



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Tools for eCQM Implementation: eCQI Resource Center and the Collaborative Measure Workspace

Presentation Transcript

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Artrina Sturges: Thank you very much, Matt, and good afternoon, everyone. My name is Artrina Sturges and I'm your host for today's event. We do have a few announcements for you. This presentation is being recorded. 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 yesterday. If you did not receive the email, the slides are available for download on our inpatient website, again, *QualityReportingCenter.com*. Next slide, please.

Our speakers for today include Debbie Krauss, nurse consultant for the Center for Clinical Standards and Quality, CMS; Rose Almonte, Principal Clinical Informatics with MITRE; Richard Blake, Principal Systems Engineer with MITRE; and Edna Boone, CCSG Contractor with Clinovations. Next slide, please.

Today's webinar provides an overview of resources available on the eCQI Resource Center, as well as a demonstration of the collaborative measure workspace, referred to as the CMW. The CMW was developed as a result of stakeholder feedback from the CMS eCQM Strategy Project. Next slide, please.

Our intent is that, by the end of this presentation, you will be able to describe the resources that are available, navigate to those resources on the eCQI Resource Center, and understand how to use the collaborative measure workspace tool. Next slide, please.

Now, at this time, Debbie Krauss will join us to provide the eCQM strategy background. Debbie, the floor is yours.

Debbie Krauss: Thanks, Artrina and hi, everybody. Thanks for joining today. Next slide, please.

I just wanted to give you a little bit of background as to why this Collaborative Measure Workspace was developed. So, at CMS, we heard loud and clear from many stakeholders about the burden of reporting

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electronic clinical quality measures; how we needed to increase the value of these measures for use beyond just reporting; and also increase stakeholder involvement in creating new measures and giving feedback for measures under development. So, with that in mind, our problem statement was that we needed to examine the challenges related to the complexity and high burden of eCQM implementation, data capture, and reporting. So, for the project that started two years ago, we looked at the measure development process from creation of our measure concept until the measure is ready to go on the Measures Under Consideration, or the MUC, list. We also looked at the eCQM reporting requirements from when you all are implementing these eCQMs in your EHRs to the point where you're ready to submit them through the CMS Quality Reporting Program. Then, we also looked at the various tools that are used to create and use eCQMs. This is all part of the Patients over Paperwork burden reduction activity. Next slide, please.

So, we were able to identify, after talking to hundreds of stakeholders around the country, both individually at their care settings and at various conferences, like HIMSS and the CMS Quality Conference. We identified five main areas of burden, five main issues that you, the stakeholders, told us about. One was related to alignment. They wanted to see more measures align throughout different programs. You said you wanted to have aligned data collection methodologies similar across programs. There is also an issue related to value. Folks said, "I don't see any value in collecting eCQMs." We worked on recommendations that would show the value and talk about how folks could use dashboards and in their quality improvement work within their organization, and we also heard that there's no value in collecting all these data elements because the definitions were unclear. Another area of concern is related to the workflows that were required to implement many of the measures. In the settlement process, folks wanted to have more clear use of the data, more clear definitions of the data elements that they had to implement and wanted to have workflows represented that really reflected what they needed to do on a daily basis to implement these measures. We looked at the implementation and reporting issues and came up with recommendations to make sure that

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specifications were effective and the tools were effective to implement the specifications; that we had used feasible data elements; and that we heard many people that wanted to have submissions easier. So, we looked at recommending the use of FHIR, the FHIR standard and APIs for submission. We also heard about certification issues and the certification process. Many folks said that, if they have a certified EA chart, that does not always guarantee that they will be able to submit the files to CMS. So, we worked with the Office of the National Coordinator to create some more clarity around what folks should certify to use of the CMS implementation guides and CMS reporting requirements. And then there was also an issue around communication, education, and outreach. We've done a number of things in that area to try to improve education, to have more measure-level webinars, to explain things in detail, and to allow stakeholders to ask questions about measures. We have incorporated more plain language in our documents for the measures and improved the website usability of the resource center. So, this is just background. So, you know why we have this workspace today and all the efforts that CMS is making to help to reduce burden for you all. So, I will turn it over to Edna to continue with the resource center information.

