



# Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### **FY 2017 IPPS Final Rule: IQR–EHR Incentive Program Requirements**

#### **Presentation Transcript**

##### **Moderator:**

**Artrina Sturges, Ed.D**

Team Lead, electronic Clinical Quality Measure (eCQM)/Electronic Health Record (EHR) Incentive Program Alignment, Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)

Outreach and Education Support Contractor (SC)

##### **Speakers:**

**Grace Im, JD, MPH**

Program Lead, Hospital IQR Program and  
Hospital Value-Based Purchasing (VBP) Program  
Quality Measurement and Value-Based Incentives Group

**Shanna Hartman, MS, RN**

Nurse Consultant,  
Division of Electronic and Clinical Quality  
Centers for Medicare & Medicaid Services (CMS)

**September 12, 2016**

**2:00 p.m. ET**

**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.

Before we start, we would like to make a few announcements. This presentation is being recorded and the transcript of the presentation along with the questions and answers will be posted to the Inpatient Web site, which is [qualityreportingcenter.com](http://qualityreportingcenter.com), within 10 business days and posted to Quality Net at a later date. If you're registered for the event, a reminder email as well as a link to the slides was distributed about two hours ago. If you did not receive the email, the slides are available for download on our Inpatient Web site [qualityreportingcenter.com](http://qualityreportingcenter.com).

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Our speakers for today's event are Grace Im and Shanna Hartman. Grace is the Program Lead for the Hospital Inpatient Quality Reporting Program and Hospital Value-Based Purchasing Program for the Quality Measurement and Value-Based Incentives Group for the Centers for Medicare and Medicaid Services. Shanna is a Nurse Consultant for the Division of Electronic and Clinical Quality for the Centers for Medicare and Medicaid Services.

Today's presentation will provide you with an overview of the Fiscal Year 2017 IPPS Final Rule as it pertains to the alignment of the Hospital Inpatient Quality Reporting Program and the Electronic Health Record Incentive Program for hospitals.

For today, it is our intent that you will be able to locate the Fiscal Year 2017 IPPS Final Rule on the Federal Register and identify the changes in the Fiscal Year 2017 IPPS Final Rule regarding the alignment reporting requirement for the Hospital IQR and EHR Incentive Programs.

As many of you are aware, the Fiscal Year (FY) 2017 IPPS Long Term Care Hospital (LTCH) PPS Final Rule has been on display since August 2. The Final Rule fact sheet was also distributed at that time. The PDF of the Final Rule is available on the Federal Register and was distributed August 22. A ListServ was distributed notifying the community of its availability.

For ease of locating information, the specific pages for the Hospital IQR Program and the EHR Incentive Programs are listed on this slide.

So, at this time, we will turn the presentation over to Grace to provide information regarding the Hospital IQR Program.

**Grace Im:**

Thanks, Artrina. Good afternoon, everyone, and thank you for joining us today.

For the FY2017 IPPS LTCH PPS Final Rule, we finalized several policies related to eCQM or electronic Clinical Quality Measures reporting in the Hospital IQR Program.

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One of the policies was to remove several of the eCQMs that are available to report in the IQR program for the calendar year 2017 reporting period. We had proposed and ultimately finalized the removal of 13 eCQMs. Again, this would be beginning with the calendar year 2017 reporting period and with impact payment adjustments for the FY 2019 year. And, for the IQR program, that would be 15 eCQMs still in the program for reporting in 2017.

In these next couple of slides are a list of the measures that will be removed from the program and this will be beginning with January 1, 2017 discharges. AMI-2, AMI-7a, AMI-10, HTN, PN-6, SCIP-Inf-1a, SCIP-Inf-2a, SCIP-Inf-9, and STK-4, which I would like to note, we also finalized removal of this eCQM in the chart-abstracted form.

Also, we are removing VTE-3, VTE-4, VTE-5 and, similar to STK-4, VTE-5 will be removed in the chart-abstracted form as well. And then, also, finally, VTE-6 eCQM, we will be removing from the program. Although, please note that the chart-abstracted form of VTE-6 is remaining in the IQR program.

Also, I want to note, I know many of you are very diligently working on 2016 reporting requirements with respect to eCQM reporting. If you are planning to report on any of these measures that will be removed from 2017, that is totally fine. Again, we're not removing these measures until January 1, 2017 discharges. So, they can still be reported on for calendar year 2016 reporting requirement final submission deadline, which is February 28, 2017.

