



# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### Submitting CY 2019 eCQM Data Using CMS' Next Generation Hospital Quality Reporting System

#### Presentation Transcript

#### Speaker/Moderator

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**Artrina Sturges:** Thank you, Matt, and good afternoon, everyone. My name is Artrina Sturges and I'm your host for today's event. We have just 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 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*.

Today's webinar provides a high-level overview of the *QualityNet Secure Portal* Next Generation Hospital Quality Reporting System. Today we will focus on the reporting process, navigational changes, and new features for calendar year 2019 eCQM reporting.

Our intent is that, by the end of the presentation, you will understand how to use the Next Generation Hospital Quality Reporting System, experience greater usability of the system due to the streamlined navigation and features, and use the feedback generated by the system to improve data quality and support your efforts to achieve successful submission.

We will cover several topics today during the webinar. This will include a brief background on eCQM reporting, a review of the new My Tasks and HQR home pages, the new QRDA I file upload process, new user interfaces for reviewing eCQM submission status, and feedback. We will also review entering case threshold exemptions and zero denominator declarations from the new My Tasks page. We will discuss some additional tips and information and host a question-and-answer session. Although we will not review the appendix during the webinar, for those of you who would like to review the legacy HQR system to generate EHR hospital reports, we have included information on the process as well for calendar year 2019 eCQM reporting.

Hospitals participating in the Hospital IQR Program are required to report on four of the 15 available eCQMs and one self-selected quarter of calendar year 2019 data by the March 2, 2020 submission deadline.

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For those who would like to review the calendar year 2019 eCQM reporting requirements in greater depth, a webinar was hosted April 29 of this year. Please visit the archive for this page on the *Quality Reporting Center* website to locate the slide deck and associated webinar material.

As many of you know, in fall 2018, CMS began implementing updates to *QualityNet* to improve the user experience. As part of these updates, eCQM reporting now has new and enhanced features, which began to be rolled out as incremental updates in September 2019.

So, for today, we will go ahead and start with the new My Tasks and HQR home pages.

Most of you are familiar with the updated *QualityNet* webpage. You will notice that there are two places on the page to log into the *QualityNet Secure Portal*.

From the *QualityNet* destination landing page, select Hospital Quality Reporting. To access legacy, users are accustomed to selecting the Secure File Transfer link, shown here, in these pictures.

Perform the usual activity to log into *QualityNet* and accept the terms and conditions and then the page will refresh.

The Welcome to the My Tasks page screen pops up and it tells you that you're entering a new, improved HQR My Tasks page where you can continue to submit web-based data, generate and view reports, and access the public reporting preview page from the HQR home page. Our focus today is on eCQM reporting. Select the View the new Hospital Quality Reporting button.

So, as a quick summary, what changed? The navigation is new and improved between the My Tasks page and HQR System home page. However, the level of access did not change. So, the level of access is the same for authorized vendors and users, which includes their ability to submit measure data, run reports, and perform all other HQR functions to which other users have access.

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Now, this is the screenshot of the new HQR System home page.

So, once again, let's review the changes. As we mentioned earlier, for the availability of the new HQR System home page, accessing the Secure File Transfer is no longer needed. The file upload process for test and production QRDA I files and checking the status and validation of the QRDA I files can all be completed from this page. To review the data validation outcomes, click the Program Credit Report button. We will step through all these as we go through today's webinar.

The QRDA file upload process has been streamlined and simplified. We talked about no longer needing to access the Secure File Transfer to upload QRDA I files. Now, we have the Simple File Submission, or SFS, functionality for the calendar year 2019 submission period and beyond. Let's also discuss that, in the past, users received two emails, one confirming submission and another letting you the user know the files have been processed. Because things are occurring in real time, users will now just receive one email regarding the file processing status that should arrive within 24 hours.

After the user has logged into the *QualityNet Secure Portal* and selected Hospital Quality Reporting as the *QualityNet* destination, users reporting on behalf of one hospital will be presented with this screen. When you are ready to upload QRDA I files, click File Upload.

If the user is looking for a specific facility that is not displayed, search for a specific user-authorized organization by entering the organization name or ID, such as the CMS Certification Number. Once the name of the hospital is selected, the page will refresh and the user will be presented with a new HQR home page showing the selected facility. If a user realizes that they selected the incorrect facility to upload data, click the Change Organization button at the top right-hand corner of the screen and the page will refresh and provide the list of facilities a user has access to and permission to submit on their behalf.

