



Inpatient Quality Reporting (IQR) Program

Support Contractor

Question and Answer Session I Calendar Year 2016 eCQM Reporting

Presentation Transcript

Moderator

Artrina Sturges, EdD

Project Lead, IQR-Electronic Health Record (EHR) Incentive Program Alignment
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Speaker

Jennifer Seeman

Program Manager, Hospital Quality Reporting (HQR) EHR
Portfolio, Program, and Project Management (PM3) SC

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Artrina Sturges: Thank you very much, Matt. And good afternoon, everyone. My name is Artrina Sturges, and I am your host for today's event. We do have a few announcements for you. The first is that this presentation is being recorded, and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is www.qualityreportingcenter.com, and also posted to *QualityNet* in the coming weeks. If you registered for the event, a reminder email, as well as, a link to the slides was distributed last Friday. If you did not receive the email, the slides are available for download on our inpatient website, again, www.qualityreportingcenter.com. Jennifer Seeman has joined us as a presenter for today's event. Jennifer is the Hospital Quality Reporting Electronic Health Record Program Manager for the Portfolio, Program, and Project Management Support Contractor. Next slide, please.

So, the purpose for today is, that we just want to reiterate for you, this is the first of two question-and-answer sessions that we will have. We have one this month, and we have another one that will be scheduled for February. And we want to take that time to address submitter questions regarding mandatory calendar year 2016 eCQM submission, in terms of the process for the IQR and the Medicare EHR Incentive Programs. Next slide, please.

Our objectives today are to address your questions, again, by providing greater insight for troubleshooting common QRDA Category One file submission errors. We will make a high-level reference to current tools and materials that are available to assist you with submission activities. And, we want to ensure that you are utilizing the steps needed for a successful submission. Next slide, please.

Based on the feedback we have received, there have been – there has been some confusion about when to utilize feedback and submission reports. And, so, we wanted, along with some other things, so, we wanted to open with a reports overview for you, then we will open the session to address your questions and answers. As Matt stated, please utilize the chat box to provide your questions, and we will address as many questions as we can

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during the webinar. And, at this time, I will turn the webinar over to Jennifer to discuss feedback and submission reports.

Jennifer Seeman: Thank you, Artrina. As Artrina mentioned that we have had a lot of questions about reports. So I'd just like to go through some of these slides fairly, fairly quickly just to provide some guidance to the reports available on *QualityNet*. And, then, we will open it up to questions after that. Next slide, please.

As stated, the slides are – I'm – the reports are available on *QualityNet*. If you notice, the report program is specified as IQR. And when you click the Report Category's drop-down, you will see, depending on your user roles, you will either see Submission Reports or Feedback Reports. Some users will see both. Next slide.

And the primary differences are just that the Feedback category is primarily used by hospitals; the Submission category, primarily by vendors and generally allows for additional data or more hospitals to be pulled and analyzed at one time. Next slide.

I just want to note that, as you will see on this slide, that the reports are the same in both categories. I will say that there has been an update in the production system and we have actually disabled the eCQM Submission and Performance Feedback Report through the Feedback category due to some performance issues. So, these slides were, or screenshots were, prepped prior to that, so it does still show here. But, it is not currently available in production. Next slide.

And the one thing that I will note about the differences is what the parameters look like. So, when we talk about a report that is run through the Feedback category versus the Submission category, there are some differences in the parameters primarily. In general, the data will return the same. There's just more parameters for the Submission category, which is a good thing because for the Submission Detail Report, in particular, this is a report that is used to identify validation errors in files that have been rejected. It does show test or production data. But, that submission or

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upload start and end date is a helpful parameter to use to narrow down how much data returns on that report. Next slide.

And I do want to note that – a correction on this slide. So, this basically just shows a general screenshot of what displays on the report. But, the category; the Feedback Report actually shows the Submission category. The slides will be corrected. It is just that the examples got mixed up on this. And that they will be posted at a later date with the correction.

So, you will notice that there are some differences. Again, the Submission category example is on top, where it does actually specify the submitter, as well as, the provider. And, that is basically the difference that you will see in that report. And, again, the feedback messages that you will see here are errors that you will get when you have a file rejected. It will help you identify what needs to be addressed in the file. Next slide.

