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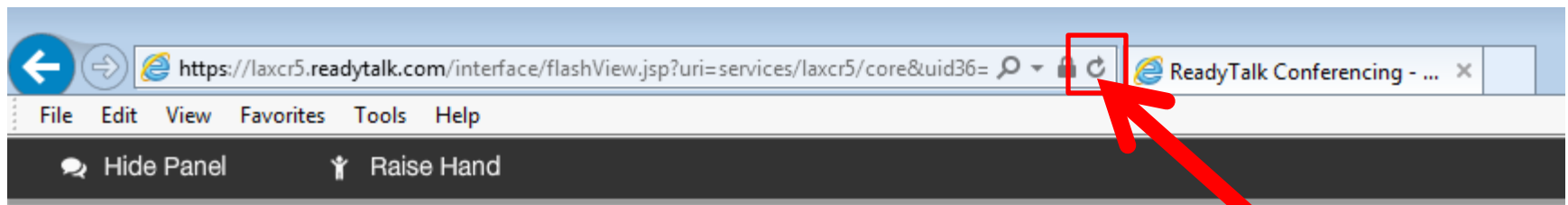
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

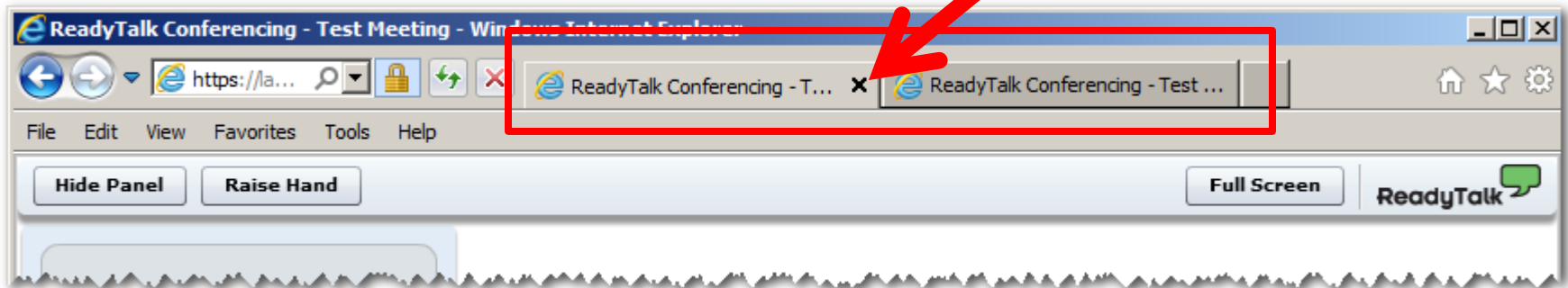


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web application interface. The top bar contains "Hide Chat", "Raise Hand", "Full Screen", and "ReadyToGo" buttons. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) and a large "Welcome to Today's Event" message. Below this is a yellow horizontal line and a message: "Thank you for joining us today! Our event will start shortly." In the bottom-left corner, there is a "Chat with Presenter" section with a text input field containing "Type questions here." and a "Send" button. A yellow arrow from the text on the left points to this input field.



Common Errors for QRDA Category I Test Files – Session 1

Jennifer Seeman

*Hospital Quality Reporting (HQR) Electronic Health Record (EHR) Program Manager
Portfolio, Program and Project Management (PM3) Support Contractor (SC)*

Artrina Sturges, EdD

*Project Lead, Inpatient Quality Reporting (IQR) - Electronic Health Record (EHR) Incentive Program Alignment
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education SC*

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Purpose

This presentation will provide an overview of the mandatory electronic Clinical Quality Measure (eCQM) submission process. The scope of the overview is limited to the Hospital IQR and Medicare EHR Incentive Programs for Calendar Year (CY) 2016. The topics include:

- the top 10 eCQM test file submission errors
- tips for troubleshooting the errors
- a review of tools and reference materials to assist facilities with the successful submission of test files

Objectives

At the conclusion of this presentation, participants will be able to:

- Troubleshoot common CMS Quality Reporting Data Architecture (QRDA) I file submission errors to reduce the likelihood of file rejection
- Locate and utilize tools and reference materials to assist with submission activities
- Perform the steps necessary for successful submission of eCQM test files

Agenda

- Top 10 Common Errors for QRDA Category I Test Files
- **Appendix A:** CY 2016 eCQM Reporting Requirements
- **Appendix B:** Eligible Hospital eMeasure Version Specific IDs 2015 Updates for the 2016 Reporting Period
- **Appendix C:** Testing QRDA Category I Files – Tools and Tips
- **Appendix D:** Resources