Edna Boone:

Next slide, please. Thank you, Debbie. So, the eCQI Resource Center is a website that was developed prior to the eCQM strategy but certainly has received many more resources and tools since its inception. Next slide, please.

The resource center serves as the one-stop shop for the most current information to report electronic clinical quality improvement. The website has the most current news, events, tools and resources related to eCQM and standards. It's also a place to coordinate people and activities around eCQI. Next slide, please.

The resource center provides many resources for eCQI. Today, we will provide an overview of some key items, such as about eCQM; the eCQM annual timeline tool; finding information on eCQI standards and the versions used for each quality reporting year for CQL, 2DM, QRDA, and FHIR. eCQMs for use in quality programs will also be provided as well as

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key implementation resources for each program year, such as the eCQM specifications checklist, eCQM logic, and implementation guidance documents, technical release notes, etc. We will also review educational resources, the tools, library, and links to the measures collaboration workspace and eCQM data element repository. Next slide, please.

The eCQI Resource Center is located at *eCQI.healthIT.gov*. We will now break and view a short-pre-recorded demonstration of navigating through the site and its key resources.

[VIDEO BEGINS]

This is a brief overview of the eCQI Resource Center. The URL is eCQI.healthIT.gov. The site serves as the one-stop shop for the most current resources to support electronic clinical quality improvement. In some cases, the site points to external sources of information. Our goal is not to duplicate existing resources but rather to give users one place to find them. The home page provides both news and events. Users are encouraged to submit news and events via the email found in the “Contact Us” section.

There is an easy access blue topic bar across the top of the site, which allows navigation to the major topic areas of the website. For a simple search, you can also enter keywords and select the search icon. For example, typing QDM in this field brings the user to a page listing all of the QDM mentions on the website. The search feature provides for additional filtering. The user can narrow their search by selecting the specific results on the left-hand side of the screen by author, function, topic, user-level, etc. By selecting beginner, the search narrows to those resources appropriate for new users in the eCQI space.

The “About eCQM” page includes an introduction to eCQM and, like many pages on the site, is organized in a tab format. Here the user is presented with five tabs: About, Development, Tools & Resources, Education, and Connect. The tab features are prevalent throughout the site.

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There are links to the eligible professional and eligible clinician eCQMs and the Eligible Hospitals/Critical Access Hospital eCQMs, both from the dropdown menu and from the home page. By selecting eligible professional/eligible clinician eCQMs, you are presented with information for the current reporting performance year. The default would always be the current year with the opportunity to look at upcoming measures or past reporting years.

The eCQM materials table provides information that is beneficial in implementing eCQMs, as there is an implementation checklist, a guide for reading eCQMs, a table of the eligible physician and professional eCQMs for this reporting performance period, specifications in the form of a zip file. Also, there are links to the Value Set Authorities Center, or VSAC, for the value set used with the measures; a link to the direct reference codes, the binding parameter specifications also in VSAC; an eCQMs logic and implementation guidance document, which assists in the technical implementation of eCQMs; zip and PDF files containing all of the individual technical release notes, highlighting what has changed in the individual measures since their release in the previous year. There are links to eCQM flows for each measure, links to the current quality benchmarks for these measures, as well as QRDA implementation guides and sample files.

Below the list is a measure table. The table is dynamic and allows for sorting by column header. Selecting on the CMS eCQM ID, note that the entire table restores. The default is alphabetical order. You can see the details about any given measure by selecting the measure name. The detailed measure page contains all the information that is included in the measure specification in the XML and HTML files. This is a user-friendly view of the measure, which makes it easier to get an overall understanding of the measures intent and parameters. From this page, you can also download all of the specifications for a given measure, as well as the technical release notes. At the bottom of the individual measure page, there is a link to the eCQM data element repository. This highlights all of the data elements used by a selected measure. The eCQI Resource Center

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staff and CMS are always seeking new ways to improve the eCQI Resource Center and expand the content that's pertinent to all stakeholders, including clinicians and quality improvement specialists. We encourage you to submit your input and feedback to ecqi-resourcecenter@hhs.gov.