The next report is the Submission Summary Report; again, just showing the difference in the parameters. This report also shows test and production data. And it is really just a summary of the files that have been submitted, and includes measure counts, as well. Next slide, please.

And one thing that I want to note on this report is that you will see the total files submitted and, then, you will see the measure count. And I just want to point out that those will not necessarily match because, again, that is a measure count. So, the files are looking at the total number of files where the measure count is actually looking at the number of cases for each eCQM. So, you may have multiple cases for a measure within the file, which would contribute to those numbers being different. And, this is the Feedback category screenshot again. Next slide.

The Submission category; again, the same data, just including the submitter identification, as well. Next slide.

The eCQM Performance Summary Report parameters you will see are the same for both categories. This report shows production data only. And, we are planning to add test data to this report in a, in a, future release. But

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we don't have a date specified for that. But, we have gotten feedback that it would be helpful to run this report on test data, as well. Next slide.

And, as you see here, it displays aggregate eCQM performance data. It is broken down by eCQM. It provides a count of the measure populations or outcomes, a total count for each of those, and then, also the performance, the calculated performance, score for the given period. Also, as you can see, it displays the time values for the continuous variable measures or ED measures. And, this is an example of the report through the Feedback category. Next slide.

And, this is just the example of the same report through the Submission category; again, essentially the same information. This one shows more measures. And, again, it includes the submitter ID in the header information. Next slide.

The eCQM Submission Status Report. So, this is a key report for you all to use. Again, the parameters are the same for the Feedback and Submission category. The reason that this is a key report is that this will help you determine if you have met the eCQM requirements for the IQR Quality Reporting Program and the Meaningful Use [EHR] Incentive Program. And if – next slide.

We can look at the example here through the Feedback category. And, I want to point out where it says Successful Meaningful Use Submission, Yes and Successful IQR EHR Submission, Yes. That is what tells you that you have met the eCQM portion of reporting requirements for those two programs. And I can't emphasize it enough that it does not have any indication of meeting other program requirements outside of the eCQM reporting. The report will also list all of the eCQMs, and it will list a submission status. If it has been submitted, it will provide the last submission date for that. It will also display if a zero denominator declaration or case threshold exemption has been selected for that eCQM. Next slide.

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Again, showing the information from the Submission category with the submitter ID specified and, in this case, showing the report being run for multiple providers. Next slide.

And this is just a summary, again, for this report, again, to emphasize that it is really specific to the eCQM reporting requirement. Also, just to note that it is a snapshot in time. If you submit additional data after running this report, it could change those indicators. So, just make sure that once you have done all of your submissions, that you run this report, and make sure after your final submissions are in, that, that, you have triggered those indicators to mean, yes, that you have met program requirements. Next slide.

This is the eCQM Submission and Performance Feedback Report parameters. Again, it is currently disabled through the Feedback category due to some performance issues. One of the reasons that we are able to allow the Submission category to still be available is the fact that, with the Submission category, you can, as I said, further drive down the data that comes back. And, it is really about the volume of data that comes back on this report, and narrowing the upload dates. And, even running by batch ID is highly recommended so that, you know, it makes that report a little bit more manageable. Next slide.

This report also shows test and production data. It is also a very important report because it shows the patient-level measure data in accepted files. So, you will see that it lists the patient ID; and it gives that level of information, the eCQM. And then, the messages on the right indicate what the outcome was of that eCQM for that patient. In the example showing, the numerator was met. It means that the intent of the measure has been met. Next slide.

And this is, again, the – well, that was the Feedback category or, this is the Submission category. Sorry about that. Again, the same information. In this particular example, you will see that that patient had been excluded from the measure, based on the encounter criteria. So, one of the things about those messages is that, we provide, where we can, some detail to point you in the direction that you need to go to understand how you got to

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that outcome, when it is applicable. Usually, it is a little bit easier to do that with the exclusion messages. But, again, we try to provide that level of information when we can. And next slide.

And this is just a quick summary reference that you can review and keep handy if you would like. Again, I just wanted to cover some of that report information, as we have gotten a lot of questions about it. And with that, I will hand it over to Roni. Thank you, all.