Common Errors for QRDA Category I Test Files - Session 1

TOP 10 COMMON ERRORS FOR QRDA CATEGORY I TEST FILES

Top 10 Common Errors for QRDA I Test Files CY 2016

ERROR #1	Reporting Period Effective Date Range (CONF:CMS_0079)
ERROR #2	Encounter Performed <i>Admission</i> Date (CONF:CMS_0062)
ERROR #3	Encounter Performed <i>Discharge</i> Date (CONF: CMS_0063)
ERROR #4	Effective Time (CONF:1098-7508)
ERROR #5	Number of Authors (CONF:1140-27745)
ERROR #6	CCN Cannot be Validated (CONF:CMS_0066)
ERROR #7	<i>Admission and Discharge</i> Date Format (CONF:CMS_0075) (CONF:CMS_0076)
ERROR #8	Dummy CCN (CONF: CMS_0068)
ERROR #9	QRDA Document Format (CONF:CMS_0072)
ERROR #10	QRDA Document Format (CONF:CMS_0073)

Error 1: Reporting Period Effective Date Range (1 of 3)

ERROR: Reporting Period Effective Date Range does not match one of the Program's CY Discharge Quarters ([CONF:CMS_0079](#)).

Meaning:

The Reporting Parameter Effective Date Range must align with one of the program's allowable CY discharge quarters, which will depend on whether the submission is for Production or Test data.

Error 1: Reporting Period Effective Date Range (2 of 3)

```
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- This is the templateId for Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- This is the templateId for Reporting Parameters Act - CMS EP & HQR -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8" extension="2015-07-01"/>
    <id root="3d7c11cf-b01b-4527-a704-c098c162779d"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20160101"/>
      <high value="20160331"/>
    </effectiveTime>
  </act>
</entry>
```

Error 1: Reporting Period Effective Date Range (3 of 3)

For CY 2016 IQR Program reporting, a hospital will be required to:

- Report a minimum of four of the 28 available eCQMs
- Report for **at least** one quarter (Q3 or Q4) of CY 2016
- Submit between October 2016 and February 2017
- All data must be submitted **February 28, 2017, by 11:59 PM PT**
- Test data can be submitted for any quarter

EHR Incentive Program (Meaningful Use) Submission and Hospital IQR Program Submission via EHR
for Production and Test Data Files

Quarter	CY Discharge Quarters		Production Data Submissions		Test Data Submissions	
	Discharge Start	Discharge End	Start	End	Start*	End
CY16Q1	1/1/2016	3/31/2016	N/A	N/A	5/27/2016	2/28/2017
CY16Q2	4/1/2016	6/30/2016	N/A	N/A	5/27/2016	2/28/2017
CY16Q3	7/1/2016	9/30/2016	10/1/2016	2/28/2017	5/27/2016	2/28/2017
CY16Q4	10/1/2016	12/31/2016	10/1/2016	2/28/2017	5/27/2016	2/28/2017

Error 2: Encounter Performed Admission Date (1 of 2)

ERROR: The system SHALL reject QRDA I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) ([CONF:CMS_0062](#)).

Meaning:

Possible conditions resulting in this error

- Encounter Performed Admission Date (effectiveTime/low value) really is after the Encounter Performed Discharge Date (effectiveTime/high value)
- If either the Admission Date or Discharge Date values are null or have an invalid format

Error 2: Encounter Performed Admission Date (2 of 2)

Error:

Admission Date is after the Discharge Date

```
<low value="20160229090000+0500"/>
```

```
<high value="20160131103000+0500"/>
```

```
<!--Encounter, Performed:Start-->
<!--"Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient
      SNOMEDCT Value Set (2.16.840.1.113883.3.666.5.307)" -->
<entry typeCode="DRIV">
  <encounter classCode="ENC" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2014-06-09"/>
    <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2014-12-01"/>
    <id root="2a620155-9d11-439e-92b3-5d9815ff4de8"/>
    <code code="32485007" displayName="Hospital admission (procedure)"
          codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMEDCT"
          sdtc:valueSet="2.16.840.1.113883.3.666.5.307">
    </code>
    <text>Encounter, Performed: Inpatient Encounter</text>
    <statusCode code="completed"/>
    <effectiveTime>
      <!-- Attribute: admission datetime (or encounter start)-->
      <low value="20160129090000+0500"/>
      <!-- Attribute: discharge datetime (or encounter end)-->
      <high value="20160131100000+0500"/>
    </effectiveTime>
  </encounter>
</entry>
```

How to fix (example):

Error 3: Encounter Performed Discharge Dates (1 of 2)

ERROR: The system SHALL reject QRDA I files if at least one of the Encounter Performed Discharge Dates is not within the reporting period found in the QRDA ([CONF: CMS_0063](#)).

Error 3: Encounter Performed Discharge Dates (2 of 2)

Meaning:

There must be at least one encounter in the QRDA that is within the reporting period.

