



Hospital Inpatient Quality Reporting (IQR) Program

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CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting

Presentation Transcript

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Artrina Sturges: Thank you very much, Matt, and good afternoon everyone. My name is Artrina Sturges and I'm your host for today's event. We'll start with just a few announcements. The presentation is being recorded and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, *QualityReportingCenter.com*, as well as *QualityNet* in the coming weeks. Those who registered for the event received a reminder email on Friday, which included a link to download the slides. If you did not receive the email, the slides are available for download on our inpatient website, again, *QualityReportingCenter.com*. Dr. Yan Heras is today's presenter. Dr. Heras is the Principal Informaticist for Enterprise Science and Computing.

The purpose of today's webinar is to highlight the changes to the 2018 CMS Quality Reporting Document Architecture Implementation Guide, and review the changes made from calendar year 2017 to calendar year 2018. In addition, Dr. Heras will provide a high-level overview of the updates to the Health Level Seven International, or HL7, base standard for the QRDA I and available resources.

Our objectives for today are to ensure that you're able to identify the changes and updates for the 2018 CMS QRDA Category I Implementation Guide, recognize the high-level changes to the base HL7 QRDA Category I Implementation Guide, and more easily locate resources related to the implementation guides that we're discussing today. I will now turn the webinar over to Dr. Heras. Thank you.

Yan Heras: Thank you, Artrina. The 2018 CMS QRDA Category I IG for HQR was published on July 14, 2017. You can download the documents from the eCQI Resource Center QRDA page under the 2018 Reporting Period section. The schematrons and the sample files are also available at the eCQI Resource Center. In the next few slides, we'll provide a high-level, side-by-side comparison from the 2017 IG to the 2018 IG.

For the 2018 reporting, the 2018 IG must be used. The 2018 reporting also must use the eCQM specifications for eligible hospitals and critical access hospitals published in May 2017, and any applicable addenda. The May

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2017 release eCQM value sets cannot be used for 2018 reporting. This is superseded by the September 2017 eCQM value sets addendum. The eCQM specifications are also available at the eCQI Resource Center. The eCQM value sets are published on the Value Set Authority Center.

The CMS I IG is developed, based on the HL7 QRDA I standard. The base HL7 standard used for the 2018 IG is the QRDA I, Release 1, Standard for Trial Use, Release 4. This is often referred to as QRDA I STU 4. The 2017 IG was based on the QRDA I STU 3.1, so be sure to use the correct base HL7 standard for the 2018 reporting. This is because the eCQM specifications for the 2018 reporting period have all been updated to use the Quality Data Model, QDM, version 4.3, and the QRDA I STU 4 supports QDM 4.3. The link to QRDA I STU 4 on the HL7 website is provided on this slide. You do not need a membership to access the standard, but it does require HL7 log-in for download.

The 2018 IG added two new CMS program name codes. One is HQR_IQR_VOL. This is for Hospital Quality Reporting for IQR Program voluntary submissions. The other is HQR_EPM_VOL, which represents HQR for Episode Payment Model voluntary submissions. There have been no changes to the other CMS program name codes from the 2017 IG.

For the patient identifiers, same as 2017 IG, the patient identifier number is required for all patients for 2018 reporting. The Medicare Health Insurance Claim Number, the HIC number, is still an optional field in the 2018 IG. It should be submitted if the payer is Medicare and the patient has a HIC number assigned. What is new in the 2018 IG is, a new field for the Medicare Beneficiary Identifier, MBI. The MBI is not required, but it should be submitted if the patient is Medicare and the patient has an MBI number assigned. Other patient identifiers are specified in the Clinical Document/recordTarget element in QRDA I file.

Because the 2018 IG is now based on the HL7 QRDA I STU 4 instead of the STU 3.1 that was previously used for the 2017 reporting, the document-level QRDA templates now have a new version. For example, the QRDA Category I Report-CMS template is now version 4 instead of

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version 3. The templateId extension attribute has the date of 2017-07-01. And, this template conforms to QDM-based QRDA V4 templates from the base standard. So, please be sure your QRDA I file conforms to the 2018 IG. And, all the correct template versions are included.

