Inpatient Quality Reporting Program

Support Contractor

CMS 2015 QRDA Submissions for Eligible Hospitals/Critical Access Hospitals

Presentation Transcript

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Matt McDonough: Good afternoon, everybody, and thank you for joining us for this afternoon's webinar. My name is Matt McDonough and I am going to be your virtual host for today's event. And before we turn things over to our presenters today, I do want to cover some housekeeping items with you so that you understand how today's event is going to work, and how you can submit questions to our panelists today. As you can see on this slide, audio for this event is available via ReadyTalk® Internet streaming. If you're hearing my voice coming over your speakers right now, you know that. That means that no phone line is required, but you do have to have those speakers or headphones connected to hear our streaming audio feed today.

Now if you're experiencing difficulty with that audio feed, we do have a limited number of dial in lines available. Just send us a Chat message if you need that number and we'll get that out to you immediately. Also, this event is being recorded for archival purposes.

Now you may experience some difficulty with your streaming audio feed today, and we do have some solutions that may help you. If your audio starts breaking up, or if it suddenly stops, in the upper left corner of your

screen simply click that "Pause" button, wait about five seconds, and then click the "Play" button. Your audio feed should resume.

Now if you hear a very bad echo on the call right now, like you're hearing my voice multiple times, that usually means you're connected to this event multiple times and you're hearing more than one audio feed. So what you need to do is close all but one of your browsers or tabs that are connected, and the echo will clear up. You should only hear my voice one time once you do that.

Now, our attendees today are in a listen-only mode, but that doesn't mean that you can't submit your questions to our panelist. On the left side of your screen there is a "Chat with Presenter" box. Simply type your question in that box and click the "Send" button. All of our panelists online will see your question today, and as time and resources allow, we'll answer as many as we can. But do realize that all of the questions asked today are being archived to be addressed in the future.

That's going to do it for my very brief introduction. So, without further ado, I am going to hand it over to our first speaker of the day.

Stephanie Wilson: Hi, everyone, my name is Stephanie Wilson, and I work as part of the eCQM Education and Outreach team. Thank you for taking time today on a Friday afternoon to join us for today's webinar. And today we're going to be covering 2015 QRDA submissions for eligible hospitals and critical access hospitals. And we do have a lot to cover today, so in the essence of time, I am going to go ahead and turn it over to today's speaker, Rick Geimer.

Rick Geimer: Thank you, Stephanie. So, I am Rick Geimer. I'm the chief technology of – Chief Technology Officer of Lantana Consulting Group and also the co-chair of HL 7's Structured Document Working Group where QRDA was initially created. Basically I'll be speaking today about, you know …

… some common submissions – common submission errors for QRDA category one, submitting hospital test files, and some changes that have gone on in the submission process over the last year.

I want to note, there is an appendix that's available with this presentation which I will not go through during the hour, but when this is posted, it will be available to read some materials that I'll refer to as I am going through the presentation.

So, first of all, some changes that have gone on over the last year – So the eCQM receiving system has gone through several iterations in 2015, starting with Hospital Quality Reporting 6.0 and moving on to 7.0 and now using 8.0. [The] important thing to note is, each of these changes has

resulted in some validation changes, so that QRDA files that were submitted during previous versions will likely no longer pass validation with the latest releases without some modification. So this is the heads up, reminders, you will need to change – change systems or make changes to your systems as the HQR system itself is updated.

So here's an overview of the timeline. In January, one 2015 that was one of the HQR 6.0 was released with some production updates to add some HQR 7.0 validations. So during this time measure results were not calculated even though quality measure QRDAs were accepted. Some of the changes that did happen is that category one QRDAs must validate to the level 7 schematrons that are provided with the QRDA spec, and the validation rules from the CMS Supplemental Implementation Guide from 2014. In April, that was when HQR 7.0 phase two was released. At this point QRDA files must validate and see HL7 schematron, plus all errata that were published in October 2014. That resulted in quite a few, what I would call, minor clean-up changes to the QRDA spec, but they do result in some validation errors where things that were previously allowed would not be allowed going forward. Also at this time, eCQM calculated results first became available to submitters. Now in June 19, 2015, this is when HQR 8.0 was released, and there were some, some big changes here. QRDA files, when you submit them now, the effective date, effective date range, or the reporting parameter needs to align with one of the program years – program's calendar year discharge quarters; also at least one encounter discharge must be within the reporting period. There's a payer characteristic template, which previously was not required and now must be present, and also the system will recognize duplicate files. So if you send two files at different times where the CMS program name, the CMS certification number, patient ID, and the reporting parameter date range all match, the system will recognize that as a duplicate or a resubmission of a previous file, and you know, not duplicate the results. In other words, it will just sort of take the latest one.

