



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

## CMS QRDA Category I Implementation Guide Changes for CY 2020 Hospital Quality Reporting

### Presentation Transcript

#### Speakers

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**Artrina Sturges:** Good afternoon and thank you for joining us. My name is Artrina Sturges, and I am your host for today's event. A few announcements before we start today's webinar: 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 [www.QualityReportingCenter.com](http://www.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, [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com). For attendees who would like to obtain a continuing education credit for this webinar, please stay with us until the end of the webinar to ensure the proper screen is presented to you.

Dr. Yan Heras, Principal Informaticist from Enterprise Science and Computing is our presenter today. During today's presentation she will review the changes to the 2020 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting, with a specific focus on the changes made from calendar year 2019 to 2020. Today's webinar will also provide a high-level overview of updates to the Health Level Seven International base standard QRDA Category I IG and available resources. Next slide.

Our intent is that by the end of today's session you will be able to identify changes and updates to the 2020 CMS QRDA Category I IG for HQR, recognize high-level changes to the HL7 base standard, and locate related resources.

Dr. Heras will discuss the changes and updates to the 2020 CMS QRDA Category I IG for Hospital Quality Reporting. Dr. Heras, the floor is yours.

**Yan Heras:** Thank you, Artrina. Good afternoon, everyone. Thank you for attending the webinar. CMS has published the 2020 CMS QRDA Category I IG Version 1.1, Schematron, and Sample File for HQR. Version 1.1 was released in December 2019. CMS just published an updated 2020 CMS QRDA I Schematron and Sample File on March 13, 2020. The 2020 CMS QRDA I IG outlines requirements for eligible hospitals and the Critical Access

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Hospitals to report electronic clinical quality measures for the calendar year 2020 reporting period for the [Hospital] IQR Program and Medicare and Medicaid Promoting Interoperability Program for eligible hospitals and Critical Access Hospitals. The 2020 CMS QRDA I Schematron is a companion to the 2020 CMS QRDA I IG and allows for computerized validation of QRDA documents against the IG requirements. In this newly released 2020 Schematrons, Schematron rules have been added to enforce the use of the current extension attribute within the template element as specified in implementation guides. This change impacts all templates with a version of version 2 or greater.

Beginning from this slide, we will show a side-by-side comparison of the 2020 CMS QRDA I IG and the 2019 IG. The 2020 CMS QRDA I IG for HQR provides technical guidance for the 2020 reporting period. It is to be used with the EH [and CAH] eCQM specifications that were published in May 2019 and any applicable addenda. The eCQMs are specified based on the Clinical Quality Language (CQL)-based HQMF Implementation Guide, Release 1, STU 3.1 Errata, which is also based on the Quality Data Model Version 5.4. For value sets, eCQM value sets published on May 10, 2019, and any applicable addenda must be used for the 2020 reporting period.

The base HL7 standard for the 2020 CMS QRDA I IG is the QRDA Category I, Release 1, Standard for Trial Use (STU) Release 5.1 with October 2019 Errata, which is available on the HL7 QRDA I product page. A free HL7 account is required to access the standard. The QRDA I STU 5.1 was updated to support QDM version 5.4. QDM 5.4 is available for download from the [eCQI Resource Center QDM page](#).

This slide shows the side-by-side comparison of the CMS program names used for the 2020 and 2019 reporting periods. As you can see, the only change made in the 2020 IG is the removal of the CDAC\_HQR\_EHR program name code. CDAC\_HQR\_EHR was used by Clinical Data Abstraction Center, CDAC, users only.

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In the 2020 IG, there are no changes made to the five key elements used for succession management from the 2019 IG. The five key elements are CMS Certification Number (CCN), CMS Program Name, EHR Patient ID, EHR Submitter ID, and reporting period specified in the Reporting Parameters Section.