This is a quick overview of some of the key tools and resources located on the eCQI Resource Center. The eCQM Annual Timeline is an interactive tool that serves as a general guide for referencing scheduled updates to eCQM, such as eCQM specifications, tools, reporting, proposed and final rules, public comments, etc. To locate the eCQMs Annual Timeline in the Resource Center, select eCQMs from the main menu navigation, and select the annual timeline from the About submenu, or use the key word search feature of the site.

The timeline tool is sortable by calendar quarter and those items which are updated periodically. By scrolling to the bottom of the timeline page, the user is presented with a list of all activities and milestones performed throughout the year. There is an interactive PDF of this tool available for download as well at the top of the page. Now, if we navigate to the Resources menu and select eCQI Tools and Resources. The eCQI Tools and Key Resources page has four tabs About, eCQI Standards and Tools Versions, eCQI Tools & Resources Library, and Education. On the About pages, the eCQM Informational Tools, Resources & Collaboration info track is an interactive tool which provides a listing of all tools and resources used in the development, implementation, reporting help, and feedback of eCQM. Each of the tools and resources are linkable within this tool.

Under the eCQM Standards and Tool Versions tab, there is a standards and tool version chart. The chart provides the versions of the tools and standards used in the development and use of eCQMs for each reporting and performance year. The chart provides direct links to the tools and standards whenever available. A PDF of the chart is also available for download. Like other resources on the site, the default is to the current reporting performance year.

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If we look up back to Resources, we see that the eCQI standards and data model has a list of resources. Clinical Quality Language, or CQL; Fast Healthcare Interoperability Resources, or FHIR; Health Quality Measure Format, or HQMF; the Quality Data Model, QDM; Quality Reporting Data Architecture, QRDA; and CDF/eCQM Harmonization. Information on the FHIR standard has recently been added to the site. All of the standards are sorted in a tabular fashion, similar to what you see across the site, having information about the standard tools and resources used with the standard, education about the standard, and opportunities to connect with the standards community.

The site also has some information on Clinical Decision Support listed under the About tab of the main menu and Learn More About. Going back to the Resources page, we also have many educational resources available on the site. The education page is organized into subcategories of General eCQM and eCQI Education, education on the tools that are used within the space, and then standards information and education. Then, CQL, FHIR, QDM, and QRDA.

Lastly, we invite folks to engage in the community. At the top menu in the Learn More About/Engage section there is a page which provides opportunities for those working in the field to be engaged within the eCQI community. Each of the major stakeholder categories can be sorted and opportunities to engage will be presented to you. The eCQI Resource Center team and CMS are always seeking to improve the website and expand content pertinent to all stakeholders, including clinicians and quality improvement specialists. We encourage you to submit your input and feedback to eCQI-Resource-Center@hhs.gov

[VIDEO ENDS]

Debbie Krauss: Thank you, Edna. Now Bridget will join us to provide information about the Collaborative Measure Workspace. Bridget, the floor is yours.

Bridget: Great. Thank you. Good afternoon. Next slide, please.

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The Collaborative Measure Workspace, as Debbie mentioned, was a direct result of eCQM Strategy Project and feedback that we heard from the field. The Collaborative Measure Workspace is hosted on the eCQI Resource Center that was just presented by Edna at the URL eCQI.healthit.gov. The workspace contains a set of interconnected resources, tools, and processes for eCQMs, and the goal is to promote transparency and better interaction across stakeholder communities that develop, implement, and use harmonized, accurate, and meaningful eCQMs. The workspace provides access to the eCQM Data Element Repository, which is an online searchable tool that provides the data elements associated with eCQMs used for CMS Quality Reporting Programs. Next slide, please.