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Users can submit a batch or batches of test or production QRDA Category 1 files. Please keep in mind the system defaults to test, as shown on the slide. If you want to submit production files, use the drop-down menu to select production. Then, click Change Selection. Once that's done, then click the Upload button.

From here, you can select Upload or you can drag and drop files. Users can view the status of their uploads in the file exchange page in the upload screen. Once the file has been uploaded, the user will be able to see the entire name of the file by selecting the file name within the table using the scroll functionality.

Once the files are successfully uploaded, the status field will show "Received." The "Processing" status indicates the submitted batch of QRDA I files is still in process at that moment in time. The "Deleted" status would only be displayed when the complete batch is deleted. If the file does not pass the virus scan, the status column will show "Failed Virus Scan."

We mentioned earlier that, with the legacy HQR system eCQM data submission process, after the data was uploaded, you would receive two emails within 24 hours: one confirming the data were processed and the second email detailing the QRDA Category I file processing status. Now you will only receive the processing status email that will arrive within 24 hours. Next slide, please.

Along with the new data upload process, we have several new eCQM user interfaces that we will be reviewing a greater detail. Because of the new processes, users will no longer need to generate the EHR Hospital Report. The CSV files that we will review in the next section refine and streamline the feedback provided by those reports. There are several benefits to the availability of the CSV, or the Comma Separated Values, file format. First, the CSV file results are available for export in less than 24 hours. The CSV file layout avoids the need to print out or download thousands of pages, which some of you have historically experienced. There's more timely access to the status and validation of patient files, which is intended

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to reduce provider burden and streamline the troubleshooting and resubmission process for rejected patient files.

To access the upgraded eCQM user interface, click on the eCQM button.

After clicking the eCQM button, the upgraded user interface defaults to the Files tab where the user can view the outcome of their QRDA I test and production file submission.

The Files Upload History UI, or user interface, displays the following details for test and production QRDA I file submission: batch file name, batch ID, file size, upload date, identifies who uploaded the batch file, status of the hospital's submission, and provides the ability to export the errors for this specified batch of QRDA I files. Once the status shows "Ready," users are able to download a report of errors. Other statuses available are "Processing" and "Deleted." "Processing" indicates that the submitted batch of QRDA I files is still in progress at that moment in time. The "Deleted" status may be displayed when the complete batch is deleted.

Users who want to export the Comma Separated Value, or the CSV, file to review the errors, often referred to as the conformance statement, which caused the QRDA I files to reject, can click the download button for the corresponding batch file name. This slide shows you a sample of the CSV files.

When the user returns to the Files Upload History UI and selects the Accuracy tab at the top of the page, additional eCQM file validation submission data are available. Please keep in mind, the UI defaults to the test submission type and the most current calendar year quarter. The user has the option to select test or production submissions in the drop-down menu. If data are not currently available for the selected submission type and quarter, the message will display indicating no data are currently available, as shown in the screenshot.

After selecting the submission type and reporting quarter, click the Change Selection button. The UI will refresh providing a status of all QRDA I patient-level files submitted for that quarter. Users are able to

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perform a further search for specific patient file. For example, if a user would like to review the rejected files, select the Rejected Files button to display the QRDA I patient files for the status of “Rejected.”

The user has the option to export the file accuracy processing results. Click the Export Results button in order to produce the CSV file.

If you want to review the measure results for accepted QRDA Category I files, select the Outcomes tab. If data are not currently available for the selected submission type and quarter, a message will display to indicate no data are currently available, as shown in the screenshot on the right.

If you want to further analyze the specific eCQM, select test or production, which quarter of data, and which measure you would like to review. Notice towards the center of the user interface, or the UI, you’ll see the selected measure. To the right, there are categories which show whether IPP was met and other details. In this specific example for ED-1, stratum information is included as well. Reviewing the results at the bottom of the page, users have the option to export the results for further analysis.

This is an example of the exported measure results CSV file.

To return to the Welcome to Hospital Quality Reporting page, click on the Home button. To review the Program Credit Report, select the button.

