# Hospital Inpatient Quality Reporting (IQR) Program

## CMS QRDA Category I Implementation Guide Changes for CY 2019 Hospital Quality Reporting

## Presentation Transcript

### Speaker

**Yan Heras, PhD**
Principal Informaticist
Enterprise Science and Computing, Inc.

### Moderator/Speaker

**Artrina Sturges, EdD**
Alignment of Electronic Clinical Quality Measures (eCQMs) Lead
Hospital Inpatient Value, Incentives, and Quality Reporting
Outreach and Education SC

## March 27, 2019
## 2 p.m. ET

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| **Artrina Sturges:** | Good afternoon, everyone. My name is Artrina Sturges and I'm your host for today's event. We have a few announcements for you. This presentation is being recorded and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the *QualityReportingCenter.com* website, and also posted to *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides, was distributed on Tuesday. If you did not receive the email, the slides are available for download on our inpatient website, again, *QualityReportingCenter.com*. |
| | Today's webinar provides an overview of the changes to the 2019 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting, a high-level overview of updates to the Health Level Seven base standard, and a review of available resources to support your efforts. |
| | Our intent is that, by the end of this presentation, you will be able to more easily identify the changes and updates to the 2019 CMS QRDA Category I Implementation Guide for HQR, recognize the high-level changes to the HL7 base standard, and locate related resources with a greater level of ease. At this time, Dr. Yan Heras, Principal Informaticist from Enterprise Science and Computing, will join us for today's presentation. Yan, the floor is yours. |
| **Dr. Yan Heras:** | Thank you, Artrina. Good afternoon. Thank you for attending the webinar. |
| | The 2019 CMS QRDA Category I IG for HQR was published in May 2018. It is available for download at eCQI Resource Center on the eCQM center's QRDA page. The direct link to the IG is provided on this slide. The updated 2019 CMS QRDA Category I Schematron for HQR was published in February 2019—this to precede the previously released version. The Schematron can also be found on the eCQI Resource Center. |
| | The 2019 CMS QRDA Category I IG for HQR provides technical instructions for QRDA I reporting for eligible hospitals and critical access hospitals reporting eCQMs for the calendar year 2019 reporting period for the following programs: Hospital Inpatient Quality Reporting—IQR—Programs; |

and, also, Medicare and Medicaid Promoting Interoperability Programs, formerly known as the Medicare and the Medicaid EHR Incentive Programs. The 2019 CMS QRDA I Schematron file is a companion to the 2019 CMS QRDA I IG for HQR and allows for computerized validation of QRDA Category I documents against the IG requirements.

Beginning from this slide, we'll show a side-by-side comparison of the 2019 and the 2018 IGs. The 2019 IG is used for the 2019 reporting period. ECQMs that must be used for the 2019 reporting period is the eCQM specifications for EH [eligible hospitals] and CAH [critical access hospitals] published in May 2018 and any applicable addenda. One major change made in the eCQM specifications for the 2019 reporting period is that eCQMs are now specified based on Clinical Quality Language (CQL)-based Health Quality Measure Format Implementation Guide. In prior years, eCQMs were specified using the Quality Data Model HQMF IG. And, for value sets, eCQM value sets published in September 2018 and any applicable addenda must be used for the 2019 reporting period.

The base HL7 standard for the 2019 CMS QRDA I IG for HQR is a QRDA Category I, Release 1, Standard for Trial Use (STU) 5. So, since QRDA I STU 5 has been published for more than 90 days, you do not need to be an HL7 member to download a copy from the HL7 site. But it does require you to have an HL7 login. To create an HL7 login is free. QRDA I STU 5 was updated to support QDM version 5.3 Annotated and QDM 5.3 Annotated is available on the eCQI Resource Center.

