



Inpatient Quality Reporting (IQR) Program

Support Contractor

Common Errors for QRDA Category I Test and Production Files – Session II

Presentation Transcript

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November 30, 2016

2 p.m. ET

Artrina Sturges: Well, thank you very much, Matt, and good afternoon, everyone. Next slide, please.

My name is Artrina Sturges, and I'm your host for today's event. Before we start, I just have a few announcements for you. As Matt mentioned, the presentation is being recorded and a transcript of the presentation, along with the questions and answers will be posted to the inpatient website, which is the QualityReportingCenter.com website within at least a minimum of 10 business days, and then posted to QualityNet at a later date. So, please be sure to check in with us if you need information. If you registered for the event, a reminder email, as well as a link to the slides was distributed about two hours ago. If it turns out that you didn't receive the email or you're unable to locate it, the slides are available for download, again, on our inpatient website QualityReportingCenter.com. I'm pleased to introduce Jennifer Seeman to you. She has joined us as a presenter for today's event. Jennifer is the Hospital Quality Reporting

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Electronic Health Record Program Manager for the Portfolio, Program, and Project Management support contractor. Next slide, please.

So, the purpose of today's webinar is to provide a high-level overview of information just to assist your hospital staff as you continue to work toward successfully reporting electronic Clinical Quality Measures, or you'll hear us commonly say eCQMs, for the hospital Inpatient Quality Reporting and Medicare Electronic Health Record Incentive Programs for Calendar Year 2016. Next slide, please.

Our intent is that you will be able to troubleshoot the common file submission errors to reduce the likelihood files will be rejected. And, we also want to ensure that you're able to quickly locate and utilize the tools and reference materials to comfortably perform the steps required for successful submission – excuse me, of QRDA Category I test and production files. Next slide, please.

So, in addition to reviewing the most current top 10 common errors for the QRDA Category I Test files and production files, we'll also briefly touch upon: Appendix A, which will review the calendar year 2016 eCQM reporting requirements; Appendix B, which will have tools and tips for testing QRDA I files; and then, Appendix C, which just provides a high-level overview of the resources that are available. So, at this time, what I'm going to do is, I'm going to turn the presentation over to Jennifer to review the top 10 common errors.

Jennifer Seeman: Thanks, Artrina. Next slide.

So, this slide lists the errors that we'll be covering today just at a summary level, so we can go to the next slide.

The first error is CMS_0072, the document does not conform to QRDA document formats accepted by CMS. This error is sort of a generic error that's received when the file does not conform to CDA schema.

Validation does continue on the file to identify any further errors, but you must get this error resolved to successfully submit your file. Again, it's sort of a generic error. We can see it under many circumstances. One

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common thing that we see for CMS_0072 is that there could be date issues, so we recommend initially confirming that all your dates are present and formatted correctly within the file. If you have issues resolving CMS_0072, we recommend reaching out to the *QualityNet* Help Desk and including an example file that you're receiving the error with, so that we can further troubleshoot and assist you with that issue. Next slide.

For CMS_0063, the system shall reject QRDA I files if at least one encounter performed discharge date is not within the reporting period found in the QRDA. What you need to do is ensure that your file has at least one discharge date that falls within the reporting period that is defined in the QRDA file as a calendar year quarter. Ultimately, if there aren't any encounters that apply to that quarter, the system will reject the file. Next slide.

This is an example showing what the low and high value should be for the reporting parameters that will align with the calendar year quarter. And, again, one discharge date for an encounter must be included within that file. Next slide.

Encounter performed admission date, CMS_0062 will occur under a couple of different circumstances. One is that the admission date is documented as after the discharge date, which is not allowable in the system; or, if an encounter has a no admit or discharge date, as it's unable to calculate the length of stay or determine the discharge date appropriately. Next slide.

So, the error here is that the discharge date is listed as 01/31 of 2016 and the admit date is listed as 02/29. That is incorrect; and, the excerpt from the XML file shows the correction for this error in that the low value would be corrected to 01/29 and the high value to 01/31. Next slide.

The CCN cannot be validated, CMS_0066. So, this is an issue with the CCN contained within the file. The template that we're expecting to see the CCN in is listed as the source template at the bottom of the slide. The CCN must be 6 to 10 characters, and it cannot be an empty string. So, the

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system cannot validate a CCN if it's not formatted correctly or if it's not present. Next slide.