Veronica Dunlap: Great. Thank you, Jen. We are going to go ahead and get started with our questions today. Our first question. Please address if critical access hospitals are required to report eCQMs for the Hospital IQR Program.

Artrina Sturges: Hi. This is Artrina. In terms of critical access hospitals, let's, we will take it, kind of, in two approaches. If we are talking about the IQR Program with respect to impacts on payment adjustment, that only applies to eligible hospitals under the IPPS, or the inpatient prospective payment system. Okay. So, critical access hospitals are not required to participate in the Hospital IQR Program. But, you are highly encouraged to voluntarily report quality data, including eCQM data.

Now, in terms of reporting for the EHR Incentive Program, critical access hospitals are required to participate. And we do want to encourage you to take a look at that. The reporting requirements for CAHs participating in that program can be fulfilled using one of two options: either submission of at least four eCQMs or reporting on at least four eCQMs through the *QualityNet Secure Portal*, or aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System.

So, what we would encourage you to do is, if you have any questions about that, in terms of the EHR Incentive Program, please visit the [cms.gov](https://www.cms.gov) website. And they have specific reporting information there, and worksheets, and everything else pertaining to the Medicare and Medicaid EHR Incentive Programs. Thank you, Roni.

Veronica Dunlap: Great. Thank you. Next question. My hospital is submitting four stroke measures for eCQMs for quarter four. Can you clarify the IPP, which is the

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Initial Patient Population, for the QRDA files to submit? Will the QRDA files only consist of those patients that meet the IPP for stroke measures, or will the files consist of all the inpatient discharges during quarter four?

Jennifer Seeman: So, the clarification, in regards to the IPP, is the patient must be 18 years of, 18 years or, older. And, then, they must have an active diagnosis starting within that encounter, as well as, their encounter, the encounter itself, meaning the specified criteria in the eCQM. I think, though, that the question, as to, will the QRDA file only consist of those patients that meet the IPP, is dependent on how your system generates your QRDA files, and what triggers that. I am not sure on a system-to-system level how that is determined, to be honest. So, that might be something to follow up with your EHR vendor on.

Veronica Dunlap: Thank you. Next question. For QRDA files that have multiple encounters, what if one of the discharge dates is outside the reporting period? For example, there are three encounters in the file for quarter four, yet one of the encounters has a discharge date of January 3, 2017. Will CMS accept this file?

Jennifer Seeman: I don't believe, and I will confirm before the Q&As are posted. But, I don't believe it will reject. And, again, I think that is just something that you would look at, as far as your system goes, and why it would include an encounter with a discharge date outside of the reporting period. But, I, again, I will confirm. But, I don't believe it will reject. It should still take your three in-reporting period encounters.

Veronica Dunlap: Next question. How does CMS plan on confirming the e-measures their software has identified in the QRDA files actually are the measures members selected since hospitals do not have to select measures in *QualityNet* this year?

Jennifer Seeman: So, really, the confirmation is just the measure IDs that are contained within the QRDA file. So, you will include those measures. Our system will read the IDs out of the file. And, then, you should be able to confirm

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that the measures you intended to report are the ones that were reported on, through the *QualityNet* reports that we just reviewed.

Veronica Dunlap: Next question. Since IQR and meaningful use have the mutual e-measures, or eCQMs, are the measures also due March 13 to align with the Hospital IQR extension?

Jennifer Seeman: Yes. The eCQM extension is for both IQR and meaningful use eCQM submissions.

Veronica Dunlap: Next question. We are having difficulty understanding if eCQMs reported through the *QualityNet Secure Portal* need to be accurate or not. Our EHR vendor understands that it does not have to be accurate. But, we need to sign the DACA, from a hospital perspective. If the QRDA file does not need to be accurate, do we have to submit accurate data elsewhere? Can you please clarify?

Jennifer Seeman: I would very strongly encourage reporting of accurate data. And, we understand that there are still a lot of learning with the EHR process and the QRDA process. But, we – that data should really be accurate to the best of your ability at this time. That being said, we are not actually validating the data until calendar year 2017 discharges, at which point the performance will be [inaudible], but the submission, and we will start looking at the data-level, or data-element-level, information in those files. So, the goal should definitely, most definitely, be to report accurate data.