For the calendar year 2017 reporting period, this slide shows the eCQMs that remain available to be reported on. So, a total of 15 for the IQR program, we do want to note, there is a 16<sup>th</sup> eCQM, ED-3, which is an outpatient measure, so, it is not available for reporting for the IQR program, the Inpatient Quality Reporting Program. However, it is available for reporting for the EHR Incentive Program, which Shanna will provide further details.

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I just want to quickly mention that, in addition to the eCQM reporting requirements for the Hospital Inpatient Quality Reporting Program, there are still requirements for reporting chart-abstracted measures and, so, this slide just provides a finalized list of the chart-abstracted measures that will be required for reporting in calendar year 2017: ED-1, ED-2, IMM-2, PC-01, SEP-1 and VTE-6.

And, just a note, so, in the FY2017 IPPS Final Rule that just came out last month, we did finalize removal of STK-4 and VTE-5 in the chart-abstracted form as well as eCQM form. This will also apply beginning with January 1, 2017 discharges.

So, to get into a little bit more detail about the eCQM reporting requirements for the calendar year 2017 reporting period, this is laid out in the most recent IPPS Rule. We will be requiring hospitals to self-select at least 8, of the now 15, available eCQMs. And this is a modification from what we had originally proposed back earlier this year based on the large amount of public feedback that we had received requesting the reporting requirements to be scaled back. So, whereas we'd originally proposed to require all of the eCQMs to be reported, now hospitals can choose 8 of the available eCQMs.

Also, another change for calendar year 2017 reporting is that hospitals will be required to report four quarters of data, and all data for eCQM will be due by an annual submission deadline of February 28, 2018.

So, again, I know many of you are diligently working on calendar year 2016 reporting requirements, I want to mention to you what the differences are for calendar year 2017. We would go from needing to report 4 eCQMs to 8 eCQMs. The hospitals may still choose which 8 they want to report on for the year. And then, also, calendar year 2016 reporting requires reporting for only one quarter of data, either 3rd or 4th quarter of 2016.

For calendar year 2017 reporting, we will be requiring hospitals to report on the four quarters of data by an annual submission deadline. And, with

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respect to the annual submission deadline, that is something that stays consistent with deadlines going forward to February 28, 2018.

With regard to certification requirements and measure specification requirements for calendar year 2017 reporting, we will continue to require the QRDA category I file format. And, also, that EHR technology is certified to either the 2014 or 2015 edition; these requirements are the same as for calendar year 2016 reporting.

However, for calendar year 2017, we will be requiring hospitals to follow the April 2016 updates of the eCQM specification that will be applicable for 2017 reporting, as well as using the 2017 Implementation Guide for Hospital Quality Reporting. This was recently published last July.

For more information and resources, available on the slide, there is a webpage where you can obtain all of the eCQM specifications, as well as the Implementation Guide.

In this FY 2017 IPPS Final Rule, we also finalize requirements for the calendar 2018 reporting period. So, like calendar year 2017, we will continue to require reporting of at least 8 of the available eCQMs. We will be requiring four quarters of data submitted by an annual submission deadline of February 28, 2019.

With respect to the certification and specification requirements, we will continue to require the QRDA category I file format. Please note that EHR technology will need to be certified to the 2015 edition for calendar year 2018 reporting. This would be different from calendar year 2016 or 2017 reporting, where you could use either the 2014 or the 2015 edition. But for calendar year 2018, we will require everyone to be using the 2015 edition.

Also, for calendar year 2018 reporting, hospitals will need to use the Spring 2017 updates of the eCQM specifications. This is not available yet, but we will certainly let everyone know through our various ListServes when that becomes available. Also, hospitals will need to be using the

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2018 Implementation Guide, which we anticipate will be published in the summer of 2017.

We have listed here, again, the same weblink from the prior slide where you can go to look for updates to both the eCQM specifications as well as the Implementation Guide.

We also want to note that, with respect to eCQM reporting, hospitals may continue to use a third party, which is a vendor, to submit their QRDA category I files on their behalf. Recognizing that this is still a transition period for many hospitals, hospitals may continue to either use abstraction or pull the data from the non-certified sources, such as text string or PDF files, for example, in order to then input these data into search for capture and a reporting QRDA file.