The document does not conform to QRDA document formats accepted by CMS. CMS_0073 is slightly different than _0072. In this case, all of the four listed header templates must be present in the file. If those templates are not present, the system does not recognize it as a valid QRDA file, and it will not process. This also occurs if we get a non-XML file, for example, a PDF or Word document. Next slide.

Service event effective time low; so, this is an HL7 issue. A service event template must have a low value; and, one hint that I would give you when it comes to HL7 errors is that the HL7 document is a very lengthy document. I suggest using control-F in searching for the CONF number and that will take you to the point in the HL7 guide that will provide you additional information on this error as well. Next slide.

The example shows the service event of having just an effective time value, when really what the system is expecting is that low value to be present in the high value shown in the how to fix excerpt. Next slide.

So, admission and discharge dates must be formatted correctly. CMS_0075 and CMS_0076 are basically evaluating the correctness of the dates within the files. Next slide.

The expectation is that the dates follow this example. This is spelled out in the addendum to the 2016 CMS QRDA IG. I want to emphasize that the time zones are not required, but it is suggested that if you use them, to be consistent and use them throughout the file for all date and time values included. Next slide.

Reporting period effective date range, CMS_0079 occurs when the reporting parameter does not match an allowable calendar year discharge quarter. I will say that this is one example of an error that you are not able to search in the IG as CMS_0079, but it is under the reporting parameter section in the CMS IG. Next slide.

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The example here shows that the effective time low and high value aligned with first quarter 2016. Next slide.

This slide is basically just showing what the calendar year quarter expectations are. So, for example, first quarter of '16 is 01/01 of '16 through 03/31 of '16, et cetera. Those are the dates that are expected to be in the high and low value for the reporting parameter within the QRDA file. Next slide.

This is another HL7 error. Again, I suggest using the search feature in HL7 guide to find additional information on the CONF numbers that you run into. In this particular case, the system is looking for an effective time for this data type in the medication activity template. Next slide.

This example shows how a time should be correctly formatted for the medication activity data type template as a low value with an acceptable date. Next slide.

This example shows, basically, how you should format if you're using a null flavor. In this case, the low value is displayed as NA, null flavor within that template. Next slide.

QRDA file size exceeds 5 megabytes, CMS_0078. We have seen some cases of this in the system. It is pretty rare at this point, just as some inside information. We know this has impacted approximately 300 files out of 3.8 million that we've received. We do know that in some cases, if the file is 1 to 2 megabytes over the 5-megabyte limit, there is an option that you can – we can suggest for linearizing the QRDA – my apologies – and some XML tools allow this option to remove extra spaces and extra line, which will reduce the file size. We are currently evaluating the option and potential impacts of increasing the size; but at this point, if you have a file that exceeds the 5-megabyte limit, please do reach out to the *QualityNet* Help Desk so that we can further evaluate this issue. Next slide.

So, that was the top 10 most common errors that we're seeing at this point. An additional resource that we want to introduce is, is the conformance

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statement interactive resource document and this document has been posted on the Quality Reporting Center site. It's actually a pretty slick document. It's an interactive document – a PDF document that allows you to quickly reference specific information about CONF numbers listed. It's really been designed in an effort to continually provide up-to-date information, and we'll hope to keep it updated as we come across additional errors that we think should be included. Currently, if you click on the link for the CONF number that is the error you're looking for. The hyperlink will take you to the additional detail within the document; very similar to information that we just covered on many of these errors. Next slide.

This slide lists resources specifically related to validation errors. The CMS QRDA Implementation Guide and the addendum to the 2016 CMS Implementation Guide are both located on the eCQM library page and the eCQI Resource Center. And, in addition, the HL7 Implementation Guide is also available on their site; and that would be the June 2015 version that you would want to review for 2016 reporting. And that is the end of my information. I'll hand it back over to Artrina.

Artrina Sturges: Thank you, Jen. I just wanted to ensure that we have plenty of time to address as many questions and answers as we can during the call today. So, I will just try to provide a high level overview of a lot of the information in the slides in Appendices A, B and C. Next slide, please.