Key elements used for succession management are listed in Section 4.3.1 of the IG. In the 2019 IG, the language has been updated to include the first key element, which is EHR Submitter ID. So, the updated language now reads: "The most recently submitted and accepted production QRDA Category I file will override the original file based on the exact match of five key elements identifying the file." So, that includes: CCN, CMS Program Name, EHR Patient ID, EHR Submitter ID, and also the reporting period specified in the Reporting Parameters Section.

This slide shows the side-by-side comparison of the CMS program names for 2019 and the 2018 reporting period. There are a couple changes because CMS renamed the EHR Incentive Program to the Promoting Interoperability Program in April 2018. The program main code HQR_EHR is updated to HQR_PI in the 2019 IG. HQR_EHR_IQR is also updated to HQR_PI_IQR. And PI represents Promoting Interoperability. The other change is that program name code for Hospital Quality Reporting for Episode Payment Model voluntary submission is removed in the 2019 IG.

In the 2019 IG, no changes were made to the patient identifier requirements from the 2018 IG. Patient identification number is required. Medicare Beneficiary Identifier, MBI, is not required, but should be submitted if the payer is Medicare and the patient has an MBI assigned. Medicare Health Insurance Claim number is also not required, but should be submitted if the payer is Medicare and the patient has the HIC number assigned.

In the 2019 IG, the document-level template has a new version. This is because the base standard is updated from the QRDA I STU 4 to QRDA I STU 5. So, please make sure to use the correct template version for the 2019 reporting period. The four document-level templates IDs and their versions for the 2019 reporting period are listed on this slide.

Another change made to the document header in the 2019 IG is about a documentationOf element. National Provider Identification number and also the Tax Identification Number are optional for HQR reporting, as they may not be applicable for hospitals. Previously, in the 2018 IG, documentationOf is a required element. So, even if NPI and the TIN are not applicable, you still have to include the documentationOf XML snippet and submit using a nullFlavor="N/A" to indicate a not applicable. With the change in the 2019 IG, documentationOf is no longer a required element. So, there's no need to include XML snippet for documentationOf if NPI and the TIN are not applicable. Just remember, if NPI and TIN are provided in the QRDA I document, they must follow the correct NPI and TIN for that.

This slide shows the side-by-side comparison of the section templates. There is no change to the Measure Section. There is also no change to the Reporting Parameters Section template itself. But the reporting periods provided must be one of the CY 2019 allowable discharge quarters. The main change is made to the Patient Data Section. This is where the CMS 2019 IG is aligning for the QRDA I STU 5 to support QDM 5.3 Annotated version. The CMS QRDA I IG for HQR does not repeat all of the entry templates contained in the Patient Data Section. So, you will need to reference the HL7 QRDA I IG STU 5 for details. We will go over some high-level changes made from QRDA I STU 4 to STU 5 in later slides.

As we mentioned earlier, the eCQM specifications for the 2019 reporting are now specified using CQL-based HQMF. In the previous eCQM specifications, for example, negation is shown as "Procedure, Performed not done" or "Medication, Ordered not done" in the human readable. In the CQL-based eCQMs, they are now shown as "Procedure, Not Performed" or "Medication, Not Ordered" in the human readable. We have received questions before whether this change in human readable means that, in QRDA I, there will be new templates corresponding to "Procedure, Not Performed" and "Medication, Not Ordered." The answer to that is no. To report "not done" with a reason for the 2019 reporting period is still the same as in the 2018 reporting period. So, for example, to report "Procedure, Not Performed," you set the Procedure Performed template's negation indicator attribute to "true" and to provide a nullFlavor and value set OID. If the eCQM specification for "not done" uses a direct reference code, instead of a value set, then you need to set the negation indicator to "true" and provide the direct reference code. So, there's no need to send a nullFlavor and also value set if it is the direct reference code.

CMS_0073 and CMS_0074 are HQR-specific validations. The descriptions of these two error codes are updated to reflect the 2019 reporting period requirement. CMS_0073 is to make sure that 2019 CMS QRDA I IG is used for 2019 reporting. CMS_0074 is to make sure that correct versions of eCQM specifications are submitted for 2019 reporting.

