



# Hospital Inpatient Quality Reporting (IQR) Program

## Support Contractor

### Common Errors for QRDA Category I Test Files – Session 1

#### Presentation Transcript

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**Debra Price:** Hello and welcome everyone. My name is Debra Price and I am the coordinator for today's event. Today's webinar titled, *Common Errors for QRDA Category I Test Files – Session 1* will be taking place with two presenters, Jennifer Seeman and Artrina Sturges. Jennifer Seeman is the Hospital Quality Reporting - EHR Program Manager for the PM3 Support Contractor. Dr. Sturges is the Project Lead for the IQR–EHR Incentive Program Alignment as well as the VIQR Support Contractor. That being said, I'd like to turn the ball over to Artrina and Jennifer. Take it away ladies.

**Artrina Sturges:** Thank you so much, Deb, and good afternoon everyone. Deb, next slide please.

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For today's presentation, we're going to focus on the top 10 eCQM Quality Reporting Document Architecture (QRDA) Category I Test Files submission errors and test for troubleshooting mode errors. We will also have a brief review of the tools and the record materials available to assist your efforts to successfully submit files. Next slide please.

So, our intent is: after this session, you will be able to troubleshoot the common file submission errors to reduce the likelihood that files would be rejected. And, we also want to ensure that you're able to quickly locate and utilize the tools and reference materials to comfortably perform the steps required for successful submission of the QRDA I test files. Next slide please.

So, just really briefly for the agenda today, in addition to reviewing those top 10 common errors, we will briefly touch upon: Appendix A, which reviews the calendar year 2016 eCQM reporting requirements; Appendix B, which is a short document that provide eligible hospitals the eMeasure version specific ID for calendar year 2016 reporting; tools and tips for testing QRDA I files would be found in Appendix C; and, Appendix D is just going to provide a broader sense of resource information. Next slide please.

So, as we mentioned, we're going to go ahead and get started with the common errors. And, we're going to go ahead and turn this over to Jennifer.

**Jennifer Seeman:** Thanks, Artrina. Next slide, Deb.

So, one of the things that we do, once we start accepting test submissions, is to basically query our database and determine which errors are most frequent. And then, we put information together in an attempt to help submitters resolve those issues. So, what we're seeing right now are the top 10 errors related to submissions for this year. Next slide.

The first error: reporting period effective date range, does not match one of the program's calendar year discharge quarters. So, what we're

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expecting to see in the reporting parameter of the file is dates that align with the calendar year quarters. An example – on the next slide, please.

So, here is the example of the template. And, what we see is the “low value” and “high value” and those dates need to align with the beginning and the end of a calendar year quarter. This being first quarter of 2016 in the example. Next slide.

And, slide 13 just reviews basically what those quarters are. So, we know that for 2016, for IQR credit, you must submit at least four of the 28 eQMs for quarter three or four. And, those quarters are outlined in the table below. Test submissions can be submitted prior to production quarters, but those quarters still must be outlined in the file itself. Next slide.

The second error: encounter performed admission date. So, the system shall reject QRDA I files that the encounter performed admission date is after the encounter performed discharge date. So, there's a couple of things that we may see this. We may actually see those dates reversed. We're expecting to see the admission date as the low effective time and the discharge date as the high effective time. This error may also trigger when we see a null or an invalid format in one of those dates. Next slide.

And, this slide shows an example of what we would expect to see in the correction in the attributes, the low value with an admit date of 1/29 of '16 and the discharge date in the example of 1/31 of '16. Both of those dates are formatted correctly in the example. Next slide.

The encounter performed discharge date: so, the system shall reject one QRDA I file if at least one of the encounter performed discharge date is not within the reporting period found in the QRDA I file. Next slide.

So, we expect to see at least one of those dates fall within the reporting parameters dates that you've indicated within the file. In this example, it shows the reporting parameters template with, in this example, the third quarter being – that in the quarter that's in the reporting period, sorry. And, so we would expect to see at least one discharge date within that

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quarter. They don't all have to be in that quarter, but at least one does for the file to be accepted. Next slide.