So, although there are many of you who already know this, there are some who are still newer to the process. We just want to make sure that we review the information, as well as we can; keep everybody equally prepared. So, for the calendar year 2016 reporting requirements for the IQR Program, which apply to fiscal year 2018 Payment Determination for IPPS Hospitals, the requirement is to report on a minimum of four of the 28 available eCQMs from EHR technology, which is certified to the 2014 or 2015 edition, for at least one quarter of discharge data, which is either quarter three or quarter four for calendar year 2016. And, all data must be submitted February 28, 2017, by 11:59 p.m. OK. Next slide, please.

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Now, when we're referencing the reporting requirements specific to the Medicare EHR Incentive Program for calendar year 2016, hospitals have two methods of reporting, either: option one, which is successfully reported satisfies the IQR electronic reporting requirement, and the Medicare EHR Incentive Program reporting requirements with one submission; or, option two, where hospitals can perform aggregate reporting of 16 eCQMs for a full year through the CMS Registration Attestation System. Next slide, please.

Now, for slides 34 through 37, it's a review of the 28 aligned eCQMs for reporting for the IQR and the Medicare EHR Incentive Program. Again, you'll notice on the slide, there's an asterisk for ED-3, which is median time from ED arrival to ED departure for discharge ED patient, because it is an outpatient measure and it's not applicable to IQR. So, it is that one measure that's specific to the EHR Incentive Program. And, if we can skip to slide 38, that would be fantastic. Next slide, please.

Thank you. Now, in terms of the reporting specifications, for calendar year 2016, hospitals must use, as Jen mentioned, the June 2015 update for eReporting. Hospitals should also reference, again, the 2016 CMS QRDA Implementation Guide and the Appendix. We want to make sure that you use both of those documents. And, of course, you can always visit the eCQM Library page to review the documentation, and the link is here on the bottom of the slide. Next slide, please.

In terms of defining successful submission of calendar year 2016 reporting, it's reporting on four or more of the required eCQMs as a combination of QRDA category I Files with patients meeting IPP, zero denominator declarations, and/or case threshold exemptions. Next slide.

In terms of zero denominator, again, high-level information for you – the basic criteria for utilizing zero denominator is that the hospital's EHR must be certified to report the eCQM, and the hospital cannot have patients which meet the denominator criteria of that eCQM. Next slide, please.

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The case threshold criterion requires that the hospital's EHR system, again, is certified to report the measure and the hospital must have five or fewer discharges during the relevant EHR reporting quarter. So, please keep in mind, the hospitals are not required to use the case threshold exemption, hospitals are welcome to submit the QRDA Category I file if they choose, but we just want to make sure that folks know that that's an option for them. And just a quick note in terms of zero denominator and case threshold exemption, those are entered on the denominator declaration screen within the *QualityNet Secure Portal*. Next slide, please.

Now, we've done quite a bit of talking about the reporting standards; and so, we just want to reiterate the need to utilize EHR technology certified to either the 2014 or the 2015 edition. We still receive questions about this. So, we want to make sure that we point that out. Next slide, please.

Now, for this information, we just wanted to reference some tools and some tips for folks who may still be working through the process. Next slide, please.

So, as we know, most of you are already submitting test files. For those of you who have not – in some cases, some people have not yet started – the ability to test the QRDA Category I Files for calendar year 2016 reporting will be available until the receiving system closes, and that's scheduled for February 28, 2017. So, testing can be completed using the PSVA tool or by submitting the files to the *QualityNet Secure Portal*. So, you have two methods for that. Next slide, please.

In terms of submitting production files, a number of you have already started. That opened in October. And, again, the receiving system will be available until it's scheduled to close on February 28, 2017. Production file submissions can be completed, again, using the PSVA tool or by submitting the files directly to the *QualityNet Secure Portal*. Next slide.

Now, an additional tip; because, again, we're receiving these types of questions as well, is to ensure that the EHR Data Upload Role is obtained

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in order to submit eCQMs. Hospitals can submit their own QRDA I files or they can authorize the vendors to submit on their behalf. And so, again, the slide provides high-level details of the process. If you have more detailed questions or need to have the EHR Data Upload Role assigned, please contact the *QualityNet* Help Desk. And, their contact information there is at the bottom of the slide. Next slide, please.

