

Answer 4: "HTN" means Healthy Term Newborn

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Question 5: Why are measures like PN-6 and AMI measures on the list of available eCQMs when those measures are being retired effective Jan 1, 2015?

Answer 5: PN-6 and several AMI measures are considered voluntary measures, which can be reported as eCQMs.

Question 6: Why is IMM-2 and STK-1 only able to be chart-abstracted?

Answer 6: IMM-2 and STK-1 are only chart-abstracted because an electronically specified version of the measure does not exist.

Question 7: So using a vendor to submit eCQM data files is not a requirement? We can do this ourselves?

Answer 7: Yes, some providers submit their own eCQMs utilizing certified electronic health technology.

Question 8: For Payment Year (PY) 2017, is the submission of eCQM data voluntary only or required?

Answer 8: It is voluntary. I just want to elaborate [on] that a little bit. So, it's voluntary under IQR. We have signaled our intent to require eCQMs. So, I just want to make sure that we don't drop half of our audience at this point. I would encourage you to continue to listen in. We would like you to get involved, even if you're not going to do a production submission of eCQMs. We would like to see you testing this year, in order to prepare yourself.

Question 9: Are the specifications for the eCQMs for IQR and Meaningful Use 2014 the same?

Answer 9: Absolutely.

Question 10: If I am not wrong, hospitals can submit the eCQM without a vendor and do them by themselves?

Answer 10: Absolutely. They can do the submissions for themselves.

Question 11: And then, can a hospital submit both the chart-abstracted measure data and eCQM measure data for the same program year?

Answer 11: Yes, we do allow that. And we have seen a number of hospitals doing that. You know, just as they're getting prepared and comfortable with submitting the eCQMs, out of fear, I think, of not being able to successfully submit. They have been submitting both chart-abstracted and eCQMs.

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- Question 12:** Can you explain or speak to what version of the eCQM specifications are required? Is it 2013 or 2014?
- Answer 12:** It is 2014 for calendar year 2015. If, and just – or actually, I should probably add onto that. So, if a hospital is, for instance, only doing eCQMs for the EHR Incentive Program, there are other versions that they may use to attest their results. We do not accept attested results under IQR, and we do not intend to.
- Question 13:** If we have submitted eCQMs for [the] Physician Quality Reporting System (PQRS), does this mean that this will be counted for IQR?
- Answer 13:** No, PQRS and IQR, at this point and time, are not aligned. We are looking to see how we could do that, for instance, for a hospital list. But at this point and time, we do not have overlapping measures.
- Question 14:** If a hospital submits all stroke eCQMs, they do not have to chart abstract?
- Answer 14:** That is – yes, that is the case. I'm just going to try to find that slide. But yes, if a hospital chooses to submit all of their stroke measures as eCQMs, they are not required to chart abstract STK-1. I don't think I've found the right slide, but we do have it in here earlier in the deck.
- Question 15:** Can you please repeat, how many measures can you submit voluntary? Across domain?
- Answer 15:** Okay, so, 16 measures is the minimum requirement, and that's across three National Quality Strategy (NQS) domains. And I'm actually going to go to that slide because I want to make sure that folks understand our color coding. And we probably need to add a key to this. But, if you see here, our yellow measures are our Patient and Family Engagement domain. And then we have our red measures and our Patient Safety domain. Our grayish brown measures are our Efficient Use of Healthcare Resources. Our Care Coordination domains are those in the blue. And then our green measures are the Clinical Process and Effectiveness domain.
- Question 16:** Are these only for PPS Acute Care Hospitals?
- Answer 16:** So, under IQR, yes; under the EHR Incentive Program, that program also includes Critical Access Hospitals.
- Question 17:** Does testing require all 16, too?

