Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Question and Answer Session:
CY 2018 eCQM Reporting for the Hospital IQR and Promoting Interoperability Programs

Presentation Transcript

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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 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 *QualityNet* in the coming weeks. If you registered for the event, a reminder email, as well as the link to the slides, was distributed on Monday, January 28. If you did not receive the email, the slides are available for download on our inpatient website, again, *QualityReportingCenter*.com.

The majority of today's webinar is devoted to addressing your questions related to the aligned reporting of electronic clinical quality measures for calendar year 2018, referred to as eCQMs, for the Hospital Inpatient Quality Reporting and the Promoting Interoperability Programs, by the February 28, 2019 deadline.

Our intent is that by the end of this presentation, you will be able to quickly locate calendar year 2018 eCQM reporting requirements, utilize published reference materials to assist you with data submission activities, and perform the steps needed for successful data submission.

We will start with a quick overview of the Hospital IQR and Promoting Interoperability reporting requirements.

Hospitals participating in the Hospital IQR Program are required to report on four of the 15 available eCQMs for one self-selected calendar quarter by the February 28, 2019 submission deadline. Just a quick reminder, meeting the Hospital IQR Program eCQM requirement also satisfies the clinical quality measure electronic reporting requirement for the Promoting Interoperability Program for eligible hospitals and CAHs.

The calendar year 2018 technical requirements include the following: Using EHR technology certified to the 2014 edition, the 2015 edition, or a combination of the two, then certified to all available eCQMs; use of the eCQM specifications published in the 2017 eCQM annual update for

calendar year 2018 reporting and applicable addenda; as well as the 2018 CMS Implementation Guide QRDA I for Hospital Quality Reporting. All of these materials are posted on the eCQI Resource Center website.

The definition for successful submission of eCQMs is a combination of accepted QRDA I files with patients meeting the initial patient population of the applicable measures, zero denominator declarations, and case threshold exemptions.

The file format expectations are one QRDA Category I file per patient per quarter, which should include all episodes of care and measures associated with the patient file in that reporting period. The maximum QRDA I file size is 10 megabytes. Files are uploaded by zip file with a maximum submission of 15,000 files per zip file. If you have any questions regarding file size or volume of files that need to be reported, please contact the *QualityNet* Help Desk.

Just a quick reminder: The public display of eCQM data on *Hospital Compare* continues to be delayed due to the implementation of the eCQM data validation process. Public display of eCQM data will be addressed in a future CMS IPPS rule.

For the Promoting Interoperability Program, eligible hospitals and CAHs reporting electronically, the reporting requirements include one self-selected quarter of eCQM data, whether demonstrating meaningful use for the first time, or the hospital may have demonstrated meaningful use any year prior to 2018. The requirement also includes reporting on at least four available eCQMs by the February 28, 2019 submission deadline.

Attestations of the CQM reporting requirement for the Promoting Interoperability Program is only an option in specific circumstances where electronic reporting is not feasible. The reporting requirements are listed on the slide. But we want to draw your attention to the link to the CMS.gov Eligible Hospital Information page to obtain more information, if you believe this may be applicable to your hospital.

Many of you know that attestations for the Promoting Interoperability Program is now performed via the *QualityNet Secure Portal*. If you would like more information regarding the attestation process, please visit the CMS Promoting Interoperability Programs page on CMS.gov to locate reference guides and webinar materials. If you have questions, please reach out to the *QualityNet* Help Desk for additional assistance.

As it relates to the Medicaid Promoting Interoperability Program, please visit the CMS.gov Medicaid state information page to obtain additional details regarding reporting requirements and contact information. Before we begin our question-and-answer discussion, I'd like to draw your attention to the appendix for slides 19 through 31. We do not intend to cover the information provided in the appendix during this webinar to ensure sufficient time for the question-and-answer discussion. We provided this information regarding self-directed tools and resources for those of you who may need the reference materials to assist you to achieve successful reporting prior to the February 28, 2019 deadline. At this time, Veronica Dunlap will join us to lead the question-and-answer discussion.

