Inpatient Quality Reporting Program

Support Contractor

QualityNet Security Administrator: Roles and Responsibilities eCQM Validation Pilot Project

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Matt McDonough: Good afternoon everybody and thank you for joining us for today's education session here using ReadyTalk. My name is Matt McDonough and I'm going to be your virtual host today. As you can see on your screen, and if you're hearing my voice you already know this, that audio for this is event today is available Internet streaming, which means that no telephone line is required for you to listen. Now, your lines are on mute by default, obviously if you are listening over a computer there is no two – way communication. You need speakers or headphones to take advantage of that audio feature. Also, one other thing I'd like to touch on before advancing to the next slide is that if you are clicking the hand raised button, we cannot unmute your line to have you ask that question, although I will reach out to you in chat to see if you do have a question, if you do raise your hand.

So as we said, you are muted, it is a one – way audio presentation today but that does not mean that you are not able to interact with our presenters that are online today. We do have a chat window, which is located to the left side of your screen. You can see that it is highlighted there by the yellow arrow that you're seeing right now on your screen, and you can use that chat window to send your questions in to our presenters today. You have any questions, simply type in your question in the chat box there and make sure that you click the send button that is located just to the right.

Now when you do that your question will be sent to all of our presenters today and although we may not be able to have answers for every

question today, we'll certainly do our best to answer the ones we can and provide you with information on follow up if we are not able to answer your question at this time. But, if you do have any questions today please use that chat window to send them to our presenters. That is going to do it for my introduction today, so without further ado, I'm going to hand this over to Candace Jackson, who will be our first presenter. Candace.

Candace Jackson: Thank you Matt. Hello and welcome to our IQR monthly webinar. My name is Candace Jackson, and I will be your host for today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation along with the Q&As will be posted to our new inpatient website, www.qualityreportingcenter.com within two days and will be posted to *QualityNet* at a later date. If you are registered for this event a reminder email, as well as the slides, was sent out to your email approximately one hour ago. If you did not receive the email, you can download slides at our new inpatient website at www.qualityreportingcenter.com.

Next slide.

The purpose of today's presentation is to provide information regarding how to register as a *QualityNet* Security Administrator along with the roles and responsibilities of the Security Administrator within your facility. In addition, we will provide information regarding the eCQM, that's the electronic Clinical Quality Measures Validation Pilot Project.

Next slide.

At the end of today's presentation, you will be able to register as a Security Administrator and assign the appropriate roles within your facility. In addition, you will be able to understand what the eCQM Validation Pilot is and determine how you can become a part of this project.

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And now I would like to introduce our first guest speaker, Amy DeFores). Am) is an information security analyst with the Identity Management Services Team from General Dynamics Information Technology. Amy, the floor is yours.

Amy DeForest: Thank you Candace.

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QualityNet Security Administrators roles and responsibilities include creating, approving, editing and terminating user accounts within your organization; also performing in person proofing for individuals unable

to complete the identity proofing process through Experian, monitoring *QualityNet* usage to ensure security and confidentiality and serving as the *QualityNet* point of contact. We'll be, we'll be discussing more of these as we go on.

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To obtain the *QualityNet* Security Administrator registration packet you can go to www.qualitynet.org. On the home page, along the left side of the screen, underneath *QualityNet* Registration you can select your specific setting and it will take you to the specific page that directs you how to register your Security Administrators, as well as obtain the Security Administrator registration packet.

Next slide.

It's strongly recommended that each facility has two Security Administrators. There's no limit to the number of Basic Users, however it's just good practice to have two Security Administrators at each facility. Once you have completed the *QualityNet* Security Registration Form, you can mail the original, signed and notarized, for to the *QualityNet* help desk for processing. ASCs actually submit their form to HSAG for processing and then the forms, once they're tracked, they're routed up to the *QualityNet* help desk and the identity Management Service Assist Team processes those registration forms. So once the forms are received by Identity Management Services, the accounts are created and activated and the login credentials are emailed to the user.

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Security Administrators must go to the www.QualityNet.org website and go to the *QualityNet Secure Portal* where they will change their password, answer their security questions, complete identity proofing, and register their VIP credentials before there able to access the Secure Portal.