Quick review of the file format expectation: so, one file per patient per quarter. The file is expected to include all episodes of care and the measures associated with the patient file. So, the maximum individual file size is 5 megabytes, which is what Jen was speaking to earlier. And, all files should be uploaded by zipped file. So, the maximum of submissions within a zipped file is 15,000. And, again, if you have more than 15,000, which we know that a number of hospitals do, submit additional zip files to contain that data. Okay. And again, if you have any questions, like for instance with Jen's example about, you know, if it's larger than the 5 megabytes, please contact the *QualityNet* Help Desk for assistance. Next slide, please.

A number of you are already using the Pre-Submission Validation Application, or the PSVA as its commonly referred to. And, a lot of people are using that to test their files for any formatting corrections; and, again, even though we understand that this is still a test early and test often scenario – since our submission deadline is February 28 – there are other details here on the page; but, again, if you need assistance using the tool or with user accounts, please contact the *QualityNet* Help Desk. Next slide, please.

Now, we also know, or we heard from many hospitals, that they're using the test preparation checklist and have found it useful. So, we're very happy to know that this is beneficial to folks. We also want to remind you that there is also a production checklist available as well. The documents are posted on the QualityReportingCenter.com website, and they'll also be available on the QualityNet website in the coming weeks. So, please stay posted. We'll let you know as soon as that information is available. Next slide, please.

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Now, in terms of resources, we have a number of them available and we tend to review these every call. So, I don't want get into a whole lot of detail because I want to make sure we have Q&A time. But, let's just review these really quickly. Next slide, please.

Again, information for the *QualityNet* Help Desk is here. If you have general program questions regarding eCQMs specific to the IQR policy and program, please contact us here through our help desk information there. If you have specific questions to the EHR Incentive Program, that's a different group that can assist with that, so the EHR Information Center is available to assist you. And of course, there's always the utilization of JIRA if you have questions about measure logic or if you need clarification on the specification. Next slide, please.

This one is just a snapshot of the eCQI Resource Center and the information that's there for folks who are still putting aspects into place for successful reporting. Next slide, please.

Again, this is a snapshot for the eCQM Library. Most of what we've discussed today in terms of specifications or Implementation Guide, everything is posted here. So, we certainly want to make sure you have access to that website. Next slide, please.

The registration attestation page, as we discussed earlier, that is the method for reporting but specific to the EHR Incentive Program. For those who weren't familiar with it or want to learn more about it, the information is here for you to do more research. Next slide, please.

We've mentioned earlier about the Quality Reporting Center. For those of you who aren't aware of it or haven't seen it, this is where a good portion of the information is posted in terms of webinar materials, any other reference material that we have, and training materials. It's all posted here specific to the IQR Program. Next slide, please.

Now, on JIRA, we do receive a lot of questions. So, we want to make sure that you did have the link for it and a snapshot of how the page is laid out so that, you know, how to get there, and what to expect when you arrive.

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So, this is just basic information for you in terms of feedback for eCQMs if you have questions or measure questions or anything of that nature. Next slide, please.

Okay, and for this slide, we just wanted to talk about the related rules that are associated with the reporting that's taking place for calendar year 2016. So, I want to make sure you have that. And, again, these are published on the Federal Register, and that information is available to you at any time. Next slide, please.

And so, we wanted to make sure we have plenty of time for questions and answers. So, I will go ahead and turn the call over to Veronica.

Veronica Dunlap: Thank you, Artrina. Hello, everyone. I want to take the time and say thank you for submitting your questions. So, let's get started. Our first question: are there standard error codes defined for each of these errors, and is there a standard API for returning those error codes back to the submitter?

Jennifer Seeman: So, there are standard error codes, and they're defined with – on each of the slides with the CONF number for reference in parentheses. There is not an API per se. Once files are submitted through *QualityNet*, you're able to run reports that will return errors related to any file rejection. The submission detail report on *QualityNet* for eCQMs will provide that level of information.

Veronica Dunlap: Next question: if we have warnings that we don't fix, will the system reject the file? We have only been focusing on fixing the errors at this point.

Jennifer Seeman: That is an appropriate approach. The warnings will not reject files in the system.