Veronica Dunlap: Hello. Thank you, Artrina. I just want to encourage everybody to go ahead and submit your questions through the chat feature. And, as appropriate to the purpose for calendar year 2018 reporting for the upcoming deadline submission of February 28, 2019, we do welcome any questions related to that topic. So, let's get started. Is it expected that eCQM data will match the manually abstracted chart data for specific measures?

Jennifer Seeman: Roni, this is Jen. I think I can speak to that a little bit. I don't think that we can expect an exact match of eCQM to chart-abstracted data. There's differences in the specifications and even the way that the rules are written, because of the differing languages and how those are drafted and implemented. So, I don't believe there is a straight across coordination comparison of results.

Veronica Dunlap: Okay. Thank you, Jen. Our next question: What is the purpose of the CMS audit on eCQMs from 2018 and continuing into 2019? Have they set any type of performance standards yet?

Artrina Sturges:	Hi, Veronica. It's Artrina.
Jennifer Seeman:	I don't…
Artrina Sturges:	Oh, go ahead, Jen.
Jennifer Seeman:	That's fine. So, no, I don't think they have. I can tell you the process that they're going through and they're working through is to compare the data that's in the medical records to the data that was submitted for QRDA reporting. And, you know, they're still in the early phases of developing that process. So, I don't think specific performance standards related to that audit process have been established yet.
Veronica Dunlap:	And are there any types of penalties or anything that can be assigned in the absence of these performance standards?
Jennifer Seeman:	I believe it's only related to failure to submit the requested records at this time. And that is spelled out in the IPPS rule.
Veronica Dunlap:	Great. And, Artrina, did you have anything to add with that?
Artrina Sturges:	Oh. Thanks, Veronica. Yes. You know Jen's absolutely right. And the only other thing I was going to say is that, as Jen stated, it is in the final rule. But, if it would help you to see it in more direct writing where you can quickly see it, if you visit the *QualityNet* page and you go to the eCQM Data Validation Overview page, that will spell everything out for you in terms of, you know, stating the accuracy of the data and the validation of the measure reporting won't affect payment and all of those other details that you need.
Veronica Dunlap:	Great. And, I just also wanted to add, if there are further questions regarding the eCQM validation process, you can feel free to reach out to the Validation Support Contractor and their information is also located on the page that Artrina was referencing: validation@hcqis.org. Or they also have access to the Question-and-Answer tool and they do have a specific queue in there for eCQM validation questions. Okay. Our next question: Is

there a difference from the data entered into *QualityNet* from the CART tool?

Jennifer Seeman: Data that's derived from the CART tool is specific to chart-abstracted measures. So, yes, that would be different data than what's being evaluated for eCQMs.

Veronica Dunlap: Next question: If you send your eCQMs through the *QualityNet* PSVA tool and have filled out the meaningful use attestation and registration information in *QualityNet*, do we still need to go under the EHR denominator declaration to fill out those as well?

Jennifer Seeman: You should not need to fill out denominator declaration, if you have reported for the acceptable number of measures for each program. The next step that I would recommend is to run the eCQM Submission Status Report through *QualityNet* and confirm your program requirements have been met for that report.

Veronica Dunlap: Thank you. Next question, Promoting Interoperability question: *QualityNet* does not give us the option to write in the number of specialized registries we use. What should we do if we are attesting to the two specialized registries in the other public health measure? We need a total of three to be compliant.

Jennifer Seeman: I think that I would direct this to the help desk. I believe they should be able to enter that information and with that, with what's presented in the question, I would suspect that somebody needs to look at that or they should reach out for some help there.

Veronica Dunlap: Thank you. Next question: Is eCQM reporting for 2018, a 90-day reporting period?

Jennifer Seeman: For eCQM submissions via QRDA files, those should align with one calendar year quarter for 2018 data.

Veronica Dunlap: Next question: Which of the Promoting Interoperability eCQMs will satisfy the Hospital IQR Program requirement?

Jennifer Seeman: All but ED-3, which is not an inpatient measure. Any of the other eCQMs would work.