The effective time: this is one of the errors that sometimes doesn't give a lot of information on its own. So, what you need to do is use the resources available, the template, and the CONF number which will help you trap down the template that's being impacted. In this case, we're seeing that the effective times are not being included for the medication activity template. So, the examples of what that should look like – on the next slide.

Example one shows that the effective time is included, the low value is there with the correct type. And, the next slide.

The example shows an example of a nullFlavor, in which case the information is not available with an N/A as that nullFlavor. Next slide.

For error five in the medication order template requires an author. So, this CONF number also can be used to track down what template the error is impacting. So, in this case, we expect to see an author in the medication order template, which would represent the clinician ordering the medication.

Next slide shows an example of that where, under author, the extension would represent the clinician ordering the medication. Next slide.

In this case, the CCN cannot be validated. So, the QRDA I files must contain a valid CCN, and it must be formatted correctly. We expect the CCN to be six to 10 characters. It cannot be an empty string, and the extension must be populated. So, the source template below indicates where the CCN should be listed. Next slide.

We see a lot of errors about admission and discharge dates being formatted correctly. So, you can reference the CMS 2016 IG. And, the next slide also provides a breakdown of that format, where we expect to see a four-digit year, obviously within range, double digit month, day, hour, minutes, seconds. The time zone is not required, but we do recommend that you be consistent. If you include the template, or if you

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include the time zone, sorry, in any of your templates, you should include it within all of your templates. Next slide.

Dummy CCNs are not allowed to be used by providers. Providers should all have their CCNs. The intent of the dummy CCN is for when vendors want to test and they don't have authorization from a hospital. So, we expect to see those numbers come in only from vendors and only for test submissions. Next slide.

A QRDA format error: the document does not conform to QRDA document format accepted by CMS. So, this is sometimes a little more difficult to track down. Essentially, what it boils down to is that there's something that doesn't conform to the SSD checks that our system does when it brings the file in. One example that we've seen that causes this error could be blank extensions within the file. So, if you included a template, and we're expecting to see a root and an extension, if that extension is blank, you could see this error. So, if necessary, provide null or withdraw the template. Next slide.

QRDA document format error, also the document does not conform to QRDA document formats accepted by CMS. So, there are four templates that must be included in the header of the file. If any of these templates are missing from the header, the processing on the file will stop immediately. Those templates are listed. Again, they must all be present. And also, this error will be triggered if you submit something other than an XML. So, for example, we cannot accept PDF files, Excel files, Word files; XML is the only file that can be received and validated in the QRDA format. Next slide.

The references that all of the errors previously mentioned can be found in are listed here. The 2016 CMS QRDA Implementation Guide, as well as the addendum for 2016 CMS reporting, and the HL7 Implementation Guide for QRDA Release III. That covers the initial top 10 errors that we're seeing. Thank you. And, I'll hand it back over to Artrina.

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**Artrina Sturges:** Thank you Jen. And so, everybody just so you kind of understand how this will flow, we're going to work through the appendix rather quickly because I want you to have enough time to be able to ask the questions that you need answered. Some of you are going to have policy questions because some of you are still on that stage. Others of you are already working on testing your files, and you're going to have more detailed questions. So, we want to leave you plenty of time to be able to ask the questions that you need, OK? So, really quickly for Appendix A, when we talk about reporting requirements...

... slides 30 through 41 outline everything for the IQR and EHR Incentive Programs. So, if you have questions about the deadlines or details on the 29 eMeasures, 28 of which are aligned for reporting to both programs, specifications, reporting standards, definition for successful submission.

All the information can be found in these slides here.

There are also webinars with corresponding presentation materials that are posted on the [qualityreportingcenter.com](http://qualityreportingcenter.com) website. Just to kind of talk through a couple of these, as you can see, you've got all the eMeasures listed here that gives you the short names, CMS I.D., and also the extended names so that you have an easier time finding that information as you're trying to locate that. Next slide please.