This slide shows the changes made to Table 15: Valid Daytime Format for HQR. These are not the changes to the receiving system but rather an update to the table itself to clarify some potential confusion when reading the IG. In the 2018 IG, the only Date/Time Format listed might have given the impression that Encounter, Admission, and Discharge Date/Time must be precise to seconds and must include time zone offset. In the 2019 IG, this is updated to include other acceptable formats to help clarify the requirements. The format for BirthTime is also updated in the 2019 IG to show the BirthTime precise to minutes are also acceptable, such as for newborn. A rule for Reporting Period is added to this table. Reporting Period must be year, month and date. And this is enforced by the Reporting Parameters Act template.

The hybrid measure/Core Clinical Data Elements submissions are not available for the 2019 reporting period. Therefore, the relevant HQR Validations that were previously included in the 2018 IG addendum are removed from the 2019 IG. So, these include CMS_0084, CMS_0085, and also CMS_0086.

In the next set of slides, we'll go over the high-level changes to the HL7 base standard QRDA I IG because the 2019 CMS QRDA I IG is based on the HL7 IG. So, the changes we will be describing are applicable to the 2019 reporting period.

Again, the base HL7 QRDA I IG used for the 2019 reporting period is STU 5. The main change made to STU 5 is to align with the QDM version 5.3 Annotated changes. The other main change is the removal of sdtc:valueSet requirement in Patient Data Section entry templates for QDM datatypes. I'll describe this more in the next slide. QRDA I STU 5 also addressed STU comments that are deemed as the New Feature Request, Errata Report, and Clarification by the HL7 CQI work group. You can view those comments following the links on the slide. The QRDA I STU 5 also updated the HQMF QDM datatypes to QRDA template mapping tables. Those are included in the Volume 1 of the QRDA I IG.

Prior to QRDA I STU 5, sdtc:valueSet attribute was used to include the value set OID that holds the code. For example, if you're submitting hospital encounter using an Encounter Performed template, in addition to the SNOMED code "hospital admission," you have to include the valueSet OID for the inpatient encounter valueSet that the code is drawn from. Beginning with STU 5, sdtc:valueSet attribute is no longer required. As you can see from the XML example shown on the slide, you only need to submit the code for hospital encounter and there's no need to provide a valueSet OID. To note that one report "not done," as we mentioned earlier, sdtc:valueSet attribute is still required if it is not a direct reference code in eCQM specifications. You can refer back to the HL7 QRDA I STU 5 Volume 1 for more detailed descriptions about these requirement changes.

Changes to the QDM affect the entry templates included in the QRDA I Patient Data Section. To learn the detail changes made in the QDM 5.3 Annotated, you can review the change logs in the QDM specification itself. QDM 5—4.3 was the basis for the 2018 reporting period. Since QDM 4.3, there have been several changes made, which includes QDM 5.0 draft, 5.01, 5.02, 5.3 and 5.3 Annotated. The QDM 5.3 Annotated version is an accumulation of all the changes made in these minor versions since the release of QDM 4.3.

Here's a high-level summary of the QDM datatype changes since QDM 4.3. Several new datatypes are added: Allergy/Intolerance, Adverse Event and the Participation. All previous datatypes referencing Allergy/Intolerance and Adverse Reaction were removed. Also were removed are the Encounter, Active; Transfer to; and the Transfer from datatypes.

For QDM attributes, "admission source" and "discharge disposition" to Encounter, Performed are added. "Code" and "id" attributes are added to all datatypes. "Components" attributes to the Assessment, Performed; Diagnostic, Performed; Laboratory Test, Performed are added. And the "components" attribute itself includes a code and the result. And, also for Laboratory Test, Performed, it includes an optional reference range high and a reference range low attributes. AuthorTime are added to 12 QDM datatypes that include a negation rationale attribute. "Relevant period"

attribute is added to Medication, Order and the Medication, Dispensed. The following other attributes are removed: "active dateTime" attribute is removed from Medication, Order; "radiation dose" and "radiation duration" attributes are removed; and "reason" attribute is removed from Encounter, Performed.