If there are other encounters reported that are outside the reporting period, the file will not be rejected as long as there is at least one encounter with the discharge date within the reporting period, as specified in the Reporting Parameters Section of the QRDA.

```
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- This is the templateId for Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- This is the templateId for Reporting Parameters Act - CMS EP & HQR -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8" extension="2015-07-01"/>
    <id root="3d7c11cf-b01b-4527-a704-c098c162779d"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20160701"/>
      <high value="20160930"/>
    </effectiveTime>
  </act>
</entry>
```

CY 2016 Discharge Reporting Period

July 1–September 30, 2016 (Q3)

October 1–December 31, 2016 (Q4)

Error 4: Effective Time (1 of 3)

ERROR: SHALL contain exactly one [1..1] effective Time ([CONF:1098-7508](#)) such that it...

Meaning:

The error would be generated for a file containing a Medication Activity (V2) template

[2.16.840.1.113883.10.20.22.4.16:2014-06-09]

without including effective time with data type of “IVL_TS” specified.

The actual Schematron assertion is as follows:

```
<sch:assert id="a-1098-7508-c"
test="cda:effectiveTime[@xsi:type='IVL_TS']">SHALL contain exactly
one [1..1] effectiveTime (CONF:1098-7508) such that it</sch:assert>
```

Two examples of valid code snippets from the Health Level Seven International (HL7) Implementation Guide (IG) are shown on the next slides.

Error 4: Effective Time (2 of 3)

The following two examples represent valid code snippets from the HL7 IG. Both contain the Medication Activity (V2) template with effectiveTime included, as well as the required data type, e.g., '`<effectiveTime xsi:type="IVL_TS">`'

NOTE: One uses time specified, the other uses nullFlavor.

Example 1 – effective time specified:

```
<substanceAdministration classCode="SBADM" moodCode="EVN">
  <!-- ** Medication Activity (V2) ** -->
  <templateId root="2.16.840.1.113883.10.20.22.4.16"
    extension="2014-06-09"/>
  <id root="6c844c75-aa34-411c-b7bd-5e4a9f206e29"/>
  <statusCode code="active"/>
  <effectiveTime xsi:type="IVL_TS">
    <low value="20120318"/>
  </effectiveTime>
  <effectiveTime xsi:type="PIVL_TS" institutionSpecified="true" operator="A">
    <period value="12" unit="h"/>
  </effectiveTime>
```

Error 4: Effective Time (3 of 3)

Example 2 – Using nullFlavor:

```
<substanceAdministration classCode="SBADM" moodCode="EVN">
  <!-- Conforms to C-CDA R2 Medication Activity (V2)| -->
  <templateId root="2.16.840.1.113883.10.20.22.4.16" extension="2014-06-09" />
  <!-- Medication, Active (V2) template -->
  <templateId root="2.16.840.1.113883.10.20.24.3.41" extension="2014-12-01" />
  <id root="9a5f4d94-ccad-4d57-80ea-27737545c7ed" />
  <statusCode code="active" />
  <effectiveTime xsi:type="IVL_TS">
    <low nullFlavor="NA" />
  </effectiveTime>
```

Error 5: Medication Order (V2) Requires Author (1 of 2)

ERROR: SHALL contain exactly one [1..1] author ([CONF:1140-27745](#)).

Meaning:

The Medication Order template was updated from QRDA I, Release 2 to Release 3. Among other changes, Author has been added as a required element in Medication Order (V2). Author represents the clinician ordering the medication from a pharmacy for a patient.

Error 5: Medication Order (V2) Requires Author (2 of 2)

```
<!-- QDM Attribute: Medication, Order -->
  <substanceAdministration classCode="SBADM" moodCode="RQO">
    <!-- Conforms to C-CDA R2 Planned Medication Activity (V2) -->
    <templateId root="2.16.840.1.113883.10.20.22.4.42" extension="2014-06-09"/>
    <!-- Medication Order (V2) Template -->
    <templateId root="2.16.840.1.113883.10.20.24.3.47" extension="2014-12-01"/>
    <id root="9a5f4d94-ccad-4d57-80ea-27737545c7bb"/>

    .....

    <author>
      <!-- C-CDA R2 Author Participation -->
      <templateId root="2.16.840.1.113883.10.20.22.4.119"/>
      <time value="201504081130"/>
      <assignedAuthor>
        <id root="2.16.840.1.113883.4.6" extension="1234567893"/>
      </assignedAuthor>
    </author>

    .....

  </substanceAdministration>
```

Error 6: CCN Cannot be Validated

ERROR: CCN (NULL) cannot be validated ([CONF:CMS_0066](#)).