Veronica Dunlap: Next question. Do hospitals need to tell CMS...

Jamie Halloran: ...Veronica?

Veronica Dunlap: Yes?

Jamie Halloran: I am sorry to interrupt. Apparently, we have lost the sound for a short period of time. So, we are going to go ahead and give out the phone numbers to everybody to call in. So, if you just want to hold out a few moments.

Veronica Dunlap: Thank you, Jamie. Did everyone hear that?

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- Female:** Yes.
- Veronica Dunlap:** Thank you.
- Jamie Halloran:** Okay. I think we may be good. I am seeing that the sound is back on.
- Jennifer Seeman:** Great. Thank you.
- Veronica Dunlap:** Our next question. Do hospitals need to tell CMS which four measures they have selected prior to submitting their data?
- Jennifer Seeman:** No, they do not. You can just include the measure IDs in the files and we will take it from there.
- Veronica Dunlap:** Next question. When will the *QualityNet* report function be available for providers and vendors to run reports?
- Jennifer Seeman:** So, there have been some issues in the production system in regards to reports, some various issues. There have been some related to parameters, and there have been some related to delay, or the reports running slowly, or potentially dropping. Now, my understanding is, that they continue to see these intermittent issues. I can tell you that we have teams focused directly on triaging and troubleshooting the issues that we are seeing with reports right now, and we hope to have some resolution soon.
- Veronica Dunlap:** Thank you, Jen. Next question. Can we submit our final QRDA files through the PSVA tool?
- Jennifer Seeman:** Yes. Production files can be submitted through PSVA. And, then, I'd just, again, confirm your submission. You should still get two emails when you submit through PSVA. And then, you would also want to go to *QualityNet* once you have done that submission, and confirm with your reports that your data has been received as expected.
- Veronica Dunlap:** Next question. Could you please repeat the reports that are not available at this time?

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- Jennifer Seeman:** Right now, the only report that is actually disabled is the eCQM Submission and Performance Feedback Report through the Feedback category. It is still available through the Submission category.
- Veronica Dunlap:** Next question. We have identified and added our EHR vendor last summer. Do we need to add or update again if the vendor is still reflected in the *QualityNet*?
- Jennifer Seeman:** No. I don't believe you should have to do anything if you have already authorized them.
- Veronica Dunlap:** Next question. Could you please explain what specifically CMS is validating when hospitals undergo eCQM data validation for calendar year 2017 data?
- Jennifer Seeman:** So, we are still in the process of defining what that process is. So, you know, to say exactly, I don't have that information yet. I can say that we are looking to model it similarly to the IQR process for chart-abstracted data. But, again, that work is still very early, even in our system. So, we don't have a lot of details yet. But, I know that, you know, the validation support contractors – and there will definitely be a lot of E&O coming out when we get closer and we have that kind of detail nailed down.
- Veronica Dunlap:** Next question. Does the facility need to authorize who is submitting the QRDA files?
- Jennifer Seeman:** Yes. If you are using a vendor, you need to go through the vendor authorization process for them to submit on your behalf.
- Veronica Dunlap:** Next question. When I did a test submission, it came back with one file that was rejected because of a date error. All of the rest of the files were accepted and there were no errors. Would this constitute a valid submission or would I have to have all files accepted?
- Jennifer Seeman:** So, I think, what I would say is if it was one file, if that is a date error that is on your system, you should pursue a fix for that information. But, the rest of your files would still be acceptable.