And we've got a couple more pages, a couple more Deb, that's great. Thank you.

And, if we just jump over to slide 37...

... you have reporting specifications here. Again, this is what Jen just spoke to a couple minutes ago, but just so you have all that information there in addition to the appendix that's available. Slide 38, next slide...

... is going to be defining your definition of eCQM submissions, what's a successful submission – so, again, all that information is there. Slide 39 through 40, like I said, you can just go ahead and page through.

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Zero denominator, explanation is there, case threshold is on slide 40. And, in 41, we'll give you the reporting standards...

for all of the reporting pieces that you need. OK, and when we get to Appendix B, then what we're talking about...

... slides 43 through 50 explains the purpose of the version specific identifiers for reporting the eQMs and provide the list of the 29 measures, the corresponding CMS number, the NQF number, the measure short name, the full name in the eMeasure, and other details within a table layout. Deb, if you can jump to slide 47 for me. Thank you.

And, this just gives you an idea of how it's laid out. And, one reason why we did this is just an expanded version of the information that's found on page 11 in your 2016 on CMS IG. And, what we wanted to do is just give you a little background information for folks who may not be as comfortable with the process. OK. So Deb, if we can go to slide 51.

And, again everyone, you'll have time to read all of this and become more comfortable with the information.

On slide 51 through 57, this section explains the test system.

It's open to receive your test QRDA files.

Again, for those who don't know, discusses system readiness.

It also begins with production files in October.

And then, it also outlines what it'd do to test your files. So, it provides file format expectation, the need for the EHR data upload role and how to obtain it. So, all of that information is there. Utilization of Pre-Submission Validation Application, or as you've heard it called the PSVA tool.

So, all of that information is there.

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And, for those who aren't familiar with that... And then, the availability and location of the preparation checklist, which is showing on the screen now, which outlines the steps that you need to submit test files to the *QualityNet Secure Portal*.

If we go to slide 58, what we start talking about there are the different sources.

We want to make sure that we keep emphasizing this information over for you, so that you know exactly where to go depending on the type of question that you have. So, for instance if it's the PSVA question and they have a question about the EHR Data Upload Role, that goes to the *QualityNet Help Desk*. If you have general program questions about the IQR Program, then that comes to the address that's there and then the phone numbers that are there. If you have EHR Incentive Program, specific questions that goes to the EHR Information Center. And then, of course, if you have questions about issues that are identified with measure logic or you need clarification on the specification, questions about the IG, all that information goes to JIRA. Next slide, thank you Deb.

Again, links to the resource center. Keep in mind that if you're still working on setting up your system, in terms of properly mapping, information about the Value Set Authority Center (VSAC) is available. So, please visit the eCQI Resource Center for lots of information. On the next slide...

We're talking about eCQM Library. Again, most of you are very familiar with this, but we just want you to understand there are multiple sources to gain information.

For the next slide, if we're looking at – looking at the EHR Incentive Program, and you're concerned with the testing for the Incentive Program, that information is here for you.

On the next slide, we're going to show you the [Quality Reporting Center](#). Again, this is where a lot of the other presentations are kept, that's where

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this one will be posted, when it's completed, and all of the corresponding presentation materials.

On the next slide, we have, again, the eCQM Issue Tracker. So again, back to JIRA to give you more details as to what can go there.

And then, for the next slide, it just shows you all the rule information that kind of extends beyond some of the information presented earlier. So, if we go to 66...

... And again, I apologize, I know that's kind of quick. But, we want you to be able to access those tools and that information at your leisure. But, we wanted you to be sure that you knew that everything is available for you. Veronica Dunlap is with us to assist us with the question and answer session. And so, we'd like to go ahead and get started with that. We'll hand it off to Veronica.

**Veronica Dunlap:** Great. Thank you, Artrina. We have – We received a lot of questions. So, we appreciate everyone's time in typing those in, and let's get started. First one we have here is: when is it mandatory that we submit QRDA files? What if our EHR vendor is not yet set up to submit the QRDA data?

