



# Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### **CY 2016: Aligning Hospital IQR and Medicare EHR Incentive Programs through eCQMs**

#### **Questions and Answers**

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2 p.m. ET**

**Question 1: Can we use an outside vendor for eCQM's submission? Such as UHC?**

*Facilities submitting eCQM Data may submit data themselves or may utilize vendors ensuring that their Electronic Health Records (EHRs) system is certified to the 2014 or 2015 Office of the National Coordinator (ONC) Health Information Technology (HIT) Standards.*



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**Question 2:** Where is the listserv sign up for the eCQMS?

*To sign up for ListServes for all programs, including the EHR ListServe, please go to the [www.qualitynet.org](http://www.qualitynet.org). On the far left of the home page, near the middle you should see "Join ListServes" and sign up for the "Notifications" in a blue box.*

**Question 3:** Can they report more than 4 thus reducing the rest needed to be submitted?

*No. For the Hospital IQR program requirements, there are eight required chart-abstracted measures that are required to be chart-abstracted for a full calendar year. Hospitals must also submit four eCQMs from either third quarter or fourth quarters of 2016. They are two separate requirements for the IQR program for the 2016 calendar year.*

**Question 4:** Do critical access hospitals have to do IQR? What is it exactly--which is the reason I am attending today.

*No. Critical Access hospitals (CAHS) are not required to participate in the Hospital IQR program. However, CMS recommends and strongly encourages CAHs to participate in quality reporting.*

**Question 5:** So, if we want our data on Hospital Compare, we must submit both eCQM and IQR?

*At this time, eCQM data will not be publicly reported and will not be displayed on Hospital Compare. Any changes regarding the public reporting of eCQM data will be outlined in a future CMS Final Rule. Only chart-abstracted data will be publicly reported.*

**Question 6:** When is the first date that test files can be submitted again?

*The Hospital Quality Reporting (HQR) system should be available to receive test file submissions in May 2016. CMS strongly advises hospitals to submit test files. Please make sure you are signed up for the EHR ListsServes to receive updated communications. CMS strongly advises hospitals to submit test files.*



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**Question 7:** Once you have joined Listserves, how do you edit your choices? I only see join?

*After you have clicked "Notifications and Discussions," a new page will display. On the top left side, you will see "What Lists Am I subscribed to." For assistance with signing up and editing ListServe preferences, please contact the Support Contractor at 844.472.4477. They will be able to further assist you and walk you through the steps.*

**Question 8:** Are the chart abstracted versions of a measure required if the eCQM version of that same measure is submitted for the required eCQM?

*Yes. There are required chart-abstracted measures, as well as the requirement to submit at least four eCQMs, regardless whether the eCQMs selected overlap or not. There are eight chart abstracted measures and they are required to be submitted for a full year. Keep in mind that this is regardless of which measures a facility chooses to submit in order to meet a minimum of the four required eCQMs. Please note that, if you have any questions regarding the chart abstracted measures, refer to slide 12 of this presentation.*

**Question 9:** Will the four eCQM measures for IQR reporting also meet the meaningful use and our EHR incentive program reporting requirements?"

*Yes, successful submission of data for the four eCQMs will meet the clinical quality measure reporting requirement for the EHR Incentive program, commonly referred to as the Meaningful Use Program. And again, more details on that can be found on slide number 17.*

**Question 10:** Will hospitals utilize the intent to submit screen in the *QualityNet* Secure Portal to signal to CMS which measures they plan to submit as eCQMs in calendar year 2016?

*It does not appear that CMS will make the intent to submit screen available when the *QualityNet* Secure Portal begins to receive the test *Quality Reporting Document Architecture*, or *QRDA* files, into the *Hospital Quality Reporting System* or *HQR* in May or June. So, any details regarding the *HQR* System functionality will be shared with users as the system becomes available. Stay in touch with these developments by ensuring you are signed*



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*up for the ListServes, so as to receive the most up to date information.*

**Question 11:** I would like to know more about the zero denominator exclusion. We have a 21 bed state-run acute care hospital on a campus of a state-run psychiatric hospital. We would have zero cases most quarters that would fit the eCQM.

*Zero denominator declarations are accepted for eCQM data submissions. CMS encourages the selection of eCQMs that best represent your patient population. However, if the four most relevant measures have a zero denominator, that would fulfill the eCQM requirement. If you have more questions about the zero denominator declaration in this presentation, please reference slide 25.*

**Question 12:** What are the reporting requirements for Critical Access Hospital to participate in the EHR Incentive Program or what's also called meaningful use for calendar year 2016?

*Great question that has come through several times this afternoon. Again, please reference slides 18 and 19 for clarification. Critical Access Hospitals have two options in order to meet the clinical quality measure requirements: the option to submit the data for four of the available eCQMs utilizing the QualityNet secure portal and the option to submit aggregate data for 16 of the 29 available eCQMs, utilizing the CMS registration and attestation system. Keep in mind that it is an option, it is not both.*

**Question 13:** Is there a site which talks about quality improvement activities related to learning more on what is needed to successfully submit an eCQM?