To align with the QDM 5.3 Annotated changes, a list of new templates are added to the QRDA I STU 5—for example: Adverse Event, Allergy Intolerance, and the Program Participation. The Program Participation is the QDM template corresponds to the Participation QDM datatype. And new templates for QDM attributes are also added. Those include Component, Admission Source. There are also new templates that are added for improvement purposes. For example, authorTime attribute is available to many QDM datatypes. So, previously, those are individually specified in each datatypes. Now, a new template was created for author so it could be reused across all the relevant templates.

This slide lists the templates that were removed from the STU R5. As you noticed, all the Allergy Intolerance datatypes were removed. So, those are the majority of the templates that were removed from the QRDA I STU 5.

There are also other templates that were removed, like Transfer From, Transfer From Act, Transfer To, Transfer To Act, and also Result version 3 template. And, to replace that, the Result observation from the CCDA templates was used directly. And, also, Reaction and Fulfills templates were removed.

For Document templates, there are no change to the US Realm Header version 3 template. And the QRDA Category I Framework template is updated from version 3 to version 4. One change I would like to note is removed—we removed the "SHALL contain exactly one legalAuthenticator" constraint. And this has been relaxed to become optional data element. So, legalAuthenticator in the header is now optional. And this is based on the feedback received from the implementers. Another change is QDM-based QRDA template is updated from version 4 to version 5. So, it now references the updated Patient Data

Section QDM version 5 template which supports all the QDM version 5.3 Annotated changes.

And, for section templates, there has been no change to Measure Section QDM template and no change to the Reporting Parameters Section template. The Patient Data Section QDM version 5 has been updated to support QDM 5.3 Annotated, as we just mentioned. So, all the new templates that are included are now being referenced in the Patient Data Section. And all the removed QDM data templates are now removed from the reference in the Patient Data Section.

For more detailed changes in HL7 QRDA Category I STU 5 IG, you could go to the change logs that are included in the Volume 1, Appendix B – High Level Change Logs and also Volume 2 in Chapter 9, which contains all the changes from previous versions, template by template.

In the next few slides, we'll go over Schematrons, sample files, and also resources available for the 2019 reporting period.

The 2019 CMS QRDA I Schematron is a companion to the 2019 CMS QRDA Category I IG for HQR and allows for computerized validation of QRDA I documents against IG requirements. And the Schematron helps EH and CAH submitters check QRDA I files for eCQMs, starting with a CY 2019 reporting period. This Schematron file is incorporated into the CMS pre-submission validation application tool, PSVA, and the *QualityNet* system in order to ensure QRDA Category I files comply with the IG. You could download the Schematron and use internally for validation purposes.

An updated 2019 CMS QRDA I Schematron for HQR was released last month. The updates included two technical corrections. The first is a correction to the version logic for the conformance statement 3343-17801, contained in the QDM-based QRDA v5 document template. In the previous release, there is an extra count function in the x path that is invalid. The correction has removed the extra count in the x path. So, it now reads test="count(count(cda:structuredBody))=1." The second correction is the removal of a duplicate check for conformance statement

3343-16591 in the QRDA Category I Report CMS v5 template. Having duplicate checks would generate duplicate errors for the same conformance statements. This issue has been corrected with a new update. The updated 2019 Schematron replaces previous Schematron versions posted to the eCQI Resource Center.