For the section-level templates, the measure section is still the same as 2017. The eCQM version-specific measure identifier, however, must be using the ones from the eCQM specifications for the 2018 reporting. The Reporting Parameters Section template itself is also the same as 2017. Since you will be reporting for 2018, make sure to specify one of the CY 2018 allowable discharge quarters. The Patient Data Section CMS template is updated to become version 4. It conforms to the Patient Data Section QDM V4 template from the base standard. So, please also make sure that you are using the correct template. The 2018 IG itself does not list every single entry templates that are contained the patient data section. You will need to reference the base QRDA I STU 4 standard for those details.

The CMS QRDA I IG includes a capture that lists validation rules performed by the HQR receiving system in addition to the schematron check. The CMS_0073 checks to make sure that QRDA I files must conform to the 2018 IG. And, the CMS_0074 checks to make sure only the eCQM specifications for eligible hospitals and CAHs for the 2018 reporting period will be accepted. Another update made to the HQR validation chapter is, the validation rules for the CDAC users are removed from the 2018 IG.

Along with the IG, CMS published the 2018 CMS QRDA I Schematron. These are the schematron rules implemented in the HQR receiving system for submission validations. Please note that version 1.1 of the schematron was published in January 2018. This has replaced the previously released version 1.0 that was originally released on July 14, 2017. If you open the schematron file, it has a change log at the beginning of the file that describes the changes made.

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On January 3, 2018, a ListServe announcement was sent out to several ListServes about the schematron update. The version 1.1 update was made to correct an issue that, if a QRDA document contains a either HICN or MBI number, then missing the patient identification number is not triggering an error as it should be. This update ensures the precedence of the patient identifier beyond a HIC number and MBI.

Now that we have covered changes made to the CMS 2018 IG, in the next few slides, we'll go through changes made to the base HL7 standard at a high level.

Again, the base standard for the 2018 reporting is the HL7 QRDA I STU Release 4 that was published in January 2017. The main update made to the STU 4 was to align with QDM version 4.3. There are also a few minor updates, were made, as well, to address the approved STU comments. In Volume 1 of the IG, there are several mapping tables that list mappings between HQMF templates to QRDA templates. These mappings have been updated. The HQMF templates are templates that represent QDM data types for eCQM specifications.

Since QRDA STU 4 is to support QDM 4.3, so the changes are mainly driven by the QDM 4.3 changes. This slide shows the QDM 4.3 change log. Two new data types are added. They are Assessment, Performed and Assessment, Recommended. The Risk Category Assessment data type and all three functional status data types include the Functional Status, Performed; Functional Status, Recommended; and Functional Status, Ordered. They are removed from the QDM 4.3. The eCQM specifications for the 2018 reporting period have been updated to be specified using the QDM 4.3.

So to align the QDM 4.3 and to support a 2018 supporting, two new templates, the Assessment, Performed and Assessment, Recommended QRDA templates are added to the QRDA I STU R4.

The Risk Category Assessment and the Functional Status, Performed, Order, and the Recommended templates are removed from the STU 4.

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At a document-level template, compared to the previous QRDA I STU 3.1, no change is made to the US Realm Header template. And, there's also no change to QRDA Category I Framework template. The QDM-based QRDA template is upped a version, so it is now version 4 with a template extension of 2016-08-01. It references the updated patient data section that supports QDM 4.3.

For section-level templates, no change is made to both Measure Section QDM template, and also the Reporting Parameter Section template. The patient data section is updated to add reference to the two new QDM data types. And also, to remove the references [to] templates for the removed QDM data types.

We now have gone over changes at a high level. So, for detailed changes made to the QRDA I STU 4, please review the Volume 1, Appendix B, which summarizes changes in both Volume 1 and 2 of the standard at a high level. Also, the Chapter 9 in Volume 2 provides a detailed side-by-side comparison about changes made to each template that has a new version in STU 4; for example, the Diagnosis Concern Act template.

We have now walked through changes to both 2018 CMS IG and the base QRDA I STU 4. In the next few slides, we'll summarize some of the resources related to the implementation guides.