This slide shows the key components of the Collaborative Measure Workspace. Now, we will show a video that steps through the workspace, including the eCQM Data Element Repository.

[VIDEO BEGINS]

Hello, everyone. I'm going to provide a demonstration of the resources available on the Collaborative Measure Workspace. We're going to start from the eCQI Resource Center home page. From this home page, there are multiple ways to access the collaborative workspace. You can click on the link for the eCQM Data Element Repository from this blue tile. You can navigate to the eCQMs menu and click on the CMD Workspace link or you can navigate to the Resources menu. So, from the Resources menu, you can click on this CMD Workspace link, which will take you to the CMD Workspace landing page.

On this landing page, you'll see a graphic that depicts the five major modules that comprise this CMD Workspace. Starting at the top, is the eCQM Concepts module that will allow users to search existing measure inventories and submit new measure concepts for consideration. The New eCQM Clinical Workflow will allow users to review sample clinical workflows associated with new eCQMs and provide users an opportunity to share feedback on anticipated challenges earlier in the measure

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development process. The eCQM Data Element Repository provides data definitions to aid and measure implementation and data mapping. eCQM Test Results will provide transparency into how measures are tested and allow users to express interest in participating in eCQM testing activities. Subscribe to CMD Workspace Updates will allow users to opt into notifications for certain measures or measure group. The CMD Workspace landing page and the eCQM Data Element Repositories went live in December of 2018.

Scrolling down beneath the diagram, you'll see a brief description of the tool, along with a description of each of the five modules. This is a brief overview of the eCQM Data Element Repository. Now I'll demonstrate the resources available on the eCQM Data Element Repository. You can access the Data Element Repository by clicking on the link within the description for this module, or by clicking on the tab at the top of CMD Workspace landing page. The eCQM Data Element Repository went live in December 2018. Since then, the tool has been updated to incorporate stakeholder feedback. The eCQM Data Element Repository now contains data definitions for all the available CMS programs, Eligible Hospitals/ Critical Access Hospitals and eligible professional/eligible clinician measures for the 2019 and 2020 performance and reporting periods.

The Data Element Repository aims to reduce implementer burden by centralizing information from multiple resources. Those resources include the eCQM measure specification, the Value Set Authority Center, and the Quality Data Model. Collectively, this information helps implementers perform data mapping activities. From this eCQM Data Element Repository landing page, you have the ability to filter and search for specific information. There is a new year filter to search for either 2019 or 2020 performance and reporting period information. You also have filter options for eCQM Data Elements, eCQM Unions, Eligible Hospital/ Critical Access Hospital eCQMs or Eligible Professional/Eligible Clinician eCQMs, QDM Attributes, and QDM Categories and QDM Data Types.

To apply a sample filter, I'll select the 2019 year along with the Eligible Hospital/Critical Access Hospital eCQMs and click Apply. I'm now

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presented with the 16 measures available for the 2019 performance and reporting period. In changing that year to the 2020 performance and reporting period and clicking Apply, I'm now presented with the eight measures available for the 2020 performance and reporting period. From each of these lists, you can click on a measure to view the measure information for that respective measure.

This is a brief overview of a sample measure page within the eCQM Data Element Repository. From the eCQM Data Element Repository landing page, I've applied a 2020-year filter to view the Eligible Hospital Critical Access Hospital eCQM. I will click on CMS 108 version 8, Venous Thromboembolism Prophylaxis measure, and now this sample measure page is displayed. This measure page is intended to help implementers by providing centralized information from multiple resources to help in data mapping efforts. It's centralizing information from the measure specification, the Value Set Authority Center, and the Quality Data Model. The CMD Workspace is not intended to replace those other resources and we encourage you to refer back to those original sources for more detailed specifications. The top portion of the measure page provides the measure title and the measure description. This measure description is taken from the eCQM measure specification. The remaining portion of the eCQM page includes a listing of all the data elements used in the measure.