Meaning:

The possible conditions resulting in this error are:

- CMS Certification Number (CCN) extension value length is not 6 to 10 characters
- CCN extension is missing or it is an empty string
- Source Template:
 - cda:ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/id
 - where id/@root="2.16.840.1.113883.4.336" and @extension is the CCN
 - This representedOrganization id/@root coupled with the id/@extension represents the organization's Facility CMS Certification Number (CCN)

Error 7: Admission and Discharge Date

ERROR: Admission Date is not properly formatted ([CONF:CMS_0075](#)).

ERROR: Discharge Date is not properly formatted ([CONF:CMS_0076](#)).

Meaning:

Fails validation check for Encounter Performed Admission Date (effectiveTime/low or high value) respectively, as specified in the Valid Date/Time Format table for HQR in the CMS 2016 IG.

Error 7: Admission/Discharge Date Resolution

Valid Date/Time Format is Year, Month, Day, Hour, Minute, Second, and Universal Time, or YYYYMMDDHHMMSSxUUUU, where:

- YYYY - year - range 1900 to 9999
- MM - month - range 01 to 12
- DD - day - range 01 to 31 (note: true to month and leap years)
- HH - hour - range 0 to 23
- MM - minutes - range 0-59
- SS - seconds - range 0-59
- *Time zone not required but submitters cautioned to be consistent – use everywhere or not at all*
- x - plus or minus sign
- UUUU – UTC time shift –1300 thru +1400

Error 8: Dummy CCN

ERROR: Provider is not allowed to use dummy CCN number (800890) for submissions (**CONF: CMS_0068**).

Meaning:

The dummy CCN (shown below) can be used only by vendors and only for Test Data submissions. <id root="2.16.840.1.113883.4.336" extension="800890"/>

Error 9: QRDA Document Format Error

ERROR: The document does not conform to QRDA document formats accepted by CMS ([CONF:CMS_0072](#)).

Meaning:

QRDA structure of the submitted file does not conform to the QRDA XML Schema (CDA_SDTC.XSD) provided by HL7. The file does not pass the schema check. Validation continues on the file to identify any other errors.

Error 10: QRDA Document Format Error

ERROR: The document does not conform to QRDA document formats accepted by CMS
([CONF:CMS_0073](#))

Meaning:

The QRDA must have **all four** required header template IDs and extensions for a QRDA Category I, Draft Standard for Trial Use (DSTU), Release 3 format file being sent to CMS:

```
<!-- US Realm Header (V2) -->  
<templated root="2.16.840.1.113883.10.20.22.1.1" extension="2014-06-09"/>  
<!-- QRDA Category I Framework (V2) -->  
<templated root="2.16.840.1.113883.10.20.24.1.1" extension="2014-12-01"/>  
<!-- QDM-Based QRDA (V2) -->  
<templated root="2.16.840.1.113883.10.20.24.1.2" extension="2014-12-01"/>  
<!-- QRDA Category I Report - CMS HQR (V2) -->  
<templated root="2.16.840.1.113883.10.20.24.1.3" extension="2015-07-01"/>
```

This error is also produced for an empty file or any non-XML file type (e.g., PDF). Processing stops immediately on file.

Resources to Troubleshoot Error Messages

- [2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting](#)
CMS eCQM Library and the eCQI Resource Center
- [Addendum to 2016 CMS QRDA Implementation Guide for Eligible Professional and Hospital Quality Reporting](#)
CMS eCQM Library and the eCQI Resource Center
- [*HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category I, Draft Standard for Trial Use Release 3 \(QRDA-I R3\)*](#)
June 2015

Common Errors for QRDA Category I Test Files-Session 1

APPENDIX A: CY 2016 ECQM REPORTING REQUIREMENTS

CY 2016 eCQM Reporting Requirements for IQR Program

For CY 2016 IQR Program reporting, a hospital will be required to:

- Report a minimum of four of the 28 available eCQMs
- Report for at least one quarter (three or four) of CY 2016
- Submit between October 2016 and February 2017. All data must be submitted **February 28, 2017 by 11:59 PM PT.**

Important Notes:

- CY 2016 reporting will apply to FY 2018 payment determinations for IPPS hospitals
- National Quality Strategy Domain distribution will not be required
- Critical Access Hospitals (CAHs) are **encouraged, but** not required, to participate in IQR reporting activities
- The Intent to Submit Screen **does not** need to be completed
- IQR eCQM requirement fulfillment also satisfies the eCQM reporting option requirement for the Medicare EHR Incentive Program

CY 2016 eCQM Reporting Requirements for the Medicare EHR Incentive Program

Option 1: Electronic data submission of at least four eCQMs through the *QualityNet Secure Portal (QSP)* as QRDA I Files

- Satisfies the CQM Medicare EHR Incentive Program Meaningful Use (MU) requirement
- Aligns with IQR Program requirements

Option 2: Aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System

- Is available for facilities that do not participate in the Hospital IQR Program
- Satisfies the CQM Medicare EHR Incentive Program MU
- Will **not meet** Hospital IQR Program requirements.