Also, I want to note that, in this most recent IPPS Final Rule, we have updated our Extraordinary Circumstance Extension (ECE) or Exemptions policy to create a separate ECE request deadline for any ECE request related to eCQM reporting. So, now the deadline will be April 1, following the end of the calendar year. For example, for calendar year 2016 reporting, any ECE request would need to be submitted to us, by or before April 1, 2017.

For any other ECE request not related to eCQM reporting, for example, if it's related to chart-abstracted measures the deadline for submitting an ECE request is now 90 days from the date that the extraordinary circumstance occurred.

In this most recent IPPS Final Rule, we expanded our IQR program data validation process to now include the validation of eCQM data. We will begin the eCQM data validation process looking at calendar year 2017 data that's reported to us. The validation process itself will begin in the Spring of 2018, which would impact FY 2020 payment updates.

With respect to the validation process, we'll continue to include 600 hospitals for chart-abstracted validation. And then we will also include an

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additional 200 hospitals that will be randomly selected for eCQM data validation.

Please note, however, that any hospitals that are selected for chart-abstracted measures or are granted an ECE exemption for eCQM reporting would not be included in this set of 200 hospitals. In terms of this first year of eCQM data validation, it will be required that for the 200 hospitals that will be selected for this process, will require submission of timely and complete medical record information from the EHR for at least 75 percent of the sample records.

However, for this first year of eCQM data validation, we will not be scoring on the basis of measure accuracy. So, I do want to note that if the medical records are not submitted to us by the due dates and is not a complete set of records then that would potentially have an impact on FY 2020 payment updates.

However, the score of the validation, with respect to measure accuracy, that will not impact FY 2020 payment updates. This is applicable for this first year of eCQM data validation. To provide a little bit more detail on this eCQM validation process, we will be selecting, at random, 32 cases from the QRDA category I files that are submitted to us. The medical records will be due within 30 days of the medical records request date.

In terms of what is sufficient for patient level information to match the requested medical record to the originally submitted eCQM data, we're defining it as the entire medical record that sufficiently documents the eCQM measure data elements. So, including, but not limited to, arrival dates and time, inpatient admission dates and discharge dates from the inpatient episode of care.

Finally, for the Hospital IQR Program, I want to note that with respect to public reporting of the eCQM data, at this time, we do not have plans to neatly publicly report the eCQM data. We do want to implement the eCQM data validation process that we've just finalized and to take time to

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look at the measure data. So, we will note, in a future IPPS Rule, when we'll begin public reporting of the eCQM data.

Now, I'd like to turn it over to my colleague, Shanna Hartman.

**Shanna Hartman:** Thanks, Grace. I'm here to discuss IQR - EHR Incentive Program Alignment and thank you for attending today's Webinar.

For calendar year 2017, if you're participating in both the Medicare EHR Incentive and Hospital IQR Programs, they'll select 8 of those 15 available eCQMs. As Grace noted earlier, for the OQR program, ED-3 is not applicable when reporting eCQMs for both programs resulting and reporting of the 15 available eCQMs. They'll electronically submit QRDA category I files through the *QualityNet Secure Portal* for the submission deadline of February 28, 2018 at 11:59 p.m.

If you're participating in the Medicare EHR Incentive Program only and reporting via attestation, you'll report on all 16 available eCQMs. You can attest to the eCQMs through the EHR Registration and Attestation System. For those who are demonstrating Meaningful Use for the first time in 2017, the reporting period is any continuous 90-day period within calendar year 2017. Submission period is two months following the close of the calendar year and ending February 28, 2018 at 11:59 p.m.

Where there is a demonstrated Meaningful Use in any year prior to 2017, the reporting period is the full calendar year 2017, consisting of four quarterly reporting periods. Again, submission period is two months following the close of the calendar year, ending February 28, 2018 at 11:59 p.m.

If you are reporting for the Medicare EHR Incentive Program, reporting electronically, Eligible Hospitals and Critical Access Hospitals will report on 8 of the available eCQMs. You'll electronically report the eCQMs through the *QualityNet Secure Portal*, for those who are demonstrating Meaningful Use for the first time in 2017 or have demonstrated Meaningful Use in any year prior to 2017, the reporting period is the full calendar year 2017 consisting of four quarterly data reporting period.