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- Answer 17:** No, it does not. You can do as few eCQMs for testing as you like. You can do one. You can do – you can do all 29, if you wanted. So, that's definitely something to make a point of. Let me see here, if there are some other ones.
- Question 18:** May we submit eCQM's for ED-1 & ED-2 only, and chart abstracted for the rest of IQR?
- Answer 18:** Again, this comes back to the... We have a lot of folks who would like to be able to do that. You cannot – you cannot participate under IQR in a voluntary way without submitting at least 16 production eCQMs.
- Question 19:** Is this eCQM the same as Meaningful Use?
- Answer 19:** So, you know, I just want to highlight that eCQMs are a component of both IQR and of the EHR Incentive Programs. And our policy aligns, for the most part, for both of these programs. You know, again, the one – the one way that it doesn't, is that we don't have that ED-3 measure available for submission to IQR because it's an Outpatient measure.
- And the other thing that I would say, eCQM submission for both the Incentive Program and IQR have this option to submit the (QRDA I) files. However, the Incentive Program offers an alternative to that, which is the ability to attest results.
- Question 20:** Can you advise as to which eCQMs you would make mandatory first?
- Answer 20:** Unfortunately, we are in the rule making phase, and I cannot comment on that. Again, I would refer you to our proposed rules that will be coming out in April.
- Question 21:** So, starting in May of this year, if a hospital chooses to submit the 16 measures via eCQM for one quarter, either 1st, 2nd, or 3rd of 2015, they do not have to submit the entire year of 2015 by chart-abstracted measures?
- Answer 21:** And again, yes, that is correct. But we have to kind of go back to this slide. These are the measures which overlap most. You would still have to submit IMM-2 and STK-1 as chart-abstracted measures unless you elected to submit all STK-1 eCQMs. Then you wouldn't have to submit STK-1. You would still have to chart-abstract IMM-2 this year.
- Question 22:** Can we test with actual patient data?

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Answer 22: Yes, you are able to test with actual patient data. Our portal is secure, just as is our production, and they are protected according to HIPAA.

Question 23: For testing, how do users gain access to error feedback reports?

Answer 23: For testing, they will at least get to see where their files did not pass the Schematron validation portion of it. So, they will get those error feedback reports if they log into that *QualityNet Secure Portal* and submit their test files. Then they'll be able to go to the error reports and see those feedback reports.

Question 24: If you choose eCQM submission but do not include all of the 12 required chart-abstracted measures, does it still meet IQR?

Answer 24: Yes, it does. So, you can pick any of the 16 measures that you like out of the 28 available. And then you can – you can choose to chart-abstract your other measures that are required. I just want to be clear that for those chart-abstracted measures, which are required under IQR, that they have to be submitted in one form or another.

Question 25: Will the eCQM's eventually be compared against what hospitals attest to within MU attestations?

Answer 25: There are no plans for that.

Question 26: If a vendor is not certified for PC-01, can a hospital submit another eCQM?

Answer 26: Yes. We recognize that there are hospitals with particular EHR vendors where an EHR may only be certified on 16 measures because that's all that is required under the certification rule. So, you could report on the 16 for which you're certified. I think the one caveat here is, if you're only certified for 16 measures and one of those measures is ED-3, then that would not meet IQR. It would meet the Incentive Program, but it would not meet IQR.

Question 27: So it is ok to do chart abstraction for the EHR Incentive Program?

Answer 27: There is no chart abstraction for the EHR Incentive Program. Chart abstraction is part of the Inpatient Quality Reporting Program, and it's one of many modes of collection of data that we have.

So, let me see if I can go back to that slide just to make sure we're all on the same page here. Sorry, I'm having trouble with my slide

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changing. There it goes. Okay, great (slide #5). So this is – these are the basic IQR requirements components, if you will.

So, we have our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and we have our Clinical Data. Our Clinical Data is where the chart-abstracted measures are. We have Population and Sampling data. Now again, Population and Sampling are only applicable to the chart-abstracted measures. We have Healthcare-Associated Infection (HAI) measures that get reported to National Healthcare Safety Network (NHSN). We have our Structural and our Web-Based measures. And then we have, of course, our Claims-Based measures and our Outcomes measures.