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So now we're going to jump into some of the tasks that Security Administrators are responsible for. They will be creating Basic User accounts. So to do that, the Security Administrator would log into the *QualityNet Secure Portal*. Once inside the portal, under Quality Programs, you would select the Hospital Quality Reporting link, and then you will see a section that says User Role Management and you will click on "create user."

Next slide please.

Once you go to – once you get taken to the next page, you'll complete user information including name, address, title, email, and phone number. You'll also identify what the users login ID and password, temporary password, will be. You need to give this information, along with that, the form. Once you complete the information you will have to print the User Registration Form. Once you've done that and you've completed creating the user's registration in the system, you need to provide the form and the login credentials to the user. At this point, a user will not be able to login to *QualityNet*. The user needs to have their form signed and notarized and sent to the *QualityNet* helpdesk. Once we receive the form, we activate the user's account and the welcome – the user receives the welcome email stating their account has been activated.

Next slide.

Again, a user must change their password, answer security questions, complete identity proofing, and register their VIP credentials before they're able to access the Secure Portal. Security Administrator assistance may be needed if the user is unable to complete the identity proofing, and we'll talk more about that in a couple of slides.

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I think this one is a little out of order. Let's go to the next slide.

Okay, so identity proofing. If a user fails identity proofing, they will be given a reference number and advised to contact Experian. When they call Experian, they need to have that reference number available and that information just pops up on the screen as they're going through the identity proofing process. If the user is unable to pass identity proofing through Experian, then there account is set to in-person proofing status and a Security Administrator at their organization must complete in-person proofing, which means that they, the user, would need to come to their Security Administrator and bring a form of identification so that the Security Administrator can perform that in-person proofing.

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So the Security Administrator, once they're ready to do that in-person proofing, would log into the *QualityNet Secure Portal*, again under Quality Programs. They would go to Hospital Quality Reporting and under "managed security," they'll choose select "in-person proofing."

Let's go to the next slide, please.

This is what the in-person proofing screen looks like. So when you get to this screen, you would search for the user's account, entering their user I.D. in the account I.D. field, and click search. When the user's

information shows up under account I.D. and name, then in the photo identification/address confirmation and date of birth confirmation fields, you would select the type of identification the user has shown you to complete in-person proofing. Check the “I Affirm” box right underneath that, and then, you can’t see it on this screen, but once you’re on this page, you’ll scroll down a little bit and there’s a button that says “Approve.”

Okay, next slide.

Okay, another function of Security Administrators is that they will edit user accounts, meaning if the user needs additional roles added to their account, or if their email address has changed, things of that nature. To do this you would login to *QualityNet Secure Portal*, go to Quality Programs, Hospital Quality Reporting, and you would select “edit user.” Now from this page, you’ll see multiple options. This is where you would go to edit or terminate a user’s account, reset their password, or reprint that User Registration Form if it happened to get lost and the user needs to sign it and get it sent in again so that we can get it – activate their account.

Next slide.

Okay, this is what the “Select User To Edit” screen looks like, and you’ll notice in the top portion of the window, this is where you would select the users from your organization, and then in the square at the, at the bottom, the red box, you’ll see that that’s where the options are to edit, terminate, reset a password. Use “Selected User Summary” actually will bring up a window that shows you what roles are currently assigned to the user without having to go in through the process of editing their account. Again, there’s the – that bottom link – is the print registration for the selected user, and that’s where you can reprint that registration form if you need to.

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So the Security Administrator is the *QualityNet* point of contact. Security Administrators should always keep their accounts active. If they need assistance reactivating their account, or a – one of their user’s accounts at their location, that would have to – would need to come through the Security Administrator for the facility. So if a user’s account was disabled due to a security violation or inactivity, that request should be submitted to the *QualityNet* help desk through the Security Administrator. A user should not submit it on their behalf. Security Administrators are also able to approve accounts that are in pending status. Sometimes this happens when you go into their account and are going to edit something and then realize that, oh, maybe I didn’t need to do that and close out of it. What happens is, if you don’t complete that

whole “edit user process,” it automatically puts a user’s account into pending status and the Security Administrator would have to approve that account for it to be made active again so that the user can see their options and perform their duties within *QualityNet*. Candace, at this point I’m going to go ahead and turn it over to you, I believe we’re doing Q&A at the end of the presentation.