In addition to the Schematron update, CMS has also released an updated 2019 QRDA Category I voc.xml file. The updated voc.xml file is a supporting vocabulary XML for the Schematron. There were some errors to the CMS program name value set included in the previously released version. The updated voc.xml now contains the correct list of CMS program name codes and they match the CMS program name codes that are listed in Table 6 of the 2019 CMS QRDA I IG. Both the Schematron file and the voc.xml file are contained in the 2019 CMS QRDA I Schematron in the sample for Hospital Quality Reporting zip file that is on the eCQI Resource Center.

Now I'm going to turn it over back to you, Artrina, for resources.

**Artrina Sturges:**    Thank you, Yan. We've also created a summary of the resources referenced throughout today's webinar. As you see here, direct links to the 2019 CMS QRDA Category I IG for HQR and the associated Schematrons and sample files are posted on the eCQI Resource Center.

To locate additional QRDA-related resources, we encourage you to visit the eCQI Resource Center. Other supportive materials include a pre-submission Validation Tools Guide and the Category I Conformance Statement Resource. As a quick reminder, the intent of the Conformance Statement Resource is to identify the most commonly occurring errors or conformance statements generated when QRDA I files are submitted to tell the data submitter why the QRDA I file was rejected and unable to be processed. This tool also provides additional explanations and links to reference materials to troubleshoot errors. Please note that, when the [QRDA Category I] Conformance Statement Resource for 2019 reporting is published, it will also be available for download on the eCQI Resource Center.

There is a simpler tool called the [eCQM Data] Receiving System Edits Document. This document provides a list of all of the errors or conformance statements that can be generated by the data receiving system within the *QualityNet Secure Portal*. When the 2019 version of the [eCQM Data Receiving System] Edits document is made available, it will also be posted to the eCQI Resource Center. If you have questions regarding any of the guidance that has been provided throughout this webinar, please visit the ONC QRDA JIRA Issue Tracker.

As you can see, we've also provided a table of resources, categorized based on the topic, who to contact for assistance, and the method for reaching out or locating information.

I want to extend a huge thank you to Dr. Heras for joining us today and presenting this very important material for all of you. As we continue on to our question-and-answer session, for those of you, who have not, please continue to enter your questions into the chat box related to today's webinar topic. Several subject-matter experts have joined us to provide greater detail for your questions. Veronica Dunlap has joined us to start reviewing the questions submitted to the chat box. Veronica, the floor is yours.

**Veronica Dunlap:** Thank you, Artrina and Yan. Let's get started with our questions. I just wanted to take a moment and remind everyone to go ahead and submit your questions through our chat feature. And, if we have time, we will definitely try to get through them today. So, let's get started. Our first question is: Can you re-review the calendar year 2019 reporting requirements for eCQM?

**Artrina Sturges:** Thank you, Veronica, this is Artrina. You're going to—this is going to feel very similar. It's going to be the same reporting requirements in terms of the measure. So, we'll just run through those very quickly. So, for 2019 reporting, hospitals participating in the Hospital IQR Program need to self-select [and] successfully report on a minimum of four of the 15 available eCQMs, using the *QualityNet Secure Portal*. And that can be any combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions. So, you're going to want

again to report data for at least one self-selected quarter for 2019. So, quarter one, two, three, or four, and you want to use health information IT that's certified to the 2015 edition of the ONC certification standard. And you also want to ensure that that system is certified to report on all 15 eCQMs. So, again, we talked about reporting using the *QualityNet Secure Portal*. The deadline is going to be March 2, 2020, by 11:59 pm Pacific Time. You're all typically used to it [the eCQM submission deadline] being February 28. But it's falling on March 2 for calendar year 2019 reporting, due to the original deadline falling on a weekend or on a holiday. That's why that March 2 date is in place for 2019.

**Veronica Dunlap:**     Okay, great, thank you, Artrina. And associated with that question is: Where can I locate helpful tools and resources with that information for 2019 reporting?