Hospitals who are also eligible to participate in the Medicaid EHR Incentive Program will need to refer to their State Program requirements. All other EHR incentive program requirements, including core and menu set measures, will need to be reported through attestation for complete program fulfillment. Refer to the 2016 Program Requirements page of the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html> for a complete program requirement listing.

CY 2016 eCQMs for IQR and Medicare EHR Incentive Program Reporting (1 of 4)

<p>ED-1 CMS55v4 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i></p>	<p>ED-2 CMS111v4 <i>Admit Decision Time to ED Departure Time for Admitted Patients</i></p>
<p>ED-3* CMS32v5 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i></p>	<p>STK-2 CMS104v4 <i>Discharged on Antithrombotic Therapy</i></p>
<p>STK-3 CMS71v5 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i></p>	<p>STK-4 CMS91v5 <i>Thrombolytic Therapy</i></p>
<p>STK-5 CMS72v4 <i>Antithrombotic Therapy by the End of Hospital Day Two</i></p>	<p>STK-6 CMS105v4 <i>Discharged on Statin Medication</i></p>

*ED-3 is an outpatient measure and not applicable for IQR

CY 2016 eCQMs for IQR and Medicare EHR Incentive Program Reporting (2 of 4)

STK-8
CMS107v4
Stroke Education

STK-10
CMS102v4
Assessed for Rehabilitation

AMI-2
CMS100v4
Aspirin Prescribed at Discharge for AMI

AMI-7a
CMS60v4
*Fibrinolytic Therapy Received Within
30 Minutes of Hospital Arrival*

AMI-8a
CMS53v4
*Primary PCI Received Within
90 Minutes of Hospital Arrival*

AMI-10
CMS30v5
Statin Prescribed at Discharge

VTE-1
CMS108v4
Venous Thromboembolism Prophylaxis

VTE-2
CMS190v4
*Intensive Care Unit Venous
Thromboembolism Prophylaxis*

CY 2016 eCQMs for IQR and Medicare EHR Incentive Program Reporting (3 of 4)

VTE-3

CMS73v4

Venous Thromboembolism Patients with Anticoagulation Overlap Therapy

VTE-4

CMS109v4

Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)

VTE-5

CMS110v4

Venous Thromboembolism Discharge Instructions

VTE-6

CMS114v4

Incidence of Potentially Preventable Venous Thromboembolism

PC-01

CMS113v4

Elective Delivery

PC-05

CMS9v4

Exclusive Breast Milk Feeding

CAC-3

CMS26v3

Home Management Plan of Care Document Given to Patient/Caregiver

SCIP-INF-1

CMS171v5

Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision

CY 2016 eCQMs for IQR and Medicare EHR Incentive Program Reporting (4 of 4)

SCIP-INF-2

CMS172v5

Prophylactic Antibiotic Selection for Surgical Patients

SCIP-INF-9

CMS178v5

Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with Day of Surgery Being Day Zero

EHDI_1a

CMS31v4

Hearing Screening Prior to Hospital Discharge

HTN

CMS185v4

Healthy Term Newborn

PN-6

CMS188v5

Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patients

CY 2016 eCQM Reporting Specifications

Eligible Hospitals (EHs) and CAHs seeking to report eCQMs must use:

- The *June 2015 Update for eReporting for the 2016 Reporting Year* version of the electronic specifications for the CQMs
- The *2016 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Data Architecture (QRDA) Implementation Guide for Eligible Professionals and Hospital Quality Reporting and Appendix*, published in February 2016

eCQM Reporting Standards Documentation and QRDA file specifications are on the eCQM Library page at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Defining Successful eCQM Submission for CY 2016

To successfully submit the four or more required eCQMs, report them as any combination of:

- Accepted QRDA I files with patients meeting the Initial Patient Population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Remember:

- CY 2016 data should be from **either** quarter three or four
- Submission Deadline is February 28, 2017
- Submission of eCQMs does not meet the complete program requirements for the *Hospital IQR Program*. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures. For questions regarding the IQR Program, please, contact the IQR Support Contractor at 844.472.4477, 866.800.8765, or <https://cms-ip.custhelp.com>.
- For questions regarding the complete program requirements for the *EHR Incentive Program*, please contact the EHR Information Center (EHRIC) at 888.734.6433.