And, uh, just let me see and advance the slide.

So the, the changes, basically, for 2015, fall into three categories. It was again, the CMS updates for HITECH Release 7. These are present in the CMS 2015 implementation guide for QRDA also listed at the URL shown up on your screen. Also the CMS updates for HITECH Release 8. This – these changes are detailed in the addendum to the 2015 Rules for Eligible Professionals and Hospital Quality Reporting, and the updates, again, are listed in the addendum PDF that's listed on that URL; and then changes to the base QRDA specification itself. Again, the big changes to QRDA were errata, mainly tightening up some constraints that have been missed and a few loose ends, as I would put it. And those are available from the HL7 website shown above.

So let's go through some of the changes for HITECH Release 7.

So, the first one, the most important one that you need to make and probably the easiest change, is just adding a new template ID. So template IDs basically flag your QRDA file as complying to a certain set of rules. So 2015, you need to add a new template ID that says you're going to comply with the 2015 rules. It's that IDs shown in green on the screen ending in 1.3. So, need to be sure that you get that template ID added to all your QRDA submissions, and if you don't, you'll get an error that basically says, you know, the – it requires a template ID such that it contains this value. So pretty easy to correct that problem if an error shows up.

Another change is the language code. Previous QRDA specifications required a language code where the code was EN-US, meaning US English. The most latest one now just requires a language code of EN, which means English. It's not going to specify whether it's US English or UK English or whatever. So, it's a more generic code, but it is a change. So if you submit the old US English code, it will fail validation, so you need to correct that to be just a code of EN.

Next is the patient identifier number. So this, you know, many folks would consider this a MRN or, you know, other acronyms are PIM for patient identifier number, EHR patient ID. So basically, this is the identifier that your system knows for the patient, the primary ID that you use. One important thing to note is that this ID needs to consist of two parts, typically, which will be what you call this OID or an object identifier that is a unique identifier for the kind of ID it is. And the idea is, that, you know, each hospital system, for instance, may have some patient IDs that actually are the same but actually mean different patients. So if you didn't know what hospital system I came from, you may get those patients confused. So the idea here is, you provide an OID, or an object identifier, that uniquely scopes each ID so you can tell where it came from. OIDs, you know, I won't go too much into OID's during this presentation. They are a topic that caused a lot of people confusion, but what I will do is, I'll point you to some resources to describe what they are and give some very easy to follow guidance on how to use them. So, if you need an OID for your organization, which if you are submitting QRDAs you will, you can go to the HL7 OID registry, which is listed at www.hl7.org/oid to get an OID for your organization. Note that HL7 charges $100 per OID. There are other ways that you can get OIDs for free that, you know, you can search the web and get them. But basically once you get an OID of your own, you can create as many OIDs from there as you like. HL7 also supplies an OID Guidance Implementation Guide, which is, in my opinion, the go to place for any questions that you have about OIDs: how to create them; how to get them; how to manage them in your

organization. So I highly recommend the white paper listed below at the bottom of this slide. Read through that will answer most, if not all of your questions about object identifiers.

Okay, another change that's occurred is the CMS program name. So any QRDA submissions now require an information recipient to be present, and that recipient must contain an ID that clearly identifies the program that you're reporting against, the program that's supposed to be receiving this file. So in the example, above there's a – the area in red that the arrow's pointing to shows an extension element, and the value within quotes there needs to be replaced with one of the codes from the table on this slide. The example here is HQR_IQR, which is for a Hospital Quality Reporting for the Inpatient Quality Reporting Program. So be sure you know what program you're submitting against and supply the appropriate code in this area.

Okay, so next up are the CMS updates for HITECH Release 8.

The biggest one that I mentioned in the summary at the top of this presentation was the alignment of the reporting parameter date with the calendar year discharge quarters. So what this means now, is your QRDAs must – the effective times in the reporting parameter act must align with the discharge reporting periods. So the example at the top of this, the top right of this slide, has an effective time element with low and high values that – where the low in this case is 20150101, which is January 1, 2015, but the high value is 20151231, which is December 31. In other words, the reporting parameters act here – is saying that's reporting for the entire calendar year, and that's no longer valid for this. What you need to do instead, is align with one of the reporting period quarters. So the corrected example below, which shows a high value in green of 20150331, aligns with this. Or the quarters in the table below show a discharge reporting period of a Q1 as starting on January 1 and ending on March 31. So any of those four quarters that are listed in the table are, are valid for 2015, so make sure that you're reporting period aligns with one of those. And again, these reporting – this table here is also present in the addendum to the 2015 CMS Implementation Guide. So that's the official source for the reporting, for the reporting periods.