For the Program Credit Report, you’ll notice you can select the discharge quarter to review the submission status. There is a reminder of the reporting period submission deadline and a note indicating the last time the Program Credit Report was updated on the left-hand side of the Program Credit Report interface. In this example, the Program Credit Report is specific to the Promoting Interoperability Program. Be sure to export the Promoting Interoperability and the Hospital IQR Report to ensure the eCQM reporting requirement is fulfilled for each program. This report interface shows the ED-3 measure was successfully reported. As a reminder, ED-3, as a measure, does not have aligned credit with the

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Hospital IQR Program. Submitters need to make sure to report on an additional eCQM to ensure they met the minimum reporting requirements.

This is an example of the actual Program Credit Report export for the IQR program. Although this is a snippet of the report, you can see the header in green indicate that, as of that snapshot in time, last updated 10/2/2019 at 5:58 p.m., the hospital met the IQR eCQM submission credit for the 3/2/2020 submission deadline. If a user resubmits data or deletes a batch of data, the submission status can change. So, again be sure to generate and export the most current Program Credit Reports for the Promoting Interoperability and the Hospital IQR Programs as proof of successful submission for your records.

Case threshold exemptions and zero denominator declarations remain available for calendar year 2019 eCQM submission to meet the definition of successful submission. Let's take a closer look and talk about the similarities and differences between the case threshold exemption and zero denominator declaration. Both are applicable to the IQR and Promoting Interoperability programs to achieve successful reporting. Whether your hospitals select the case threshold exemption or is able to report a zero denominator, it is required that your EHR system is certified to report that specific eCQM. As you see on the left-hand side, case threshold exemption can be used when there are five or fewer discharges applicable to an eCQM during the relevant discharge quarter. Even if the case threshold is applicable, the hospital does not have to use a case threshold exemption. They may opt to submit their five or fewer QRDA Category I files instead. On the right-hand side, the zero denominator can be used when a hospital does not have any patients that meet the denominator criteria for a particular clinical quality measure. In both cases, case threshold exemptions and zero denominator declarations are manually entered on the denominator declarations screen within the *QualityNet Secure Portal*.

As we reviewed earlier, the My Tasks page is key to accessing several areas, which include the denominator declarations screen.

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Once you access the My Tasks page, look for and click on the button labeled EHR Incentive Program Hospital eCQM Reporting.

This screen will be presented and this user should select Denominator Declaration.

From here, it functions as it does in the legacy HQR system. Select the provider ID and data range. Then, select the Submit button.

After entering your selection, the user will be presented with a selection and confirmation screen. At that point, you will submit your selection. From here, the user can click the Back to the My Tasks screen, which you will see is up at the top right-hand corner. From there, the user can click on the View the New Hospital Quality Reporting button to access the Welcome to Hospital Quality Reporting screen to review the Program Credit Report to confirm your submission.

Now, at this time, we just want to provide you a few additional tips and information for somethings we didn't cover necessarily during today's webinar.

CMS is offering the Extraordinary Circumstances Exceptions application process for hospitals who experience circumstances beyond their control that are affecting their ability to report their eCQM data for the applicable reporting period. Please visit the *QualityNet* website and review the policy clarification questions-and-answer document to determine if your situation meets the initial criteria. The deadline for submitting the eCQM-related ECE for the calendar year 2019 reporting period is April 1, 2020. It is also important to remember that, if you are having the same issues reporting clinical quality measures to the Promoting Interoperability Program, there's a separate and distinct hardship process associated with that program. The next slide will show you where to find the information for the hardship process.

Visit the CMS.gov Promoting Interoperability Program page to review the program requirements for the applicable reporting periods and to locate the hardship application if needed for the specific program.

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For those of you who may have missed the initial notification, we have provided a list of the CMS Listservs announcing CMS' Next Generation HQR system.

Our list of resources is available for you categorized by topic, who to contact, and how to contact them for additional assistance.

As I indicated early in the presentation, this material that is here in the appendix will not be reviewed during today's webinar, but we wanted to be sure to provide the information for any of you who would like to generate the EHR Hospital Report in the legacy HQR System.

At this time, we like to begin the question-and-answer session. We are joined by a group of subject-matter experts who are able to address your questions specific to the new functionality in CMS' Next Generation Hospital Quality Reporting System.

Our first question: Please confirm we can still use the legacy reporting methods for 2019 if we choose.