Zero Denominator Declaration Clarification

For the EHR Incentive and Hospital IQR Programs:

- A Zero Denominator can be used when both:
 - A hospital's EHR system is certified for an eCQM
 - A hospital does not have patients that meet the denominator criteria of that CQM
- A Zero Denominator submission counts as successful for that eCQM for both the Medicare EHR Incentive Program MU and the Hospital IQR program
- Zero Denominator Declarations are entered on the Denominator Declaration screen within the *QSP*

Case Threshold Exemption Clarification

For the EHR Incentive and Hospital IQR Programs:

- The Case Threshold Exemption can be used when both:
 - A hospital's EHR system is certified to report data
 - Five or fewer discharges have occurred during the relevant EHR reporting quarter
- An eCQM counts toward meeting the program requirement, if the EH or CAH qualifies for an exemption for that eCQM
- Hospitals do **NOT** have to utilize the Case Threshold Exemption; they can submit applicable QRDA I files, if they choose
- Case Threshold Exemptions are entered on the Denominator Declaration screen within the *QSP*

eCQM Reporting Standards for CY 2016 Reporting

EHs and CAHs that seek to report eCQMs electronically must use:

- An EHR system certified to either the 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) standards
- The *June 2015 Update for eReporting for the 2016 Reporting Year* version of the electronic specifications for the CQMs
- The *2016 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Data Architecture (QRDA) Implementation Guide for Eligible Professionals and Hospital Quality Reporting*

eCQM and QRDA file specifications can be located on the eCQM Library page of the CMS website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Common Errors for QRDA Category I Test Files-Session 1

**APPENDIX B: ELIGIBLE HOSPITAL
EMEASURE VERSION SPECIFIC IDS 2015
UPDATES FOR THE 2016 REPORTING PERIOD**

Referencing eCQMs

There are many ways to reference eCQMs and each can uniquely refer to a specific eMeasure:

- CMS identifier
- NQF number
- Short name
- Version specific identifier
- Version neutral identifier

NOTE: The HL7 IG *requires* and the CMS IG *reinforces* that an eMeasure in a QDM-based QRDA I contain a reference to the version specific identifier for each eMeasure submitted. The reference must be represented by the @extension value associated with the externalDocument/id root OID of 2.16.840.1.113883.4.738

Version Identifiers

For each eCQM, there is a:

- Version neutral identifier which:
 - Does not change across successive annual revisions to the specification
 - Is easily found in the human-readable form of the specification (i.e., the HTML) by the GUID, or Globally Unique Identifier, entry
- Version specific identifier which:
 - Changes with each updated published version of the specification for the eCQM
 - Is found in the XML version

Version Identifiers: Similarities and Differences

Version neutral and version specific identifiers:

- Are similar in appearance. Both are a string of 36 alphanumeric characters
- Differ in how the validation and receiving systems handle them:
 - The version specific ID is required
NOTE: If missing or incorrect, the file will be in error and will be rejected
 - The version neutral ID is recommended
NOTE: If missing, a warning may be generated but it will not cause the file to be rejected

Version Identifiers: QRDA I Files

IMPORTANT:

For CY 2016 reporting, hospital QRDA I files must only contain eCQMs using the 2015 specifications, otherwise the QRDA file will be rejected.

The *June 2015* updates of the version specific identifiers for the EH eCQMs are listed in tables on the following pages for reference.

Version Specific Identifiers: June 2015 Updates

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setId root)	2015 Updates for 2016 Reporting Period	
					eMeasure Version	Version Specific (Id root)
9	0480	PC-05	Exclusive Breast Milk Feeding	7d374c6a-3821-4333-a1bc-4531005d77b8	4	40280381-4de7-db4d-014d-e8c552e9025f
26	N/A	HMPC	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	e1cb05e0-97d5-40fc-b456-15c5dbf44309	3	40280381-4b9a-3825-014b-bd8fa6b2062e
30	0639	AMI-10	Statin Prescribed at Discharge	ebfa203e-acc1-4228-906c-855c4bf11310	5	40280381-4be2-53b3-014b-e6419b2c033e
31	1354	EHDI-1a	Hearing Screening Prior to Hospital Discharge	0924fbae-3fdb-4d0a-aab7-9f354e699fde	4	40280381-4c18-79df-014c-2864b0a404c5
32	0496	ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	3fd13096-2c8f-40b5-9297-b714e8de9133	5	40280381-4c18-79df-014c-291ef3f90654
53	0163	AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	84b9d0b5-0caf-4e41-b345-3492a23c2e9f	4	40280381-4be2-53b3-014b-ea9da2df05bb
55	0495	ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients	9a033274-3d9b-11e1-8634-00237d5bf174	4	40280381-4c18-79df-014c-2414260502ad