Another change is that the encounter – you must have at least one encounter discharge within the discharge reporting period. So the example above shows the discharge or the high value of the encounter attribute being in 2014. So obviously, that's not in the 2015 reporting period. So if that was the only encounter present in this document, then the QRDA file would not be accepted because you don't have a discharge within the reporting period. So in order for this to be accepted, you need to have at

least one encounter element in here with an effective time where the high value is within one of the –is within the discharge reporting period.

Okay, the next big set of changes were to the QRDA bes–base specification itself, basically errata to that specification.

The first one is the requirement for a measure version specific identifier to be present. So this basically describes the exact version of the measure that you're reporting against. Measures, like anything else, can be changed over time, and it's important for a recipient of the QRDA file to know what version of the measure you were reporting against in case the measure changes and you were reporting against an old one, which maybe had, you know, slightly different codes present because, you know, the value sets and such change over time – that they know what version of the measure we reported against so that you can be scored properly. So the correct identifier must be present in an external document ID element, and the root of that ID element must always be that OID, you know, series of numbers and periods basically that's ending in 4.7.38. That's the, the identifier that scopes the entire set of version specific measure IDs, and then the actual ID for the measure itself goes in the extension. So the example here is, the person specific ID for the 2015 eCQM update for the 2015 reporting year for CMS 55, or also known as ED-1, is, is this do it or UID here. So it's important that you present that information in here, again, so that people can correctly know what version of the measure you're reporting against. There is, in the appendix of these slides, a complete list of all the version specific measure IDs. You can also find them from the eCQM library, this URL below.

Next, the reporting parameters act in the QRDA file must have one or more IDs. This is just a, an oversight in the QRDA specification. Most, you know, acts and such in a QRDA file require IDs, but this is a case where – when the QRDA implementation guide was created, someone missed the requirement for this particular ID. So, that was a correction to add that in, to make it consistent with the rest of the QRDA. So this ID may be a GUID or UUID, or it can be an appropriate nullFlavor, and there's some slides later that talk about how to use nullFlavors for terminology and stuff that are still applicable here. But if you don't have that ID element present, you will get an error.

One thing I wanted to do, so I am going to go back one slide, is note that if you use a UUID or GUID, you must generate a unique one for each QRDA file. So, it's not legal to hardcode the same ID for all your QRDAs. You need to generate a unique one for each QRDA here.

Payer effective time is a new requirement, so the payer characteristic, sorry, patient characteristic payer template, as it's called now, requires an

effective time element. The low element of that must be present, and it basically notes the beginning of your care of when your, when your payment or insurance is effective and the high element should be present if, you know, when the coverage has expired or will expire. So, again, if the effective time element is not present, you will get an error. The low element is required. The high element is only required if you know if the coverage has already expired or if you know exactly when it will require and expire in the future.

The – again, like I mentioned previously with another template, this is a case where the ID for an observation element was missing because of an oversight when the specification was required. So, as before, there was an ID element that is now required that can be a UUID, GUID, or a nullFlavor, and if you use a UUID, you must generate a unique one for each file.

Right, so that's it for the big changes in 2015. Next we've got to go into how you submit eCQM hospital test files.

So the – any QRDA file that you create can be submitted and validated against 2015 CMS constraints. The CMS eCQM receiving system allows you to submit test files in order to validate the structure against the constraints of the system.

Reports that you get will help you identify errors and files and allow for corrections prior to submission of production data. So this is available through the *QualityNet Secure Portal*. And you know, again, as we go throughout the year, we provide additional training showing how this is used showing changes to the system, just like this presentation here. We highly recommend that people submit their files to the test system before submitting to production. There are, you know, a large number of errors that we get through the production system that could be avoided if people would submit test files first.

So next we're going to go through some of those errors on this presentation. So these are some of the comments, the submission errors that we get in the CMS production system.

And the ones that we'll discuss here are kind of broad categories of errors. They are not all the errors that we receive, but they're some of the biggest ones, and if we could illuminate these, we'd see a huge improvement in the quality of the data that's submitted.

So, probably, the most important one is the QRDA Document Format Error. This one – last year I thought we'd put the nail in the coffin on this one – but it's come back in 2015 again, and this error basically occurs

because submitters are not sending valid QRDA documents. So, QRDA documents are not word documents; they're not raw text files. They are XML documents that need to conform to the QRDA XML schema that is provided by HL7.

So, for instance, you know, a common case that we'll – we'll see sometimes is, somebody submitting something like a word document, or just some random textual dump, or a pdf, and sending it to the CMS production system – or an XML file that's not well formed or it doesn't comply with the CDA schema. CDA, by the way, stands for clinical document architecture, and that's the parent standard of QRDA. So it's very important that when you submit your files that they actually be valid XML files.