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Submission period begins in late spring, 2017, and continues through the two months following the close of the calendar year, ending February 28, 2018 at 11:59 p.m.

Eligible Hospitals and Critical Access Hospitals that are participating in the Medicaid EHR Incentive Program that report electronically will also report on 8 of the available eCQMs. CMS will provide States with the flexibility to determine the submission period for reporting eCQMs, which does vary state by state. States continue to be responsible for determining whether and how electronic reporting of CQMs occur, or if States wish to allow reporting through attestation, and, again, this is for the Medicaid EHR Incentive Program.

For calendar year 2018 and future years, Eligible Hospitals and Critical Access Hospitals that will be participating in the Medicare EHR Incentive Program must electronically report CQMs using CEHRT, where feasible. We note that attestation will no longer be an option except in certain circumstances where electronic reporting is not feasible. If there are any additional questions regarding the EHR Incentive Program, you can contact the EHR Information Center, also known as EHRIC, and the phone number at hours are listed below.

I will now hand this back over to Artrina.

**Artrina Sturges:** Thank you, Shanna.

So, in terms of definition for successful eCQM data submission, that has not changed in terms of what you're doing for 2016 versus what you would be doing for calendar year 2017. The criteria itself will still be the same, the only difference is you'll successfully submit the 8 self-selected eCQMs and then you're going to report them as any combination of accepted QRDA I files with patients meeting the IPP of the applicable measures; zero denominator declarations will still be available and so will case threshold exemptions.

Now, let's talk a little bit more about zero denominator because, I know, for some, this still arises a question. So, for the EHR Incentive and the

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Hospital IQR Programs, a zero denominator can be used when both aspects of this criteria are met. The hospital's EHR system is certified to report that eCQM and the hospital does not have patients that meet the denominator criteria of that clinical quality measure or that CQM.

So, again, keep in mind, zero denominator submissions count as successful for both programs, as we've mentioned, and the zero denominator declarations are entered on the denominator declaration screen within the *QualityNet Secure Portal*.

Let's also talk a little bit about case threshold exemption, just to refresh a little bit. For the same programs, EHR Incentive and Hospital IQR Programs, the case threshold exemption can be used, in this case, when both aspects of the criteria are met, again, a hospital's EHR system is certified to report that data. And you have five or fewer discharges that have occurred during the relevant EHR reporting period.

So, keep in mind, we discuss this in terms of accounting towards meeting program requirements, but also keep in mind, for case threshold, you don't have to use it if you don't want to. You can still submit the applicable QRDA category I file if you would like but the case threshold exemption is available for you if you meet those two aspects of the criteria that we talked about a little bit earlier. And, also, for case threshold exemption, they are also entered onto the denominator declaration screen within the *QualityNet Secure Portal*.

Let's talk a little bit about calendar year 2017 in terms of QRDA category I file and the format expectations because they are going to change a little bit based on the information that Grace and Shanna have provided today. So, it's still going to be the same in terms of one file per patient per quarter. The file itself should include all the episodes of care and the measures associated with the patient file in that specific reporting period. The difference is your files can be submitted quarterly, biannually or annually.

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Other criteria will stay the same in terms of maximum individual file size of 5 megabytes. The files will be uploaded by Zip file with a maximum submission of 15,000 files for Zip file. We received the question before that if a hospital has more than 15,000 patient files per quarter, then hospitals are more than welcome to submit additional Zip files.

Now, one thing that is going to also be a little bit different for calendar year 2017 is the availability of the CMS data receiving system within the *QualityNet Secure Portal*. Accommodations are going to be made for calendar 2017 in order to support that aspect of hospitals being able to choose whether they want to report quarterly, biannually or on an annual basis. The CMS data receiving system, in the *QualityNet Secure Portal*, will open late spring of 2017 for test and production files. Please keep that in mind.

The reason why that was done was to provide flexibility, so they wanted to extend the availability of the system for you in order for you to be able to choose what timeframe you'd like to submit your files. In addition to that, the Pre-Submission Validation Application or the PSVA testing tool will continue to be available at that time. So, just keep that in mind for 2017.