Question 28: What does "IQR Credit" mean?

Answer 28: So, if we take a look at the requirements for IQR for 2015, we again – we look at the different modes of collection and our measures that are required under IQR. So, if we take a look at this, you know, the eCQM presentation that I've been giving today, eCQMs are still voluntary under IQR. Now, if you participate in the voluntary option, you can forego submitting chart-abstracted measures on those measures that overlap. So, when we say IQR credit, we're simply stating that you can submit eCQM and fulfill your chart abstraction requirement while also fulfilling that portion of the EHR Incentive Program and the IQR voluntary reporting options.

Question 29: Does participation in the eCQM Validation Pilot Project satisfy the need for sending test files to determine our readiness?

Answer 29: I certainly think that it will go a long way in preparing you, yes. And again, the Validation Pilot is an option. It's not a requirement.

Question 30: If we submit 16 eCQM's, may we still submit chart-abstracted data for some of those same measures?

Answer 30: Yes, you may. You can submit both modes, if that is your preference.

Question 31: When submitting eCQM files, are hospitals required to do 100% of the population, or can we submit a sample?

Answer 31: There is no sampling for electronic Clinical Quality Measures. I see this one reoccurring. So, I'm going to – I'm going to reiterate this one. For test files, you can do as few measures as you like. So, you could do one or more measures. It does not have to be 16, if you're simply gaining experience with tests.

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Question 32: If we submit both modes, which data will be used?

Answer 32: I think they – I'm going to guess here that they mean for public reporting. If you submit both a chart-abstracted data and the electronic Clinical Quality Measure, your chart-abstracted data is what will be presented on Hospital Compare. And that's definite. The thing I'm not certain of, and which I need to check on, is if we would also provide a symbol along with that data. Because I think that – so, I have to – I have to talk to the Hospital Compare team because I think that could be a little confusing, if somebody submits both. But yes, if you submit both chart-abstracted and eCQM data, your chart-abstracted data will be given preference and published on Hospital Compare.

Question 33: Can we submit to production if we don't intend to submit all 16 measures?

Answer 34: Well, you know, it's funny. I'm thinking about our requirements for our system. So, there's nothing to say that you couldn't. I would say it would greatly confuse us when we're evaluating you for payment determination. So, I would – if you're not – if you're not submitting files to be evaluated for payment determination, I would encourage that you keep your submission in test.

Question 35 : Follow-up question: if you have zero in denominators for eCQMs due to RX Norm, and submitting eCQMs for IQR also (no chart abstraction), will the zeroes be reported publicly?

Answer 35: So, if your EHR is certified to the measure in question and your EHR is producing a zero, and you have zero patients, then yes, you may submit a zero denominator for that measure to count toward your 16.

Question 36: When you say submission, let's say it is for a single calendar year discharge quarter. By November 30, 2015, are you referring to 2014 discharges or 2015 discharges?

Answer 36: No, it's definitely 2015 discharges. And let me go back to that table that we had so you can take a peek at what that looks like. Give me a second here to pull up the slide (#24).

Okay, this lays out your discharge reporting period and your submission deadline. So, as you'll recall throughout, I kept referring to calendar year quarter one, quarter two, quarter three. It is of 2015. And here are the specific recording periods and deadlines.

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Question 37: Zero Denominator and Case Threshold Exemptions - How are these reported? In the QRDA category I file or on *QualityNet* outside of the QRDA category I file? Thanks.

Answer 37: That's a really great point. I think we should also mention that if one is submitting a zero denominator and, or a case threshold exemption to the EHR Incentive Program, that needs to be completed in their registration attestation module. So, unfortunately, at this point and time, they are separate systems for the Case Threshold and Zero Denominator declarations for each program. So there is a page that has to be completed in IQR, as there is a page that has to be completed for the EHR Incentive Programs.