*Yes. As mentioned earlier the eCQI, or the Electronic Clinical Quality Improvement Resource Center website, is available. Everything from updates on quality measures for eligible hospitals, to technical notes can be found in the eCQI Implementers Corner. Links to all sorts of tools and information is available there to help ensure that the information you are creating for reporting is in alignment with CMS requirements. The implementation guides are also posted there and a lot of other information that will be really helpful to a lot of the providers and the vendors.*

**Question 14:** Can you repeat what the required chart abstracted measures are for the



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#### **IQR program?**

*Please refer again to slide 12 of our presentation. The list of eight measures includes ED-1, ED-2, IMM-2, Sepsis-1, Stroke-4, VTE-5, VTE-6 and PCO-1. These are submitted for a full year under the IQR Program. Given that they are chart abstracted measures, they will require aggregate population and sampling data for Medicare and non-Medicare discharges. For additional program details please navigate to the IQR tab on the QualityNet website.*

**Question 15: Is population and sampling required for data that's submitted as an eCQM?**

*Population and sampling is not required for those measures that are submitted as eCQM. However, population and sampling is required for those chart abstracted measures. If you do not have any patients in that population, you still need to go in and enter zeros for those chart abstracted measures for the population and sampling quarterly deadlines.*

**Question 16: Since eCQM reporting from most hospitals are not due to be submitted until February 28, 2017, when would be the deadline for submitting what's called an extraordinary circumstances exceptions form which is also referred to as an ECE, when would that form need to be sent in for the hospital IQR Program?**

*The deadline is within 30 days of the time that the events occurred. For example, if an event occurred on February 28, 2016, then the deadline would be 30 days from that event or March 29, 2016. This information is captured on slide 14, which also offers details regarding the January 19th webinar that was specific to the ECE criteria for the IQR Program. Also mentioned is the availability of the hardship exception, specific to the EHR Incentive Program. Please visit the [CMS.gov](http://CMS.gov) website for additional information. They have all the information there. Search for the EHR Incentive Program payment adjustments and hardship information. Remember, you're dealing with two different programs. There is also the EHR Information Center, which is a great place for you to be able to go to ask any questions that you have regarding the Medicare EHR Incentive Program or what we call Meaningful Use; their number is 888-734-6433. They're available Monday through Friday from 7:30 a.m. to 6:30 p.m. Central Time.*

**Question 17: Which quarters are applicable for the submission of eCQM for calendar**



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year 2016?

*The applicable quarters for 2016 are Quarter 3, which is July 1 to September 30, 2016, and Quarter 4, which is October 1 to December 31, 2016. Keep in mind that the submission deadline is February 28, 2017.*

**Question 18:** **Who can submit files via the *QualityNet* Secure Portal? Is it just hospitals? And if not, how do the vendors obtain access to submit those files on the hospital's behalf?**

*Hospitals or vendors may submit files through the secure portal; however, it is required that both the hospital and the vendor obtain the EHR data upload role. This role is required to be able to submit data for the eCQM. For additional information on how to get that role assigned to your QualityNet Security Administrator account, contact the QualityNet Help Desk, their phone number is 866-288-8912.*

**Question 19:** **Where is the best place for me to submit my questions on eCQMs involved with the hospital IQR Program?**

*The best way, at this time, to get answers to any questions you may have regarding eCQMs and the Hospital IQR Program, is to submit them to the Question and Answer Tool. The tool is located on the home page of [qualitynet.org](http://qualitynet.org) website, on the far right hand side, where you would select eCQM as the subject. We do respond to those questions within one to two business days and you will receive a reference ID number to follow your answer in black and white. We do highly recommend submitting your questions through the Question and Answer Tool, or you can also contact the hospital support contractor at 844-472-4477.*

**Question 20:** **Is there a resource we could go to, to find certified vendors and the EHR systems they are able to pull from?**

*Please visit the Certified Health IT Product List (CHPL) website for Health IT at <https://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl> for resources regarding vendors and HER systems.*

**Question 21:** **In simple terms are the file specifications and or definitions for MU**



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#### **quality measures and the IQR eCQMs different?**

*The eCQM specifications are the same for both programs. The QRDA-I, release 3, file specifications for the 29 eCQMs for the IQR program are the same measures reported for the Medicare EHR Incentive Program, commonly referred to as Meaningful Use. The exception is ED-3, given that this is an Outpatient measure and not applicable to the IQR Program. One successful submission of QRDA files for at least four of the 29 eCQMs through the QualityNet Secure Portal can fulfill that specific reporting requirement for both programs. There are additional requirements, which define successful reporting to the IQR and the EHR Incentive Programs. Please visit the [CMS.gov](http://CMS.gov) website and the [QualityNet](http://QualityNet) website to learn more about program requirements.*

#### **Question 22: Can you please explain the PSVA a little further?**

*Please visit the [Quality Reporting Center](http://QualityReportingCenter) website ([www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)) for the presentation held January 20, 2016, entitled, Pre-Submission Validation Application (PSVA) overview for eCQM Data Submission in 2016. This will provide additional details, in particular the questions and answers provided during the webinar.*

**NOTE:** Some of the questions asked during the webinar remain unanswered at the time of publication. Subject matter experts are in the process of answering them, and they will be made available as soon as possible.