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- Veronica Dunlap:** Next question. Which report is recommended to confirm that I have met the criteria for both the Hospital IQR Program and the EHR Incentive Program?
- Jennifer Seeman:** That would be the eCQM Submission Status Report. And that is the one that has the indicator for successful program for each of those listed. And you will want to confirm that that is a Y for each – either of the programs that you are reporting for.
- Veronica Dunlap:** Next question. Can I submit once and have that count towards both the Hospital IQR Program and the EHR Incentive program?
- Jennifer Seeman:** Yes.
- Veronica Dunlap:** Next question. Other than the Performance Summary Feedback Report, are all the others available for test submission?
- Jennifer Seeman:** Not the eCQM Submission Status Report because that is the one that indicates program success. That is only based on production data, as well.
- Veronica Dunlap:** Next question. If you submit a zero denominator, will it show on the eCQM Feedback Summary Report?
- Jennifer Seeman:** No. We are talking about the Submission Summary Report, right? With the aggregate data? It wouldn't display there. It will display on the Submission Status Report. That is the one that shows program success. So, in the submitted category or column where it says Submitted or Not Submitted, I believe it will display if one of the denominator declarations was indicated there.
- Veronica Dunlap:** Next question. Will there be a future report created that shows the exact end-data element that resulted in the measure category assignment?
- Jennifer Seeman:** We are working on a similar report. We understand that, you know, it is difficult to track some of the issues down. And we do have – I don't have an anticipated release date for that yet. But, it is something we have received feedback about and we are pursuing at some point.
- Veronica Dunlap:** Could you please explain what IPP stands for and what it means?

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- Jennifer Seeman:** So, the IPP stands for the Initial Patient Population. And it is comparable to, I believe, if you have looked at chart-abstracted measures, and it kind of defines that global population. It is, it is, sort of, the specific patient population that the measure stewards have defined, to be included in measurement for a particular eCQM.
- Veronica Dunlap:** Next question. When does an inpatient encounter really start? Is it when the admit order was obtained, or is it when the patient actually arrived onto the unit?
- Jennifer Seeman:** So, I think, you would have to review the guidance for those. And if you have questions in regards to specifically how to interpret some of that data, then I would refer the user to the JIRA site. And they have a direct line to the, to the, measure stewards who can review and provide that level of guidance on the data in the file.
- Veronica Dunlap:** Next question. What causes the following error to occur? And the error is, “Error occurred while retrieve report parameter values. Please contact administrator to correct report metadata.”
- Jennifer Seeman:** So, that is one of the production issues that we have seen, again, intermittently. It is really, it is, a system issue that we have teams working on. And it is something that they are trying to get, trying to get, resolved. I would just suggest backing out and attempting to run the report again at this point.
- Veronica Dunlap:** Next question. I am logged in to *QualityNet* and only see EHR Hospital Reporting Submission Report as an option. I am not able to access the Feedback Report. Please advise.
- Jennifer Seeman:** So, again, I will just reiterate that the reports are the same available with the exception of the one that has been disabled through those categories. So, if you have the Submission category, you have the ability to run those reports. If you think that you should have also the Feedback category, then I would reach out to the *QualityNet* Help Desk, and let them know that you may need to, they might need to, review your user role or status to confirm whether or not you should have the Feedback category.

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Veronica Dunlap: Next question. If a hospital has a vendor for submission, can the hospital still run the submission reports, or are these only available to the vendor?

Jennifer Seeman: Again, it depends on the role that the user has. And it is not necessarily consistent from one facility to another. So, they may have a vendor authorized that could run those reports. But, they may also have users within the facility that would also be able to see those reports. Again, it would come down to just reviewing the roles of the individual users.

Veronica Dunlap: Next question. For the eCQM Performance Summary Report, why is there no data in the denominator for the un-stratified ED measures?

Jennifer Seeman: I may have to take that one offline. I am not sure if they are referring to the examples, or if it is something specific that they are seeing in data on a report of theirs.

Veronica Dunlap: Okay. Next question. I thought the submission deadline for submitting eCQMs was February 28, 2017 for calendar year 2016 data. What is the new date and why did it change?

Jennifer Seeman: The new date is –

Artrina Sturges: So – go ahead, Jen.

Jennifer Seeman: No. You are good. Go. [Laughter]

Artrina Sturges: Okay. So, the new date is March 13, okay, 2017. Please take a look. There was a ListServe that was distributed, I believe it was January 17, to let people know that the submission deadline has been extended. And, really, that was just to assist hospitals, as they were working on their submissions. Other than that, you know, we just want to make sure we are being responsive to the needs of the community, submitter community. So, again, March 13, 2017, is the date that it has been extended to for submission for 2016 data.

Veronica Dunlap: Great. Thank you, Artrina. Our next question. Is there a recommended time frame for submitting production files for generating the report?

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Jennifer Seeman: So, in regards to the submission, the reports should be available after you receive your confirmation email for your submission. So, once you get that second email, at this time, you should have data on your reports for that submission.

