Inpatient Quality Reporting (IQR) Program

Support Contractor

2016 CMS QRDA Implementation Guide Changes for Eligible Hospitals/Critical Access Hospitals

Questions and Answers

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Question 1: Would a new hospital, which is in stage 1 of attestation, need to submit eCQMs in 2016?

Answer 1: In 2016, for the EHR Incentive Program, hospitals still have the option of either attesting or electronically reporting eCQMs. Both options are available to all hospitals in 2016. If you attest, you must attest to all 16 of the clinical quality measures you selected. However, if you electronically report, then you only need to electronically report four of the Clinical Quality Measures.

Question 2: When will the CMS portal be open for submission of eCQMs from Q3?

Answer 2: Currently, the *QualityNet Secure Portal* is scheduled to open for acceptance of test data submissions in May of 2016. Production data submission into the system is expected to start at the beginning of October of 2016, right at the end of that third quarter, which is the first quarter for

which you could elect to report data. Currently those are the dates that the *QualityNet Secure Portal* should be available for data submission.

Question 3: If a hospital submits only four eCQMs in 2016, will they meet the eCQM requirement for Meaningful Use?

Answer 3: The hospital will meet the Meaningful Use requirement for Clinical Quality Measures. Remember, Meaningful Use is composed of three main requirements: 1) your EHR must be certified; 2) you must report on the Meaningful Use objectives; and 3) you must report on the Clinical Quality Measures. So, for the EHR Incentive Program, you really have to make sure that you meet all three of those three main types of requirements. But, if you submit the four CQMs electronically for Meaningful Use, you would also satisfy that portion of the IQR requirement for those Clinical Quality Measures.

Question 4: Can you expand on what you mean as required? Is this a requirement for all hospitals/IQR to submit eCQM measures?

Answer 4: For Calendar Year 2016/Fiscal Year 2018, any hospital that participates in the IQR program will be required to submit data for at least four of the 28 available eCQMs for either third or fourth quarter. The reporting deadline is February 28 of 2017. This is a new requirement that goes into place in 2016 for the IQR program. Hospitals that submit those four eQCMs successfully will also meet the meaningful use or the Medicare EHR Incentive Program Clinical Quality Measure requirement. Both can be accomplished with one submission.

Question 5: Are we absolutely required to report negations such as the denominator exception for STK2, *Medication, Discharge Not Done: Medical Reason* or are we only required to report the data elements that are essential to create the numerator/denominator? That being asked, we will strive to report as many denominator exceptions/exclusions as possible in order to report the highest quality and most accurate data.

Answer 5: This is in the exclusions that has the *Not Done* as part of the exclusion criteria and that you have the data in your system that you need to submit that information. So, I think the basic requirement for QRDA-I is to submit the data that are specified by the measure.

Question 6: Are you aware that the 2015 June update eMeasure specifications do not comply with section 5.2.3.1 (pg. 30) of the CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III Eligible Professional Programs and Hospital Quality Reporting (HQR) Supplementary Implementation Guide for 2016? The eMeasure

specifications are requiring the ingredient-specific medication when the guide clearly states it should be the value set OID, as pointed out in your presentation slide 32. When will the eMeasures developers be required to fix this?

Answer 6: I think this is at slide 32 about the Not Done issue. If we can collect more information about exactly what the measure is and the ingredient – what it is that this question was referring to, we can look into this because it does contradict what is specified in the eCQM.

Question 7: Just to confirm: the 28 eCQM measures will satisfy both MU and IQR?

Answer 7: If you are able to submit data for any four of the 28 applicable measures (There are 29 but ED-3 is an outpatient measure, so it is not applicable to IQR.), you will meet program requirements for both Hospital Inpatient Quality Reporting and the Medicare EHR Incentive Program.

Question 8: Is there an alignment requirement for a hospitals reporting MU, PQRS, and now eCQM?

Answer 8: So, for PQRS and the EHR Incentive Program, hospitals also have the ability to report eCQMs, and the reporting would satisfy both programs for that quality measure reporting. The numbers that need to be reported are a little different, and I would refer to the PRQS Program page or the EHR Incentive Program page to get the specifics. I know it's nine measures across three domains for the Clinical Quality Measure, but, the PQRS program is so complex and divided when you talk about quality measure reporting through QCDRs and registries and GPROs, and all those requirements are a little different. So, I would certainly refer you to those Program pages in case you have more detailed questions about those types of requirements.