There are also no changes made to the patient identifier requirements from the 2019 IG. The Patient Identifier Number is required. The Medicare Beneficiary Identifier (MBI) is not required but should be submitted if the payer is Medicare and the patient has an MBI number assigned. The Medicare Health Insurance Claim Number [HICN] is not required, but it should also be submitted if the payer is Medicare and the patient has an HICN assigned.

Two document-level templates in the 2020 CMS QRDA I IG were updated with a new version. Because the base HL7 standard was updated to support QDM version 5.4, the QDM-Based QRDA template was updated from V5 to V6 with a new extension date of October 1, 2018. The QRDA Category I Report CMS template conforms to the QDM-Based QRDA template. It now also has an updated version, which is Version 6 with an extension date of February 1, 2019. The correct template versions for the four required document-level templates, as shown on the slide, must be used for the 2020 reporting period.

This slide shows the side-by side-comparison of the section templates. There is no change to the Measure Section. There is also no change to the Reporting Parameters Section template itself. However, the actual reporting period provided in the reports must be one of the calendar year 2020 allowable discharge quarters. The main change is to the Patient Data Section, CMS template. This is where the 2020 CMS IG is updated to align with the HL7 QRDA I STU 5.1 with Errata and to support QDM 5.4. Same as the 2019 IG, for detailed specifications about the Patient Data Section entry templates, you must reference the base HL7 IG as they are not repeated in the CMS IG.

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CMS\_0073 and CMS\_0074 are HQR-specific validations performed by the *QualityNet* data receiving system. The descriptions of these two error codes are updated to reflect the 2020 reporting period requirements.

CMS\_0073 is to make sure the 2020 CMS QRDA I IG is used for the 2020 reporting period. This validation checks the four document-level templates we mentioned earlier are submitted with the correct extensions.

CMS\_0074 is to make sure the correct version of eCQMs must be used for the 2020 reporting period.

CMS\_0082 is a new error code that was added to the 2020 IG. This validation checks the CMS EHR Certification ID provided in the report. The CMS EHR Certification ID needs to be certified to 2015 Edition for calendar year 2020/performance year 2022.

The row for BirthTime in the Table 15 Valid Date/Time Format for HQR was updated to show a datetime format that include seconds as a valid date/time format. Seconds were accepted previously by the *QualityNet* receiving system, so this third format was simply added for clarification purpose to show that seconds are allowed.

The narratives in the section “Not Done” with a Reason are updated to provide more clarity in terms of reporting “Not Done” with a Reason.” A negated patient data entry template should be reported. There are still three main steps for reporting “Not Done” with a Reason. First is to set the value of *negationInd* attribute to True. Next, depending on a specific eCQM specification, you will either provide the value set OID with a nullFlavor, or the direct reference code. You then must also provide the reason for negation.

In the 2019 IG, this section had a sentence that said, “If a value set is provided, specified code and code system will be ignored.” This may have led to some ambiguities. The 2020 IG made it clear that, if the QDM element in eCQM specification is defined using a value set, such as “Medication, Not Ordered, Antithrombotic Therapy,” then it must provide the Antithrombotic Therapy value set OID instead of a specific code from the value set.

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The 2020 IG added a new appendix, Reason Template Placement When Specifying “Not Done” with a Reason. This section provides guidance and examples to show where exactly the Reason template should be placed when reporting “Not Done.” This is intended to clarify any potential ambiguities especially with reporting for Medication, Not Discharged. So to clarify, the Reason template is nested directly within the element containing the *negationInd* attribute. You could find sample XML snippets for each of these five negated QDM data types in the IG.

The 2020 IG also added another appendix, Ensuring Data Uniqueness. This is to highlight the importance of not sending duplicated data in the reports. Duplicated data could potentially lead to increased data processing time, but, most importantly, it might cause incorrect processing and, therefore, produce unexpected measure results when calculated by other entities. Each reported QDM data element must contain all of the attributes (for example, discharge status, facility location, etc.) required by all measures, which are reported in the file, in the same QRDA template for the same instance. This new appendix also makes it clear to not duplicate the QDM data element by including *sdhc:valueSet*. The key data elements used for determining each unique episode of care are Encounter id Element, Encounter Code, Admission date time, and Discharge date time. In the next few slides, I will go over the high-level changes to the HL7 base standard QRDA I IG.