Version Specific Identifiers: June 2015 Updates

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setld root)	2015 Updates for 2016 Reporting Period	
					eMeasure Version	Version Specific (Id root)
60	0164	AMI-7a	Fibrinolytic Therapy Received Within 90 Minutes of Hospital Arrival	909cf4b4-7a85-4abf-a1c7-cb597ed1c0b6	4	40280381-4be2-53b3-014b-eb39a1a60681
71	0436	STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	03876d69-085b-415c-ae9d-9924171040c2	5	40280381-4b9a-3825-014b-db6ef30f0e2d
72	0438	STK-5	Antithrombotic Therapy By End of Hospital Day 2	93f3479f-75d8-4731-9a3f-b7749d8bcd37	4	40280381-4c72-51df-014c-8f6fc3510790
73	0373	VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	6f069bb2-b3c4-4bf4-adc5-f6dd424a10b7	4	40280381-4c18-79df-014c-38c6ba7f190b
91	0437	STK-4	Thrombolytic Therapy	2838875a-07b5-4bf0-be04-c3eb99f53975	5	40280381-4be2-53b3-014b-f0bbf5d70dbb
100	0142	AMI-2	Aspirin Prescribed at Discharge	bb481284-30dd-4383-928c-82385bbf1b17	4	40280381-4be2-53b3-014b-e66bed0703d0
102	0441	STK-10	Assessed for Rehabilitation	7dc26160-e615-4cc2-879c-75985189ec1a	4	40280381-4b9a-3825-014b-c21e526d0806

Version Specific Identifiers: June 2015 Updates

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setld root)	2015 Updates for 2016 Reporting Period	
					eMeasure Version	Version Specific (Id root)
104	0435	STK-2	Discharged on Antithrombotic Therapy	42bf391f-38a3-4c0f-9ece-dcd47e9609d9	4	40280381-4c72-51df-014c-8f7b539207a9
105	0439	STK-6	Discharged on Statin Medication	1f503318-bb8d-4b91-af63-223ae0a2328e	4	40280381-4be2-53b3-014c-09f5e7c01618
107	N/A	STK-8	Stroke Education	217fdf0d-3d64-4720-9116-d5e5afa27f2c	4	40280381-4b9a-3825-014b-c1ce20f40785
108	0371	VTE-1	Venous Thromboembolism Prophylaxis	38b0b5ec-0f63-466f-8fe3-2cd20ddd1622	4	40280381-4c18-79df-014c-2d6dc6ce0a53
109	N/A	VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	bcce43dd-08e3-46c3-bfdd-0b1b472690f0	4	40280381-4c18-79df-014c-2d6122a30a44
110	N/A	VTE-5	Venous Thromboembolism Discharge Instructions	7fe69617-fa28-4305-a2b8-ceb6bcd9693d	4	40280381-4c18-79df-014c-2d98d1d60add
111	0497	ED-2	Median Admit Decision Time to ED Departure Time for Admitted Patients	979f21bd-3f93-4cdd-8273-b23dfe9c0513	4	40280381-4c18-79df-014c-242d05bb02cd
113	0469	PC-01	Elective Delivery	fd7ca18d-b56d-4bca-af35-71ce36b15246	4	40280381-4c18-79df-014c-234fb44c0145

Version Specific Identifiers: June 2015 Updates

CMS #	NQF #	Short Name	eMeasure Title	Version Neutral GUID (setld root)	2015 Updates for 2016 Reporting Period	
					eMeasure Version	Version Specific (ld root)
114	N/A	VTE-6	Incidence of Potentially-Preventable Venous Thromboembolism	32cfc834-843a-4f45-b359-8e158eac4396	4	40280381-4c18-79df-014c-2e3345ce0c63
171	0527	SCIP-INF-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	d09add1d-30f5-462d-b677-3d17d9ccd664	5	40280381-4de7-db4d-014d-e8631eb001af
172	0528	SCIP-INF-2	Prophylactic Antibiotic Selection for Surgical Patients	feea3922-f61f-4b05-98f9-b72a11815f12	5	40280381-4de7-db4d-014d-e88b72cf0211
178	0453	SCIP-INF-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero	d78ce034-8288-4012-a31e-7f485a74f2a9	5	40280381-4c18-79df-014c-284cd800045b
185	0716	Healthy Term Newborn	Healthy Term Newborn	ff796fd9-f99d-41fd-b8c2-57d0a59a5d8d	4	40280381-4a43-a22d-014a-cb65430e2df5
188	0147	PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	8243eae0-bbd7-4107-920b-fc3db04b9584	5	40280381-4de7-db4d-014d-e8361d36015a
190	0372	VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	Fa91ba68-1e66-4a23-8eb2-baa8e6df2f2f	4	40280381-4c18-79df-014c-3364efa21057