Question 9: Can we go back to the HIC number? Is this required?

Answer 9: Yes. (Refer to slide number 23.) The HIC number is required if the payer is Medicare and the patient has a HIC number assigned. The HIC number itself is not required for HQR programs but, should be submitted if the payer is Medicare and the patient has a HIC number assigned. The Patient ID is absolutely required. To clarify, this constraint actually says for the HIC number, it's a *should*. You always have to have a Patient ID in your QRDA report. You always have to have the ID field. Then, if the patient is a Medicare patient and has a HIC number, then you will have a second ID field for the HIC number itself. So, the second ID field is not a *must* in the XML file. If you don't submit, it's just a warning. It's not considered as an error.

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Question 10: If we have a vendor, is it alright for the vendor to submit QRDA?

Answer 10: The hospital should not assume a vendor will submit for them. The two parties should discuss and clarify who will submit the QRDA files to CMS.

Question 11: The MU program has EP and Eligible Hospital CQMs. If we submit eCQMs through PQRS, does it satisfy the eCQM requirements for both parts of the MU program or do we need to submit eCQMs through both PQRS and IQR programs in 2016 to satisfy all of the MU eCQM requirements?

Answer 11: The eCQMs for the Eligible Provider requirements are different than the eCQMs for the Eligible Hospital requirements. PQRS and IQR have different requirements and use different submission systems. Submission of eCQM data to meet PQRS requirements would not apply to hospital reporting programs. The requirements and timelines for each program will have to be followed.

Question 12: How does this impact The Joint Commission submission

Answer 12: CMS and The Joint Commission use the same eCQMs and specifications. They do have separate receiving systems, submission deadlines, and reporting requirements. Please review the requirements for each program to make sure that all necessary requirements are met.

Question 13: How can we see our data before we submit?

Answer 13: A facility can submit test files through the *QualityNet Secure Portal*. Submission of test files allows a facility to confirm that the file will be able to pass through initial validation and also to confirm that the file contains the necessary information for the measure calculations to occur. A single file can be submitted as test or batches of files can be submitted. Test file submission provides the submitter the opportunity to view reports and fix any errors prior to production submissions.

Question 14: Is the Bonnie Tool the PSVA?

Answer 14: The Bonnie Tool is not the same as PSVA. The Bonnie tool is used to test the eCQMs and their specifications. PSVA stands for Pre-Submission Validation Application and this is a downloadable tool that a hospital can use to check their QRDA Category I files against the CMS validation rules. CMS will be hosting a webinar in January 2016 covering the PSVA and explaining how it can be downloaded and used.

Question 15: Do you have an example of what the whole file should look like before testing?

Answer 15: There is currently not a complete QRDA Category I file example. On the eCQM Library page of the CMS website, there is an example of the header section of a QRDA Category I file.

Question 16: The file validation is a manual process?

Answer 16: File validation can be done in two ways; the first is to submit test files to the *QualityNet Secure Portal* and review any error reports; the second is to utilize the Pre-Submission Validation Application tool that will be available in January 2016.

Question 17: Will the Category I pass validation if the admission/encounter start date is prior to the program quarter?

Answer 17: Files are evaluated based on the discharge date of the encounter. The discharge date, or dates if there are multiple encounters in one file, should all be contained in the reporting quarter for which the facility is submitting data.

Question 18: Will the submission of four eCQMS using QRDA 1 fulfill the requirements of both the MU EHR Incentive Program for Hospitals and IQR?

Answer 18: The submission of data for at least four eCQMs through the *QualityNet Secure Portal* will fulfill the Clinical Quality Measure requirement of the Medicare EHR Incentive Program and the eCQM requirement of the IQR program. Please note that both programs have further requirements that must be met to fulfill complete program requirements.

Question 19: What if the patient is on a Medicare advantage plan where there is no HIC number?

Answer 19: If there is not a HIC number assigned to the patient, it does not need to be included in the QRDA file. A patient identification number is required but the HIC number is not required.