**Jennifer Seeman:** This is Jen. I can take that. So, the production files for IQR will be required for the first time for 2016, beginning – you can either submit third quarter 2016 data or fourth quarter 2016 data by February 28, 2017. And, I suggest working with your vendor to be able to meet those reporting requirements.

**Veronica Dunlap:** Great. Thanks. So, either the admit date or discharge date can fall within the report date range?

**Jennifer Seeman:** It should be the discharge date. Normally, it's specified in the eCQM. But, we'll be looking for a discharge date within that reporting quarter.

**Veronica Dunlap:** OK. If we wanted to maybe get to slide 20. It looks like there's a question on slide 20 concerning the null value if it's OK or not OK. Was the null value OK or not OK on this slide?

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- Jennifer Seeman:** The example is an acceptable null value in this template.
- Veronica Dunlap:** OK. Is the author the clinician that entered the order?
- Jennifer Seeman:** Correct.
- Veronica Dunlap:** Looks like there's been some questions on the PSVA tool, and not necessary the errors. But, PSVA tool and regarding JAVA not working properly, is there another tool or a different way to access the PSVA tool because of the JAVA issue?
- Jennifer Seeman:** So, my question would be, back to them as, if they've reached to the *QualityNet* Help Desk. I believe that most of the cases where JAVA has been an issue, initially, they've been able to resolve. So, I suggest reaching out to the *QualityNet* Help Desk if you're having issues with JAVA.
- Veronica Dunlap:** OK. If we upload a test file to *QualityNet*, will the information you are reviewing tell us what we are missing in our report? Also, how long is the feedback process for testing files?
- Jennifer Seeman:** So, when you submit a file to *QualityNet*, CMS will process it. You'll get an initial email that will indicate that the file has been uploaded. And, you'll get a second email that will indicate processing is complete. Once you receive the second email, you can go – log back into *QualityNet* and go to the report section under IQR reporting and run the submission detail report or the submission and performance feedback report. The submission detail report will give you errors related to that file, which will help you start pinpointing where – if your file – if your files were rejected. It will give you indications as to where to look for those errors. And, generally, processing is within 24 hours. But, as soon as you get that second email, you can go in and run reports on those files you submitted.
- Veronica Dunlap:** Great. Thank you. In regards to the – let's see. What is the expectation of what we need to do for the warning?

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- Jennifer Seeman:** Right now, warnings do not stop file processing. So, there are generally templates that may be included within the QRDA, but are not required for processing or for measure outcome. So, my recommendation would be not to worry about errors, if your files are getting accepted. If you want to track down errors and find out what's causing those, you would do the same thing. You can search the CONF number and find what template is impacted. But – and, you know, depending on how much time you want to spend on warnings. Really, you need to focus on errors and getting files accepted.
- Veronica Dunlap:** Thanks Jen. When stating that submission to the Meaningful Use program is met with the four electronic Clinical Quality Measures, does that meet all of the Meaningful Use requirements?
- Jennifer Seeman:** So, the QRDA submissions are only a portion of program requirements, both for IQR and Meaningful Use. So, you would need to follow up on each program's specific requirements, outside of QRDA, to ensure those requirements have been met.
- Veronica Dunlap:** Next question, does the eCQM submission requirement apply to facilities without electronic medical records as well?
- Jennifer Seeman:** So, the QRDA submission requirement does apply to all hospitals that currently report to either Meaningful Use or IQR.
- Veronica Dunlap:** OK. Next question: if we currently don't participate in the asthma measures, are we required to give it as an eCQM measure?
- Jennifer Seeman:** So, the HQR reporting can report for IQR on any four of the 28 eCQMs that are applicable to the IQR program, or 29 for the Meaningful Use program. If a measure doesn't apply, I would suggest picking a different one.
- Veronica Dunlap:** Thank you. In IQR, we are only required to submit the patient's postal code. If we do not include the patient's full address and phone number in the QRDA file, will this file reject? What is the minimum data required for the patient's address?