Candace Jackson: That’s correct, Amy. Thank you, Amy, for providing some very informative information regarding the *QualityNet* Security Administrator. This information is very helpful.

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I would now like to introduce Nancy Sonnenfeld who is from the Centers for Medicare and Medicaid services. Nancy is the program lead for the Electronically Specified Clinical Quality Measure Validation Pilot Project. Nancy, the floor is yours.

Nancy Sonnenfeld: Thank you Candace. Good afternoon, my name is Nancy Sonnenfeld and I am delighted for the chance to speak with you today about CMS’s Electronically Specified Clinical Quality Measure Validation Pilot, also known as the eCQM Validation Pilot. Specifically this afternoon, I intend to speak about the what, who, why, how, and when of eCQM validation. Before I dive into these details, I just want to note that this is an unusual opportunity for me personally, as a statistician at CMS, to test out processes with a large number of hospital administrators like you. I hope that by the time I finish speaking you will share my enthusiasm for this project to shape the direction of CMS Hospital Inpatient Quality Reporting Program’s validation policy.

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So what is the eCQM Validation Pilot? It’s a voluntary but highly interactive test of procedures for conducting validation and an opportunity to gather information about the accuracy of and hospital readiness to report specific eCQM measures. As I hope you know, last August CMS finalized a policy in the hospital inpatient perspective payment system, FY2015 Final Rule, to meet Hospital Inpatient Quality Reporting Program requirements for specific measures by submitting them electronically. So, they’re certain measures that you can now submit electronically for the IQR program. That Rule also noted that measures submitted electronically for the FY 2017 payment determination would not undergo formal validation. We heard from many, many stakeholders that CMS needs a clear validation policy to ensure the accuracy of this data. This pilot is a chance to test the processes needed to support that policy. If, so, that’s what it is, and if you’re among the first hundred to volunteer, you will help CMS to determine how eCQM data will be validated in the future by working

directly with us to provide insight into what types of validation requirements work and what will not work. We will – we also hope to learn how accurate specific measures are.

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So who can participate? CMS would like to ensure that we learn the most that we can about the most recently released measure specifications so we've developed the following specific requirements: first of all, you have to qualify for eligibility for the Hospital Inpatient Quality Reporting Program; secondly, you have to meet Medicare Electronic Health Record Incentive Program Phase Two criteria; a hospital also has to use a 2014 Office of the National Coordinator certified EHR system; be able to produce quality Reporting Document Architecture Category One, Release Two files based on the April 2014 eCQM specifications. That's a mouth full, or at least six measures in the stroke, venous thromboembolism, (perinatal care) and/or emergency department (topic area) and also be able to produce a list of patients eligible for the measures that you can produce for the QRDA (one) file.

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Okay, so why participate, aside from the fact that it would make me happy? In addition to helping us figure out what works for validation, we hope you will consider the benefits to you and your hospital. As a benefit of participating, you will receive one – on- one technical assistance if you need it, in submitting QRDA (one) files for the measures included in the pilot. You will also receive an assessment of your hospital's true readiness to meet requirements for submission. Details of results about variations in the measures and data sources for specific elements, and summary results on overall measure accuracy, and, if you want it, we can also acknowledge your participation on a CMS website.

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So here are a few more details about the process. We set this up to be highly interactive, which means that we'll be on the phone with you and also looking at your computer remotely. And the pilot will include an interview, a remote tour of your EHR system, and a review of 12 medical records and the corresponding QRDA extract. We expect this process to take an average of 16 hours to complete. And the remote process that we'll use to look at your computer – and the hospital gets to drive. I want to make that clear. You decide what we can see and what we cannot. So, it is a totally secure process, but the process has been reviewed by CMS security personnel and conforms to both HIPPA privacy and security regulations.

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So, a lot of people have asked me questions about what will happen with the results of this, so I want to reassure you that the results from individual hospitals will not be posted on Hospital Compare. This is a test. It's not a formal part of quality reporting, though it's part of the Quality Reporting Program. However, we will share with the individual hospital that provided the information; we'll share at the individual level all conflicting findings that we identify. We will also study those conflicting findings and publicize a common pattern so that the hospital inventor community at large can study and understand the process. And we will use the results to develop detailed operational validation policy and plans.