Now, for some, if we just want to review this really quickly the intent of the PSVA tool on how you can use it. It allows you to locate and correct the QRDA category I file formatting errors prior to data submission to CMS. Keep in mind that by using the tool the task of errors that it's giving you are errors that will prevent your file from being processed. So, what it does is it gives you those rejected messages. So, we want to make sure that you have that information. The PSVA tool has been very helpful for people, again, it's not a requirement to use it, but we strongly encourage you to use the tool. It has been very helpful for a lot of people, so we've been instructed by facilities.

What you could do is download the tool from the Secure File Transfer in your *QualityNet Secure Portal* and it will just install on your system. There's no limit to the number people who can install the tool, it's just something that is very helpful to you.

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Now, right now, the version that's available is 1.1.2. Version 1.2 will be released later this month. So, a ListServ will be distributed shortly, probably by the end of this week, early next week, outlining the tool upgrades for the PSVA. Of course, if you have any additional questions, please contact *QualityNet* help desk for additional assistance.

And, as always, we want to make sure we provide resources for you. So, if you have questions regarding the use of PSVA tool, how to download, any trouble shooting you need to do, any questions about data upload rules, things of that nature, please contact the *QualityNet* help desk for assistance. If you have general program questions, in terms of IQR program and policy, please feel free to give us a call or to submit an e-mail and let us what information you need.

The EHR Incentive Program is what Shanna spoke of earlier. That's what they call the EHR, the

Meaningful Use information center. So, anything specifically related to that program, get attestation questions, anything along those lines, please call the EHRIC Information Center.

And then, of course, there's always JIRA, which is the project tracking system and if any questions you might have about eCQMs or on how apply specification. And even for next year, especially if it's a vendor and they're starting to report for CY 2017, please contact us through JIRA.

And what we'd like to do now is, go ahead and open our session to address any questions that you may have placed within the chat box. So I'm going to go ahead and hand the call over to Veronica.

**Veronica Dunlap:** Thank you, Artrina. Hello, everyone. We appreciate your time today. We received a lot of excellent questions through our chat feature so we'll go get started.

Our first question, regarding CAHs which are Critical Access Hospitals and eCQMs, is it mandatory for CAHs to report eCQM for the IQR program?

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- Grace Im:** Thanks, Veronica. So this is Grace. The Hospital Inpatient Quality Reporting Program, with respect to any impacts on payment adjustment, only applies to hospital paid under the IPPS. CAHs are not required to participate in the Hospital IQR program, but we encourage CAHs to voluntarily participate in the program in terms of reporting quality data to us, including eCQM data.
- Veronica Dunlap:** And then, to follow with that question, are CAHS mandated to report for the EHR Incentive Program? And if so, what are the requirements?
- Shanna Hartman:** Hi, this is Shanna. And yes, Critical Access Hospitals are required to, or will receive a penalty if they did not submit to the EHR Incentive Program, and that would be the same requirements as Eligible Hospitals.
- Veronica Dunlap:** Thank you. Our next question is, 'what is meant by no longer feasible to implement the measures specification'?
- Grace Im:** So this is Grace. The IPPS Final Rule has a lot more detail about the various reasons why we removed the 13 eCQMs from the program. So, I would refer everyone back to the Final Rule where there's a lot more detail and there's more eCQM specific information in there. I apologize, I don't remember exactly what they all are off the top of my head.
- Veronica Dunlap:** OK. Our next question, 'Are the eCQM measure definitions the same as the chart-abstracted definitions'?
- Grace Im:** So, this is Grace, again. I think there have been, actually, several questions related to the chart-abstracted measures. I think, first of all, it's important to make clear that all of the chart-abstracted measures that are still in the IQR program are all required to be reported on.
- If we can go back to, I think it's slide 15 that lists all of the chart-abstracted measures that will still be in IQR program for calendar year 2017 reporting, so all hospitals must report on all six of these chart-abstracted measures. I think folks will definitely notice that some of these measures are also available in eCQM form.

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So, when it comes time to select the eCQM that you want to report on, you can choose to, for example, report on the ED-1 or ED-2 eCQMs as well. But, definitely, hospitals must report the chart-abstracted forms of those measures and then, you can choose if you want to, to also report the eCQM form of these measures.

Now, in terms of measure specifications, for chart-abstracted measures, please refer to the Specifications Manual. For the eCQMs, please refer to the eCQM specifications that I mentioned to you. For example, on slide 17, is the weblink that has the eCQM measure specification information available.