Both the 2018 IG and the schematrons and sample files are published on the eCQI Resource Center. You will also find the eCQM specifications and the many other eCQM-related resources on the eCQI Resource Center.

Go to the QRDA page on the eCQI Resource Center; you'll find additional QRDA-related resources, such as the current and past implementation guides, QRDA educational resources, such as materials from the past webinars. There is also a QRDA Conformance Statement Resource, which we'll provide an introduction in the next couple of slides. The eCQM value sets are published on the Value Set Authority Center. URLs to the VSAC are provided on the slide.

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The QRDA Conformance Statement Resource is a PDF document that provides detailed information on how to resolve a list of common errors seen during submissions to HQR. The content available now will soon be updated for the 2018 reporting. Here is an example list of conformance statements included in the Conformance Statement Resource for CY 2017. You could locate a common error by the conformance number or by a short description of the common error. The conformance number has a hyperlink, which will take you to the right place in the document.

This slide shows the two pages that describe what it means when received error for CMS_0062. It also shows that the possible causes that could lead to this error, and how to correct in your QRDA file. So, this could be a valuable resource, in addition to the implementation guide itself.

If you have any issues or questions for the 2018 reporting, this slide provides you with the information about who and how to contact. For topics about the Hospital IQR Program and Policy, please contact the Hospital Inpatient Support team. For topics about EHR Incentive Program, such as meaningful use objectives, attestation, and policy, and also, topic about the *QualityNet Secure Portal*, please contact the *QualityNet* Help Desk. For any questions about the eCQM specifications, such as code value sets, measure logic, and the measure intent, you can log on to the ONC JIRA Tracker and create a JIRA issue under the eCQM Issue Tracker. For any QRDA-related questions, you could also log a JIRA issue under the QRDA Tracker on the ONC JIRA Issue Tracker. If you have any questions or issues related to the validation for eCQMs and the chart-extracted measures, please contact the Validation Support team. So, this now concludes my presentation. Thank you, everyone. Artrina, I'll pass it back to you.

Artrina Sturges: Thank you very much, Yan. We appreciate the information today. And, at this time, what we'd like to do is to begin the question-and-answer session. So, our very first question today is, when would the HQR_IQR_VOL program identifier be used? So, the question, to further clarify is, when is it voluntary? If we can go to slide 12? Then we can talk through that quickly.

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Thank you. So, if you will take a look, it's highlighted in red, it's the very first one: HQR_IQR_VOL. And, what that indicates is that it's Hospital Quality Reporting for IQR Program voluntary submissions. So, the example for that is, that most of you are aware that CMS will begin voluntary Hybrid Hospital-Wide Readmission measure data submission, probably a little bit later this summer, early fall. And so, for anyone who would decide that they want to participate in that process, this is where you would use that information. So, that's the program name that data would be submitted underneath. So, thank you very much for the question.

The next question is, what is the requirement if a hospital's EHR is no longer supporting eCQMs? If a hospital submits for a hardship waiver, does it only cover MU requirements or will it also cover eCQMs? That's a great question. So, if it looks like your EHR is no longer supporting eCQMs, the option for that, for the Hospital IQR Program, is to submit what they call an ECE; so, Extraordinary Circumstances Exceptions Form. It's a request form that you would have to submit with supporting documentation and anything else that you have to prove that these are the types of issues that you're having with your vendor. And again, that's specific to the Hospital IQR Program. Of course, this would affect you, as well, as you're indicating on the EHR Incentive side of the house, as well. For that process, they do have, what they call, an EHR hardship application that's submitted. And, all that information is posted on CMS.gov. And, of course, we can give you the reference information for that. But yes, they are two separate processes for two separate programs. You just have to keep in mind what program you're referencing if you need to submit information regarding a hardship or foreign exception. So, hopefully that clarifies that for you. If you have any further questions, please put them in the chat box for us. The next question is, when will the *QualityNet* data submission system or, as you're used to, the data receiving system, when will it be ready to accept 2018 files? That has not been communicated to us just yet from CMS. As you know, we typically will start data submission usually in the spring, late spring, or early summer. So, we'll have to wait for that information to come out from CMS. But we will make sure that we communicate that information out to

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you via ListServes or any webinars that we're having during that time, and continually through the fall to make sure everyone is comfortable with the information. So, thank you. The next question is, what format should we use if we are unable to identify a patient's birth date? And, I'll defer this question to Yan or Michael.