**Beth Driskell:** The answer to that, Artrina, is yes. You can still use the legacy reports on the *QualityNet Secure Portal*. [Beth Driskell is the Delivery Manager for Bellese.]

**Artrina Sturges:** Great, thank you, Beth. To follow up on that, that means, in addition to the report, if they still want to use Secure File Transfer, the same process they historically are comfortable with, they can still do that for this year. Correct?

**Beth Driskell:** That is correct.

**Artrina Sturges:** Great, thank you. The next question: Will there also be a presentation on attesting for the Promoting Interoperability Program? They have not seen this on the calendar. This is Artrina, I can answer this one. For anything that has to do with that specific aspect of the Promoting Interoperability Program and the attestation process, they typically host separate webinars specific to that topic and it is usually closer to the timeframe of when the system opens to be able to report that data. So, please make sure that you

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are visiting the Promoting Interoperability Program website. There is a page off the CMS.gov website, a question-and-answer document, so you have the instant links to that. Then, whenever they have any type of education for that or anything along those lines, they will be sure to send out notification by Listserve or post updates to the CMS.gov website. So, I wanted to make sure that you have that. Thank you.

Next question: We have ED and OB ED in our facility. Do we include both ED and OB ED for our ED eCQM population? Again, I'm not sure if our team can answer that, but I want to put that question out there.

**Beth Driskell:** Artrina, this is Beth. I don't know that we've got a measure developer on the call that could answer the question specifically. I think we probably need to have more information regarding that flow process from the hospital.

**Artrina Sturges:** Very good, thank you. What we will also do for the question-and-answer document is we will include the questions and also give you the link to the JIRA site. In case someone else had a similar question, you can do some research to see if someone had that question answered by the measure steward. Otherwise you can open a ticket of your own to have them answer the question for you. Thank you, Beth. Next question: Is Secure File Transfer going away or will we have both options for submission? If we can answer the question based on what's happening in 2019, if we can also talk about the future, that would be great.

**Beth Driskell:** Sure, so Secure File Transfer will be available for eCQM submission through the 2019 reporting period. After that period of time, our goal is to have all file types to include IQR, OQR, and other federal reporting programs to be able to be uploaded to the new secure file submission tool available on the updated site.

**Artrina Sturges:** Thank you, Beth. Next question: Should we still validate the QRDA files through the PSVA tool prior to uploading them? I want to preface this by saying we received quite a few questions about the PSVA tool, so if we can continue to just talk a little bit about the continued availability of the

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PSVA tool and if that needs to replace this particular process that we are talking about now with Next Generation?

**Beth Driskell:** So, the PSVA tool will be available through the 2019 reporting period. We've recommended in the past, if you would like to validate your files for file format prior to submission to CMS, you can do that. You will still be able to do that through this reporting period. You are not required to use it; it is only a tool that is provided for folks who want to validate their files prior to sending them to CMS.

**Artrina Sturges:** Thank you, Beth. One question, There is a little confusion, I think, about the CSV files, the Comma Separated Value files. They want to clarify the CSV files are being provided by CMS. So, that is not something that they have to send back to CMS, in addition. So, if you speak to the CSV, that would be helpful.

**Beth Driskell:** Sure. So, this is Beth again. The expectation is folks are still going to be submitting QRDA XML files to CMS for quality reporting. The CSV we are mentioning is only respective to the download of our report replacement from our UI on our Next Generation application. So, as we modernize HQR, we are going to provide a report export mainly in the CSV version. So, when we talk CSV, that's really only the report export you are still required to submit. These QRDA XML files can be either a single XML file or can be contained in a zip of XML files.

**Artrina Sturges:** Thank you, Beth. Next question: We are going to submit quarter four of 2019 data. Can we start sending test files of just one month worth of data to test for errors?

**Beth Driskell:** This is Beth. The answer to that is yes. If you would like to test just one month to validate your file format and to validate you are getting expected results you are anticipating, it is okay for you to go ahead and test with one month of those files.