Veronica Dunlap: Next question: we are two months into the submission period. Until last week, we were not able to consistently get the second emails back after submitting our files. We are still not able to run the report for what we submit. Considering these issues, has there been any discussion on

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pushing out the submission deadline date? If not, will that discussion take place?

Jennifer Seeman: So, at this point, we're actively triaging any issues that we're aware of in regard to submissions and reports. At this time, I cannot speak to any extension, as we're still working to resolve those issues. So, that may be a discussion to be – to take place at a later date.

Veronica Dunlap: Next question: for error message CMS_0062, we have an insurance that requires us to use the ED arrival date and time as the admission date and time. So, we are encountering these errors. How do we correct this given our insurance contracts requirement?

Jennifer Seeman: The way – I think if you're struggling with the formatting for that, I'm sorry that I'm trying to picture what that would look like. So, I think at this time, I just recommend reaching out to the help desk, so we can further look into the specifics in that situation. I'm not sure that I completely follow the question, so I don't think I can provide guidance right now.

Veronica Dunlap: No problem.

Veronica Dunlap: Next question: for error three, I don't know if we can advance the slide to error number three. Thank you. If the date in the file matched what is in the EHR, they shouldn't be changed in the QRDA file, correct?

Jennifer Seeman: Correct. So, if you're seeing issues with the mapping of your admit discharge date, that should be corrected within your system.

Veronica Dunlap: Next question: some of my test files passed validation through the PSVA tool, but were then rejected at *QualityNet* due to error 0072. Why wasn't the PSVA tool able to catch them?

Jennifer Seeman: So, the PSVA tool currently does not do the comparison with the CDA that the CMS System does. So, 0072 is one of the errors that can be generated in the CMS receiving system that you would not see in PSVA.

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We are working to align that, but at this point, that check is not done in PSVA unfortunately.

Veronica Dunlap: Next question: where is the HL7 guide located?

Jennifer Seeman: So, that is on the HL7 site, and I think we have links out there, and I don't know maybe when we published the Q&A can we include the link. I don't think I can rattle the URL off the top my head to be honest, sorry.

Veronica Dunlap: Next question: if we have a QRDA file with the discharge date prior to the admission date, is it acceptable to modify the XML code to correct it?

Jennifer Seeman: So, I think that comes back to a mapping issue within your system that I – it seems to me would need to be addressed, and I can't speak to the specifics of all EHR systems, but that should be – that should be mapped appropriately within your system without having to correct it in an individual file, I believe.

Veronica Dunlap: Next question: we have been experiencing problems with the PSVA submission of test files. I am not receiving any confirmation email listing or the batch number. The uploaded file is listed, but the filename is appended with antivirus scanning. It has been over two hours since the upload. Is there a known issue with this?

Jennifer Seeman: At this time, I'm not aware of any issues in production. Keep in mind that we do allow up to 24 hours for file processing. If your file has not been completed, meaning you've not gotten the second email, that's assuming you've gotten the first, then you should reach out to *QualityNet* Help Desk.

Veronica Dunlap: Next question: are most of this 3.8M QRDA files received through Medicare?

Jennifer Seeman: So, I don't have specific payer information related to the submissions. It's not something that we're tracking at this point. We just have statistics about submissions.

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- Veronica Dunlap:** Thank you. Next question: I have successfully submitted my test file, how do I access my measure calculation and measure data checks?
- Jennifer Seeman:** So, for test files, not all of the reports are available. So, the file or the report that you would use to look at performance data is the eCQM performance summary report, which only displays production data at this point. And, the eCQM submission status report can give you an overview of your submission success. But again, those two reports are specific to production data and won't display test information.
- Veronica Dunlap:** Next question: if a hospital is reporting data for MACRA, will they need to report the eCQM?
- Jennifer Seeman:** I'm not sure, was that for physicians?
- Veronica Dunlap:** Yes, I think so.
- Jennifer Seeman:** Yes. So, I would have to defer to the Quality Reporting Program that the physicians are working towards at this point. I can't speak to that.
- Veronica Dunlap:** Next question: we have submitted files via the PSVA tool. The files were submitted to test and validated and accepted. The files were submitted to production and submitted successfully. We got an email that the files were rejected. How do we review to see why they were rejected?
- Jennifer Seeman:** You would initially run the submission detail report for eCQMs. That would identify the errors related to the files, and if you have further questions, please reach out to the *QualityNet* Help Desk.
- Veronica Dunlap:** Next question. I was wondering that submission using the PSVA tool is acceptable for the EHR and IQR submission. How do we verify that the meaningful use requirements have been met?
- Jennifer Seeman:** From a QRDA submission perspective, you can look at the eCQM submission status report through *QualityNet* which will indicate both IQR and meaningful use status. I want to add to that, though, that that does not include requirements outside of QRDA submissions. Meeting meaningful use has other objectives, as well as the IQR Program that need to be met