There are some differences, they are not identical in terms of specification. I think it's important to refer to, again, specifications manual for chart-abstracted measures and the, eCQM for specifications for the eCQMs.

**Veronica Dunlap:** Thank you. Our next question, does CMS ever require anything related to the QRDA III file?

**Shanna Hartman:** Hi, this is Shanna. For the IQR, they do not require QRDA III files. For other programs QRDA III files maybe required.

**Veronica Dunlap:** Thank you. Our next question, 'we're switching EHR vendors in 2017, can we submit data out of both independently to fulfill the requirements to make up a full year for the 8 eCQMs'?

**Grace Im:** Artrina, do you want to take that?

**Artrina Sturges:** I got it. OK.

So technically, yes, you can do that. Just keep in mind that if the following four measures, or not measures but the final four elements match, you run the risk of your files being overwritten. So, I just want you to keep that in mind.

So, the four elements that have to match in order for a file to overwrite is: the CMS certification number, the CMS program name, the EHR patient I.D. and the reporting period specified in the reporting parameter section.

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So what can happen is; because we understand we have a number of facilities that are transitioning EHRs in the midst of 2017 and some are transitioning this year.

So, again, just make sure that if you're doing that, use that understanding of one year system going to transition to determine when you want to report from one system first as reporting from a different system. So, again, let's review those four elements that will make a file overwrite so that, you know, it can cause some complications if you don't pay attention to these four specific elements: CMS Certification Number, so that's your CCN, the CMS program name, EHR patients I.D. and the reporting period specified in the reporting parameter section. OK. Thank you, Veronica.

**Veronica Dunlap:** Our next question, if we could pop over to slide 14, just to clarify, ED-1 and ED-2 can both be used to meet the IQR eCQM requirement, correct?

**Grace Im:** This is Grace. Yes, that is correct. The chart-abstracted forms of ED-1 and ED-2, all hospitals must report this data. And then, for meeting the eCQM reporting requirement, hospitals may choose to also report on the eCQM forms of ED-1 and ED-2.

**Veronica Dunlap:** Our next question, 'if a hospital does report on four measures for calendar year 2016, identified for removal for calendar year 2017, does the hospital then have to stop reporting the original four and identify four different measures for calendar year 2017'?

**Grace Im:** So, this is Grace. So, for beginning calendar year 2017 reporting, hospitals will no longer be -- we will no longer accept files for any of the eCQMs that we have finalized for removal that are listed on slides 12 and 13. So, in order to be able to meet the IQR program requirements and not get a negative payment adjustment, you will need to submit eCQM data, the remaining available eCQMs, they're listed on slide 14. And again, this is beginning with calendar year 2017 reporting period.

**Veronica Dunlap:** Thank you. Our question, 'we are reporting for those EHR and IQR, can we report annually with the deadline in February of 2018'?

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**Shanna Hartman:** For EHR, yes. To meet IQR, though, I'd defer to Grace to answer that.

**Grace Im:** Thanks, Shanna. So, for reporting eCQMs, yes, we have the same deadline as EHR Incentive Programs. There are other IQR program requirements separate from the eCQM reporting piece that have their own deadlines. For example, you know, there are different deadlines for HCAHPS survey data or chart-abstracted measures, or, you know, other program requirements.

**Veronica Dunlap:** Thank you. Our next question, 'how early can a hospital file an ECE for eCQM for the 2017 IQR program when a hospital will be transitioning to another EHR vendor in that same year'?

**Artrina Sturges:** Hi. This is Artrina. I just wanted to mention, in a case like this, what we have found that's been beneficial to facility is that as soon as they're aware that something maybe changing in terms of their vendors changing or something along those lines, it's best to go ahead and report that information.

So, as soon as you're aware, you're able to go ahead and report the ECE to us. Grace, did you have any other feedback on that?

**Grace Im:** No. Thanks.

**Veronica Dunlap:** And just to follow-up to that, when is the deadline for submitting ECE request for calendar year 2017?

**Grace Im:** So, this is Grace. For calendar year 2017 reporting, the ECE's request deadline will be April 1st of 2018. So, that's, you know, more than a year away. And, I just want to note, we highly encourage hospitals to make every effort to try to meet the reporting deadlines. We understand that, you know, for any particular hospital situation, you feel that you need to submit an ECE request.