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- Jennifer Seeman:** To be honest, I'd have to go back and look at the IG. I don't remember specifically if all address fields are required, that would be outlined in the base standard.
- Veronica Dunlap:** OK, thank you. For common error number four, I don't know if we can go back to that slide. Deb? Thank you. Will this, specifically, have to do with medication activity.
- Jennifer Seeman:** This particular error listed, yes, is specific to medication activity and its error itself is actually, listed on slide 18. And, like the CONF number, s is how we determine what template is impacted.
- Veronica Dunlap:** OK. Next question: if we are using an ORYX vendor to submit data to CMS and TJC, as well as IQR, do we need to submit anything via the *QualityNet Secure Portal*?
- Jennifer Seeman:** So, all of the submissions for IQR must come through this – the *Secure Portal* for CMS. The Joint Commission has a separate receiving system.
- Veronica Dunlap:** Thank you. When can we start submitting test file?
- Jennifer Seeman:** Today. The test –The production system accepting test files has been available since the end of May.
- Veronica Dunlap:** Will that window close?
- Jennifer Seeman:** No. So, we intend to continue to accept test submissions through even the production submission period. So, we'll continue accepting test files clear through February 28 of 2017.
- Veronica Dunlap:** Next question, can a facility report on a measure that has a very low or sometimes, zero denominator?
- Jennifer Seeman:** I don't think you could report QRDA files for zero denominators, if you don't have patients that meet the criteria, but you could use denominator declaration for zero cases. And, you can submit files, if you have patients that meet IPP even at a low number, that's up to the facility.

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- Artrina Sturges:** And just to add on to that, thank you Jen. If you want to revisit slide 39 and slide 40, it'll discussed the zero denominator declaration and all the criteria that goes with that. And then, if you look at slide 40 it has case threshold and gives you all the criteria for that as well. So, please revisit slide 39 and 40 and that should help with the detail. If you have other questions, please contact us through the emails that are provided at the end of the presentation. Thank you, Veronica.
- Veronica Dunlap:** Thank you. Is there another way to submit to *QualityNet* through the *QualityNet Secure Portal* without using the PSVA tool, or is the PSVA tool the preferred process?
- Jennifer Seeman:** So, you can submit either through PSVA or through the *Secure Portal*. Either way, it's up to the facility. Those are the two options to submit files to CMS at this time.
- Veronica Dunlap:** And, you might have touched on this before, but can you please clarify the difference between an error and a warning in a PSVA test feedback file?
- Jennifer Seeman:** So, an error will basically, result in your file being rejected. A warning is more of a suggestion. It's probably included in a template as a “may” statement or possibly a “should” statement, but they are not required; warnings are not required for file processing.
- Veronica Dunlap:** Great, thank you. Next question: has there been, or will there be, a demo showing how this QRDA I upload to *QualityNet* actually works?
- Jennifer Seeman:** We presented a lot of screen shots, I don't know that we've actually done a live demo of the *QualityNet* submission process, but we can take that suggestion back.
- Veronica Dunlap:** Thank you. Here, we have an issue: when I attempt to validate our QRDA I file in the PSVA tool, they get an error message regarding validation JAVA language argument exception. I am unable to locate this error message in the user manual. What does this mean and how do I correct it?

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- Jennifer Seeman:** I'm not familiar with that, but could we direct that user to submit a ticket to *QualityNet*?
- Veronica Dunlap:** Sure.
- Jennifer Seeman:** Thank you.
- Veronica Dunlap:** Who should be assigned to the EHR Data Upload Role?
- Jennifer Seeman:** That would be the individuals with that facility who intend to upload the QRDA files for reporting.
- Veronica Dunlap:** OK. I'm having an issue visualizing the submission file. I am trying to gauge workflow and how long it might take to submit files for one hospital for one quarter. How do we content the file, zip it?
- Jennifer Seeman:** Yes, you can submit zip files. They can contain up to 15,000 files without an index. So, if you're – if when you zip it and it creates an index folder, you may see issues with that, but you can zip say 14,999 files and send those through to *QualityNet*. Generally, you know, the upload process, I can't really speak to how long, obviously it varies with the number of files. So, I can't speak to a specific hospital's workflow.
- Veronica Dunlap:** OK. Thank you. If we have a file rejected, should we only resubmit those rejected files?
- Jennifer Seeman:** Yes. You don't need to resubmit accepted files. So, if you have a file that's rejected, I recommend resolving the issues within that file and then only submitting those that you've fixed.
- Veronica Dunlap:** Do we use the same PSVA tool for submitting both test files as well as production files?
- Jennifer Seeman:** Yes.
- Veronica Dunlap:** When will the Final Rule for fiscal year 2017 be released?
- Jennifer Seeman:** Artrina, I don't know that we have a date.