The base HL7 IG used for the 2020 reporting period is STU 5.1 with October 2019 Errata. If you go to the HL7 QRDA I product page, you will now see a table listing all versions of the HL7 QRDA I IGs with a description column that indicates it is for use by which reporting period by CMS and supports which version of QDM. STU 5.1 was initially published in December 2018. An errata to the IG was later published in October 2019. You can follow the link on the slide to download the errata package.

The main changes to the STU 5.1 were made to align with QDM version 5.4. This update also addressed those STU comments with approved dispositions that are categorized as Errata Report and Clarifications.

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Since the HQMF templates were also updated to support QDM 5.4, the HQMF QDM data type to QRDA template mapping tables were also updated. The October 2019 Errata publication corrected issues reported through the HL7 STU commenting process and accepted as errata. It also added clarifications for issues reported through the same process that are accepted as clarification and considered important for inclusion.

This errata publication not only included the QRDA errata, it also applied the published HL7 Consolidated CCDA Release 2.1 errata corrections that are applicable to the QRDA I STU 5.1. The errata zip file contains the updated Volume 1 and Volume 2 IGs. It also includes an errata list spreadsheet that documents STU comments included in the errata with detailed descriptions of the errata changes or clarifications made. As noted earlier, the QRDA STU 5.1 was updated to support QDM 5.4. For detailed QDM changes, please review QDM 5.4 Appendix B: Change Log and section B.1 Changes in QDM 5.4. QDM 5.4 was published in August 2018 and is available on the eCQI Resource Center.

This slide shows the QDM data type changes made by QDM 5.4. QDM 5.4 introduced a new data type: Assessment, Order. The three previous Communication QDM data types are merged to a single QDM data type. As a result, you will see a new Communication, Performed data type, and the previous Communication, Provider to Patient; Communication, Patient to Provider; and Communication, Provider to Provider were removed.

This slide shows a high-level summary of the QDM attributes changes: *daysSupplied* attribute was added to Medication Order, Medication Dispensed, and Medication Discharge. The *prescriberIdentifier* attribute was added to Medication Order and Medication Dispensed. The *dispenserIdentifier* attribute was added to Medication Dispensed. The *setting* attribute was added to Medication Order. Three QDM attributes were removed from a number of data types.

The *method* attribute was removed from all data types with a recommended or order context, such as Assessment Recommended and Assessment Order. The *supply* attribute was removed from Medication

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Active, Medication Administered, Substance Administered, Substance Recommended, and Immunization Administered. *Anatomical approach site* attribute was removed from Device Applied, Procedure Performed, Procedure Order, and Procedure Recommended.

To align with the QDM 5.4 changes, QRDA STU 5.1 added two new QRDA templates: Assessment Order and Communication Performed.

A new template for QDM attribute was added for Days Supplied. The three previous Communication templates, such as Communication from Patient to Provider, have been removed from the IG. For the document templates, there is no change to the US Realm Header V3 template. There is also no change to the QRDA Category I Framework V4 template. The QDM-based QRDA template is updated from V5 to V6, since it now references the updated Patient Data Section QDM V6 that supports QDM 5.4.

Regarding the section templates, there is no change to the Measure Section QDM template and the Reporting Parameter Section template. The Patient Data Section QDM V6 has a new template id extension with the date of October 1, 2018. It added references to the two new templates for the new QDM data types. It also removed references to the Retired Communication templates. The Patient Data Section template is also updated to reference those QDM data types that have a new template version.

Here is the list of QRDA templates that have a new version: QDM-Based QRDA, Patient Data Section template, Device Applied, Discharge Medication, Medication Dispensed Act, Medication Dispensed, Medication Order, Procedure Order, Procedure Performed, and Procedure Recommended.