The following questions and answers were not addressed during the call, but responses are provided below:

Question 1: Do you have to fill out the whole measure set? For example if we wanted to use VTE for IQR and MU, would you have to submit VTE 1-6, or does it matter?

Answer 1: Due to the alignment between the EHR Incentive Program and IQR, there is a reduced emphasis on submitting measure sets and more of a focus on submitting individual measures from a certified EHR. Please revisit the chart of the 12 required IQR measures on slide #14. You'll notice VTE-4 is not listed as a required measure. It is considered a voluntary measure for reporting in CY 2015 for the IQR program.

Question 2: Who/how do I contact if I have questions regarding the Clinical Quality Measure (CQM) specifications? How do I escalate an issue if no one returns a timely response? Thanks.

Answer 2: Questions regarding CQMs can be placed on Jira – ONC Project Tracker. The CQM Issue Tracker monitors issues related to eCQMs used in the Meaningful Use program: <http://oncprojecttracking.org/>.

Question 3: Where do we find the eCQM April 2014 Specification Manual?

Answer 3: The April 2014 eCQM Specification Manual is available within the eCQM Library on the CMS website:

http://www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Question 4: When are you planning education regarding the clinical specifications so that hospitals will know/understand if content

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mapping is valid so that we can feel comfortable about the move to submitting for IQR?

Answer 4: There is not any education regarding the clinical specifications currently planned. All questions about the measure specifications can be addressed on the eCQM Issue Tracker at <https://jira.oncprojecttracking.org/browse/CQM>.

Question 5: Would you please clarify, for hospitals that are manually attesting (for MU), you can use specs other than 2014?

Answer 5: Hospitals that are manually attesting data to meet EHR Incentive Program requirements are able to utilize eCQM specifications other than the April 2014 update.

Question 6: We had challenges with the limited list of med formulary. Has this been expanded or accommodated?

Answer 6: All measure specific questions can be directed to the eCQM Issue Tracker at <https://jira.oncprojecttracking.org/browse/CQM>.

Question 7: Is there a direct link to the EHR Listserve for the training opportunity?

Answer 7: There is a link under “Join List Serve” on the *QualityNet* website to register for a number of Listserves, including EHR. You can find the sign-up page at <http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>. Make sure to check the box for Hospital Reporting EHR (Electronic Health Record).

Question 8: I probably missed this, but why are retired measures included in the eCQMs?

Answer 8: CMS Voluntary Measures and technical specifications are developed for optional collection and submission of data to CMS. The voluntary measures are not required for the hospital IQR program and are utilized by CMS to assess the measures' feasibility of data collection.

Question 9: How do we know if a vendor has been authorized to submit data on our behalf?

Answer 9: Hospitals have to log in to the *QualityNet Secure Portal* to authorize a vendor to submit data on their behalf. Authorizations can be done by measure set, data transmission start/end date, or discharge quarter. Please refer to slide #10 and 11 for additional details. The

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QualityNet Help Desk will be able to check and confirm if your hospital has authorized a vendor to submit data on their behalf.

Question 10: We do not have 16 eCQM's that apply to us. Will we still be able to submit the data and submit zero's for the remainder of the data?

Answer 10: Utilization of the Zero Denominator Declaration applies in the following scenario: when the hospital's EHR system is certified for an eCQM and does not have patients which meet the denominator criteria for that eCQM, the submission of a Zero Denominator counts as a successful submission of that eCQM for the EHR Incentive Program and the hospital IQR Program. Please refer to slide # 21 for additional information.

Question 11: If using a vendor for chart abstracting now, and wanting to submit a test file, how do I identify that test file?

Answer 11: The designation is determined by the folder in which the file is placed. If a vendor or hospital places a file in the test folder in the *QualityNet* Secure Portal, it is processed as a test file. If the file is placed in the production folder within the *QualityNet* Secure Portal, it will be processed as a production file. Your chart-abstraction vendor may or may not be able to assist with QRDA test file submission. Hospitals will need to work with their EHR vendor or with IT staff to create a test file directly from their EHR system to submit through the *QualityNet Secure Portal*. Hospitals will need to work with the *QualityNet* Help Desk to confirm that the EHR Data Upload role is assigned to their *QualityNet* account to submit test files and to view any reports in relation to the test files' submission.