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- Artrina Sturges:** It's being scheduled right now that CMS should be releasing the Final Rule for 2017 somewhere in late August, early September. So, please be on the lookout for that, if you're on the ListServe for EHR, then you can register for it through [QualityNet.org](http://QualityNet.org). They're going to be sending out ListServes as well to let you know that the Final Rule is available. We will have some information coming out as well regarding presentations for the Final Rule. So, it looks like those presentations will also occur August/September to give you some information on those as well.
- Veronica Dunlap:** OK. Thank you, Artrina. We do have some more questions here. How can we verify accuracy of data when the eCQM numbers may be different than other abstracted information for our other regulatory agencies, such as the state border DPH?
- Jennifer Seeman:** So, in regards to CMS reporting, I would suggest, if you expect specific outcomes from a measure, submit test files in small numbers and review the outcomes of those measures. We do align, as much as possible, and have a lot of ongoing work with The Joint Commission. I can't say specifically for the other reporting agencies at this time. Yes.
- Veronica Dunlap:** OK. If we are planning to submit our data for quarter four 2016, when can we send a test file?
- Jennifer Seeman:** Test files are accepted anytime throughout – from now through the end of the submission period. But, I would recommend testing data with current quarters ahead of time – strongly recommend that.
- Veronica Dunlap:** If I am not the person submitting the QRDA files to the CMS secure portal, but have an administrator and have portal access, will I be able to run the test file report?
- Jennifer Seeman:** So, I don't believe you need to have the user upload role to run reports. But, the user upload role is required for submissions. And, the administrator should, I believe, be able to define those for the user.
- Veronica Dunlap:** OK. Is there a tool that will return content results? For example, provides feedback on numerator and denominator exclusion exceptions?

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- Jennifer Seeman:** The eCQM performance and submission feedback reports will provide detailed information on measure outcome for files submitted – accepted files submitted.
- Veronica Dunlap:** OK. Does this requirement include Critical Access Hospitals?
- Jennifer Seeman:** Artrina, I'm going to punt to you.
- Artrina Sturges:** OK, so in terms of Critical Access Hospitals, if you voluntarily submit data to IQR, then it's a voluntary process, and it's not a concern for you to have to submit eCQMs. If you intend to submit eCQMs for the EHR Incentive Program, then yes, you are required to submit those files. So, you just need to be clear on – in terms of your requirements, as a CAH to make sure, you know, what pieces you are you require to report. And, on the CMS website, they specifically have a piece there for the registration and attestation system, that I believe I just gave out a screenshot of that here in this presentation. You can visit the website and they do have tip sheets and worksheets to tell you exactly what your expectations are for reporting, so that you make sure that you're in alignment and you're submitting your data on time.
- Veronica Dunlap:** Great. Thank you. Is a patient with a non-US zip code considered an eligible case for an eCQM population denominator?
- Jennifer Seeman:** To my knowledge, we don't have any rules that would exclude an out of country patient.
- Veronica Dunlap:** Do the results have to be accurate or just that we are able to submit the file?
- Jennifer Seeman:** We would fully anticipate accurate data, but what I can say at this time is that performance is not being evaluated for either the IQR or Meaningful Use program. However, we do know that in the proposed rule, you know, they've signaled validation of the data within QRDA files. So, I think this year, you know, the focus is getting the file in, but we definitely, you know, want to ensure that you're working towards accurate data.