Artrina Sturges: Oh, and just one thing to add for that. I'm sorry, Veronica. If you need to see a list of those measures, where you can see the 15 that are in alignment, and then, of course, the exception for ED-3, you're welcome to visit either the *QualityNet*.org website, where we have an eCQM page that provides a chart, an actual one-page chart that shows you what those specific measures are, or you can go to the *QualityReportingCenter*.com website and we have online reference materials there as well. And that same chart is available on that website, too. So, either place you go, we have a good visual for others to use. Thank you.

Veronica Dunlap: Thank you. Next question: What is the document to demonstrate successful eCQM submission in order to attest for the PI Program?

Jennifer Seeman: I'm not sure I follow that question. There's an Attestation Summary Report, which will allow a user submitting for PI, attesting their data and entering objectives, that will summarize that information for them. But I'm not sure what other specific document they'd be talking about in regards to PI. It might be something we can try to follow up and post with the question-and-answer documents.

Veronica Dunlap: Sure, thank you. Do you have a timeline for when you expect that CMS must require eCQMs to be publicly reported?

Artrina Sturges: Hi, this is Artrina. At this time, CMS has not indicated that the measures will be publicly reported. But, as we stated earlier in the webinar, it's just a situation where it'll be signaled in a proposed rule, and then, you know, CMS will request, you know, public feedback to determine if they should move forward with that proposal. So, please just, you know, keep an eye out for that. And as you continue to come to the webinars, we'll also make sure that we inform you if there are any proposed changes from CMS.

Veronica Dunlap: Next question: Is there a maxed size to zipped QRDA files that can be uploaded? If yes, do we just upload multiple zipped files?

Jennifer Seeman: There is not currently a size validation on the zip itself. The size requirements are specific to an individual QRDA file. So, I don't believe we should see issues with zips.

Veronica Dunlap: If our hospital uses a vendor, do they submit this data or do we?

Jennifer Seeman: That is dependent on the agreement between the facility and their vendor.

Veronica Dunlap: Next question: How do we find out if our attestation was accepted for the Promoting Interoperability Program?

Jennifer Seeman: There should be a—or, I'm sorry, an Attestation Summary Report that is available through *QualityNet*. And that should indicate the status of their attestation and allow them to review the data submitted.

Veronica Dunlap: Great, thank you. What reports should we run out of *QualityNet Secure Portal* in order to validate that our submission for eCQM is complete for 2018?

Jennifer Seeman: That would be the eCQM Submissions Status Report.

Veronica Dunlap: Next question, we just changed to a critical access hospital, or a CAH, in October. Will we have to submit eCQM data for 2018? And I can go ahead and answer that. Critical access hospitals are not required, but are very much encouraged, to participate in the submission of quality data for the Hospital IQR Program. But they would not lose any type of payment. So, eCQM data is not required for critical access hospitals. Next question: Where are the specifications for meaningful use or eCQM chart-abstracted? I'm thinking it's more related to where are the electronic specifications for eCQMs?

Artrina Sturges: Thank you. Okay. Yes. Yes, for that specific listing of the specifications, you visit the eCQI Resource Center. And I believe we do provide a link for you to that website in this presentation. You may want to look in the appendix. I believe it's there. We'll also make sure that, when we publish the Q&A questions from this session, we'll be sure to provide those links there as well. But yes, the eCQI Resource Center has that information posted for you.

Veronica Dunlap:	And, actually, Rachel, are we able to move forward to slide 26 in the available appendix?
	Great. So, here is the link that's provided that Artrina was referencing, in regards to the eCQI Resource Center. And when you go on to their home page, you want to make sure that you're selecting the Eligible Hospital and Critical Access Hospital column, in order to pull up the appropriate guides and reference tools. And, also just a reminder, I know we do get a lot of questions in regards to the year. So, make sure you're selecting the correct calendar year reporting. So, obviously, the one for coming up here in February would be calendar year 2018. And, then, you would need to click the word "Apply" on that screen. And, then, those specific specs would come up. And, then, if you're looking for 2019 stuff, I do know that the eCQI Resource Center does have all of that information available for 2019. So, you can go ahead and take a look at that as well.
	Next question: If we are sending eCQMs in the form of QRDA files, do we still need to complete the Promoting Interoperability eCQM section on the Managed Measures page of *QualityNet*?
Jennifer Seeman:	Not the eCQMs themselves. There should be a checkbox that will allow you to indicate that you're submitting QRDA files for that portion. And, so, you shouldn't need to complete the aggregate data there.
Veronica Dunlap:	Next question: If a hospital already received the last Medicaid incentive payment and, again, this is for the Promoting Interoperability Program, does the hospital need to change the application to be Medicare only, or the fact that they attest as dual will not affect the attestation?
Jennifer Seeman:	I really have to research that and confirm. So, can we publish that one with the Q&A?
Veronica Dunlap:	Sure, sure. Next question: What is used for eCQM validation? Do we send a PDF of the medical record like how we do for the chart-abstracted validation?