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So, what's left is for me to tell you when and how to participate, and that's pretty easy. You can enroll now or before July 1, 2015, and to do that you should contact Vicki Sprouse at the Clinical Data Abstraction Center and her email and her phone number are on this slide.

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And finally, we have plenty of documentation about the entire process on *QualityNet*, and here is a link so that you can find it.

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I have been asked to hold questions until the end, but I thought I would ask you to take 30 seconds or so to think about and send in your questions while the stuff – subject is still fresh in your mind. So, I am going to pause here a minute and let you do just that.

Candace Jackson: Thank you, Nancy.

Nancy Sonnenfeld: Thank you so much for your time. I can certainly hope that we'll be working together soon.

Candace Jackson: Thank you Nancy, and next slide, please.

Before we go into the question and answer session, we would like to provide some additional resource information. If you are having technical issues regarding the Hospital Reporting Program, we ask that those questions be directed to the *QualityNet* helpdesk. You can reach the help desk by phone or email, as per the contact information on the slide.

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For the Inpatient Quality Reporting Program, there are many resources that you can access for assistance and guidance. You can call the helpline or email your questions to Inpatient Support at inpatientsupport@viqrc1.hcqis.org. You can also submit questions to the Q&A tools that are located on *QualityNet*. For additional information, please visit the *Quality Reporting Center* webpage at www.qualityreportingcenter.com.

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Again, this slide depicts the different areas of support that is available to you for the Hospital Inpatient Quality Reporting Program.

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I again [would] like to thank our speakers for the information that they shared with us today. Before we have our subject matter experts read questions and provide responses that were sent in, I want to remind you that today's webinar has been approved for one continuing education credit by the course listed on the slide.

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We now have an online CE certificate process. If you registered for this webinar through ReadyTalk®, a survey will automatically popup when the webinar closes, after you complete the survey a page will display to register as either a new user or if you have attended any of our webinars, as an existing user. A one-time registration is required. Your complete email address is your user I.D. If you do not receive the survey, don't worry, we will be sending out the survey link in an email to all participants within the next 48 hours. It will not arrive today. If there are others listeniing to this event but are not registered in ReadyTalk®, please pass the survey to them. And now we will open the phone lines to our subject matter experts for some Q&A.

One of the first questions that was submitted was,"To meet Inpatient Quality Reporting Program Requirements, how many Security Administrators do we have to have?

And for the Inpatient Quality Reporting Program requirement, you must have at least one Security Administrator. However, because we know that sometimes the people are sick, they go on vacation, they're not in the office, something happened, we recommend, highly recommend, that you have at least two Security Administrators.

"How do we know if we've already have done this and who the S.A. is?" Amy or Chad, are you able to respond to that question?

Amy DeForest: Yes, they should contact the *QualityNet* help desk at the number that was provided and we would be able to, the help desk agent would be able to look-up and tell you who the Security Administrators are for your facility.

Candace Jackson: Thank you, Amy. Another question that has come in, "Can you clarify for me – I have always had two Security Administrators at each of my sites. Can I have three if I would like too? I was not sure if you were limited to only two."

No, you can have as many Security Administrators that you would like. So, you can have three if that is what you want.

"If we need to change SAs, we used to do that through our QIO and they would ensure that all went through properly. What is the address, contact info, we would [need], since we would no longer have our QIO?" Amy, are you able to respond?

Amy DeForest: Yeah, the address that you would send it to now is on, it's on one of the slides. I believe it's on the next slide after this one. It's the *QualityNet* help desk at 1401 50th Street Suite 200 in West Des Moines, IA 50266. That's an excellent question. So, the paperwork all comes to the *QualityNet* help desk now.

Candace Jackson: Okay, thank you. The next question, "Does the Security Administrator have to logon occasionally in order to maintain their security administration rights?" Amy?

Amy DeForest: Yes, Security Administrators should keep their account active. Passwords expire every 60 days so, and you do, you would be prompted if it's after that 60 days, but before 120 days, when you go to login you would be prompted that your password has expired and that you need to reset it. After 120 days, your account is automatically inactivated and you would have to contact the *QualityNet* help desk to have your account reactivated for you. But yes, it's good practice to keep your account active.

Candace Jackson: "What is the typical turnaround time for setup after the form is received by the help desk?"