Question 20: Slide 12 indicates the IPP must be submitted, but does not mention numerator or denominator data. Will the numerator or denominator data be evaluated for the 2016 measurement period, or only the IPP?

Answer 20: For Calendar Year 2016, numerator and denominator data will not be evaluated.

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Question 21: If the reporting of four eCQMs meets the requirement for EHR incentive, will the results be posted for public review?

Answer 21: CMS stated in the 2016 IPPS Final Rule that eCQM data would not be posted to hospital compare.

Question 22: So we only report for a quarter and then the program ends, or is it ongoing after February 2017?

Answer 22: eCQM data submission will be an ongoing requirement for the Medicare EHR Incentive Program and the Hospital IQR Program. CMS asserted in the 2016 IPPS Final Rule that the requirement of four eCQMs would be increased for 2017 reporting.

Question 23: The difficulty that hospitals face is that while CMS is moving to eCQM submissions for IQR and MU, The Joint Commission requires manual abstraction of stroke measures for stroke certification. What is the government doing to align all programs so we no longer will have to do manual abstraction in the future?

Answer 23: At this time, CMS had not indicated a removal of manual abstraction from IQR program requirements. For 2016, CMS has a requirement of eight chart-abstracted measures.

Question 24: I have heard that CMS has retired the STK measures. Is there a reason that MU is keeping them?

Answer 24: CMS has retired some of the STK measures in their chart-abstracted form. STK-4 is still a required chart-abstracted measure for CY 2016 submission. CMS stated in the 2016 IPPS Final Rule that they are considering removal of 13 eCQMs in 2017. None of those considered for removal are the STK eCQMs.

Question 25: Is it required that the vendor submit the eCQMs?

Answer 25: It is not required that a vendor submit eCQM data on behalf of the hospital. Hospitals are able to submit their eCQM data through the *QualityNet Secure Portal*. Hospitals will need to have a *QualityNet Secure Portal* account with the EHR Data Upload role assigned to their account.

Question 26: Can a vendor take chart-abstracted files and convert them to eCQM files?

Answer 26: A vendor cannot take chart-abstracted files and convert them to eCQM files. Data needs to be entered in to the EHR system and the eCQM data

needs to be pulled directly from the EHR in the form of QRDA Category I reports.

Question 27: We had heard on another WebEx that EHs were required to submit four eCQMs for IQR and then attest to six others. Was that wrong or has that changed?

Answer 27: For the IQR program, a hospital is required to submit eCQM data for one quarter and submit chart-abstracted data for eight measures (ED-1, ED-2, IMM-2, SEP-1, STK-4, VTE-5, VTE-6, and PC-01) for a full year.

Question 28: Can you explain the reporting for IQR and MU? You stated we must report four eCQMs for IQR. Can we use the same for MU? Then how many other CQM's must be reported? Can you make this clearer?

Answer 28: The IQR program requires submission of data for at least four of the 28 available eCQMs. A hospital that meets this requirement also satisfies the Clinical Quality Measure requirement of the Medicare EHR Incentive Program. Please note that eCQM requirements are not the only requirements for both programs, and those other requirements must be satisfied to fulfill the programs' conditions.

Question 29: If a facility attests to 16 of 28 or 29 of CQMs 2016 for MU, then do they NOT need to submit any CQM in Q3/Q4 2016?

Answer 29: If a facility chooses to attest to satisfy the Clinical Quality Measure requirement of the Medicare EHR Incentive Program, they would not have to submit QRDA Category I files for one quarter in 2016 unless the facility also participates in the Hospital IQR program. The IQR Program requires the submission of data for at least four of the 28 available eCQMS for either third or fourth quarter.

Question 30: Do we need to have the QRDA 1 file completed and the data corrected? Then a QRDA 3 file with the most correct information will be submitted to CMS?

Answer 30: For hospital reporting, QRDA Category 3 files are not accepted. A facility must submit a QRDA Category I file for each patient that meets the Initial Patient Population for an applicable measure(s). Multiple measure data may be contained on one patient file. QRDA files can be submitted individually or in batches to the *QualityNet Secure Portal*. All files that pass through the validation checks will be processed by the measures engine and measure calculations will be available on reports.

Question 31: Are there any restrictions on using the zero denominator option? Can any hospital use this option?