Jennifer Seeman: The process is similar. But I think I would also, as Artrina did, point you to the *QualityNet* validation site, where they can spell out those expectations and that process a little better.

Veronica Dunlap: Okay. Thank you, next question. When submitting four eCQMs for purpose of meeting the requirements for the PI Program, I understand it is a self-selected quarter. Does the quarter we submit eCQMs for need to be the same quarter for which we are attesting all the other Promoting Interoperability Program requirements for?

Artrina Sturges: Hi, this is Artrina. No, they don't have to be from the same quarter. So, whichever you self-select or whichever program you're reporting, that's totally the decision of the hospital.

Veronica Dunlap: Great, thank you, next question. So, it is my understanding that if we choose patient chart in the four of the 15 measures to send in—it looks like that question got cut off. If this question is regarding eCQM validation in regards to if your hospital does get selected for eCQM validation, I would have to direct you to the Validation Support Contractor and their special email box, validation@hcqis.org, for that question. Next question: What happens if one of our submitted cases is rejected and the hospital is unable to get it into the warehouse? All the other cases were accepted without issues.

Artrina Sturges: Thank you. This is Artrina. I'm just trying to make sure that I understand the full intent of the question. So, it sounds like, if you intended to report your entire population for that quarter, and, then, one of your files is rejected, and you're saying that you can't, you know, you can't get it in before the submission deadline, then what happens? I think part of what happens with CMS is that they understand that folks are still, you know, working through their process, making sure that patient data is there, the system's properly mapped, that all the things are working correctly. So, really, the thing is that, if it was your intent and you have one that was a problem, and you've attempted, you know, to have it fixed, you worked with your vendor to make those revisions, and, if it just happens that you're unable to have that one file submitted, you—it's one of those

situations where if you find that maybe it's one or you're seeing like it's multiple, where you're having multiple issues but the same issue maybe, a mapping issue within your system, then it probably would be in your best interest to consider if you can submit an ECE application before the April 1, 2019 deadline for 2018 data. What I'll do is we'll make sure that we address this question in the transcript, or not the transcript, but in the document. But I also would encourage you to go to the eCQM page that's on *QualityNet*. And we have a specific section there for ECE questions and what's the criteria. So, we do have an example in there for some things that are specific to this. So, I would encourage you to visit the website and to review that to see if that fits your specific situation. And, Veronica, I don't know if you have anything else you want to add to that?

Veronica Dunlap: Yeah, and, then, in addition, as you're troubleshooting your file errors and working with the *QualityNet* Help Desk, you know, once those files have been corrected to the best of your ability, and as well as you're working with your vendor, we do highly recommend you just, you know, wait a day or so, once those files have been uploaded. And then go ahead rerun that eCQM Submission Status Report. And, ultimately, up top on the left-hand corner, where it says Program Year Successful eCQM Data Submission, there's—both programs are listed, the PI Program and, then, also it says IQR-EHR. So, if there is a "Yes" next to both of those programs, under that header called Program Year Successful, then, obviously, your hospital has successfully met that requirement for 2018. So, that is what we, you know, we do recommend to make sure when, once you've met the eCQM reporting requirement, then you should be good to go. If you do any other changes or playing with files, or your vendor after that submission status report is ran, you know, you always need to go back and rerun that Submission Status Report, just to make sure that those files are still meeting your criteria of the four measures, from one quarter. Next question: Will there be any Case Detail Reports or Summary Reports for eCQM submissions? And I think maybe, if we take a moment and go back to the appendix, Rachel, to—is it slide 23, the report overview document?