Amy DeForest: It depends on the amount of volume that we're getting. Typically they're processed within, I would say, 10 business days, usually sooner, but I would say 10 business days, to definitely expect it by.

Candace Jackson: Thank you Amy. Another question, "What if someone already has an account with a previous employer? Do they use the same information or do we need to setup a new account."

Amy DeForest: You would need to setup a new account under whichever organization you work for. Accounts are specific to the organization that you registered under. So if you registered under one hospital and now have employment at a different hospital, you would need to, technically the Security Administrators at the first facility when you left should have terminated your account, so you wouldn't technically have an account still. Your Security Administrators at the new hospital, they would need to create a new account for you or you'd need to complete the paperwork to become the Security Administrator of that facility.

Candace Jackson: And one last, two last questions. "Does [the] highest level executive on the *QualityNet* SA form mean CEO, or can a chief Medical Officer or the Administrative Director sign off, as well? But I think they're asking does it have to be one of the top level executives in the facility to be a Security Administrator or not?"

Amy DeForest: It's the highest level of authority at your location. So if your CEO is located in another site and your Medical Director is there at the facility that you're at, yes you can have that person sign. It needs to be the highest level of authority at your facility.

Candace Jackson: And I have one last question for you at this time, for you Amy. "Who is recommended to be a Basic User?"

Amy DeForest: The Security – the difference between a Security Administrator and a Basic User are that the Security Administrator, once they have their account, they can create accounts for other users. Other than that, and they can add roles and stuff, a Basic User, depending upon which roles their Security Administrator gives them, could basically have the same roles as the Security Administrator except that extra piece where you create and edit and maintain your users accounts.

Candace Jackson: Thank you. I now have some questions for Nancy Sonnenfeld. Nancy, one of the questions is, "If a hospital will not be able to attest for Stage Two until after September 2015, is the hospital still eligible to participate in the program if they can demonstrate that they have met Stage Two prior to that attestation deadline?" Nancy, are you able to provide a response for that?

Nancy Sonnenfeld: So it's not about the attestation deadline, but if the hospital is able, if the hospital has all of the functionalities that we need them to have by July 1, 2015, then we would be happy to work with them.

Candace Jackson: Thank you, Nancy. Another question that has come in a couple of times, "What types of hospital resources are required for the eCQM Pilot and how many hours will be needed for preparation and follow-up."

Nancy Sonnenfeld: So, we have an answer to that on our frequently Asked Questions. So it, we expect that it will be about 16 hours total, including some time for setup. There may be some time involved in getting your hospital consent, permission to work with us, and I don't have a feel for how much time it may take an individual hospital to go through a process of reaching agreement among itself that they would like to participate, but the process with us should take 16 hours.

Candace Jackson: Thank you, Nancy. Another question, "Have hospitals volunteered for the eCQM Pilot, and if so are you able to tell how many are participating?"

Nancy Sonnenfeld: Hospitals have volunteered and are participating. The number changes almost every day. I don't have a good number now, so sorry. We hope we'll get to a hundred, but we're, you know, we're still, we're not there yet. So, by any – all means, please volunteer.

Candace Jackson: And Nancy, "Are critical access hospitals included in the eCQM pilot?"

Nancy Sonnenfeld: Well this was, actually was an IPPS pilot, so our focus is on IPPS hospitals.

Candace Jackson: Thank you. I do have some other questions in regards to the eCQM that I am able to ask and provide a response for. "When will the pilot project begin?"

And the response is, the Clinical Data Abstraction (inaudible) will conduct remote validation tests at your hospital's convenience in Fiscal Year 2015. So that would be from – started in December 2014 and will go through September 2015.

"What information will the CDAC extract?"

During the eCQM Remote Validation Pilot, the CDAC will only extract the minimally-required information needed to assess the validity of the eCQM data. This includes capturing each data element contributing to the eCQM from up to ten sources within the medical record. The CDAC will not ask to review unnecessary information.

The next question, "Aside from participation in the remote interview, what else is required to participate in the pilot project?"