**Artrina Sturges:**     Great, thanks, Veronica. If you go out actually to the *QualityNet* website, you know there typically is a tab for eCQM, where we have all the overview information. But you also have a drop-down menu that's on the left, basically where you can touch different aspects of that. The measure information is out there. If you want to see specifically what those 15 measures are, specific to IQR reporting, there's information out there about using the pre-submission validation application [tool] to test [the file structure of] your QRDA I files. And they'll be updates up there as well when the system is ready to start receiving 2019 data for testing. And then there's a tab specifically for resources that will give you everything from the checklist to all the other information that's out there—a one-page program overview. All of those updates have been placed out there for you. Another thing we want to point to is that, in addition to the eCQI Resource Center being your primary location for information for eCQM reporting, there's also a technical specifications tab out there on *QualityNet* that will direct you or take you to eCQI [Resource Center]. But at least you know that you have at least these two places to be able to reference the information. Thanks, Veronica.

**Veronica Dunlap:** Great, thank you, Artrina. Has CMS announced when the receiving system will be open to start receiving test and/or production files for calendar year 2019 reporting?

**Artrina Sturges:** Thank you, Veronica, this is Artrina again. At this time, CMS has not announced this. But, as soon as that information is made available, just as we do for you every year, we'll make sure that we communicate in multiple ways—ListServes, and updates to *QualityNet*, and also on webinars—where we can present that information for you.

**Veronica Dunlap:** Okay. The next question: Where can I locate the correct template versions for 2019?

**Dr. Yan Heras:** Yes, this is Yan. So, you can go to the HL7 website. You can find the QRDA I product page. And you will be able to get the HL7 QRDA I STU 5. So, that's the basic standard that is used for 2019 reporting period. Then you also can go to the eCQI Resource Center. Just go to the QRDA page. Then you will be able to find, under the heading for 2019 reporting period, you can find a CMS QRDA I IG for HQR that is used for the 2019 reporting period. But those should have all the templates that are needed.

**Veronica Dunlap:** Great, thank you, Yan. Next question: What format should be used if we are unable to identify a patient's birthday?

**Dr. Yan Heras:** So, patient's birthday is really required by many measure specifications. So, if you do not have those stated, then I think it's likely that you will not be able to meet the initial population criteria. And, from the QRDA I, the template perspective, you can always use a nullFlavor just to—if you do not have an exact patient birth time. Just to remember that that patient may not meet the measure criteria if you do not have a birth date.

**Veronica Dunlap:** Okay. Our next question: Does this webinar apply to EHR vendors only?

**Artrina Sturges:** Thank you, this is Artrina. I'm not quite sure I understand the nature of the question. So, for whoever submitted the question, could you put some additional details around your question and, that way, we can make sure we address it correctly? Thanks, Veronica.

| Veronica Dunlap: | Sure, and maybe a different way of phrasing that—and again I don't know if this was this person's intention but—is the information regarding the 2019 changes only applicable to inpatient hospitals or is it related to eligible clinicians or professionals? |
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| **Dr. Yan Heras:** | Yes, these are only for hospital reporting. So, for eligible clinicians and EP, there's a different set of QRDA requirements. And— |
| **Veronica Dunlap:** | —Great, thank you— |
| **Dr. Yan Heras:** | —you can find this information as well in the eCQI Resource Center. |
| **Veronica Dunlap:** | Okay. Our next question: Are we required to print value set OID for 2019 for CMS and HL7-based QRDA files? |
| **Dr. Yan Heras:** | Okay, so, beginning from 2019 reporting period—so, if the templates are not negated, then you do not need to print value set OIDs. If the templates are negated—so, like we mentioned, Procedure, Not Performed or Medication, Not Administered—so, for those situations then. But there are two scenarios here for negated templates because now eCQMs are allowed to use direct reference code instead of value set. So, it really depends on the eCQM specification itself. For example, for CAC-3 measure and for the—I think it's "Communication, not done" and they're, instead of using a value set, they point out to a specific code for asthma action plans. So, in that case, when you sent in the negated—when you sent in the negated template, you would use negation indicator to "true." Then you put the code directly for asthma action plan because only the code is used. There's no value set being specified in the measure specification. The majority of the cases, they do use value set when they specify the negation in the measure itself. So, in that case, you would be print the value set OID and the set negation indicator to "true." |
| **Veronica Dunlap:** | Okay, our next question: Can you better explain the actual XML changes related to "not done" with a reason updates for 2019? |
| **Dr. Yan Heras:** | Yes. So, there are some details actually being—various examples, actually—included in the Volume 1 of the QRDA I HL7 IG. You can go |