	And here we can just take a quick look here. And I don't know—
Jennifer Seeman:	Roni, I—
Veronica Dunlap:	Sure.
Jennifer Seeman:	This is Jen. I can add a little bit here. The validation report for eCQM, the Case Detail Report, has not been released yet. It will be made available once the validation process is complete for the 2017 data.
Veronica Dunlap:	Great. And, then, in regards to Summary Reports?
Jennifer Seeman:	I don't have a date for the Summary Report yet.
Veronica Dunlap:	Okay. So, those two are different regarding the current report?
Jennifer Seeman:	Correct.
Veronica Dunlap:	Okay.
Jennifer Seeman:	Yeah, so, the validation reports were built differently. So, these are specific, again, to the data validation process that's been put into place, again, not scored on performance, but rather the submission of the records. And, as they're working through that process, when the results are available, the report, the Case Detail Report for that validation aspect, will be made available. And, then, the Summary Report will be available at a later date.
Veronica Dunlap:	Great. Well, thank you for clarifying. And, in addition, just wanted to add, if you did have other questions about the current reports that are available for the eCQM submissions, there is this report's overview document and the links are provided on this slide, as shown here. And it does review each specific report and the report function as well as if it's available for test and/or production files. Not that all the reports that are available for both types of files. And, if you did need any assistance with running reports or troubleshooting reports, please don't hesitate to reach out to the *QualityNet* Help Desk. All right. Next question: Does it matter where eCQMs are uploaded? Does it matter when our eCQMs are uploaded

through the *QualityNet Secure Portal*, while performing the meaningful use attestation? And I think that might be in reference to something of last year where there was a question denoting the, you know, whether on the attestation side of things in the portal?

Jennifer Seeman: Yeah, I'm not sure. I think just to clarify, though, again, once when you're entering PI information into the Managing Measures section for Promoting Interoperability, there's the attestation portion with the objectives and use of stage 2, modified stage 2 or stage 3. You'll be given the chance to indicate if you're submitting QRDA files for the electronic, for the CQM portion. And, in that case, you do not need to enter aggregate data there. Your QRDA submissions will fulfill that electronic reporting aspect.

Veronica Dunlap: And just as long as it's before—both are completed before the February 28 deadline, they should be good to go?

Jennifer Seeman: Correct, yeah, the deadline is the same.

Veronica Dunlap: Okay, great, thank you. Next question: Can you speak to the zero-denominator declaration process?

Jennifer Seeman: This is Jen. So, the denominator declaration and case threshold processes are basically in place to allow facilities who don't have a significant, or if they don't have any, zero cases that meet the criteria for any CQM. That's available so that they can indicate that they don't have an appropriate number of cases and not be penalized for the electronic reporting aspect of those programs.

Veronica Dunlap: Okay. Thank you. If a critical access hospital changed their EHR vendors after the fourth quarter and did not have the functionality to capture their data, would this qualify as a hardship where attestation for CQMs would be appropriate?

Jennifer Seeman: I would have to confirm that, Veronica. And I think we can provide maybe some additional information about the hardship process as part of the Q&A.

Artrina Sturges: Yes, I'm sorry, this is Artrina, just agreeing with you. The other thing about that, too, is that any questions associated with that really would have to defer you to the CMS.gov website. And again, as Jen indicated, we'll put it in the document for the Q&A because we want to make sure that we get you to the proper place because they do have very specific criteria during very specific times of the year. So, we'll make sure. Until we have this published, though, please be sure to visit the CMS.gov website. And they do have a Promoting Interoperability page that can provide those additional details for you.

Veronica Dunlap: Thank you. Next question: If we have demonstrated meaningful use last year with eCQMs, do we need to do that again this year?

Jennifer Seeman: I believe the reporting should continue to avoid adjustments. But I would also like to provide additional information, if we can, on the Q&A document.

Veronica Dunlap: Sure. Next question: For adding the licensing to the QRDA file that is submitted, do we put the individual license that our EHR has? And I think they're referring to the certified health product listing, the cert number. Here, they have with Epic EHR, each CHPL, which is the certified health product listing. Or do they just put the overall EHR license, such as Epic Inpatient Suite? And, again, that's within each QRDA file, they're asking.