This listing also includes any data element attributes that are constrained to a value set. In scrolling down, I'm now displaying the first two elements for this measure. The top example is Assessment, Performed: Risk for [Venous] Thromboembolism. This element uses a direct reference code. You'll note that since it is a direct reference code, it's labeled as such with a description that it's constrained to "Risk for venous thromboembolism" LOINC code. By clicking on the highlighted LONIC code, you will be brought to the Value Set Authority Center and, with your VSAC credentials, you are taken directly to the code used in this measure.

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Now, in going back to the measure page, this element also displays the QDM data type and definition being used for this element, which is Assessment: performed. The bottom example, Device, Applied: Graduated Compression Stockings, is an element using a value set. You'll note that since it uses a value set, its description is labeled with Value Set Description from VSAC and it includes the purpose statement that it's pulled from the Value Set Authority Center. The clinical focus, the data element scope, the inclusion criteria, and exclusion criteria are taken from the VSAC. Similar to above, by clicking on the value set OID, you are taken to the VSAC and to the specific expansion version used for this version of the measure.

In going back to the measure page, I also wanted to point out that the measure title is a hyperlink that will take you to the eCQI Resource Center measure page. This measure page contains more detailed information for the measure, along with links to the measure specification artifacts, and a listing of its release notes. So, as you implement measures and run into questions, seeking more detail behind what a data element is intending to capture, you can refer to this Collaborative Measure Workspace to view supporting information in one place for each of the measures and its associated data element.

[VIDEO ENDS]

Bridget Blake:

This is our high-level plan for development. Starting in September of 2018, the team has been involved in gathering requirements, conducting focus groups, and working on development of the collaborative Measure Workspace and the Data Element Repository. Over the past couple of months and through the end of this year, the focus has been on developing the remaining workspace modules. As in the past, the team facilitated focus groups and have developed prototypes that are currently in testing. The team is working to deploy the eCQM concept, new eCQM clinical workflow, and eCQM test results module this December. Next slide, please.

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This is the link to access the Collaborative Measure Development Workspace. As mentioned before, it is hosted on the eCQI Resource Center with multiple ways to access. Next slide, please.

Our hope is that you'll explore the CMD Workspace and find it useful as you implement and use eCQMs in your organizations. If you're interested in sharing feedback, we encourage you to contact us at this email or via the Contact Us links on the eCQI Resource Center. We're open to continuously incorporating feedback to ensure that these tools are useful to you all. With that, I thank you again for joining today.

Artrina Sturges: Thank you very much to all of our presenters today. At this time, what we'd like to do is we'd like to present the questions that have been entered into the chat box. Just a reminder, any questions that are not addressed during our session will be posted on the *Quality Reporting Center* website and also *QualityNet* at a later date. So, I want to go ahead and get started with our questions. Again, if you have other questions that come in while you're reviewing and as you're thinking through what you've just witnessed on the webinar, please feel free to put those questions into the chat box and we'll be sure to address those for you.

The first question is a reference to slide 18. "In which section did you find the allowable responses to specific questions? For example, how can I view the acceptable responses for reasons for not ordering mechanical VTE prophylaxis? For clinicians not familiar with the more IT-related technical language, it is a little daunting to find these specific items."

Debbie Krauss: This is Debbie. So, I'll start out.

Artrina Sturges: Go ahead, Debbie. Did you want me to try?

Debbie Krauss: Okay. I can start. So, the question, as I understand it, is, "How can a clinician who is not technically savvy or familiar with the specifications understand some of the plain language requirements of the measure?" So, there is a couple of places that they can look. One, when you open up that electronic specification package for that measure, you'll see that the HQMF is written in plain language. It's a human-readable representation

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of the measure of what the header information has, some specifics, what's acceptable, what's not acceptable, and it goes into that throughout the measure. So, that's a human-readable format for that. There's also information in the release notes and in the guidance documents that are associated with the measure and they're updated every year. So, that also gives some additional plain language information in the measures specification section of the resource center. Rose, I imagine you are going to talk about in the workspace what they could see.