there to see the details. There's—there are no changes from how to proceed with this, compared to the 2018. So, you will still [be] using that negation indicator to "true." Then you put in the value set, if the measure actually used the value set in that "not done" scenario. And, like I mentioned, if we—if the measure actually used direct reference code, then you do not put the value set OID. You use the code directly. And then, at the same time, you provide a reason as being specified in the measure. So, you select the code from the reason value set according to the ACM specification. But the best place to go is the Volume 1 of the QRDA I IG. So, those have different XML examples showing that.

**Veronica Dunlap:** Thank you, Yan. Next question: Will the eCQI Resource Center always have the latest Schematron and voc files available for download? Or is there another place to receive those updates from?

**Dr. Yan Heras:** Yes, the eCQI Resource—this is Yan—so, the eCQI Resource Center is where you would have the latest release. And, when they're updated to those Schematrons and sample files and as well as the IG, there'll be communication going out to different ListServes to notify those updates that eCQI Resource Center is the source of truth.

**Veronica Dunlap:** Okay. Next question: What additional validation checks are done when submitting production files versus—it looks like it's—what are the additional validation checks that are done between the differences of submitting files through the PSVA tool or directly to *QualityNet* for the receiving system?

**Artrina Sturges:** Thanks, Veronica, it's Artrina. In terms of the PSVA tool, we'll start there. It provides file format validation. So, it doesn't perform additional checks that are completed by the CMS data receiving system. So, that information that you're looking for—about those additional checks that are performed by *QualityNet*—include the CDA schema, or the clinical document architecture schema, submission period dates, measure outcome information, and then hospital assignment of vendor authorization for the user to be able to submit on a hospital's behalf.

So, there are some other additional things. But those are the primary differences between that. Just keep in mind with PSVA, you really are just checking file format. So, when you're submitting, whether it's tester production to *QualityNet*, those additional checks are performed. And, if you ever have additional questions about that, please visit the *QualityNet* website. And, under eCQMs on that overview that we are talking about earlier, there's a tab specific to the PSVA tool. And it does lay that out for you in terms of what some of the differences are.

**Veronica Dunlap:** Thank you, Artrina. Next question: Are there any available tools other than Cypress to test measure outcomes for 2019 QRDA files?

**Jennifer Seeman:** This is Jen. Test submissions to evaluate measure outcomes will be available through *QualityNet* submissions, when that is opened. I am not aware of other testing tools specific to measure outcomes. And, as Artrina stated earlier, that will be communicated once it's available.

**Veronica Dunlap:** Okay, next question—this is related to physician but—can you give me the physician eCQM guidelines along with the template? Where would I locate that information?

**Artrina Sturges:** Hi, this is Artrina. Again, as we mentioned earlier, on the eCQI Resource Center, they have a specific tab for eligible professional/eligible clinicians. And, so, all of that information is posted out there. When you go to that primary page, they have everything from implementation checklists to how to read eCQMs. Every piece of information, all the specifications, value set addendums, everything that's posted out there. They also have eCQM flows out there for you. So, really encourage you to get very comfortable using that tab on the eCQI Resource Center as your source of truth.

**Veronica Dunlap:** Thank you. Next question—and I'm not sure if this was already addressed but—printing value set OID for negation template and single code is the requirement for HQR only? Or is it true for eligible professional measures as well? Is this criterion based on the HL7 guide or the CMS guide?