Artrina Sturges: Hi, this is Artrina. It's a very good question. So, let me try to help to clarify. So, when you start to thinking about developing that ID that needs to be placed within that QRDA file, keep in mind that it needs to include everything that you use to be able to create that file, you know, capture the data, export the data, calculate and report. So, anything that you use, whether it was one product line, maybe like you said for the Epic Inpatient Suite that was able to do all of that with one tool, then that's what you would include when you create the ID. But if you use anything else along that process, you need to make sure that all of that is captured before that ID is created. And if something happens, and you have an aspect of that cert, you know, once you create your ID, if any aspect of that changes, let's say, you use a different tool to be able to continue on. Worse circumstances, I don't have an example off the top of my head, but make

                    sure that you would update that ID that you placed in that QRDA I file because we just want to make sure that you're given proper credit for all of the things that you did to be able to report that data.

Veronica Dunlap: Great, thank you. If we are, I think this question is, if we are participating in the IQR Program and the Promoting Interoperability Program, do we have to submit our eCQM data twice?

Jennifer Seeman: No. If you are submitting QRDA files and you submit the appropriate measures again, with ED-3 being the exception for IQR, that would fulfill the reporting for both PI and IQR Programs. And I would emphasize again that, after your submission process, to run the eCQM Submission Status Report through *QualityNet*, to confirm that portion of your reporting.

Veronica Dunlap: Okay. Next question: Is it true that if we submit two zip files, one will overwrite the other?

Jennifer Seeman: If the key identifiers are the same, then, that is true. That is why it's very important to always run the eCQM Submission Status Report after each submission process.

Veronica Dunlap: Next question.

Artrina Sturges: I'm sorry.

Veronica Dunlap: Go ahead.

Artrina Sturges: Oh, I'm sorry, Roni. One more thing to add on to that. Please be sure to check your most current versions to the 2018 version of the CMS IG for hospital quality reporting. There's a succession management section that will give you those five key identifiers and it just explains exactly what Jen just told you. And, that way, you can be sure, you know, what those key fields are that may cause that file to overwrite. Thank you.

Veronica Dunlap: Thank you. Next question, we submitted one quarter of data for 2018 through the PSVA tool. Is that sufficient?

Jennifer Seeman: So, the data submitted should be for 2018, calendar year 2018 data. And then once the files are submitted, either through PSVA or through *QualityNet*, the appropriate reports should be run. Again, check the eCQM Submission Summary Report—Submission Status Report, apologies—to confirm that you've met program requirements, based on those submissions.

Veronica Dunlap: Great. And I just wanted to just take a second here, if Rachel we can move to slide 22 within the appendix?

And here is just a snapshot. I know a lot of folks already use these checklists. But, again, we do have the calendar 2018 versions available on both *QualityNet* and the *Quality Reporting Center* websites. There are two different checklists. One is for when you are just submitting test files and, then, the other one is when you're submitting production files, which actually would be the files that would count towards the PI Program and IQR Program credit. They're pretty much the same. But I just wanted to point out that each checklist does give you, towards, in the middle part of each checklist does provide the two different processes. So, if you're not using the PSVA tool, which is highly recommended to use, you do not have to submit them through the PSVA tool. But you can go directly to the *QualityNet Secure Portal*. So, both avenues are available on the steps, under each avenue, are provided on each one of these checklists. So, if you do want to know the exact step-by-step process and have all your links and tools available, these checklists would be pretty much your survival guides to get you through to successfully meet for February.

Next question: Just to clarify, the electronic CQM submission is for a 90-day period?

Jennifer Seeman: That is correct. And that does not apply to QRDA submissions. That is the calendar year quarter.

Veronica Dunlap: Yeah, and that goes right to my next question here: If you don't report via QRDA files, is the reporting time frame still 90 days?

Jennifer Seeman: That is correct.