Rose Almonte: Right. I was going to talk about the value sets that are within those HQMF documents that you referred to. So, those HQMF documents provide measure information listing the data elements contained within each of those measures. This is related to, I think it's, Magalie's question also about where to find the SNOMED values sets or RQM value sets for measure. So, within that HQMF for each element, there is a value set object identifier, a value set OID, or a direct reference code that's identified. So, if you click on that value set within the collaborative workspace, or if you go directly to the Value Set Authority Center and search for that value set, you will see the list of codes that are tied to that measure, which are essentially the acceptable responses for that particular data.

Artrina Sturges: Great. Thank you all. Appreciate that. The next question is, "Do you have a resource for a hospital's validation of eCQM where I can ask questions pertaining to pass or fail of a particular measure."

Edna Boone: So, this is Edna. I'll take that one. There is not a pass/fail on these measures other than the submission process, so we're assuming that the person asking the question is talking about submission. There is a CMS *QualityNet* Data Receiving Systems Edits Document. This is available on the resource center under eCQI Tools and Resources. It's also available directly on the *QualityNet* site. This resource provides a list of all the error messages and system edits that an end user might receive when they are submitting data to the CMS Data Receiving Systems. So, we believe that that would be a good resource for this particular question.

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Debbie Kraus: This is Debbie, but I'll also say that the *QualityNet* receiving system does provide feedback reports at the time and shortly near real-time for the submissions and testing of the files. So, I know that feedback information is available through *QualityNet*. Artrina, you may have a little more to add to that.

Artrina Sturges: Thank you, Debbie. No, all the responses have been great for that. I know that there are some additional resources that will be coming out. There's a performance tool, as well, where you'll be able to see the most commonly occurring errors that are happening that folks are submitting. Also, in addition to giving you that detail, we'll also give you clarification on how to solve those issues, where to look in the system for specific feedback, and then also how to detail out those errors to figure out how to address and troubleshoot for resubmission of those QRDA I files. So, just to give you an idea, those documents are out there. Of course, we'll continue to send any communication that we have out there to let you know that these things are available for download. Thank you, everybody, for your responses on that.

We do have another question. "If we have questions related to the logic and specification, who can we get clarification from?" There are some folks who are having some issues. They're getting specific questions answered maybe so they're trying to see if there's some tangible tools that they can reference for clarification.

Edna Boone: So, this is Edna again. For technical implementation questions, you would go to the ONC project tracking system, JIRA, and there is the eCQM tracker. There, you can search past questions that folks have submitted on implementation or submit a question on implementation itself. This can be a general or a specific question tagged to a specific measure and its version.

Artrina Sturges: Thank you. This is Artrina. Can you also talk a little bit about the logic documentation that you have posted out there, as well as the measure flows that are available?

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- Edna Boone:** Sure. Absolutely. Thank you for highlighting that. Yes, there are two documents within the materials section and that's something that we went over during the demonstration. So, one is the measure logic and guidance document. Again, this provides implementation guidance around some of the technical aspects of the measure. So, that is a tool and reference to certainly look at. Then, also, the eCQM flows show each step within the measure specification and how health IT or your EMR might be implemented for that section of the measure. So, there are two references and then if you've got direct questions, you would want to go to the JIRA tracking system. Thanks for bringing that up, Artrina.
- Artrina Sturges:** Great job. Thank you. Next question is, "Do you have to have a UMLS account to access the value set?"
- Debbie Krauss:** Yes, you do, and they are free accounts. They're usually turned around in just a few days, but, yes, an account is required to access the value sets.
- Artrina Sturges:** Great. Thank you. I'm doing a little more looking to see if we have some other questions coming in. We do have one. "Are case threshold exemptions and zero denominator exclusions available for this year?" This is Artrina and I can answer that one. For calendar 2019 reporting, case threshold exemptions and zero denominator exclusions are available to utilize as part of meeting that definition for successful submissions.
- So, in addition to doing the reporting of the QRDA I files, if you find that you have folks that are meeting IPP but you have five or fewer folks to report on, then you have an option to use the case threshold exemption. Again, it's not a requirement, but it is an option for you. The other thing is the zero denominator where you don't have any patients that are falling into IPP for that measure. Keep in mind that your system has to be certified to the 2015 edition and also your system has to be clear to support and to be able to report on those measures. So, those two pieces of criteria are in place in order for you to be able to use case threshold and zero denominator exclusions.