And the response is, hospitals that volunteer to participate must meet the Medicare EHR Incentive Program Stage Two criteria by July 1, 2015. Hospitals must be able to produce QRDA Category One, Revision Two, and that is the April 2014 version extracted data, which is individual patient data, based on a (inaudible) 2014 specification for at least six of the 16 measures in stroke, VTE, ED, and (inaudible) care topic areas by July 1, 2015, produce a list of patients eligible for each of

these measures. Each hospital may provide any or all of this information directly or may authorize a vendor to provide this information on its behalf. Hospitals working through a vendor will be asked to provide the name of the vendor, a point of contact and must state in writing what information the vendor may provide on its behalf. And hospitals are also strongly encouraged to submit electronic clinical quality major data for the voluntary option in the Hospital IQR Program.

Another question, "Will the results of the Pilot Project be published on Hospital Compare?

And the individual hospital validation pilot results will not be published on Hospital Compare. However, CMS and its other contracts will share conflicting findings with individual hospitals, publicize common patterns of conflicting findings, and produce statistics to estimate sample size.

"Will there be a cost to the hospital?"

There will be no cost to participate in this project.

"Will we be reimbursed for our efforts? Excuse me, will we be reimbursed for our efforts?"

We will reimburse your hospital at a rate of $26 per hour for up to 16 hours of labor associated with your participation. The CDAC will request two (inaudible) category one files from the Electronic Health Record system and digital images of the entire medical record for 12 patient records meeting specific criteria. Hospitals will be reimbursed for providing this information at $3 per medical record.

What system will be used for remote access to hospital systems? CMS security personnel have reviewed and approved the Bomgar (inaudible) and Bomgar is B – o – m – g – a – r to be used for remote support session between the CDAC and hospital staff computer systems. For more information on Bomgar, please visit their website at http://www.bomgar.com.

"What system controls will be in place during the remote session?"

This remote session would be fully supervised by a member of each hospital's staff who could discontinue the session at any time. The administrative settings in Bomgar have allowed CMS to restrict CDAC's staff access to "Read Only," therefore the medical records staff will not – will have total control of all applications and information being displayed to the CDAC.

"And how will CDAC ensure the privacy of the medical records that I provide?"

The CDAC facility and operational processes have been audited and reviewed by CMS security personnel. CMS is compliant with all standards within the *QualityNet* security manual for protecting health data. The Bomgar software, used for the eCQM Remote Validation Pilot, is installed on a secured, CMS owned system that has safeguards in place in accordance with the HIPPA security rules to protect sensitive patient data. The Bomgar software is configured to transmit all information exchanged during the medical record review through CMS own hardware at a secure facility. All information needed to access hospital systems remotely, is guarded by strong https secure socket layer, which is SSl encryption, which protects the information as it is transmitted from the hospital to the CDAC. This hardware and software, which CDAC will access medical records remotely, will not store any information about the medical records themselves. Only a limited number of CDAC personnel authorized to advise CMS will have access to the Bomgar device.

We do have time for a few more questions about eCQM, and again, “Why should my hospital participate in this pilot project?”

As Nancy indicated on her slides, each participating hospital will receive one-on-one technical assistance for successful QRDA file submission; they will receive feedback to help determine true system readiness to meet program requirements for eCQM submissions. It will provide them the opportunity to directly influence the policy and practice of CMS’s Hospital Inpatient Quality Reporting Program and IQR Validation Program. There will be a report of this result containing detailed information about variation in each data element and summary feedback about overall measure accuracy. Each hospital may use this information in the final report to consider how documentation of clinical practice or the EHR system may need to be updated. There will be an acknowledgment of participation on a CMS website if desired and you will be reimbursed for up to 16 hours of time spent on this project. And again, on Nancy’s slide, for more information or how to enroll in the pilot project, you may contact the CMS Clinical Data Abstraction Center or CDAC, Vickie Sprouse.

And I think one last question we have is, “Will CMS be looking for fraud in this pilot project?

The pilot project is designed to evaluate potential strategies to validate eCQM measures for the hospital IQR program and will not be specifically looking for evidence of fraud. Should CMS inadvertently discover evidence of fraud during testing though, CMS will address the situation appropriately.

And before we end today's program, I would like to go back to Am) one more time. Amy, is there any other questions or high level points that you want to get across to the providers today on this webinar?