**Artrina Sturges:** Thank you, and here's somewhat of a related question. For the files that are submitted, I will assume it is for production, so I am going to clarify, does it have to be for a calendar year quarter, or can it be any 90-day

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period? This is Artrina, I can answer that one. When you are submitting your data, your QRDA I files, you want to make sure the data you are reporting is for at least one quarter, one calendar year quarter of data. When we are specifically talking about the IQR side of the house, we are talking about QRDA submission, that's where that quarter comes from. Sometimes people get confused because they think about the 90-day period and they forget that's associated with the Promoting Interoperability Program, not with the Hospital IQR Program for eCQM reporting. Next question. Thank you, Beth, because I think that you clarified that the file type is still QRDA. So, that is not an issue. Let's see. Is one file for all different... Let's see. Is one file for all measures? I think this must be for different QRDA files. Is that supposed to be uploaded for each measure? Let me clarify. It's supposed to be one patient file, one file per patient per quarter. So, anything that's involved in that patient care for the quarter should all be encompassed in that one QRDA I file. Which means that any measures relevant to the care that patient received during that calendar year quarter should all be accounted for in the one QRDA I file. Amy or Beth, should I have said that differently?

**Beth Driskell:** Yeah, I think you got the gist. We expect one file per patient per quarter to include all the measures that were applicable to the patient and all episodes of care that are applicable to the measures being reported.

**Artrina Sturges:** Thank you, Beth. I just wanted to make sure I said that clearly. The functionality we are discussing, is that available for upcoming submission or will it be available for use of the files that were previously submitted?

**Beth Driskell:** So, we have loaded 2018 data for most providers in the system. So, if folks have not had the opportunity to upload 2019 data, they have the option of logging in now and evaluating most of the functionality for the 2018 reporting. There's a few caveats. The Program Credit Report is not available for 2018 reporting. For the batch uploads for 2018 reporting, if you're using the File Upload button, the modernized HQR System will not show previous uploads.

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- Artrina Sturges:** Great, thank you, Beth. Beth, you might be able to help me specifically with this one. We have someone who missed the beginning of the WebEx and so they don't necessarily have the slides in front of them. Can you talk to them through how they get to the eCQM submission page?
- Beth Driskell:** Sure, yeah exactly. So, you would log into the *QualityNet Secure Portal* as you normally would. You would, from the drop-down prior to logging in, you would select Hospital Quality Reporting. You would put in your user ID, password, and your two-factor authentication and that will take you to the HQR landing page. At the right-hand upper corner of the hospital landing page it says, "Take me to the Next Generation Hospital Quality Reporting." You would select that and that would take you to a new dashboard. When you land on your new dashboard, you should see your username at the top and you should see your organization that you signed in as a header with that UI, and from there will be an eCQM card. You would click that eCQM card and that would open up a page that would provide three different tabs with information: a Files Upload History tab, a Data Accuracy tab, and a Measures Outcome tab.
- Artrina Sturges:** Thank you, Beth. Next question: If you submit production data, but want to resubmit another file to overwrite the data, do you just delete the first production file and submit another?
- Beth Driksol:** So, with the eCQM reporting, you have an option. You can either go ahead and either select that file or delete that file or delete the entire batch. If you only want to replace one file, you have the option of deleting that file or you have the option of resubmitting that file. As long as the five key identifies match, which are reporting quarter, CCN, patient identification number, CMS program, and the same submitter is sending that file, that file will automatically overwrite in the system.
- Artrina Sturges:** Great, thank you. Next question: If we have a vendor complete submission, can we still access the functionality of the file's Accuracy Outcome tab and Program Credit Reports?

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**Beth Driskell:** Yes, you'll be able to access those all through the eCQM card. Again, if you didn't upload the file, you won't be able to access the File Upload tab and see the files that have been uploaded for you; but, you will be able to see all the data submitted by another vendor or another organization.

**Artrina Sturges:** Alright, thank you. One point for clarification, the question: Do they need to use to the new version? So, do they have to use Next Generation or are they able to still use legacy? Is there a preference in terms of what they should choose?

**Beth Driskell:** They're not required to use the newer version. I think the more folks that get into using the newer version, I think, the better. That way we are able to obtain feedback and able to improve our process, but again, if they are more comfortable using the legacy and the old system, that is there for them for this reporting period. The anticipation is, moving into 2020 reporting, that will no longer be supported.

**Artrina Sturges:** Alright, thank you, Beth. One other question: What is the reasonable expected turnaround time for feedback after a production submission?