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- Veronica Dunlap:** OK. If we can go back to an error, its CMS 0062 admission date, not sure what slide that was. We have a question. If we get error CMS 0062, which it doesn't look like this is it ...
- Artrina Sturges:** It's OK. Its slide 14, Deb.
- Veronica Dunlap:** Thank you. If we get error message CMS 0062 admission date after the discharge date on a live patient, would this need to be resolved in the medical record before we will be able to successfully submit the QRDA?
- Jennifer Seeman:** I can't speak to specific hospital policy, in regards to correction of data, but I would say, if there is an error in the medical record that's causing the dates to be reversed, that they should be corrected.
- Veronica Dunlap:** OK. Can you still manually extract the data for the same eCQMs that you are electronically submitting through the *QualityNet Secure Portal*?
- Jennifer Seeman:** Yes. In fact there – it is required. So, even if you submit eCQMs on a particular measure that is – has a chart abstracted version, you still are required to chart abstract those measures as well.
- Veronica Dunlap:** When we submit our production eCQM files, do we submit all four at once, or do we submit four separate files?
- Jennifer Seeman:** So, what CMS is expecting to see is all encounters for a patient within the quarter to be in one file. So, if a patient qualifies for multiple measures that you're reporting, those should all be within one file, at one level. At the other level, yes, we would expect to see all four eCQMs submitted for one quarter.
- Veronica Dunlap:** So ...
- Jennifer Seeman:** Meaning you'll submit four either for third quarter or for fourth quarter.
- Veronica Dunlap:** OK. So, if a patient has several visits within that reporting period, should only the first visit be reported?
- Jennifer Seeman:** All visits should be reported in one QRDA file for that reporting quarter.

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- Artrina Sturges:** And this may help, this is Artrina. Deb if we can go to slide 55, I think this might help, and it will help explain what Jen is trying to give you in terms of the file format expectations.
- Jennifer Seeman:** Yes, that's helpful.
- Artrina Sturges:** So, again, it's, you know, one file per patient per quarter and then, as Jen is stating, that file includes all the episodes of care and the measures associated with the patient file.
- Veronica Dunlap:** Great. Thank you. What happens with cases that are not final, final coded by the time of submission? Is that case going to come back rejected?
- Jennifer Seeman:** I guess I'm not clear on what "code" – what "not final coded" means. So, I believe that would fall to an individual hospital policy. So, if we're looking at fourth quarter discharges, we have through February of 2017 to report those. I guess I'm not sure how to answer that question, you know, I would assume that you would try get as many records completed as possible for that quarter to report. So, we don't – CMS doesn't necessarily have a stance on that.
- Veronica Dunlap:** OK, during validation, using the PSVA tool, we encountered an error regarding a missing NPI for ED-1. Does this refer to the author of the admission order?
- Jennifer Seeman:** I would have to look at that error specifically. So, if it gives the CONF number, I would suggest searching the CMS or base standard IGs for the CONF number. And, if you don't have sufficient detail to resolve the issue, reach out to the *QualityNet* Help Desk.
- Veronica Dunlap:** Next question: is there some type of reference guide that could provide more information on some of the error codes we have gotten from the PSVA tool file submission?
- Jennifer Seeman:** So, the PSVA should be reporting CONF numbers that are reflected in both of the IGs available. If you see something outside of that, then again,

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I would suggest reaching out to the *QualityNet* Help Desk. At this time, there is no documentation specific to PSVA in regards to errors.

**Veronica Dunlap:** Next question: can we submit test files that are on production patients?

**Jennifer Seeman:** The test system is secure also, so you may submit live patient data through the test system.

**Veronica Dunlap:** OK, we see this question a lot here: do we need to register with *QualityNet Secure Portal* and complete the intention to submit screen for 2016 reporting?

**Jennifer Seeman:** The intent to submit screen is not applicable for 2016, so you do not need to complete intent to submit. [Hospitals and vendors must register with *QualityNet* to obtain access to the *QualityNet Secure Portal*].