So the way to get around this error is to just submit a well-formed and schema-valid QRDA XML file. So, the appendix of this presentation describes several methods for going through and doing this and provides some step-by-step instructions for creating valid files. Due to the time constraints today, we won't necessarily go through all those slides, but they'll be there when this is posted up on the CMS website. But again I receive, you know, and look at a lot of QDRA files, and I work with software developers and other implementers to, you know, help correct errors like that. And one of the first questions that I have for them when they say, "Hey, take a look at my QRDA," is "Did you validate it?" And if there's a long pause on the phone, or they give me a blank stare in-person, I know that they likely did not. And that's probably the biggest thing that folks can do to improve the quality of their documents, is just simply validate them against the XML schemas that are provided with the QRDA specification. So, so, please take the time and do that before you submit files, or as I said on a few slides ago, submit them to the CMS test system so, the production system first, and that does schema validation for you as long – as well as a bunch of other checks, so that will really, you know, solve a lot of your problems for you.

One of the next ones is the CCN validation errors. So, the CCN is the CMS certification number, and some of the error messages that you might see when you submit a bad CCN, is that CCN (NULL) cannot be validated. That means you accidently didn't one at all; or this was a long string that a rep center custodian organization shall contain an ID, so on and so on, which – which means that you, you know, again, maybe either have got the format wrong or didn't provide one in the expected location. So basically what all these errors mean is that you need to provide a valid CMS certification number, CCN in the correct location of the QRDA header, in order to correct this error.

So here's some examples that would generate the error: the first bullet here and the error that will come from it, points to a CCN that is missing entirely. So there's something, no ID present, and that will generate an error. The next one has a, has an ID element in the represented custodian organization and it has a root attribute, which basically says the ID that I am going to provide is a CMS certification number. That's what this OID ending and 4.336 means. It means CMS certification number. However, there's no actual – your organization's ID was not provided here. The last one, you know, has the ID element. It has the correct route attribute which flags the, the ID to follow as a CMS certification number. But this is a case where somewhere, someone probably just to, you know, fill in a placeholder for, you know ,put in this placeholder ID of ABC 123, which is not a real valid CMS certification number. So while this is, you know, maybe good for prototyping and designing your initial system, it will not pass the live submission requirements of their production system.

So the correction here is to get a CMS certification number for your organization and provide it with your QRDA. So, in this case, we've got an ID element present that has the correct route for a CCN, and then, where I have your hyphen CCN in italic, you would replace that with your organization's actual CCN. If you do not, and you submit your CCN, that will also fail. Now, should we know that there is a, what's known as a dummy CCN – that's shown below – that 800890 strain. That is fine to use if you're submitting test files. For instance, if you don't have a CCN yet, or you, for some reason you're –you want to separate your test files from your production files and don't want to get them confused, you could use this dummy CCN to submit test files, but it will fail when you submit to the production system.

The next set of errors that we see fairly commonly, are errors with the serviceEvent element in a QRDA file. The servicEvent basically describes the kind of service being provided, and in this case for QRDA files, it's a very generic service which is the provision of care over a period of time. So, a couple of things that you need to know is that the serviceEvent needs to be present, and that's in a element in a QRDA call documentation of, and then there's a serviceEvent element that appears underneath there. Not necessarily the best choice of element names there in the XML, but that's the way the base specification described it. Also, you need to use the correct code, that PCPR, which stands for care provision, and there must be a PERFORMER present. So basically, you need to follow the rules of the QRDA spec in order for this to pass.

So here are some examples of some errors that you might find. In this case the serviceEvent element – that's their first one in red here – needs to have a, another attribute in the XML called class code, and if that – the value for that class code is not present, then it will fail validation. Likewise, the

performer has a required kind of type code that needs to be present. And you'll also get errors if the – your organization is not listed in the PERFORMER. So let's go ahead and move on to the next slide …

… and we'll show what I call here is, the partial correction. This fixes a few of the problems, but not quite all of them, first by adding the class code of PCPR again, for care provision to that serviceEvent. You'll be able to pass that initial hurdle there. Next the PERFORMER type code needs to be PRF for PERFORMER. And then, down here, the assigned entity element is now present, and that's where you would put your organization and such. But when you add on that assigned, that assigned entity element, that will get you past one error but you'll find that it might generate a couple of new ones once that is present. For instance, there's a requirement that the assignedEntity contain the provider's national provider ID or NPI, and also the organization's Tax ID number must be present. So the complete solution here …

… is going to contain the provider's NPI and again, this OID ending in 4.6 is the identifier for NPIs. Note that this value here, 1111111, that's not a true NPI. You need to replace that with your organization's, you know, with your actual NPI, and same is true of the Tax ID number. You need to put that in there and give a legal Tax ID number.