Veronica Dunlap: Next question. We have two facilities. We have downloaded the PSVA tool. We can only sign in with one facility ID so that we can run the report from our other facility. How do we fix this? Do we have to download the PSVA tool for our other facility?

Jennifer Seeman: So, the PSVA tool shouldn't be specific to the facility, meaning that it really is only validating the file format. It doesn't look at, it doesn't look at, the CCN per se. Now, submissions might be a little bit different. So, if you have somebody using PSVA who is authorized to submit for one of those facilities but not the other, then you'd only be able to submit for the facility that that user is authorized for. It sounds a little bit confusing. But, really, the PSVA itself does not look at any authorization until you go to the submit process. And, then, if you don't have a user at Facility A that can, that is authorized to, submit for both facilities, then you will just have to have either another user or, if it is more convenient, to download a second application for the other user. They could go either way. But, the PSVA isn't specific to the facility.

Veronica Dunlap: Next question. Does our eCQM reporting period have to match our meaningful use reporting period?

Jennifer Seeman: I do not – I will follow up on that before I answer.

Veronica Dunlap: Next question. If we could maybe go to slide 22. And for this question, on the eCQM Submission Status Report, there are EHR and IQR domain counts. Do a certain amount of domains have to be met for calendar year 2016?

Jennifer Seeman: No, they don't. So, the domain count was removed from reporting requirements. However, the code has not been, not yet been, removed from this report. It will be in a future release.

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- Veronica Dunlap:** Thank you. Next question. How long after the files were submitted does the second email with details of the processed file come?
- Jennifer Seeman:** You should receive the second email within 24 hours of the submission.
- Veronica Dunlap:** Next question. When we submit a test file, and have rejected files run the Submission Detail Report, what do we do with this information to find out how to fix the rejected file?
- Jennifer Seeman:** So, the Submission Detail Report will list the CONF numbers and the errors that are found within a particular file. And what you will want to do is, either using the CMS QRDA Implementation Guide or the HL7 Guide, depending on the error – if it is a CMS error, you should see CMS_00 and the number you would look in the, in the CMS IG for that CONF number to get more information. If it is a base standard error, again, it will just list that CONF number, and you would look into that document to get additional information on how to resolve the issue.
- Veronica Dunlap:** Next question. If the qualifier for meaningful use only is included in the QRDA file, will the hospital only get credit for meaningful use submission?
- Jennifer Seeman:** At this time, we are not validating against that field, so if [inaudible he] program type. If you submit, we are not looking at that to determine program credit at this point. So, if you have IQR or EHR, it is going to count towards both programs regardless of that field.
- Veronica Dunlap:** Next question. We have received errors in our rejected files. How do we, how do we, go about correcting those?
- Jennifer Seeman:** So, you will want to run the Submission Detail Report. And, again, using the messages for each file on that report, you can use either the CMS IG or the HL7 Base Standard IG to get more information on what needs to be resolved in the file.
- Veronica Dunlap:** Next question. I will be submitting files through the PSVA tool. Are there certain reports to run and check in the PSVA tool, or do I run the reports in the *QualityNet Secure Portal*?

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- Jennifer Seeman:** So, for the PSVA, it does provide an XML or, I'm sorry, an Excel list of the errors if a file doesn't pass validation. So, you would use the same process to look up the errors there. Once you have submitted the file to CMS, then you should be utilizing the reports on *QualityNet*.
- Veronica Dunlap:** Next question. Can we send test files for quarter one 2017 since we are adding more measures that we haven't yet submitted as test files?
- Jennifer Seeman:** So, the standards in the eCQMs are changing for calendar year 2017 submissions. That system is not in production yet. We will send notification when that, when that, is available to test 2017 files.
- Veronica Dunlap:** Next question. Can each measure be submitted in different files at different times, or does it all need to be done at one time?
- Jennifer Seeman:** So, the CMS system is looking for one file per patient per quarter. So, you will want to include all of the eCQMs and all of the encounters for that patient in one file. You will want to do this to avoid any overriding of your patient's data.
- Veronica Dunlap:** Next question. If more than four eCQMs are submitted successfully, will that cause any issues?
- Jennifer Seeman:** No.
- Veronica Dunlap:** Next question. I am new to eCQM. What is the purpose of the Feedback Report? How should we use them properly?
- Jennifer Seeman:** So, I guess, just in summary, you know, the Submission Detail Report, you should utilize to review errors for rejected files. That will be a key one as you are testing and beginning submissions. Once your files are accepted, you should use the eCQM Submission and Performance Feedback Report to ensure that the patients are getting the outcomes that you expect. And then, again, the Submission Status Report to confirm that you have met program reporting requirements. [These] are going to be the three key reports that you will want to use.