Answer 31: Any facility whose EHR is certified to submit data for the applicable eCQM but does not have any patients that meet the IPP can utilize the zero denominator option.

Question 32: Is there a minimum denominator population for submitting information? I am referring to a hospital that has a population of less than 30 per quarter and is not considered a CAC.

Answer 32: There is not a minimum denominator population for submitting data. Hospitals do have the option of utilizing the Case Threshold Exemption for certain measures. To utilize the Case Threshold Exemption, a facility would need to be using an EHR system certified to report data for the applicable measure and have five or fewer patients meeting the IPP of that measure for the reporting quarter. Please note that even if the case threshold exemption patient criteria is met, a facility can choose to submit QRDA Category I files for those patients and are not required to utilize the case threshold exemption.

Question 33: What is meant by EH - Eligible Hospital? Does this mean All Acute Care Hospitals or only those already submitting electronically?

Answer 33: Eligible Hospitals means all Acute Care hospitals, not just those that are currently submitting electronically.

Question 34: For any of the measures we submit in Q3 or Q4 of 2016, do we still need to manually abstract those measures in Q1 and Q2?

Answer 34: For 2016, IQR has separated the eCQM data submission and the chart-abstraction submission requirements. For the IQR program, a hospital is required to submit eCQM data for one quarter for at least four of the 28 available eCQMs and submit chart-abstracted data for ~~8~~eight measures (ED-1, ED-2, IMM-2, SEP-1, STK-4, VTE-5, VTE-6, and PC-01) for a full year. A facility may choose to submit eCQM data for a measure that they are required to chart-abstract. If this happens, the eCQM data submission does not remove the chart-abstracted requirement.

Question 35: Is reporting via QRDA (electronic) format for CQMs required in 2016 or will hospitals and EPs still be able to report via attestation as an option in 2016?

Answer 35: If a facility participates in the Hospital IQR program, the facility is required to submit data for at least four eCQMs. For facilities that do not participate in IQR, such as Critical Access Hospitals, they are able to fulfill the Medicare EHR Incentive Program requirements utilizing the CMS Registration and Attestation system.

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Question 36: Please tell me what IG means?

Answer 36: IG stands for Implementation Guide. For 2016 reporting, CMS has provided a reference document that details the information needed to be contained in the QRDA Category I files to pass through the receiving system and be calculated to meet program requirements. The document is entitled, *2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting*. This can be found on the eCQM Library page of the CMS website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html.

Question 37: How do we find out if our hospital system has been submitting the NQS Domains at this time?

Answer 37: If you have submitted eCQM data through the *QualityNet Secure Portal*, you are able to access reports that will indicate which domain the eCQMs fall in to.

Question 38: Do Eligible Hospitals/CAHs need to notify CMS as to which eCQMs they will be reporting on? If yes, is there a deadline?

Answer 38: Facilities do not need to notify CMS which of the eCQMs that they will be reporting data for. Now that eCQM data is a required portion of the IQR program, there is no longer a need for this notification.

Question 39: Will the Category I file pass validation if the admission encounter start date is prior to the program quarter? For instance, if the patient is admitted 9/30 and discharged 10/3 of the calendar year, will the file pass validation or be rejected?

Answer 39: Files are evaluated based on the discharge date of the encounter. The discharge date, or dates if there are multiple encounters in one file, should all be contained in the reporting quarter that the facility is submitting data for.

Question 40: Is there an application for "Hardship exemption" for small rural hospitals that are still implementing electronic programs and processes?

Answer 40: CMS will be presenting a webinar in January that will cover the waivers that are available and what the requirements are to meet the waivers' intent. More information regarding the webinar will be made available through the IQR ListServe located at http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register.

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Question 41: If we are testing QRDA Cat I files before July 1, 2016, must we still use 7/1/16-9/30/16 as the *Reporting Parameter Effective Date Range*, or can we use an earlier quarter?

Answer 41: Test files are expected to be able to be submitted through the *QualityNet Secure Portal* starting in May 2016. Files must be submitted for a Discharge Reporting Quarter, either Q1 (January–March), Q2 (April–June), Q3 (July–September), and/or Q4 (October–December). This will allow Reporting Period effective ranges 1/1/2016–3/31/2016 and 4/1/2016–6/30/2016 to be used before July 1, 2016. A submitter will not be able to use the 7/1/2016–9/30/2016 reporting period before 7/1/2016 because the system will reject the files if it has future discharge date. Q1 and Q2 are only able to be used with test file submissions.