Yan Heras:

Okay, so, we actually received a case number submitted to *QualityNet* regarding this question. So, CMS has been under, has been discussing this issue, so, whether to set a default date time if you are unable to identify a birth date. So, that's still under discussion. You know, we hope to provide guidance soon.

Artrina Sturges:

Thank you, Yan. Appreciate it. And, the next question that we have, in terms of this webinar is, does this information only apply to inpatient hospitals? And, that is correct. This is hospital quality reporting specific to reporting QRDA Category I files. So, these are patient-level files that are associated with our data submission. Okay, and at this time we don't have a volume of other questions coming in, so we want to give you a couple of minutes to see if folks have other questions. And actually, what we might do is, let's go ahead and move to slide number 34. And, this will give folks time to be able to put any other questions that you may have into the chat box.

In the meantime, what we'll do is, we'll just do a quick review. This is a webinar that was presented, I believe it was, February 7. And so, what we did was, we reviewed the calendar year 2018 hospital quality reporting requirements. But what we're going to focus on today are the eCQM-specific reporting requirements. So, we're just going to walk through these, kind of quickly, and that will give you all time to put your questions in the chat box, okay? So, next slide, please.

Now, just as a quick reminder, we wanted to make sure that you had a full list of the clinical quality measures that are available for electronic reporting for the Hospital IQR and the Medicare EHR Incentive Programs. So, you'll notice there's been no change. It's the same measures that we had before. And, of course, it is always notified that for ED-3, it is

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considered an outpatient measure. And, it's not applicable for Hospital IQR Program aligned credit. Next slide, please.

On slide 36, what we're just doing is, we're just giving you a quick review of the reporting requirements. So again, same requirements as 2017, report on four of the 15 available eCQMs for one self-selected calendar quarter in calendar year 2018. So again, just as you just completed; quarter one, quarter two, quarter three, or quarter four. And, the submission deadline is February 28, 2019. And, just keep in mind that meeting that Hospital IQR Program requirement for eCQM also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for eligible hospitals and critical access hospitals. And, just keep in mind with that exception of that ED-3 measure that we discussed just a few moments ago. Next slide, please.

Now, in terms of certification and specification policies, we're still utilizing EHR technology that certifies to the 2014 Edition, the 2015 Edition, or a combination of both. And then, certified, of course, to reporting of the eCQMs that you choose for reporting. You would use the eCQM specifications published in the 2017 eCQM annual update for calendar year 2018 reporting, and any applicable addenda. So, just make sure that you keep that in mind. And, all that information is available on the eCQI Resource Center. And, we do provide the link here for you. And then, of course, as we've done today, Yan has reviewed for you the 2018 IG-specific for hospital quality reporting. And, of course, the link is available for you there. Next slide, please.

The next thing we want to point out is that there has been no change to the definition of successful eCQM reporting. So, it's still the same process of the accepted QRDA I file with patients meeting the initial patient population of the applicable measures. And then, of course, you still have the option to submit zero denominator declarations and case threshold exemptions for measures that your system is certified to report. And, we always have to remind you that submission of eCQMs does not meet complete program requirements for Hospital IQR or the Medicare EHR Incentive Programs. So, you're still responsible for data submission for all

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required chart-abstracted, web-based, structural, and claims-based measures. And so, of course, if you have any questions specific to the Medicare EHR Incentive Program, we certainly want to direct you to the *QualityNet* Help Desk for assistance. Next slide, please.