But a big part of the reason why we extended the ECE deadline for eCQM reporting is to try to provide some extra months for hospital to try to have their systems ready to be able to report on these eCQMs.



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**Veronica Dunlap:** Thank you. Our next question, ‘since IQR/eCQM requirement fulfillment also satisfies the CQM reporting option requirement for the Medicare EHR Incentive Program, how do hospitals notify you of this fulfillment? Is it automatically applied for the EHR program or do we have to submit those in a different format’?

**Shanna Hartman:** Hi. This is Shanna. And if you're electronically submitting the eCQM to meet the IQR and EHR Incentive Programs, you would submit your eCQM through the *QualityNet Secure Portal* and that would automatically count towards the EHR Incentive Program. However, when you go into the CMS Registration and Attestation System to submit all of the other EHR Incentive Program requirements, there is the selection in there that says that you electronically submitted. So, you would just select that and it would not ask for any eCQM data. And if you did not select that, it would ask for you to enter your attestation data.

**Veronica Dunlap:** Thank you. And it looks like we have about time for one more question. ‘Our EHR vendor is currently working to certify our software. What if they are not done by January 1st 2017’?

**Shanna Hartman:** So, this is Shanna. For certification requirement for 2017 reporting, I would defer to the ONC certification rule that believe that there is a great period of time as long as you are certified to the 2014 edition that is currently required. We would not require the 2015 edition in the calendar year 2017 program.

**Veronica Dunlap:** OK, great. Thank you, everyone. We appreciate your time. The remaining questions that we have received in the chat feature will be addressed in our transcript and posted to our quality reporting center in the next couple of days.

And I'm going to hand it over to Deb Price who will be reviewing our Continuing Education process. Deb?

**Deb Price:** Thank you, Veronica. And now, I'd like to talk just a few minutes with you about the Continuing Education approval.

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Today's Webinar has been approved for one Continuing Education (C.E.) credit by the board, it's listed on the slide in front of you. We are now a nationally accredited nursing provider. And as such, all nurses provide their own credits to their board using the number you see in the last bullet, provider number 16578. It's your responsibility to submit your certificates with your number to your own board.

We now have an online C.E. certificate process where you can receive your certificate two different ways at two different times. If you registered through the webinar, through ReadyTalk®, a survey will automatically pop-up at the end of my slides, actually, and you would take the survey and then continue with the pages that followed the survey and that will take you right to your certificate.

However, if you're in a room where only one of you were able to register, we will be sending out another survey within 48 hours to the people that register. And all we're saying is for you to take that link and pass it to the other people in the room where they will be able to take the survey and register for their own certificate. After completion of the survey, you'll see a little rectangular-“done” button at the bottom of the survey, and you click that button and another page opens up where you will register a second time. And this is not for ReadyTalk®, this is for the certificate.

Please keep in mind, this is the second registration.

If you have any problems registering, in other words if you don't immediately receive an e-mail to -- in your e-mail box, from us, with a link to get your certificate, that means that there's a firewall up somewhere. So, then what we'd like for you to do is wait for that 48-hour survey that comes out and click on that link and register as a new user.

This is what the survey that will pop-up, looks like in 30 seconds after you have finished the survey, and click on the little "Done" button. And as soon as you click on it, this page will open for you. You notice that there are two links on the page. First one is called the new user link and this is the link that you're going to click on if you've never gotten a certificate

# Inpatient Quality Reporting (IQR) Program

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from us before or if you had a certificate but you've been having problems since then, that would tell me that there's a firewall up somewhere in one of the computers.

So, then we ask you to make sure that you register as a new user, using your personal e-mail address and you won't have any problems then.

If you have not had any problems at all, then click on the existing user link and follow the directions there.

This is what the new user link looks like. Put in your first name, last name, your personal e-mail address that would be like ATT, Gmail, Yahoo, whatever. Put in your personal address and please put in a personal phone number, not your work phone number, because the work phone number would be linked to your work e-mail address and the database sometimes gets confused.

This is what the existing user page looks like. Keep in mind that the username with us is your entire e-mail address, including what's after the "@" sign. If you don't remember your password, just click on that space and a verbage will come up that you can reinstate and add in a new password.

Well, that would do it for my C.E. process for today in our webinar. We hope that you enjoyed attending our event today and everyone here hopes that you have learned something. Goodbye and have a great rest of your day. Thank you.

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