Veronica Dunlap:	Thank you. Let's see here. What is the process to apply for an exemption in calendar year 2019, because of the EHR change? I probably could address that. If this is in reference to calendar year 2019 data that's due in February of 2020, then that process for the IQR Program, at this time, it would be the same as it is for this year's data, which would be to review the extraordinary circumstances extension, I'm sorry, exception, the ECE Policy. And that's what we refer to it as here, for the IQR Program. There are some helpful documents and then that form is available. But, again, CMS does encourage all hospitals to report up until the deadline and, then, if they need to request an ECE, if it's applicable for your hospital, then, it would be best to then go ahead and submit your ECE request form. And again, for the Promoting Interoperability Program side of things, you would need to go to the CMS.gov website and they follow a somewhat similar process, but it's called the Hardship Process. So, you would need to research on their requirements.
	If we contracted with an outside vendor and they submit the eCQM data for VTE-1 and -2, how can we then complete the remaining steps for the additional two measures required, as a zero denominator?
Jennifer Seeman:	If they're claiming zero denominator or case threshold, they would apply that through the *QualityNet* portal in the denominator declaration section for eCQM EHR reporting.
Veronica Dunlap:	Okay. Next question: When we submit the files through *QualityNet Secure Portal*, which program should we choose, eCQM and Promoting Interoperability and IQR?
Jennifer Seeman:	I'm not sure. So, the program names that are spelled out in the IG don't quite line up with the folders in Axway. So, as they're submitting, if you're reporting for both programs, it's best to use the appropriate program name within the QRDA files. And I believe the QRDA submission folders in Axway, in the secure side of *QualityNet*, are labeled EHR. So, you would want to submit your QRDA files through that folder.

Veronica Dunlap:	Great. Thank you. The next question: Is CMS reducing the number of eCQM requirements for critical access hospitals? Our critical access hospital is having difficulty submitting four measures.
Jennifer Seeman:	So, I think for IQR Program, the critical access hospitals aren't required to submit eCQMs and I believe they may still have the option to attest for the Promoting Interoperability Program. But I would check those program requirements to confirm.
Veronica Dunlap:	Okay, next question. This will be the first time we are directly sending our eCQMs through the PSVA tool. Is there anything we need to do to inform CMS of our direct submission?
Jennifer Seeman:	No. There's no need to—
Artrina Sturges:	No, you can go ahead.
Jennifer Seeman:	There's no need to let CMS know the files are coming. However, again, I will emphasize that, after that submission, you follow through with the report checks on *QualityNet*, again, emphasizing that you see current Submission Status Report.
Veronica Dunlap:	Okay. And it looks like we had a couple of these questions here for clarification. I just wanted to reiterate that eCQM reporting is not required for critical access hospitals in regards to the IQR Program. It is encouraged, but none of the requirements are required for critical access hospitals. But they, critical access hospitals, do participate in the Promoting Interoperability Program and they have objectives and measures in regards to attestation. So, those are required for critical access hospitals. So, any questions regarding the requirements for the PI Program, please go to the CMS.gov website for critical access hospitals.
Artrina Sturges:	And, Veronica, one thing to add. I think there was also a question about where is it documented that CAHs are not required to participate in the IQR Program?
Veronica Dunlap:	Oh, yes. Thank you.

Artrina Sturges: If you go to, no problem, if you go to the *QualityNet* website and you go to the eCQM reporting tab. When you look at the eCQM Overview, it specifically indicates there, as documentation from CMS that says, that critical access hospitals are not required to participate in the Hospital IQR Program. And it'll basically say that they're encouraged, but not required. Okay? So, if you need to be able to point to that, there is a specific note that's called out on that overview page.

Veronica Dunlap: Great, thank you. Just another clarifying question: Are you saying there is not a size limitation for the zip file itself, just the QRDA file needs to be less than 10 megabytes?

Jennifer Seeman: That's correct. There's not an initial validation of a zip size. However, the validation of the size applies to the individual QRDA files and it will be rejected at over 10 megabytes.

Veronica Dunlap: Okay. Thank you. Looks like there's a question in regards to the Value Set Authority [Center], or VSAC: Is this VSAC require a license to sign up or is access free?

Jennifer Seeman: I believe access is free to VSAC.

Artrina Sturges: That's correct.