Now, in terms of the calendar year 2018, file format expectations, again, those haven't changed either. So, it's still one file per patient, per quarter. And, that file should include all the episodes of care and the measures associated with the patient's file in that specific reporting period that you chose. So, your maximum individual file size is five megabytes. Yes, I'm sure somebody is going to ask me, there is discussion about increasing the size of the QRDA file that can be accepted. But again, once that decision is formally made by CMS and that act, or the action, has been taken with the data receiving system, we'll be sure to send out notification to let you know. And again, this also hasn't changed, maximum submission of 15,000 files per ZIP file. And then, of course, if you have more than 15,000 patient files, you're welcome to submit additional ZIP files, as well. Next slide, please.

2018 public reporting, as you know, public display of eCQM data on *Hospital Compare* continues to be delayed. And, as soon as CMS makes a decision in terms of when that might be an option, it will be signaled to the submitter community in a future IPPS rule. So, we'll be sure to let you know if that should change. Next slide, please.

Okay, and as most of you know, we do have validation activities that will start this spring on the 2017 data that was submitted. So, just very quickly, up to 200 hospitals will be selected for eCQM data validation through random sample. And, we did include the criteria here for who would be excluded. So, any hospital selected for chart-abstracted measure validation. Any hospital that's granted a Hospital IQR Program ECE, as we discussed earlier, for the applicable eCQM reporting period. Any hospital that does not have at least five discharges for at least one reported eCQM. Episodes of care that are longer than 120 days. And then, cases where there's zero denominator for each measure. So, keep in mind that criteria will be applied before the random selection of the 200 hospitals

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takes place. Okay, so, as I stated, if you meet any of those five criteria, then you will not be chosen for selection. Next slide, please.

Quick refresher on the number of cases and the scoring. Hospitals selected for participation will be required to submit eight cases. Select eight cases for the one quarter for reporting from that 2017 eCQM data. And again, this will affect the fiscal year 2020 payment determination. Also, want to quickly remind folks that this has been a recurring question. We want to make sure we keep informing you. The accuracy of the eCQM data submitted for validation will not affect the hospital's validation score for the fiscal year 2020 payment determination. Okay? Next slide, please.

Now, we talked a little bit earlier about that hybrid hospital-wide 30-day readmission measure. And so again, this is just for those who choose to voluntarily report this data. And, we'll just hit the high points of this. Because CMS has access to the claims-based data, then what would be asked is that the data for at least 50 percent of the patients who qualify within this measure would be submitted, utilizing a QRDA Category I file. There are thirteen core clinical data elements, which are listed here for you. And, then it also explains that there are six linking variables. And, that's just to assist for the match between the EHR data to the CMS claims data. Okay. And again, they're merging the information, and then calculating the risk-standardized readmission rate. And, quick note on this, we do have a webinar coming up on the—I believe it's going to be in April. And so, as soon as those details are solidified, we'll make sure that we have information about this, as well. Next slide, please.

And just a quick refresher on this. The measurement period, as we mentioned, is January 1 through June 30. And so, that's quarter one and quarter two of calendar year 2018 data. And, the submission period, as we mentioned earlier, it's like, late summer through fall. And then, of course, here we describe the measure cohort. And, we also talk about the fact that there are going to be confidential hospital-specific reports that will be made available to help folks make sure that they're comfortable with the data they've submitted in understanding the accuracy of the results and understanding the whole overall process. Next slide, please.

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And then, the last thing I really want to say about the Hybrid Hospital-Wide Readmission Measure is, folks choose to voluntarily report the data. It does not affect your APU determination. So, that's not an issue. This also will not be publicly displayed on *Hospital Compare*. And, if you want to look for prior webinar materials on this, it's posted on the *Quality Reporting Center* and also on *QualityNet*. There's also a page on *QualityNet* where you can get all of the additional details that you might want, as your hospital makes decisions if you want to participate with the voluntary reporting of this measure. So, I just wanted to make sure we get that information out to you. Okay, next slide, please.

Okay, so, at this point, what we have are the eCQM reporting requirements for the Medicare and Medicaid EHR Incentive Programs. So again, we just have a few of these to run through, so let's just step through this real quickly, and then we'll go back to the Q&A. Okay? Next slide, please.