If you have no NPI or tax ID number, you can use what's called a nullFlavor, and I promised earlier in the presentation I would describe how to do that. And basically what you do is, you create a attribute in your XML on the ID element that is called nullFlavor. It's a, it's in camel case here, so lower case, and at the start and then a upper case F. And this basically – nullFlavor is HL7 version three's way of saying, you know, that you don't know something or can't provide some information. And it allows a variety of codes to say, you know, why you're not providing certain information on this case, and a stance for not applicable. And so you use that when you simply don't have a NPI or 10. So it's not applicable to your submission. So that's again – you can get past that error, particular error.

The final set of errors that we're going to cover are terminology errors. Now terminology, as like to say, is probably the elephant in the room with submitting QRDAs or healthcare IT, in general. Getting codes and such right is very difficult and often requires a terminologist to be a member of your implementation team. So, just kind of be aware of that. So terminology errors are probably one of the most common errors that you can get, but I'll walk through some basics that will help get folks started with getting the right codes submitted, at least showing you where to receive them, and how to, how to get them within your QRDA files. So let's go ahead and move on here.

So the first thing you'll need to know is that if you get some errors that say you don't have a value set present or you're just trying to look up what codes you need for a particular piece of the QRDA that you're reporting on, the first place you'll want to go is the CMS QRDA specifications. So, if you bring up the CMS Implementation Guide and scroll down to the section where you happen to be working on, you'll typically see a table like this that, that goes data element by data element, and says in this fixed value call on the next example, what value sets are being used for that particular element. So in this case, we're using the ethnicity value set as an example, mainly because it's a small value set that consists of only two codes, so it's easier to get on presentations. The important thing that you want to pull from these specifications is the OID, or the object identifier for that particular value set. In this case, the OID for the ethnicity value set ends in 11.837. So we're going to copy that and store that for, for future use, because the next place where you want to go is …

… to the Value Set Authority Center, also known as the VSAC. The VSAC is not, you know, on the CMS website. It's not a CMS service. It is a service of the National Library of Medicine. So, you would go to this NLM site, URL that's listed above, and that's where you can pull down the value sets that are used in QRDA and a variety of other specifications, for healthcare IT. One important thing to note is that you need to register with the UMLS, our Unified Medical Language System, before you can download any of these value sets. So the reason for this is that there are code systems such as SNOMED that are listed in the value set that are used for QRDA. SNOMED requires licensing in order to use it. The US has paid for a free license for anyone, basically any implementers in the US, you know, for a US-based use case, to use SNOMED. However, other countries have not done so. So this is, basically, to make sure that you are, you know, doing quality reporting for a US use case, before you can grab device sets here, because otherwise they'd be violating the SNOMED license. So once you go ahead and register, and that can take a few days to actually get your account, and then you can pull down device sets. So if you need to do quality reporting and you need, here, someone who needs to actually select the codes or check your value sets appropriately, you sort of register ahead of time. You don't want to wait till the last minute, 'til the day of your certification, in order to register. Register in advance and then you can get access to these codes when you need them.

So once you've got your log in and you've entered your credentials in the VSAC log in area, then you can go to this page and select an appropriate value set for download. In this case, the example shows between 14 eCQM value sets for eligible professionals. There's a similar one for eligible hospitals, and you can select the download in a variety of formats. For the sake of this presentation, I am going to use the Excel format,

because that's easiest to show on screen and one that most people are familiar with.

So if you download the value sets for eligible hospitals, for instance, in Excel. What you'll do then is, you'll actually search in that spreadsheet for the object identifier that you found in the CMS guide previously. So the screenshot up here shows that I've scrolled down to the line for the ethnicity value sets in the, in the spreadsheet, and there are two codes that are present: one is 2135-2 for Hispanic or Latino; the other one is 2186-5 for non-Hispanic or Latino. So those codes need to then be put in your QRDA file. However, one other piece of information that you'll need is the code system OID which is different from the value set OID. Value sets, one way to think of them are often, a collection of codes from one or more code systems. Often they are from one code system. What they often do is restrict the codes. For instance, you wouldn't put all the codes in SNOMED present in the value set. Typically you may just have, you know, you know, a handful, maybe a dozen or so. So that's why there's a different identifier for the value set which is those sort of codes you're going to use, from the code system which – from which a specific code comes from. So both those pieces of information are necessary. The CMS guide will typically tell you the OID of the value set. The spreadsheet will tell you the OID of the code system for each code that's present in that value set.