Veronica Dunlap: Okay. Next question: If there is a measure that we do not understand the logic behind, where is the best place to obtain guidance?

Jennifer Seeman: I would direct questions in regards to logic to the ONC JIRA site. That might be listed in the appendix or as a reference as well.

Veronica Dunlap: Yes, I think it is.

Artrina Sturges: I'm sorry. Go ahead, Veronica. You're right. I think it is there.

Veronica Dunlap: No, go ahead. You'll probably find it faster than me. The support—

Artrina Sturges: I doubt it.

Veronica Dunlap: Do we have a support resources slide in here? I thought we did.

Artrina Sturges: Yes, I believe we do.

Veronica Dunlap: There, very good. They beat me to it. Just a reminder that this is our Support Resources slide for eCQM reporting. And it does get a little hairy. So, we tried to keep this updated in regards to the IQR Program and policy. You know, we do have phone support, as well as the Question-and-Answer tool, the PI Program. And, then, here you will see that there are different issue trackers within the ONC JIRA site. So, if you do have a question specific for the eCQM specs, measure logic, codes set, so forth, you would be able to search for an answer or a question that's similar to yours. And if you are not able to find anything, you can then submit your question for the measure developers to research and get that information for you. And again, that's through the eCQM issue tracker on JIRA. And then the same thing goes in regards to QRDA-specific related questions. There is a different issue tracker and that is the QRDA issue tracker. So, I just wanted to make sure we pointed them out on that slide. Thank you. All right. And it looks like we have a minute or two here left for another question or so. Next question: Can we submit more than the required four eCQMs?

Jennifer Seeman: Yes, that's an easy one.

Veronica Dunlap: Saved the easy ones for last. And let's see here, is QRDA Category III files relevant to IQR hospital reporting?

Jennifer Seeman: No, eligible hospitals only have QRDA Cat I files.

Veronica Dunlap: Okay. Is there a difference between PSVA tool and the secure file transfer submission? Is one recommended over the other?

Jennifer Seeman: The only difference is that there are some validations that are performed through the CMS portal that are not provided as part of the PSVA validation. And the PSVA validation looks only at file format. It's a good tool to use on your desktop. It allows you a little more flexibility in the testing of your files. However, once they're submitted to CMS, whether they're submitted through the PSVA application itself or directly through the CMS portal, those files will then have some additional validations put upon them, basically, to validate the authorization of the submitter related

to the facility, as well as, then proceeding if the file format passes to the measures engine, which will calculate measure outcomes. The measure outcomes, no measure information at all is evaluated in the PSVA application. But, again, once, whether it's submitted through the portal or through PSVA, once it comes to the CMS system, all of the processing is the same.

Veronica Dunlap: Great. Thank you so much, Jen. And that looks like that's all the time we have for the questions. We really appreciate your time in submitting those questions. I would like to now hand it over to Dr. Debra Price to review the continuing education process. Thank you.

Dr. Debra Price: Hi, everyone and thank you very much for the time you've spent with me. Let me see here. Next slide, please.

Okay. This webinar has been approved for one continuing education credit by the boards listed on this slide. Next slide, please.

Okay. There are three easy steps for the credit process. As soon as the webinar closes out, you're going to have the opportunity to register. You're going to register on one of the links and then print out your own certificate. Next slide.

Okay. This is what the survey will look like. In about one minute at the bottom, you'll note that there is a gray rectangular "Done." Please click on that when you are finished with your survey. Next slide.

And this is the page that pops up. There are two green links. The first one is the New User link, and you would use this if you have had any difficulties in the past getting your certificate, or if you are a new user. The second link is the Existing User link. Please use that one if you have not had any issues. Next slide.

Okay. These are the two pages that you would go to. The first one, on the left, is for the New User. You would put in your personal email, not your work email, your personal, your personal phone, and then you put, click on "Done." If you are an existing user, the box on the right shows you

what to do. The User Name is your complete email address, including what's after the @ in your email address. And the next slide, please.

So, now I'd like to thank you for spending as much time as you have with us. And I wanted to thank all of our guests and all of our speakers for answering all of these questions. Goodbye, and have a great rest of your day.