There are also updates made to the Volume 1 of the STU 5.1. Volume 1 added a new section, 3.5 Use of UTC Time Zone Offset in Datetimes, to provide guidance on use with UTC time zone offset. The October 2019 Errata also added section 6.5, Processing Consideration. 6.5.1 is the Guidance for Ensuring Data Uniqueness. 6.5.2 provides Guidance for



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Reason Template Placement when Specifying “Not Done” with a Reason. The two new appendixes added to the 2020 CMS QRDA I IG that we mentioned earlier are based off these two new sections in Volume 1.

For more detailed STU 5.1 changes, please review change logs provided in the IG. Volume 1, Appendix B is a high-level change log that summarizes changes in both Volume 1 and Volume 2. Chapter 10 in Volume 2 provides detailed changes to the template conformance statements from its previous version. Thank you, everyone. I'll now pass it back to Artrina.

**Artrina Sturges:** Thank you very much, Yan. We have resources on the next few slides to review with you. This slide features the links for the 2020 CMS QRDA Category I IG for HQR and the accompanying Schematrons and sample files.

We encourage you to visit the eCQI Resource Center to access a number of resources listed here, which include current and historic implementation guides, information on the Pre-Submission Validation Application guide, and a variety of QRDA educational resources.

We have also provided a table of resources categorized based on the topic, who to contact for assistance, and the method for reaching out or locating information.

At this time, we will begin the question-and-answer session. We are joined by a group of subject-matter experts who are able to address your questions. Any questions that we do not address during this session will be addressed in the summary document that will be posted to the *QualityNet* and Quality Reporting Center websites in the coming weeks.

So, as we start our question and answer session, I wanted to give everyone a few minutes. I haven't seen any questions come in just yet, and I know this is quite a bit of material to review. So, we wanted to give you a few minutes to kind of think through some things that you may have some questions for. In the meantime, what I would like to do, Yan, I know you had some kind of higher points that you wanted to review. Did you want

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to go ahead and start those to give folks an opportunity to put their questions into the chat box?

**Yan Heras:** Yeah, sure. I want to first; I would like to add more details to the 2020 CMS QRDA I Schematron update that was released about a couple weeks ago. It seems this was recently released. We didn't have a slide for it. I just wanted to make sure that people are aware of this change. So, it's part of the Schematron update. The Schematron actually are enforcing the template ID and the extensions. So, previously, if you have the template ID, and maybe your extension date was wrong, or you didn't update from version to version, you might not be getting an error for that. But, now with this update, then you will be getting error if you are not using the expected template ID and the extension for the 2020 QRDA I IG. I just want to make sure that people are aware of this change.

**Artrina Sturges:** Thank you, Yan. I'm trying to see if there are some other questions that may come in, in the meantime. Do we want to talk a little bit about the information that is posted on the eCQI Resource Center, in terms of the technical documentation that's out there? Specifically for 2020 information.

**Yan Heras:** I'm not quite sure if this is referring to the conformance statement resource. Or, so for the . . . if the question was asking for the conformance statement resource, the scan 1 has not been updated for the 2020 reporting period. Usually, that document will be updated around, during the fall time frame while we started to actually receiving the statistics data from the actual submission so we can update properly. But the current 2019 conformance statement resource is, you could also just use that to see some of the common errors and to see the fixes. If we have -- if we have no questions at this time, I would also like to just add another, just highlight another change so people are aware. So, on the slide 20, we talked about "Not Done" with a Reason, and in the 2020 IG we did add a clarification to make sure that when you submit "Not Done" event, for example, "Medication, Not Ordered", then you would, in your QRDA I file, you would provide value set OID instead of a specific code from the value set. But this is just to make sure . . . in the previous IG, there might

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not be clearly specified like that. If you provide a specific code, rather than the value set OID, then the receiving system will ignore that. So, it will fail the rule. The file would not be rejected, but you may not . . . but it's not going to meet that particular measure criteria. So, just want to make sure everyone is aware of that. So, just to make sure you are putting the value set OID. And, if the measure specification used a direct reference code, then that is . . . you would put in the reference code in that case.