**Beth Driskell:** So, that depends on how big the submission is. We are expecting that we will be returning data around in real time or near real time data results. So, depending on the size of the submission and depending upon the resources and the amount of submissions we are having coming in at that point in time, would depend on how long it would take that; but, we are looking to do near real time. So, I don't want to say it's a split-second after it happened, but we are looking for a fairly quick turnaround.

**Artrina Sturges:** Thank you, Beth. Next question: I understand that users can access multiple facilities that they have access to once they initially log in. Will users have to continue to maintain and keep active each individual login for each facility?

**Beth Driskell:** The expectation is that, until we transition over to HARP, which is a new user management system that we will be releasing here shortly, that we would expect you to maintain each one of those user IDs in an active status. So, that way you have access to your data regardless of whether

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you are logging into the Secure File Transfer legacy system or you are logging into the HQR updated system.

**Artrina Sturges:** Thank you, Beth. We talked about this, but I think there's a couple folks who may be confused. So, what they are wondering is, if they go ahead and start using the new system, will they be able to use all these process that we showed today?

**Beth Driskell:** Artrina... No, I was going to say I didn't understand the question. I was going to ask for repeat but, Amy, if you've got it, go.

**Amy Asche:** I believe from what I was understanding the question is, you're able to access both legacy and the Next Generation side. You can access your data from either UI using either one of those. You can get your data either submitting through the old legacy Secure File Transfer or you can still get that data on the Next Generation side also. It will transfer over. I don't know if I properly answered that or not.

**Artrina Sturges:** No, you are good, because I think the big thing is people are thinking this is not yet available, but everybody understands it is there right now. So, you can start using the system as it is as Amy indicated. You can use the historic process which is legacy, or you can use the new process we are showing for Next Generation. So, it's available, it is live, it is up and running for those who just might still be a little curious about that. Next, question: If your file is rejected in error who can we discuss the errors with as a technical resource? This is Artrina, I can take this one. What we recommend that you do is that there's a couple things out there that are available to help you. You can either visit the eCQI Resource Center and we have several documents out there you can either use. There is a new conformance resource that should be out probably in another 30 days or so, and you can use that and it will have the most common errors that are occurring or that are happening across all of the hospitals that are currently reporting, whether that is test or production. The other thing you can do, and this is probably the best thing you can do, is contact the *QualityNet* help desk. Make sure, if you reach out to them, make sure you have a copy of what you have submitted and let them know what batch number it is so

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they can help you to research the issues. So, that way you can dig down into the errors a little bit better and see why those files are being rejected. Until the conformance resources are there, it may or may not have everything you need because there are thousands of errors that can be generated and so the conformance resource may not address all of those. Those are the most common, but if you really do have an issue please contact *QualityNet* help desk for assistance.

Thank you all for the questions. I'm going through them, as many that I can that are relevant to the call today. Of course, anything we don't address today during the webinar, we will be sure to do our best to address those questions for you when the question-and-answer summary document is posted. That will be posted on the *QualityNet* website and posted on the *Quality Reporting Center* website in the near future. Let's see here. Is there a report that shows the percent of the numerator versus denominator by measure?

**Beth Driskell:**

So, for eCQMs, we don't have a report specific to that like we do for IQR or OQR. We do have a Performance Summary Report that provides probably the closest thing related to what IQR and OQR have for eCQM. It's a Submission Summary Performance report. Right now, it is only available in legacy. We have an item on the backlog to release that out for the Next Generation for HQR, but right now that is the Performance Summary Report under the eCQM reports under the legacy application. That will show what I believe this viewer is looking for.

**Artrina Sturges:**

Great. Thank you, Beth. Next question: A vendor creates multiple files that can take a maximum of 500 patients. Can we submit those multiple files, or must they be zipped into one file?

**Amy Asche:**

This is Amy. I would say with submitting them it be easier to zip them into a file instead of trying to submit each individual 500 patients. Submitting one batch and having a zip file would be the easiest way to do that.