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Veronica Dunlap: Next question. If we submit the QRDA files through CMS, do we need to fill in the zero denominators and/or case threshold exemptions, or will the processing of the QRDA files answer those questions within the *QualityNet Secure Portal*?

Jennifer Seeman: You would only need to do a zero denominator or case threshold if you meet the criteria for each of those declarations. So, you don't, if you, if you, declare a zero denominator declaration, you don't need to submit QRDA files to get program credit for those eCQMs. So, they are a little bit independent of each other. If you don't meet that requirement, then you should just submit the QRDA files, and you don't need to do anything in the Denominator Declaration screen.

Veronica Dunlap: Next question. We are currently in the process of switching EHR vendors and will not be able to submit from either quarter three or quarter four 2016 by the March 13 deadline. Are we able to submit an extraordinary circumstance exemption (ECE) request form?

Artrina Sturges: What we would recommend is that you visit the *QualityNet* website. And under the information for eCQMs, there is a specific section there regarding submitting ECEs specific to eCQMs. There is also a clarification of the policy that is also posted out there. Please take a look at that and make sure that it applies to your situation. And if you believe that it does, then please submit the ECE. And keep in mind the ECE deadline for submission for 2016 reporting is April 1, 2017.

Jennifer Seeman: Okay. Thank you.

Veronica Dunlap: Next question. If I submit an ECE for the electronic reporting of CQMs, does this translate to an exemption for the EHR Incentive Program, as well?

Artrina Sturges: Hi. This is Artrina. Very good question. And part of what we clarify on that *QualityNet* website is the fact that there is two, there are two, separate processes. The ECE specific to eCQM reporting for IQR is handled through the ECE process, which is what we mentioned on the *QualityNet* website. The EHR Incentive Program has their own process that is posted on their website. And there is a link to that site, as well, on the *QualityNet*

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page. So, please visit the site. And if you have any other questions, please let us know.

Veronica Dunlap: Okay. It looks like we have time for another question or two. Can a hospital use a flow sheet or another noncertified source to input and capture data in the EHR for calendar year 2016?

Artrina Sturges: Yes, that is permitted. And it is actually indicated as a recommendation from CMS to be able to assist folks who are transitioning EHR systems.

Veronica Dunlap: Okay. Next question. Please define what counts as a successful submission of an eCQM for calendar year 2016 reporting.

Artrina Sturges: So, successful submission is identified as a combination of reporting on at least four eCQMs for quarter three or quarter four, and it could be any combination of what I am about to mention. So, it can be either a QRDA One file, a zero denominator, or case threshold. So, it is reporting on those four eCQMs and any combination that we just mentioned.

Veronica Dunlap: Okay. Great. Thank you, Artrina. I'd like to advance to the next slide.

And I just wanted to point out here that slides 31 through 38 are resources to reference, should you have any questions. We won't be reviewing them today. But, I did want to point them out in case you needed to find additional references. And, now, it would like to pass it over to Deb to review the continuing education information.

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.

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The survey will allow you to get your certificate. We will also be 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 will notice at the bottom right-hand corner a little gray box that says Done. You will 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. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the Learning Management Center, that means you have a firewall up that is 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 are going to be getting another link in 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 webinars 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 ATT since these accounts are typically not blocked by hospital firewalls. Remember your password, however, since you will be using it for all of our events. You notice you have a first name, a last name, and the personal email; and we are asking for a phone number in case we have some kind of backside 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 am 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: Okay. Thank you, Deb. And thank you, everyone, for your time and attention today. This completes today's webinar, and we just hope you all have a very good afternoon. Thank you.