**Artrina Sturges:** Thank you, Yan. We did receive a question. And I'll apologize, this one may be a little difficult at first, but we'll get to the end of this one and this should help out. Not to duplicate QDM data element by including sdte value set. They asked, does that mean that we don't have to send the value set in data elements like Encounter, Diagnosis, Medication, etc.?

**Yan Heras:** Yes, that is correct. So, if you have a positive event, like an encounter performed or a medication discharged, saying you did not include the value set OID, sdte value set, so the reason for doing that . . . actually, this change was implemented I think with starting from STU 5. But, we have seen submissions stil including that in their submission during the 2019 reporting period. So, but by including that, sometimes you will get unexpected results during the processing by the receiving system of HQR and also the Joint Commission. So, the consensus by the community and also by the HQR and the Joint Commission team is to we put out this guidance in the HL7 QRDA I IG and also in the CMS QRDA I IG to make sure people did not actually include that value set OID. The purpose is to preventing from people sending duplicate data and just causing unexpected measured results.

**Artrina Sturges:** Great. Thank you, Yan. And it looks like we received . . . okay. That's a similar question. There was another question that we received. It's related, but it's not necessarily related to this specific topic, but I'd like to address it during the call. The question is, when will submissions begin for 2020? And what do hospitals need to do to get started?

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Submissions for calendar year 2020 eCQM data for the Hospital IQR and the Promoting Interoperability Programs will not take place until later this fall. So, you'll receive a notice from CMS indicating that the Hospital Quality Reporting System is open to start receiving calendar year 2020 data. In terms of questions regarding where do you, how do you get started? The best thing to do, I have two pieces of information for you. The first thing is to visit the QualityNet website and access the eCQM overview information so that you can learn everything, specifically about the policies. You know, what are the reporting requirements? How many measures do you actually have to report? How many quarters of data are you reporting? There are a number of pieces of information that are out there. And, also, to see the list of measures that are available to report. So, we wanted you to have a sense of that. Also, any other type of resources that are out there, anything like that, is posted on QualityNet. The second most important site, actually, most important in terms of implementation, is the eCQI Resource Center. You go to QualityNet to look for policy and high-level overview. You go to eCQI Resource Center to get all the information that you need. It's considered the one-stop shop. So, it gives you every piece of information that you need in terms of the measure specifications, information about VSAC in terms of the value set. The implementation check list is going to become extremely important to you because it is going to step you through what you need to do from the time you have identified which measures you intend to report. So, you definitely want to use that check list and it will step you through every aspect that you need in order to make sure that you set yourselves up for successful reporting. And, just as notification, kind of a sneak preview, we will have webinars coming up later this fall that are going to give you more detail in terms of how to find things on the QualityNet website, specific to eCQM reporting, and also materials that will, you know, specifically push you to the eCQI Resource Center to actually see those documents and that information in greater detail. So, just to let you know, those will be coming up. But, in the meantime, all of that information is already publicly posted. Again, as I said, eCQI Resource Center, everything is available for 2020. I want to make sure that you are comfortable with all of that information being there. As you go through

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there and start looking at things, in addition to that checklist being there, you're also going to find there are a lot of technical documents out there as well that will clarify for you, in addition to the measure specifications, but how to interpret the information that you're finding. There are measure flows out there. There are a number of resources that have been replaced out there to help you to be successful. That should give you a good idea where to start for 2020.

Next question is, when do you think eCQMs will be publicly reported? We get this question quite often. Usually, the best way to understand it is this, if CMS intends to publicly report any data in terms of eCQMs, you'll see that it'll be signaled in a proposed rule. And that usually comes out in April or May, around that time frame. And then after it's been open for public discussion and people are able to give their feedback, all that's taken into consideration and then, at that time, CMS will come out with the final rule, usually in the fall, usually around August or September. And all of this information is published on the federal register. We also send you Listservs and information, invitations to provide your feedback during the time that the comments are being accepted for the proposed rule so that you can be involved in that process and really share that information with CMS before they make final determinations. So, you will receive notices when that information is available.