**Veronica Dunlap:** OK, looks like we have another question on error number two. I think that was slide 14. We received this error for visit with no discharge date, the visit was out of the range for the quarter, should these visits be removed from the file?

**Jennifer Seeman:** So, if the encounter wasn't complete at the time of submission, then you should submit that file, or that encounter, for the quarter that the discharge falls in. I don't know if I explained that very well. So, for example, if you're reporting on a patient and say they have three encounters in quarter three. And, at the time you're reporting, I'm assuming that they're currently in the hospital, so you have an admit date and no discharge. So, that last encounter would not fall within the third quarter or that particular quarter's reporting criteria. So, if you were to report again, it would go – that particular encounter would go into the next quarter, wherever that discharge date fell. So, don't try to submit a file that doesn't have a completed discharge so to speak.

**Veronica Dunlap:** Great. Next question: where do you start for the CONF numbers?

**Jennifer Seeman:** So, you can open the CMS QRDA Implementation Guide and using a search function, control-S, type in the CONF number. And that's

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generally how you can try to search either the base standard or the CMS IG for those numbers.

**Veronica Dunlap:** OK, looks like we have time for another question or two. Our vendor has been certified, but the new company name is not showing up in the *QualityNet Secure Portal* as an eligible vendor. Who do I contact regarding this selection list to be updated?

**Jennifer Seeman:** Reach out to *QualityNet* Help Desk about that. They should be able to resolve that.

**Veronica Dunlap:** OK. And, for successful submission, do the files need to load without any errors? Is there an acceptable error rate?

**Jennifer Seeman:** So, I'm not sure what the "acceptable error rate" refers to. When you upload a file, again, you'll get an initial email that will tell you, essentially, that the file has been received by the system. And then, you'll get a second email that will let you know that the file processing is complete. So, any errors that cause rejection of that file would need to be resolved in order to have a successful submission.

**Veronica Dunlap:** OK. I think that's all the time we have for questions. If we didn't get to your question online here, or verbally, then we will make sure to get them posted within 10 days on our [Quality Reporting Center](#) website. I'm going to pass the ball back over to Deb Price. Thank you.

**Debra Price:** Well, thank you Roni. And now, I'd like to go over the continuing education process.

Today's webinar has been approved for one Continuing Education credit by the following boards on this slide. We are now a nationally accredited nursing provider and as such, all nurses reports their own credits to the board using this contact number you see on the slide, the last bullet provider number 16578.

We now have an online CE certificate process where you can receive your certificate two separate ways. The first way is, if you register through

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ReadyTalk® and you're listening through the ReadyTalk® facility, a survey will automatically pop up as soon as my last slide closes. That survey will allow you to get your certificate. If, however, you're in a room with other people. We will be sending the survey link out again within 48 hours, and you can pass that survey to other people in the room. After completion of the survey, you click the Done button on the bottom of the screen of the survey. And, another page will open up allowing you to register for the certificate. It is a completely separate registration than the one for this webinar because the webinar is hosted through ReadyTalk®.

OK, the link that pops up after the survey, sends a response to your email. We're asking that you register a personal email because most hospitals and health care facilities have firewalls that are constantly blocking our links.

This is what the survey looks like, as soon as you see my last slide closes out. And, at the bottom is a grey rectangular button saying Done, you click that Done button...

... and then this page will pop open. This page is where you will actually click on the link that will register you for the certificate.

This is what the new user link takes you to. You put your first name, your last name, your personal email, like Gmail or ATP, or AOL, or whatever, and a phone number, and then click Register.

This is what the existing user page looks like. Your user name is your entire email address, including what's after the @ sign in your email, and of course, password. If you don't remember your password, just put something in there and another – a note will open up saying “do you know your email” or “did you forget your email” and you'll be able to do an email again. And, I would just like to thank everyone for attending today's event. We hope you have learned something, and we look forward to seeing you on our next webinar. Goodbye, and have a great rest of the day. Thank you.

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