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for overall program success. But, in regards to the QRDA submission, the submission summary report – status report, I’m sorry, will give you that information.

Veronica Dunlap: Okay. And, a follow-up to that question is: what do we need to keep on file for audit purposes?

Jennifer Seeman: I believe I would defer to a hospitals policy in regards to any kind of audit processes.

Veronica Dunlap: Next question: is reporting of eCQMs required for physician practices?

Jennifer Seeman: I would again defer to the physician practice quality reporting programs for that information.

Veronica Dunlap: Next question: will 2017 submission still require a full year of reporting for both the IQR and EHR Programs?

Jennifer Seeman: That’s what we have at this time; no changes have come to my knowledge.

Veronica Dunlap: Next question: if we have no patients on a measure, how do we submit a zero denominator declaration?

Jennifer Seeman: So, zero denominator declaration can be submitted through *QualityNet*, the IQR Hospital Quality Reporting portal, under the eCQM, you can go in and select denominator declaration. And then, you can either do case threshold or zero denominators through those screens. And, if you have – need help accessing those screens, please reach out to *QualityNet*.

Veronica Dunlap: Next question: when we report for one quarter, can we report using either the PSVA tool or the *QualityNet Secure Portal*, or do we need to do our final submission using only the *QualityNet* portal?

Jennifer Seeman: The submission process can take place either through PSVA or *QualityNet*, just ensure that you’re submitting your files through the production link or into the production folder for program credit.

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Veronica Dunlap: Next question: if there are no patients for that quarter, will the file just pool with the appropriate headers and time frame, but without the patient data?

Jennifer Seeman: I believe that sounds like a question that would be specific to an EHR system. So, I would reach out to your IT Department or to your vendor for help answering that.

Veronica Dunlap: Next question: is there any way of ensuring that we have a successful submission? How do we verify that the file was submitted and received successfully?

Jennifer Seeman: As part of the submission process, you should receive two emails. You'll receive the first email just upon receipt to the system, and you'll receive a second email confirming processing has complete – completed. If you don't receive a second email for a submission, you need to reach out to *QualityNet* Help Desk to let them know. If you've received that second email and your files have been accepted, you can run the eCQM submission status report that will confirm – if you are requiring – QRDA reporting requirements have been met?

Veronica Dunlap: Next question: what is the penalty of not completing and submitting successful QRDA file?

Jennifer Seeman: Artrina, do you want to take that one?

Artrina Sturges: Sure. So, as part of the IQR Program, please keep in mind, let's look at both programs. We're specifically talking about IQR: completing this portion of electronic requirement – reporting is a requirement. So, there is a penalty that is assessed if you're not completing that portion because it affects your overall performance for IQR. Veronica, if you need to give additional detail, feel free. I just want to make sure. So, that I'm clear ...

Veronica Dunlap: Yes, for further information. Hospitals from an IQR perspective will receive one-fourth reduction of the applicable percentage increase in their annual payment update, or what's also referred to as APU.

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Artrina Sturges: OK. Thank you. And then also if, you know, depending on how you choose to report in terms of the EHR incentive program, against the ability to electronically report is a portion of the program requirement. So, if you want additional details as to what that penalty could potentially look like or what other repercussions could be for not reporting, please contact the EHR Information Center, and we have provided that information in the reference section of the presentation today. Thank you.

Veronica Dunlap: Thank you, Artrina. Our next question, what is the difference between validating via the PSVA tool or through *QualityNet*? Does one provide more useful feedback on errors?