Let's see here. And thank you all. I see some more questions coming in, so I'm just reading through those for the ones that will be applicable to this webinar. Oh, there was a question and it's related to 2020 reporting, but not necessarily technical specifications, but I'd like to address it. The question is, when will the PSVA tool be available for testing calendar year 2020 submissions?

So, for those who don't know, the PSVA means the Pre-Submission Validation Application. And so that's the tool that's used to test the file format for the QRDA I files that are reported at the time of eCQM reporting. So, that's your data structure that you submit. Typically, PSVA comes out shortly before the system opens so that folks have time to test their file format. And so, we typically anticipate that, like I said, in

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the fall. And so, again, as with all of the other things that come out, we will make sure, CMS always makes sure, that we receive notification through Listserves, through webinars, any other outlets we have to communicate with you to let you know when those, when any tools, applications, or when the system is available.

Okay. Oh, what was the site that was just recommended in addition to the QualityNet website? That's the eCQI Resource Center, and we do have links in here for you, for that. As a matter of fact, if we go to slide 37, I believe that it is there. I believe it is, and i it is not . . . I'm sorry, 36. If we go to slide 36, you'll see the Additional Resources slide that's available, and it gives you the link for the eCQI Resource Center and it also lists out other things that are available out there. So, for instance, the current implementation guide that Yan was just speaking to, and any prior implementation guides, those are posted out there. Information about the other educational resources, the conformance statement resource that Yan mentioned earlier. And, in addition to all that, the other information that I mentioned in terms of the checklist and everything else is available there on eCQI. But thank you all.

I'm trying to see if we have some other questions that are coming in. As we wait for that, any of our subject matter experts, do you have any, you know, tips or key pieces that you want to point folks to for 2020? I'll just leave the floor open and if any of you have any suggestions while we wait for the questions to come in, that should be a great time to provide that feedback.

**Yan Heras:**

Yes, this is Yan. I just want to add another one. It's for the Errata update, with the HL7 QRDA I STU 5.1, so just to make sure that you download that package. That Errata package should have superseded the previously released STU 5.1. It includes all of the information in there. One specific template that it maybe would be affecting is communication performed. So, that one has more changes to it. And also, there are other that's not really changed the templates that much that are affecting the EH measures.

**Artrina Sturges:**

Thank you, Yan. Any other comments or feedback? I'm sorry, go ahead.

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**Yan Heras:** Yeah, so while we are waiting, about that reason template, placement guidance. About that one, that was the one to discard the “Medication and Not Discharged”. So, the reason that we added that guidance in the IG, is because for like “Medication, Not Discharged”, if you’re putting there, there potentially could be two places where you put reason template. So, based on the implementation and the submissions that we have seen from the Joint Commission and the HQR, the decision was to raise specifically for the guidance there where you should put the reason template. So, if you just follow that guidance, and if you put at a different location, that reason might be ignored. So, it might fail that particular measure criteria. I will pass it back to you to see if we have more questions.

**Artrina Sturges:** Thank you very much, Yan. Actually, we did just receive another one. The question is, is this information that is gathered supposed to be accurate, as our software doesn't appear to collect data? So, the example they gave is that the patient, the patient receiving anti-coagulants but patient -- I'm sorry. Can the person who submitted that question -- it's an anticoagulant question about the software not, you are asking how accurate the software should be when it's collecting data. Can you resubmit that question so I can make sure that we can get that addressed for you today?

Okay. So, I do have another question that came in. What is the difference between not ordered and not discharged?