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Okay. Thank you. Trying to think a little bit more here. I'm not sure if we can address this here, but I'll put this out here. "Our EMR reports out our eCQM measure compliance in a dashboard format that we run reports off of to do our failed case review." Is there more to that particular question? If you could type that into the chat box, that would be great. So, I think I only have part of your question.

Okay. Then there's another one. "We keep getting the error code 0079: reporting period date range does not match calendar or discharge quarter." They're stating they tried 4/1/2019 to 6/29/2019 and 4/1/2019 to 6/30/2019, and who should they contact for help. This is Artrina. I can answer this. Please go ahead and reach out to the *QualityNet* Help Desk. You can either reach them through qnetsupport@hcqis.org or you can call them directly at (866) 288-8912. In either method, they will be able to help you to troubleshoot what issues you may be running into. It sounds like it may just be something very simplistic in terms of that reporting date range, but we want to make sure that folks are comfortable, and we get you the answer that you need. Let me see here.

I will see if I have... It appears I may have one more coming in. While I wait to see if we receive another question, the other thing I wanted to mention to you all is that I know we received some comments that for some people seeing that video might have been a little difficult. It might have been a little too small, or if you weren't able to expand your screen, please keep in mind that all of these recordings will be posted. So, you'll be able to see that demonstration just as you saw it here, but in full view. So, no worries on that. Just wanted to make sure you all were aware that that is available to you once this is posted. Again, that'll be posted on the *Quality Reporting Center* website and also on *QualityNet* in the coming weeks.

Edna Boone:

So, Artrina, you may want to scroll up. I am seeing a question that says, "Are submitted eCQM measure results posted on the public website or available in a dataset from the Medicare website?" I believe the answer is no, but I think you can confirm that.

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Artrina Sturges: Thank you very much. I apologize. My system is having some issues today, so I can't see what you all can see. Thank you. So, yes, in terms of that, eCQM data are not publicly reported and there are no plans at this time to do so. What will happen is that if CMS makes the decision that they want to propose that as an option, you'll see that in a future IPPS Proposed Rule. That will give the public an opportunity to speak to that and give their opinion on that and allow that to inform that decision in terms of public reporting in the future. Thank you very much for letting me know that one was out there.

Edna Boone: There's one other question that I think Rose really already answered. "Will the site list SNOMED codes?" The answer is no. The SNOMED codes are included within the Value Set Authority Center. So, it does require a UMLS license, which is free, but you would have to go to VSAC to see the actual SNOMED codes.

Artrina Sturges: All right. Thank you. Okay. We have one more. I'm sorry, go ahead.

Edna Boone: Yes, there is a question regarding the UMO service license. Do you need anything for that? No. I don't know, in the answers, if we post a link to where one would apply for that, but it is directly under VSAC.

Artrina Sturges: Sure. We can do that. It's no problem. Okay, great. Well, it looks like, as of right now, those are all the questions that we have coming in. We want to thank you all very much for putting your questions in there for us so we can assist you with any additional details that you needed. What we'll do at this time, since we're finished with our question-and-answer session, I'm not sure if it's showing continuing education slides, so I'll apologize to my team for that. For continuing education, all we want to clearly let you know is that the presentation has been approved for continuing education credits by the boards that are listed on the slide that's available. If your board is not listed there, you're welcome to forward the certificate to your state board to determine if they will accept a credit. Thank you all very much for your time and your participation today. Really appreciate your energy. Again, as soon as everything is posted, we'll have that information out there for you. Please, everybody, enjoy the rest of your day. Thank you.