So here's an example of a common error that you might see that's terminology-related. In this case, the first example is completely missing the ethnic group code element which is required in QRDA for submitting to CMS. The second one example has the element present but there's actually no data in it. They didn't provide any codes in that element. So that's someone trying to basically fake out the validation and not succeeding in this case.

If partial correction with this which is something I commonly see is, is just the misuse of some of the attributes that are present in the, in a particular code element. In this case we've had the ethnic group code element present and there is a code attribute in there, which is required, but instead of putting in the code from the spreadsheet, what this did instead was they, they chose the display name and put that in there. So that's not going to pass. The display name is not the actual code. Also, they had a code system attribute present, but it uses an invalid code, in this case, a code for the value so that for instance, or a older version of it.

So here we have the actual correction which is to, you know, put in the correct code in the code attribute, to have the correct code system present in the code system attribute. And we optionally moved the display name down into the display name attribute. The display name is not strictly

required, but it's good to have it there, in my opinion, because most people don't actually have the values, the display names for the codes in their head. So, when a implementer is trying to debug this Q&A file, this makes it much easier for them to figure out what's going on without actually looking up the code.

Here is a, another thing you can do to make this even better, which is to add the value set OID. Now there are areas in QRDA where the value set OID is required to be present. That group code is not one of them. You can actually get away without supplying it here, but my recommendation to folks is, you might as well put that value set OID everywhere because it's – if it's required in here in a few places, you know, it's just a good habit to get into putting that in there. So that, you know, it – there's never a case where you put that on a concept descriptor or, you know, an element that takes codes and code systems and such, or where it's not legal. So you generally want to put that in, and there are areas, as I said, where it's required, so it would be an error to not put it in.

Sometimes you need to have some workarounds for terminologies. So, for example, let's say that your, your patient declines to state what their ethnic group code is, that's perfectly legal. You may simply not have information. Maybe the patient was unconscious and you know it couldn't – things like that couldn't be determined. So there's, there's cases where you simply may not have that information. So in this case, you could use the nullFlavor work around which they used previously on ID elements. It's also legal on things that take codes, and, you know, that gives you a way of stating that you don't know a particular piece of information. For most cases, the default nullFlavor of NI for no information is the most appropriate. There are cases, as we mentioned previously for NPI and TINs, where you want to use NA for not applicable, but there's a whole list of nullFlavor codes that you can use that are present in the QRDA specifications. And they'll, they'll provide guidance if there's a specific reason to use a particular null over some other.

Okay, next thing we're going to go into are some QRDA debugging approaches. This is some information that will help you create better QRDAs. Some more detailed information is present at the very end of this presentation in the appendix, as well. We won't go through, necessarily, everything, but we'll hit some, some key items here on the next few pages.

Okay, in my opinion, the best way to prevent submission errors is to simply validate your QRDA documents before submitting them. Okay, there are, you know, several key validation steps that, in my mind, all implementers should perform locally. And the first one is to make sure the QRDAs you submit validate against the QRDA XML schema from HL7. Once you've passed that hurdle, then you should make sure that your files

dotted against the QRDA schematron schema. So schematron is another XML schema language. HL7 uses two of them together because, frankly, they each have their own strengths, and by using the two together we actually we get the best of both worlds. I am going to do a large amount of validation that would not be possible with any one single schema language. If you submit test files using the CMS operational eCQM reporting system as a test submission, that will do some of that tracking – that will do that a lot of that tracking for you. It will run it against the CMS XML schema, the QRDA schematron file from, from HL7, as well as CMS-specific errors. So that's a good, you know, place for some one-stop shopping for a lot of your submissions. That doesn't mean that you shouldn't do these schema file validation offline. You know, I think there's a lot of value to doing that even before submit it – to submit test submissions, simply because it's often quicker to do things locally. So again, the appendix has information on validating and using HL7 tools. I would love to see certified I vendors eventually implement schema validation in their runtime systems so that we don't get a case where, you know, certified EHRs are actually submitting files that are not actually valid even though they've, you know, the test files they did during certification were. There's still a large number of files that I see that are submitted, you know, quite regularly that don't pass this basic level of validation.