So, for eligible hospitals and critical access hospitals who are electronically reporting for calendar year 2018 to the Medicare EHR Incentive Program, you'll see it's the same as what we do for the electronic reporting on the Hospital IQR side for EHR. So, it's one self-selected quarter of clinical quality measures if you're demonstrating meaningful use for the first time or demonstrating meaningful use any year prior to 2018. And again, you're going to report on at least four of the self-selected, available clinical quality measures. And, the submission deadline is February 28, 2019. So again, all the same principles when electronically reporting. Next slide, please.

Please keep in mind that for calendar year 2018 reporting, attestation is only an option for eligible hospitals and critical access hospitals in very specific circumstances, when electronic reporting is not feasible for the Medicare EHR Incentive Program. So, if you were permitted to perform attestation, it would be for the full calendar year 2018, which would consist of four quarterly data-reporting periods. And, you would report on all 16 available CQMs, utilizing the *QualityNet Secure Portal*. And again, the submission deadline remains the same, February 28, 2019. So, we just wanted to make sure that we point that information out to you. If you have

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questions as to whether or not you have the ability to attest for calendar year 2018, we've provided the information for you. But that's going to be outreach to the EHR Incentive Program. Again, this is going to be through *QualityNet* Help Desk. Next slide, please.

And, as most of you know, on January 2, everything transitions. So, that meaningful use attestations occur through the *QualityNet Secure Portal*. So again, we started that with the calendar year 2017 reporting period. And again, all that information that we just spoke about is all here for contact. Next slide, please.

Now, in terms of clinical quality measure reporting, in terms of the form and manner, what we want to focus on again is, use of QRDA Category I files for clinical quality measure electronic submission. Your EHR technology certified to the 2014, or the 2015, or a combination of the two. Certification of your EHR technology to report on all 16 available CQMs. And, keep in mind that it doesn't require recertification each time the system is updated to reflect the most recent version of the clinical quality measures. And, you just want to make sure that it continues to meet the certification criteria. And again, we talked about the—where to locate the specifications and any applicable addenda. And then, of course, our conversation today about the implementation guide. Next slide, please.

Okay, and our last slide to review the appendix section is that we wanted to talk really quickly about the Medicaid EHR Incentive Program for calendar year 2018. And again, they—Medicaid programs—they continue to be responsible for determining whether you're reporting it, and how you're reporting electronic data of CQMs. So, you'll still need to check with them to make sure how you need to report that information at the state level. And, of course, we've given you the direct link for the Medicaid state information so that you can locate those details. So, thank you, all, for hanging in there with us as we go through the appendix. And, let's go through—we've got some other good questions that have come in. So, I know that a question that came in about the requirements for 2018, and we just reviewed those; so, thank you for hanging in there with us through that. The next question is, if hospitals submit for a hardship waiver, does it

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only cover meaningful use requirements or will it also cover eCQMs? And again, we just reviewed that; so, it is, the process is specific to the program in question. So, Hospital IQR has an ECE process. The EHR Incentive Program has a hardship process. So, just make sure that you're keeping those programs separate. And, it would require different activities, based on which program we're discussing. I do have a question here for either Yan or for Michael. It said, is there a new style sheet for this version?

Yan Heras: There's no new CDA or security style sheet for this version. And also, the CDA schema is still the same.

Artrina Sturges: Thank you, Yan. Okay, and the next question is, have you sent these new specs to vendors so they can make the needed changes and get them to us? And, Yan and Michael, I can answer this. The information, whenever this information is released, just as Yan detailed, what date this information is published. This information is made available to vendors to be able to download the information at their leisure because we know that everybody is in different stages of system upgrades and system changes. So, as soon as that information is made available for the IG, or schematrons, or anything else that comes out, there's always a ListServe that's distributed to let people know the information is there. And then, of course, access to the links are there, as well, so that people can obtain that information as needed. I don't know if Yan or Michael wanted to add anything to my comment.

Yan Heras: No, I don't have anything to add.