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- Artrina Surges:** Thanks, Amy, just to follow-up: What is the maximum number of files that can be placed into one zip file?
- Beth Driskell:** The maximum number in a zip file is 14,999.
- Artrina Sturges:** That's great because I was thinking usually there is a question of the index and that is why we say 14,999. Great, thank you. Let me see here. Question and actually I will take this question. Will the test and production checklist available on the *Quality Reporting Center* website be updated to reflect changes related to the Next Generation process? This is Artrina. Yes, I think we are. We do have a plan for that and we want to confirm that with CMS in terms of the release. We do understand that quite a few people have used those test and production checklists for the last few years. So, anything we can do to make sure we give you those on hand tools to be able to guide the process may be easier, we will certainly look into creating that for you for 2020. So, once we have clearance to be able to do that, we will make sure we communicate to the community that those documents are available for you. Thank you. Let's see here. How long does it take for the files uploaded in Next Generation to show that they've been submitted under our organization's Upload History page?
- Beth Driskell:** Again, that goes back to how big the submission is, how long it takes to process. Right now, the files are still being processed and on the legacy system. So, as long as it takes to process. The information is brought over to the Next Generation system. So, it depends on how long it takes to process and how big.
- Artrina Sturges:** Thank you, Beth. The next question is and actually I will take this one. Can we submit test files now or do we have to wait for our on-boarding dates? I am not sure what that means by saying on-boarding date, but what I can tell you is that if you're ready to submit test QRDA I files now, as we mentioned earlier, you have two options. You can test the file format itself inside the PSVA tool, or the Pre-Submission Validation Application, or you can submit your test files directly to the *QualityNet Secure Portal*. Either way, we do have the option to do that because the system is open for test and production submissions, and we talked about third party

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vendors. This is an interesting question. This is Artrina and I'll take this one as well. Is the PSVA tool under legacy or Next Generation? Access to the PSVA tool is still within the secure portal and so you'll still be able to access it either way. So, that should not be a problem. In addition to that being there, there also are instructions like the user guide for the PSVA tool that are found in that same area. Just want to make sure everyone has that. Let me see here. We have maybe a couple other questions here. If you had any other questions, please be sure to go ahead and put them into the chat box so we can take a few more before we close out our session for today.

Let's see. My healthcare system is looking at decreasing our current vendor involvement for eCQM submissions. For calendar 2019 we will have our vendor submitting, but we can utilize this new platform. Can we use this new platform to upload QRDA I files to prepare for direct submissions in future reporting periods? This is Artrina. Yes, you can do that. I don't know if Beth or Amy or Jen has anything to add to that.

**Beth Driskell:** I would suggest that, in doing so, when you are uploading you are uploading directly to the test system, so you don't accidentally overwrite your vendor submissions.

**Artrina Sturges:** One question, actually I think I can take this one too. Can we use the PSVA tool that was downloaded for calendar year 2018 files? One thing to understand about the Pre-Submission Validation Application, or the PSVA, tool is that it is updated every year. Just as the receiving systems are updated every year to process those files with the most current requirements in terms of how the file should be structured and all the data should be contained. Even though the PSVA is only looking at the file format, that is updated as well for whatever the next receiving whatever the reporting period that is up next. So, the PSVA tool out there now can do file format review for calendar year 2019 files. So, I believe you won't have much success unless there were a small number of changes between 2019 and 2018. Just understand that it's updated every year and so most likely you won't be able to use it until you are comfortable with the outcome.

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Next question: If you submit five or fewer cases for an eCQM, do you still need to indicate the case threshold exemption and a [zero] denominator declaration? You don't. Keep in mind for case threshold exemption, it's for five or fewer. So, if the hospital makes a decision that they don't want to use the exemption, that is no problem. The expectation is that you would still report those QRDA I files that would affect that specific measure, even if it's five or fewer patients. So, you don't have to use it, but it's an option for hospitals who would like to. OK. So, I am just going to peak through here one more time. Again, thank you everybody, very good questions today.

OK. I think that's a majority of what we have in terms of questions. Again anything that we may missed, like several of you have multiple PSVA questions, what we will do is when you get the Q&A transcript, not transcript, but the document, what it will do is kind of solidify those with all of the PSVA questions can be in one area to make it easier for you to find those responses. For today, again, thank you everybody. You've all done a fantastic job and given us really great questions for everything that you needed. Next slide, please.

In terms of continuing education, this webinar has been approved for one continuing education credit and you'll see we have national credit available and also Florida only credit. If you want to confirm if the continuing education approval for any other state license or certification is available, please check with your licensing or certification board. Next slide, please.

Again, I want to extend a huge thank you to our subject-matter experts for all their wisdom and amazing knowledge and support today, and I want to give a huge thank you to all of you for your time and attention. Have a great afternoon, everyone. Thank you.