Question 12: If you choose 16 eCQMs for submission that do not include all the 12 required chart-abstracted measures, does this meet the IQR?

Answer 12: A hospital would not have to submit eCQM data for the 12 measures required for the IQR program. As long as data has been submitted for at least 16 eCQMs, the hospital will receive IQR program credit for any of the submitted measures that are required for the IQR program.

Question 13: Can you submit all three quarters on November 30th?

Answer 13: Hospitals can submit, one, two, or three quarters of data, and yes, the deadline for data submission is November 30, 2015. Hospitals will only receive program credit for the first quarter of data submitted meeting program requirements.

Question 14: How do I access the available reports that help to identify errors?

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- Answer 14:** Hospitals will need to work with the *QualityNet* Help Desk to confirm that the EHR Data Upload role has been added to their *QualityNet* account. That role will allow hospitals to submit data files, access the denominator declaration screen and the Intent to Submit screen, and view all applicable reports for file submission and measure calculations.
- Question 15:** Are the eQMs following the Specifications Manual for MU and not the same as the chart-abstracted IQR specifications manual?
- Answer 15:** The electronically specified Clinical Quality Measure specifications are not the same as the chart-abstracted specifications. eQCM specifications had to be written differently to allow for data capture, data reporting, and measure calculations to be done directly from the EHR system.
- Question 16:** Can vendors participate in the eQCM Validation Pilot Project, as well?
- Answer 16:** Vendors are not able to directly participate in the eQCM Validation Pilot Project, but are able to work with hospitals that are using their systems to participate. The hospitals will need to fill out the participation agreement and work with CMS to fulfill the program requirements.
- Question 17:** Of those that have been submitting QRDA I files voluntarily, what have been their greatest challenges? How aligned are those IT and quality departments in addressing the specification differences?
- Answer 17:** The greatest challenges, to date, have been focused on getting the QRDA I files to meet program requirements and pass through the validation process. There is a webcast that was presented at the end of January that covered some of the main problems with file structures and how hospitals can overcome a majority of those challenges. You can view the webcast here: <http://www.cms.gov/ehealth/events.html>. The recorded presentation has not been posted as of 3/3/2015 but should be available soon.
- Question 18:** Is it assumed that eQCM submitted measures are accurate and validated?
- Answer 18:** For CY 2015 submissions, there is not any data validation occurring. The eQCM Validation Pilot Project provides a great opportunity for hospitals that would like an opportunity to test the accurateness of the data being pulled from their EHR system to create QRDA I files, and it also allows hospitals to have a direct impact on future eQCM data validation requirements for the IQR

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program. More information can be found on the *QualityNet* website at:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>. Scroll to the bottom of the page to see Frequently Asked Questions, the Technical Solutions document, and details on the walkthrough and interview process.

Question 19: Do the eCQM submissions include Hospital-Based Inpatient Psychiatric Services (HBIPS) data abstractions?

Answer 19: HBIPS measures are not part of the eCQM data submission process.

Question 20: When you say the proposed rules are coming out in April, does that include the MU rules?

Answer 20: What was being referenced during this presentation was the Inpatient Prospective Payment System (IPPS) interim rule for program year 2018. The publication of interim and final rules can be found on the CMS website.

Question 21: If a hospital submits all the eCQM stroke measures, they DO NOT have to manually abstract STK1?

Answer 21: That is correct.

Question 22: If hospitals chose to submit eCQM on their own, is our internal Enterprise Data Warehouse considered as data coming from our EHR?

Answer 22: A hospital will need to work with IT staff or their EHR system vendor to determine where the data is stored to create the QRDA I files for data submission.

End

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