Artrina Sturges: Okay. Thank you, again. I just wanted to check. Okay, for the next question, are there any changes to the eCQMs available for reporting in calendar year 2019? And, at this time, that's not a response that I can provide for you. What I can say is, that the proposed rule, the IPPS proposed rule, should be coming out probably in the next few weeks. And so, if there are any changes that may happen for those measures, it should be indicated there within the proposal. And, of course, there will be a comment period. So, if you have any questions about anything that you don't see, or questions about anything that's in the proposed rule, you're certainly welcome to give comment to anything. Next question is, how are

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the eight cases for validation provided, and in what format? Those cases are randomly selected, and that's probably about as much as I can really say to you on that. We will—oh, speaking of that—we will be having a webinar, also, I believe it's in June. I think that it's already been scheduled to review everything associated with eCQM data validation. And, all those questions could be answered at that time. So, please make sure that you visit *QualityNet.org* and make sure that you're receiving the most recent updates for upcoming webinars, so we'd make sure we can get that information out to you as quickly as we can. Next question is, do the changes presented in this webinar require a vendor to be recertified in either version 2014 or version 2015 prior to submitting data for reporting year 2018? And, I will give that question to Yan or Michael.

Yan Heras: Yes, I think this question, we'll have to get back to you, just to make sure, to verify with CMS.

Artrina Sturges: Very good. Thank you, Yan. Okay. Does *QualityNet Secure Portal* currently support the calendar year 2018 QRDA I changes for submitting test files? Very good question. Okay, at this time, what we've got, as you all know, the system closed Friday for submitting 2017 data. And, at this time, they're preparing the system to begin to receive test and production data for calendar year 2018 reporting. So, at this time, it has not been communicated to us as to when the system will be ready. So, when CMS opens the system for test and production submissions, we will be sure to communicate through multiple outlets, to let you know that the system is ready. Okay? Okay, let me—I think we have time for at least a couple of more questions. When you refer to electronic submission only for 2018, please clarify if you are referring to CQMs only, or if objective measures for 2018 will also require electronic submission. Thank you. Very good question. What we'll need to do is to make sure that we clarify the response for you. Because, as I indicated, they've transitioned everything over to *QualityNet* at this point. And, when I'm referring to electronic submissions, like I said, unless you have special permission to attest, that's specific to clinical quality measures. Objective measures are a separate part of the EHR Incentive Program reporting process. And, that will still

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go through the *QualityNet Secure Portal*. But I will have to defer you to the *QualityNet* Help Desk if you have additional questions beyond the response that I was able to provide. Okay? Okay, so, the next question is, we've made updates to the QRDA specs for quarter four 2017. If we updated for quarter four 2017, would we be current or are there additional updates required for 2018? Is there a difference for the May 2017 versus the September 2017 release? And, I will defer to Yan or Michael for that response.

Yan Heras: Yes, just to make sure that if you're updating this, make sure you use STU 4. So, that's the standard to be used for 2018 reporting. And, any other versions will not be accepted.

Artrina Sturges: Thank you, Yan. And, it looks like we have time for one more question. There's a question about, what type of records, or what kind of records, will be submitted for eCQM validation? A PDF record—let me see—will a PDF record release the—I'm not sure if I understand the nature of the question. But I think we're just trying to get to, what types of records can be submitted. Again, this is one that we want to—I'm going to defer on this one. I'll do some research and make sure that we include that information in the question-and-answer transcript that's published. And, we'll also make sure that that question is included for the upcoming webinar that will be in June. So, that one, we'll make sure we get that covered for you all. Because I know there are some questions about that; if a PDF is acceptable or if there's some other type of format that the record needs to be in. So again, we'll clarify and make sure we provide those details. And, at this time, what we're going to do is, we're going to end the Q&A session. And, thank you all very much for joining us. What we'd like to do now is, to go ahead and have Deb Price join us to discuss continuing education.

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 board using the national provider number 16578.

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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 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. 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 in 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 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 ATT, since these accounts are typically not

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blocked by hospital firewalls. Remember your password, however, since you will be using it for all of our events. You'll notice 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 backside issues that we need to get in contact with you.

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. Thank you for taking the time spent with me.

Artrina Sturges: Thank you very much, Deb. And, thank you, all, for attending today. We appreciate your time and your energy. And, at this time, we'll go ahead and we will end the webinar for today. Thank you, again, for your attendance, and have a great rest of your afternoon. Thank you.