Another great thing to help with testing is a tool called the Pre-Submission Validation Application, or PSVA. This basically, is a client-side application tool that you can download and validate your QRDA files locally prior to submitting them to QMS, and this – this you can do without actually having to submit your files to the CMS website as a test to make sure that you can submit them locally. So what this does, by running them locally, reduces CMS' processing times so the production system doesn't have to take time out to, to run test files that you could do locally. It means less reprocessing of the same file. It reduces the number of files that are stored by CMS, and, you know, reduces the error notification response times. So the local installation of PSVA is much faster in getting you errors than the, than the website would be. And again, you get a feedback in real time prior to submitting the CMS. So there is the pilot application that's currently available for download in the secure file transfer, or SFT section of *QualityNet*. This means you do need a *QualityNet* login to download the file. You also currently need a *QualityNet* login in order to run the application locally. That's a, you know, just one thing to be aware of. It's not something you can download and pass along to any developer on your implementation team. Each person who uses this, everyone doing QA, needs a *QualityNet* login. So just again, something to be aware of there, and users must have the I data upload role assigned to them in *QualityNet* for the pilot application. Note that the pilot itself is, is over, but the application is still available for, for

testing. There is a full release of the applications scheduled for January 2016, so be aware there are updates going on.

So some additional resources for CMS validation – You know, basically CMS strongly encourages all vendors and hospitals to continue working towards successful submission of eCQM data. Again, test files can be submitted through the eCQM receiving system, the *QualityNet Secure Portal*, and we recommend that everyone sign up for the Hospital Reporting I ListServe and participate in training opportunities like this one as they come up. So feel free to register for the ListServe at the URL listed on this page, and that we'll get notifications of future trainings and get, you know, quick access to changes in the systems as they occur over time, and additional pointers to, you know, common errors that are, that are being encountered and their corrections as they come up.

So, at this point we're going to enter the Q&A stage, here. I do want to just quickly move this to a references slide, a resources slide, here, for folks that have questions. The *QualityNet* HelpDesk is great source, as well as the ONC Project Tracking website. But at this point, Stephanie, I think I am going to hand it back to you for, for the Q&A portion and any final wrap up.

Stephanie Wilson: Perfect, thank you, Rick. That was a great presentation. We do have a, just a few questions that have came in through the Chat window, so we'll go ahead and kind of work our way through those.

The first one is, "A previous slide stated that at least one discharge must be in the reporting period. So, IG wasn't clear on this. In the document, include encounters for a patient with one discharge in the reporting period and one outside the reporting period. For example, if an ED patient was discharged on 12/31/2015 and then was admitted to a hospital on January 1, 2016, would information from the ED encounter be allowed within the document?"

Rick Geimer: I believe the answer to that is, as long as there is also a discharge. In other words, they may have been readmitted, but if they're also discharged during that time, then it would be valid. So I believe the rule states that you must have at least one encounter where the high element has a, has a time, you know, basically a discharge time within that reporting period. So I believe a readmission during that time but without a corresponding discharge would not. But if it had one encounter from the previous, the previous quarter, and then another one where there was a full discharge during the current quarter for the reporting period, then that would be acceptable.

Stephanie Wilson: Okay, thank you. The next question says, "For the payer, will QRDA submission be looking at patients with Medicare payer code, and if payer code is not available, will a blank or UNK be acceptable?"

Rick Geimer: I may want to defer to someone else on that particular question.

Stephanie Wilson: Okay, that's some of the ones we can get answered offline and then get back, and we will post any questions that you submitted that don't get answered during our Q&A piece. We will post all those to that *Quality Resource Center* within 10 days. So we'll go ahead and get an answer to that one, and then we'll make sure it gets posted out there so that the person that asked that question will get clarification.

The next question asked, "For the requirement to have at least one encounter discharge within the discharge reporting period, does that mean that e-measures with zero denominators cannot be reported through *QualityNet* via QRDA 1?" And Rick, I can answer that one if you're not comfortable with that.

Rick Geimer: Yes, yes, yes please, go ahead.

Stephanie Wilson: Okay, anytime you'll have eCQMs that you'll want to submit data for but they don't have actual information for a QRDA file, there is a screen on the *QualityNet Secure Portal* that's called the denominator declaration screen. And if you go to that screen, you are able to submit zero denominator declarations for any of the eCQMs that you plan to report data for that do not have patients that fall into the IPP. So, you can do that on the denominator declaration screen within the *QualityNet Secure Portal*.

The next question, Rick, talks about, "The testing submission from *QualityNet* – is that the same as the PSVA or another tool?"

Rick Geimer: I, uh– good question. I believe it's another tool. I believe you just send a test submission with the *QualityNet* production system. So I don't – I think that's a separate tool there. And maybe someone else has a better answer, though.

Stephanie Wilson: And I think that's one of those things where you, you have a couple of different options currently. So the *QualityNet Secure Portal* where you can send production files, you're also able to submit test files at any time. You can run test files directly through the *QualityNet Secure Portal*. The PSVA is another area where you can download the, the application, and then run test files through that for validation. And then, I think, as you talked about risks, there are some HL7 resources that also validate files, is that correct?