Question 42: Our facility results PT and PTT lab results with different LOINC codes than those that are available from VSAC. How do we get our LOINC codes added to the approved list?

Answer 42: You could submit an ONC JIRA ticket (https://jira.oncprojectracking.org) under the CQM Issue Tracker project to request of adding additional LOINC codes to the existing value sets specified in eCQMs. These tickets will be evaluated as part of the next eCQM specifications Annual Update.

Question 43: Can you send the link to sign up for the ListServe?

Answer 43: The link for the listserve can be found on the *QualityNet* website at: http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register.

Question 44: How do we know if the mapping from our EHR-designed document is accurate? Where would we submit additional programming or mapping questions?

Answer 44: Questions could be submitted to the ONC JIRA ticket (https://jira.oncprojectracking.org). Several JIRA projects, e.g., QRDA Issue Tracker, CQM Issue Tracker, and QDM Issue Tracker, could be used to help address specific questions from the implementations.

Question 45: On slide 24 it was mentioned that CCN could be 6–10 characters. Will CCNs be changing?

Answer 45: The CCN is not currently being changed.**Question 46:** Do you have 2015 statistics on the electronic reporting as to how many submissions were made and how many submissions were successful?

Answer 46: The 2015 submission deadline closed on December 31, 2015. CMS is reviewing the submissions and will be releasing statistics at a later date.

Question 47: In regards to reporting denominator exclusions in QRDA, what if we do not have data for every single exclusion in our system? Are we required to build out workflows that allow for the capture of this documentation so that we can report on every single exclusion?

Answer 47: In future rulemaking, guidance will be issued outlining what CMS will expect for validation of eCQM data. For 2016, the QRDA Category I files will need to contain data properly formatted to allow the files to pass file structure validation and allow for the measure calculations to occur. The files submitted must contain the necessary data to allow for the Initial Patient Population to be met for at least four of the available measures to meet program requirements. Submitters will need to work through the eCQM specifications to confirm that all applicable data elements are being captured for the measures that will be reported on and that those elements are being documented correctly in the EHR system to allow for inclusion in the QRDA Category I file. QRDA Category I files are a patient-level report, meaning that the report contains data for one patient for one or more quality measures. EHR systems should create a QRDA Category I file for each patient that meets the Initial Patient Population for any and all of the applicable measure(s) that the facility is reporting on. Submitters can test their QRDA Category I files prior to submission to CMS. For Hospital Quality Reporting, submitters can utilize the Pre-Submission Validation Application (PSVA) and/or the *QualityNet Secure Portal* to test files. The PSVA is currently available to test file validation against the 2016 requirements and can be downloaded from the Secure File Transfer section of the *QualityNet Secure Portal*. The *QualityNet Secure Portal* is expected to be available in May for submission of test files. To utilize both resources, a submitter will need to have a *QualityNet Secure Portal* account with the EHR Data Upload role assigned. eCQM specifications and the file formatting requirements can be found on the eCQM Library page of the CMS website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html. Scroll down the page to "eCQM Specifications for Eligible Hospitals Update June 2015" to find the applicable eCQM specifications and "2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting" to find the requirements to allow for the file to pass through the validation checks.

Question 48: We will be submitting ED-1 and ED-2 as two of our eCQM measures. In 2014 we transitioned to Epic for our EMR and have not been CDAC-validated. Can we consult with CMS while building our eCQM measures

to ensure we are using the correct Epic timelines for capturing ED Departure Time and Decision to Admit Time?

Answer 48: Any questions related to eCQM specifications and data elements will need to be submitted through the Clinical Quality Measure (CQM) Issue Tracker. The link to the site is here: https://jira.oncprojectracking.org/browse/CQM. There is a User Guide to assist anyone that has not had an opportunity to submit questions through this tool or search previously asked questions. The User Guide can be found at: https://www.healthit.gov/sites/default/files/Jira-CQMFS-Instructions.pdf.