CMS 2015 QRDA Submissions for
Eligible Hospitals/Critical Access Hospitals

Questions and Answers

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Question 1:	On a previous slide, you stated that at least one discharge must be in the reporting period. The IG was unclear on this. Can 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 @ 11:45 p.m. and then was admitted to a hospital on 1/1/2016 @ 12:05 a.m., would information from the ED encounter be allowed within the document?
Answer 1:	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 re-admission during that time but without a corresponding discharge would not, but if it had, you know, 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.
Question 2:	For the requirement to have at least one encounter discharge within the discharge reporting period, does that mean that eMeasures with zero denominators cannot be reported through *QualityNet* via QRDA 1?

Answer 2:   Anytime you have ECQMs that you 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. If you go to that screen, you're able to submit zero denominator declarations for any of the ECQMs that you plan to report data for that do not have patients fall into the IPP. So you can do that on the Denominator Declaration screen within the *QualityNet Secure Portal*.

Question 3:   Is the testing submission from *QualityNet* you've mentioned, the same as the PSVA pilot or another tool?

Answer 3:   I believe it's another tool. I believe you just send a test submission with the *QualityNet* production system. – I think that's a separate tool. You have a couple of different options currently on 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 application and then run test files through that for validation.

Question 4:   The schema and schematron from HL7, are those online tools to help us validate our QRDA files?

Answer 4:   The answer to that is no. However, there are online tools that use the schema and schematron. It's a fine point there, but the XML schema and XML schematron files are actual pieces of software that can be downloaded with the QRDA specifications. Software developers can use those tools offline to do local validation. They can also be built into EHR vendor tools so that validation can happen dynamically. So they're really reusable schemas that can be a used a variety of ways.

Question 5:   Do we need an HL7 license or membership to use schema or schematron?

Answer 5:   No. HL7 IP is now freely available. Schemas and schematrons have always been considered something that anyone can pick up and use. HL7 used to charge membership to get access to the standards themselves; that would be the closed document that describes how the standards work but again, now HL7 gives free access to its IP. You can download those schemas and schematrons without restrictions and you can also get updates to them from the HL7 sub-version repository, also known as GForge.

Question 6   There's a new release QRDA R.3 from the HL7 webpage. Is that new style sheet already considered for QRDA submission?

Answer 6:   QRDA Release 3 does have a style sheet in it, but that's not the actual spec. QRDA Release 3 is a new set of rules for QRDA and a set of

constraints. QRDA Category I Release 3 will be utilized for CY 2016 submissions.

Question 7: Is there any sort of submission validator?

Answer 7: Test files are able to be submitted through the *QualityNet Secure Portal* to test validation. The Pre-Submission Validation Application (PSVA) is a downloadable application the provides submission validation. There are other tools available from HL7 and Cypress that can be used to test file validation prior to submission to CMS.

Question 8: Does the PSVA use the HQR 8.0 CMS Release, or is the PSVA a separate effort completely?

Answer 8: PSVA uses part of the HQR 8.0 release but since PSVA is still available only in the "pilot" phase, not all validations are being done. For complete file validation, you can submit test files through the *QualityNet Secure Portal*.

Question 10: What role is required for a physician's office to submit EHR-based eCQMS for PQRS since the IACS system was converted to EIDM? Can the PV-PQRS Security Official approve this role, or is a different Security Official role required to approve this role? (In the past a Security Official-2-factor role was required, which took weeks to approve. Please verify the EIDM roles needed for EHR-based PQRS eCQM submission.)

Answer 10: I apologize, but we are not able to provide information on the PQRS processes. Those questions could be submitted to the *QualityNet* Help Desk for submission processes.

Question 11: Do we have any summary statistics on successful submissions of QRDA files and how many hospitals have successfully submitted QRDA files?

Answer 11: I will check on an answer for this question with the DECC team.

Question 12: For the payer, will QRDA submission be looking at patients with MEDICARE payer code? If payer code is not available, will a blank or UNK be acceptable?

Answer 12: The Payer Supplemental Data Element template requires a value element that contains a translation element with a code from the CMS Payer Groupings value set. Medicare (group code A) is one of the groupings in that value set, but any of the groupings are allowed and the QRDA submission process will look at all of them. A blank value or translation is not acceptable. There is no rule in the QRDA spec or CMS implementation guide that prohibits nullFlavor on the translation element, but the group code D might be more applicable since it is defined as

"Other Government (3), Department of Corrections (4), Managed Care Unspecified (7), No Payment Listed (8), Miscellaneous/Other (9)."

Question 13:   This question is related to payer options. Is it important to report all payers at the granular level or will QRDA accept payers coded in the general bucket categories of ICD-9?

Answer 13:   Actually, the Payer Supplemental Data Element template only allows payers to be reported using the four payer group codes provided. See section 8.3.6, Payer Supplemental Data Element, and Table 26, CMS Payer Groupings in the CMS 2015 IG for more details. (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/QRDA_EP_HQR_Guide_2015.pdf)

Question 14:   Do you recommend Cypress as a validation tool for QRDA?

Answer 14:   Submission of test files through the *QualityNet Secure Portal* is the most accurate was to check file validation at this time. Cypress and PSVA are also available ways to check file validation prior to submission to CMS.

Question 15:   Without access to historical payer information in Medicare (as an example) how are hospitals to know if the Medicare coverage has expired or will expire on known dates? (referring to the payer effective time element)

Answer 15:   Hospitals are not required to report when coverage expired or will expire. While the effectiveTime element is required in the Patient Characteristic Payer template, only the low element (i.e., the coverage start date) is required. If the expiration date, be it in the past or future, is not known, just omit the high element (coverage end date).

Question 16:   Is CMS working on a submission method such as API to submit CQMs straight from the EMR rather than a manual upload to *QualityNet*?

Answer 16:   Files are able to be submitted to CMS directly from the PSVA tool.

Question 17:   Can you comment on whether the 2015 eCQM submission deadline will be postponed until February per the proposed MU 2015–2017 Modifications Rule, and MU/EHR alignment?

Answer 17:   The 2015 deadline for eCQM data submission utilizing QRDA Category I files will not be extended. That deadline will remain November 30, 2015. The Final Rule will provide direction on any deadlines for the EHR Incentive Program and data submission through the CMS Registration and Attestation System.

Question 19:   Do you need to do abstracted quality measures and eCQM measures for the same quarter so you can compare the two for accuracy of eCQMs?

Answer 19:   It is always a good idea to compare chart-abstracted data with eCQM data to determine if there is any information missing in the EHR system due to workflow or data being captured in the wrong area for it to be pulled in to the QRDA file. Please note that due to differences in logic, chart-abstracted measure results and eCQM results will probably not be equal.

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