Rick Geimer: Yes, that's correct.

Stephanie Wilson: So at least, according to the base standard so, okay – "The schema and schematron from HL7, are those online tools to help us validate our QRDA files?"

Rick Geimer: The answer to that is no. The – however there are online tools that use the schema and schematron. It's a – it's a fine point there, but the XML schema and XML schematron files are actual, you know, pieces of software, basically, that are, you know, that, that can be downloaded with the QRDA specifications itself, so software developers can use those offline to do local validation. They can also be built into I vendor tools so that validation can happen dynamically. So they're really reusable, you know, schemas that can be a used a variety of ways. Now there are a lot of online tools that implement XML schema and schematron validation for QRDA files, such as the – the, you know, CMS test system, the pre-submission validation application, a lot of the certification tools from MITER, as well, implement those. So again they're meant to be reusable in a variety of applications. So they're not restricted to online use but they certainly can be used that way.

Stephanie Wilson: And this is kind of a follow-up to that, Rick, and it asks, "Do we need an HL7 license or membership to use schema or schematron?"

Rick Geimer: No, so HL7 IP is now freely available. So, in the schemas and schematrons have always been you know considered you know something that anyone can pick up and use. You know HL7 used to charge membership to get access to the standards, themselves, that would be the closed document that describe how the standard work and such, but again now HL7 gives free access to its IP, and so you can download those schemas and schematrons without restriction. You can also get updates to them from the HL7, you know, sub-version repository, also known as Gforge. So there's places in there where the latest versions of the schema are kept in case there are ever errata or changes to them.

Stephanie Wilson: Okay, the next question is related to payer options, "Is it important to report all payers at the granular level or will QRDA accept payers quoted in the general bucket categories of I-9?"

Rick Geimer: I think I'll have to defer that one to you, Stephanie.

Stephanie Wilson: No, I can't answer that one either. I'll have to reach out and get some answers for that one and we'll get that one posted, as well.

And then the next one kind of asks for a recommendation. It says, "Do you recommend Cypress and validation tool for QRDA?"

Rick Geimer: Personally, I recommend running every validation tool you can because you know what you'll find is they'll – they'll all do things slightly differently. But Cypress, I know, does XML schema and schematron validation. You know, still struggling to see – to remember what the very latest release does, all the CMS rules, I think the answer to that is, is not yet, but coming soon. However, I'd rather defer to someone from, someone from MITER to answer that question exactly. But, you know, my experience is, the more validation tools you use, the more experience you get, the more errors you catch. And what you want to do is, you want to, you know validate against everything that's available before you submit to CMS, because that will save you a lot of headaches down the road.

Stephanie Wilson: Okay, the next question asks, "Are you aware if CMS is working on a submission method such as API to submit eCQM straight (inaudible) uploaded quality in that.

Rick Geimer: I'll have to defer to someone else on that one. It could be a good addition. I don't know if it's actually in anybody's plan to do at this moment.

Stephanie Wilson: Okay, and it looks like we only have a couple of minutes left. I think the other questions that are in here we're going to have to get answers to and then get those posted. Here's one more that actually just came through. "There's a new release, QRDA R3 from HL7 webpage, is that new style sheet already considered for QRDA submissions?"

Rick Geimer: Okay, well, first of all, QRDA release 3, it does have a style sheet in it, but that's not the actual spec. The thing about QRDA release 3 is, that's a new set of rules for QRDA and a set of constraints. My understanding is that's not currently accepted for submission to CMS. It's not written into meaningful use or any of that stuff at the moment. And I don't think that's anticipated for 2015. However, I'll have to defer to somebody else from CMS on the roadmap for getting updates for QRDA release 3, but as of right now, you want to stick with release 2 for category 1.

Stephanie Wilson: Then, if that is correct, I do believe, though, that will be released for next year with 2016 submissions.

Okay, well, it looks like we're at the top of the hour. So, again, thank you, Rick, for a great presentation and taking time out to talk through the errors and the different information that's necessary to get successful QRDA file submissions. And thank you, again, all of you who joined us on a Friday afternoon for this presentation.

Like I had stated earlier, any questions that we were not able to get answered during the, during this Q&A piece, we will get those answered and get that document posted out to the *Quality Resource Center**. And I

believe the URL to that is www.qualityresourcecetner.com*, and so we'll get that out there for you. And other than that, everyone have a great weekend and we really appreciate you taking time to join us, thanks for coming.

Rick Geimer: Thank you, all.

END

*Correction: Quality Reporting Center at www.qualityreportingcenter.com