Jennifer Seeman: So, as we've seen, there are some differences between validating through PSVA and then validating in the CMS system. The CMS system does do some additional checks, one in regards to the CDA schema, two, in regards to submission period dates and so on, also authorization for a vendor to submit for a hospital. So, CMS will also include measure outcome information that you may want to look at prior to final submission. So, those are the differences. The PSVA is a good starting point for initial validation and will help you work through many issues in regards to file format. And so, I think that there is some different information. They both provide value, but ultimately, you know, you want to be sure that your files are getting accepted through the CMS receiving system.

Veronica Dunlap: Thank you. Next question: is there a plan to validate eCQM data for accuracy?

Jennifer Seeman: In the IPPS rule, I believe they have finalized that eCQM validation will begin with calendar year 2017 discharges. So, 2016, we're not validating at a clinical data element level. But, we'll be moving towards that for 2017 discharges.

Veronica Dunlap: Next question: can we use the PSVA tool to test QRDA III files?

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- Jennifer Seeman:** At this time, I believe it's only looking at HQR Cat I files. That tool has been developed in a way that we can expand its use, but at this time, it's not accepting Cat III.
- Veronica Dunlap:** Next question: where can we locate the eCQM preparation checklist for calendar year 2017?
- Jennifer Seeman:** Artrina...
- Artrina Sturges:** I got this... For the 2017, it hasn't been published yet, but we do plan on having that published during the month of December. So, when we have that done, we will send a ListServe to let everybody know that it's available, but thank you for asking.
- Veronica Dunlap:** Thank you. And, that looks like we have time for another question. When submitting a zipped file with multiple QRDA files, how are error codes returned if there are multiple errors present? How do submitters know what errors occur in which QRDA file?
- Jennifer Seeman:** So, you can run the eCQM submission detail report for a specific batch. When that report returns, it will list the specific errors by file name. So, you should easily be able to differentiate which errors apply to which file.
- Veronica Dunlap:** Great. Thank you. And, I'll hand it over to Deb Price to review the Continuing Education process.
- Deb Price:** Well, thank you very much. Today's webinar has been approved for one Continuing Education credit by the Boards listed on this slide. We are now a nationally accredited nursing provider; and, as such, all nurses report their own credits to their Boards using the National Provider Number 16578. It is your responsibility to submit this number to your own accrediting body for your credit.
- We now have an online CE certificate process. You can receive your CE certificate two ways. First way is, if you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. We will also be

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sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk®, please pass the survey to them. After completion of the survey, you'll notice at the bottom right-hand corner a little gray box that says, "Done." You'll click the "Done" box and then another page opens up. That separate page will allow you to register on our Learning Management Center. This is a completely separate registration from the one that you did in ReadyTalk®. Please use your personal email for this separate registration, so you can receive your certificate. Health care facilities have firewalls that seem to be blocking our certificate from entering your computer.

If you do not immediately receive or respond to the email that you signed up with the Learning Management Center that means you have a firewall up that's blocking the link into your computer. Please go back to the new user link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your new user link, just wait 48 hours because remember you're going to be getting another link and another survey sent to you within 48 hours.

Okay. This is what the – what the survey will look like. It will pop up at the end of the event, and will be sent to all attendees within 48 hours. Click "Done" at the bottom of the page when you are finished.

This is what pops up after you click "Done" on the survey. If you have already attended our webinar, and received CEs, click "Existing User." However, if this is your first webinar for credit, click "New User."

This is what the new user screen looks like. Please register a personal email like Yahoo or Gmail or AT&T, since these accounts are technically not blocked by hospital firewall. Remember your password, however, since you will be using it for all of our events. You noticed you have a first name, a last name and the personal email, and we're asking for a phone number in case we have some kind of back side issues that we need to get in contact with you.

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This is what the existing user slide looks like. Use your complete email address as your user ID and, of course, the password you registered with. Again, the user ID is the complete email address, including what is after the @ sign. Okay. Now, I'm going to pass the ball back to your team lead to end the webinar and to go over any questions that came in. Thank you for taking the time spent with me.

Artrina Sturges: Thank you, Deb. We appreciate it. I just want to extend our thanks, once again, to everyone for their attendance, for your questions, and for your attention this afternoon. Any associated webinar materials will be posted, as we mentioned earlier, in the coming weeks on the QualityNet.org website and the QualityReportingCenter.com website. So, this will conclude our webinar for today. Thank you so much, and have a great afternoon.

END