**Dr. Yan Heras:** Yes, this is Yan. So, the direct reference code, that's a change made in the QDM. I can't recall the exact version but— so, that's a change from the

QDM perspective. It used to be, in QDM, you have to have a value set specified. But now, for QDMs, you can actually link to bind it to a single code directly. And that's referred to as direct reference code or applying to a value set. And for a value set OID for negated template and that requirement has always been in there. I think maybe the question was to ask if, so, for not including the value set OID for positive templates. So, those changes are made in the HL7 base standard. So, that's not a CMS requirement. It's really followed HL7 guide. And how to report for negation and for these cases are specified in the HL7 IG as well. So, CMS follows the HL7 IG. And, again, the details could be found in the Volume 1 of the HL7 QRDA I STU 5 IG.

**Veronica Dunlap:** Okay, great, thank you, Yan. Next question here: Can we have the same template ID with different extensions within the same XML file for compatibility purposes?

**Dr. Yan Heras:** I'm not quite sure exactly what this question is asking. But, if you're asking if you were to include the previous version of the same ID? So, maybe if you're—in your instance—you include the version 4 extension and also as well as the newer updated 5 version extension ID in the same XML. It's not going to be rejected. You know, Dan probably could chime in to confirm. But, the thing is, you have to make sure you are using the expected—the correct version that HL7 QRDA I STU 5 is expecting and also the 2019 CMS IG that is expecting. So, if you're providing the older version and forget to include the latest version, then you might have issues with, you know, outcome that is—measure outcome that is calculated.

**Veronica Dunlap:** Okay—

**Dan Donahue:** —Yes, this is—

**Veronica Dunlap:** —Great, thank you. Go ahead.

**Dan Donahue:** This is Dan Donahue. Yan is correct. If you have the—an extension for the older version, none of the data will be analyzed, at least by the Schematron for that version. The Schematron only looks at the data coincident with the latest extension.

**Veronica Dunlap:** Great, thank you, Dan. All right, well, at this point, with a few minutes to spare, we are going to go ahead and turn it over to Dr. Debra Price to review the continuing education process. And, again, we appreciate your time that you've spent with us today. So, thank you, again. Take it away, Deb.

**Dr. Debra Price:** Hi, everyone. Thanks for attending today's event. And the presentation has been approved for continuing education credits by the boards listed on this slide. And, if your board is not one of those boards listed, you can forward the certificate to your own board and see if they accept this certificate across state lines. Now you can always reach out to me if you have issues.

There are three easy steps for completing your credits. The first step: Complete the survey at the end of this event. It'll automatically pop up. The second step: Register either as a new user or an existing user on our HSAG Learning Management Center website. And the third step: Print out your certificate from the website. One precaution for everyone is that this is a separate registration than the one that you use to get into the ReadyTalk in the webinar. And also we prefer that you use your personal email because your healthcare emails have blocks that seem to be blocking our automatic link.

Okay, this is what will pop up at the end of our slides. It's the bottom of the survey. And what you do is you finish the survey and click that grey button on the right-hand bottom that says Done.

And this page will pop up. You note that there are two green links. The first one is the new user link. And please use that if you have had any kind of issues before or if you are a new user. The second link is the existing user link. Use that if you haven't had any issues before.

And, depending on the link that you clicked on, you will be taken to one of these screens. For the new user screen on the left, use your personal email and the personal phone number. If you've had any problems getting your credit, please go back and use this new user screen. The existing user screen on the right is for you to complete if you haven't had any problems

with past events. Your complete email is your username and that includes whatever is at the—after the @ sign.

And, finally, we would like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions relating to this webinar will be posted to our *QualityReportingCenter.com* website at a later date. So, now we hope you learned something today. Thank you and enjoy the rest of your day. Goodbye, everyone.