Amy DeForest: There is, thank you for checking. One thing that I would like to say is, when contacting the help desk, you never need to send your *QualityNet* password. It's okay to – if you are needing assistance, it's okay to contact and send your user ID, but please, never send your *QualityNet* password, whether it's a temporary password or your personal password. Do not send that because your account will be locked down for security violation until we've had a chance to do some counseling on that process.

Another thing, if your Security Administrator – sometimes you know, they're out of the office or, you know, let their accounts lapse, whatever – if you need assistance and your Security Administrators are not there, they should always be the first person that you go to if you need your password reset, but if you are unable to reach them, please contact the *QualityNet* help desk for password resets, et cetera.

And just one other thing, if your account has, if it's been over 120 days since you've logged into your account, it will be deactivated due to inactivity, and just as a reminder, those requests to reactivate your account have to come through a Security Administrator.

Candace Jackson: Thank you, Amy. And I do have one additional question for the eCQM project before I turn it back over to Nancy to see if she has any high points that she wants to reiterate and that is, "Will Hospital and Patient Quality Reporting Annual Payment Updates, or APU, (inaudible) excuse me, will Hospital and Patient Quality Reporting Annual Payment Updates or (inaudible) assistance be impacted by the results of remote validation?"

And the response is, the results of the project will not be used to determine any perspective payment incentives or updates. Participation in the project is strictly voluntary, but the findings from this eCQM pilot may influence the future direction of validation for CMS's hospital IQR program. If a hospital or vendor wishes a public acknowledgement for its participation, it should inform us during the interview so we may post your hospital or vendor's name on a CMS website.

Nancy is there any high level or high points that your want to reiterate about – regarding the eCQM Pilot Project?

Nancy Sonnenfeld: Well, I would like to make a couple of comments. First of all, I saw that there was actually a question about whether a hundred hospitals and twelve records per hospital was representative and could be used to make a statement about national readiness. So I think it would be

appropriate for me to clarify that a voluntary sample is not, could never be representative, truly representative of, of a national picture. But, that being said, I think it will give us a general sense of how ready these hundred volunteer hospitals are, and will give us some insight into next steps. Anything that we learn we would certainly have to take another step forward and at some future point and time we will propose requirements so that the sample will no longer be voluntary, and at that point we will have something that is truly representative. But we do believe that 1,200 records are not a trivial sample, and will give us some general information about whether any hospitals are able to, able to meet requirements accurately. So, thank you for that question.

And then, I wanted to just generally reiterate how important it is to have cooperation from hospitals, and how much we're looking forward to be able to figure out what works and what doesn't work so that we can roll-out requirements that make sense, and we learn what we can about the accuracy of these measures. Thank you.

Candace Jackson: Thank you, Nancy. I do have one additional question that I see has come in, if you are able to respond to it or not. "If our facility is back at square one of finding a new EHR vendor, will the eCQM project extend into the calendar year 2016 for testing?"

Nancy Sonnenfeld: I'm sorry, can you repeat that?

Candace Jackson: "If our facility is back at square one of finding a new EHR vendor, will the eCQM project be extended into the calendar year 2016 for testing?

I think we, I indicated that it would go through September 2015. So I think they're asking if there's any way that time will be extended into 2016.

Nancy Sonnenfeld: So this is a discreet project, and hopefully it'll just be the first of many projects that we work on together. So, if you have a strong interest in participating but you cannot at this time because you don't meet the requirements that we have, my recommendation would be to let the Clinical Data Abstraction Center know that you would be interested in participating at some later time in, whatever it is that we're testing at that time.

Candace Jackson: Thank you, Nancy, and I do have one other question I see, "Can vendors participate in the eCQM validation pilot project?"

Nancy Sonnenfeld: Well, so, the pilot project's really been setup to support hospitals, but we are very interesting in partnering with vendors and some ways that we've already partnered with vendors is to take comments and feedback on the way we're collecting data. We're certainly interested in hearing from vendors on how to analyze data, and we'd welcome

vendor suggestions on which of their hospitals might be ready to participate, but it would be up to the hospital itself to decide to participate.

Candace Jackson: Okay, thank you very much, Nancy. And again, I would like to thank Nancy Sonnenfeld and Amy DeForest for joining our call today and providing this very useful information. And I would like to thank everyone else for participating in our webinar and hope that you have learned something today. So at this time, our webinar is completed, and I hope you enjoy the rest of your day.

END

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