**Yan Heras:** Okay. So, that one is actually specifically related to the QDM data type. The way you are going to look at it is, you need to look at eCQM specifications for that particular CMS measure. So, it is in the measure logic. It actually says, “Medication, Not Ordered” or “Medication, Not Discharged”. That's two different QDM data types. So, we're negating different QDM data types. So, potentially, you could also have a “Procedure Not Performed” before every, for every QDM data type. If that data type is actionable, it would have a negation rationale, QDM attribute. But those QDM data types, you would be able to negate those. So, yes, just look, just review the eCQM specifications. If the measure criteria is looking for “Medication, Not Ordered”, then that is where you would

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report “Medication, Not Ordered” data. If the measure specification is looking for “Medication, Not Discharged”, then you would look for that particular data.

**Artrina Sturges:** Thank you, Yan. We do have another question. Where do we go to download the errata package?

**Yan Heras:** The errata package is one of the slides. I don't have the exact number -- so, we do provide, we did provide the download -- okay, so on slide 11, we provided a link. You can download the package and also on slide -- on slide 24, you can see where you can find all of the versions of past and current HL7 QRDA I IG. And that has a table that shows grid and the version. And you can just, it provides you the link for you to download the packet.

**Artrina Sturges:** Great. Thank you, Yan. It looks like we have time for a couple more questions. I think that we needed a little bit additional clarification. So, the question came in, what does “Medication, Not Discharged” mean?

**Yan Heras:** Yeah, so for that one, I think the actual, without going into too much detail, I think that if you would like to get details of the definition for each one of those, you can go to the QDM specification. They actually put, provide very detailed description for each QDM data type. And the download link for QDM specification is provided on our slide here as well. And also, you can always go to the eCQI Resource Center. Go to the QDM page where you can get or download the QDM specification for detailed description for each QDM data type.

**Artrina Sturges:** Great. Thank you, Yan. And it looks like the last question that we may have for today, oh, we have the clarification that we needed. So, for example, for an anticoagulant patient, if the patient is receiving apixaban, which is an anticoagulant, but the software does not recognize that patient is receiving this, so the system says that the patient is not receiving anti-coagulants. So, I believe what they are asking is, what can they do to try to work with their vendors. And Jen, I'm not sure if you feel comfortable with this, but -- or we can always just answer it in the summary, the



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question and answer document. But they are asking, you know, what can they do to kind of work with their vendors to be able to have the software be more representative of what's happening in the setting?

**Yan Heras:** Yeah, I think that we probably have to take this back and we can get the input from the HQR system. And also, HQR team and also the Joint Commission that we can provide better feedback to this and based on your suggestion.

**Artrina Sturges:** Okay. Very good.

**Jen Seeman:** would just add, this is Jen. Sorry. I would just add one comment to that, that I would confirm that that medication is in the appropriate valueset for quality reporting. And, if not, that might be part of the issue.

**Artrina Sturges:** Thank you, Jen. Appreciate it. And thank you, Yan. Okay. And I'll just hold for one more moment. Let's see here. Okay. So, we do have one additional question. We'll try to pose this one. And, again, if it's not -- if we can't address it during the call, we will address it in the question and answer document that will be posted at a later date. So, the question is for the stroke eCQMs that are for meds, such as discharged on a statin, they're asking if we are looking at the statin order at the time of discharge, or should they be looking for the statin on the patient's med list?

**Yan Heras:** I think for this one it's at the time of discharge. We probably will have to confirm with the measure developers to confirm the measure's intent for this one.

**Artrina Sturges:** Very good. Thank you. And yeah, they mentioned they are having the same issue with patients that have an IV heparin. So, yes, we'll follow-up with that and, again, I think that's a great suggestion. Thank you, Yan.

Okay. Well, that is, at this time, that's going to close out our question and answer session. I really want to give a huge thank you to Dr. Heras, to our subject matter experts for joining us and to all of you for attending today's event. If we can go to the next slide.

# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

Let's see here. Okay. What we will do is we'll go ahead -- the presentation for today has been approved for one continuing education credit by the boards that are listed on slide 39. If it turns out that your board is not listed, we encourage you to contact your board to determine if they will accept the continuing education credit. And, again, just a huge thank you to all of you for your questions, your time, and your attention. And we want to wish that you all have a great afternoon and a great rest of your week. Thank you very much.