Common Errors for QRDA Category I Test Files-Session 1

APPENDIX C: TESTING QRDA CATEGORY I FILES – TOOLS AND TIPS

QualityNet Secure Portal: Submitting Test Files CY 2016

- Receiving system functionality to accept QRDA I test files is **now available**.
- Submission of test files to the *QSP* allows users to:
 - Test QRDA Category I file submissions and validate against 2016 CMS QRDA I constraints
 - Validate file structure against the CMS receiving system
 - Identify errors, allowing for corrections prior to production data file submission

NOTES:

- Test file submissions **do not count** toward program requirements
- In December 2015, CMS hosted a webinar entitled *2016 CMS Implementation Guide Changes for Eligible Hospitals/Critical Access Hospitals*. The presentation provided an overview of the QRDA I standard updates and changes necessary for successful reporting in CY 2016. A recording of this webinar can be found at <http://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>.

QualityNet Secure Portal: Submitting Production Files CY 2016

- Submission period for production QRDA files begins **October 2016** and runs through **February 28, 2017**.
- Data must be submitted as production files to meet program data submission requirements with patients meeting the Initial Patient Population of the applicable measures.
- Test file submissions do not count toward program requirements.

Obtain EHR Data Upload Role for eCQM Data Submissions

- Hospitals may submit their own QRDA I files by:
 - Registering for a *QualityNet* account (new users only)
 - Requesting the EHR Data Upload Role from the *QualityNet* Help Desk
- Hospitals can authorize a vendor to submit on their behalf by:
 - Logging in to the *QSP*
 - Authorizing by measure set, data transmission start/end date, or discharge quarter start/end date
- Certified EHR vendors who have been authorized by a hospital to submit data must:
 - Register for a *QualityNet* account
 - Request the EHR Data Upload role

Note: For assistance, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or by calling 1.866.288.8912.

QRDA I File Format Expectations

CMS is expecting:

- One file, per patient, per quarter
 - That the file will include all the episodes of care and the measures associated with the patient file
 - Maximum individual file size of 5 MB
 - Files uploaded by Zip file (.zip)
 - Maximum submission of 15,000 files per zip file
- If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional zip files

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to catch and correct QRDA formatting errors prior to data submission to CMS
- Is used voluntarily. CMS recommends vendors and facilities use the tool to test early and test often
- Is downloadable from the Secure File Transfer in the *QSP* and Installs on your system

NOTE:

- To submit files, you or your vendor, will require a *QSP* User Account with an EHR Data Upload role
- For assistance with the PSVA tool, user accounts, or roles, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or 866.288.8912, 7 a.m. – 7 p.m. Central Time, Monday through Friday

Test QRDA I Files: Preparation Checklist

CY 2016 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA-I File Testing Instructions

Due	Task	✓
NOW	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least four eCQMs from the available 28 eCQMs List. <input type="checkbox"/> Confirm EHR System is certified to either 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) Standards on the Certified Health IT Product List – CHPL Website and review which measures the system is certified to report. <input type="checkbox"/> Contact the QualityNet Help Desk and obtain a <i>QualityNet Secure Portal (QSP)</i> account and the EHR Data Upload Role. <input type="checkbox"/> Confirm QRDA -Category I files are constructed per the 2016 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) and 2016 CMS QRDA IG Appendix and Schematrons, and use the eCQM Specifications for Eligible Hospitals Update June 2015 on the eCQM Library page. <input type="checkbox"/> Download the Pre-Submission Validation Application (PSVA) version 1.1.2 and the User Guide from the Secure File Transfer (SFT) of the QSP to validate the certified electronic health record technology (CEHRT)-generated QRDA – I files for test submission. 	<input type="checkbox"/>

Posted on <http://www.qualityreportingcenter.com/>.

Common Errors for QRDA Category I Test Files-Session 1

APPENDIX D: RESOURCES

Resources

QualityNet Help Desk – PSVA and Data Upload

- Qnetsupport@hcqis.org
- 1.866.288.8912, 7 a.m.–7 p.m. CT, Monday through Friday

eCQM General Program Questions – IQR Program

- <https://cms-ip.custhelp.com>
- 866.800.8765 or 844.472.4477, 7 a.m.–7 p.m. CT Monday through Friday (except holidays)

EHR (Meaningful Use) Information Center – EHR Incentive Program

- 888.734.6433, 7:30 a.m.– 6:30 p.m., CT Monday through Friday

The JIRA – Office of the National Coordinator (ONC) Project Tracking

- <http://oncprojecttracking.org> Resource to submit questions and comments regarding:
 - Issues identified with eCQM logic
 - Clarification on specifications
 - The Combined QRDA IG for 2016

eCQI Resource Center

<https://ecqi.healthit.gov/>

eCQI Resource Center
The one-stop shop for the most current resources to support electronic clinical quality improvement.

CMS The Office of the National Coordinator for Health Information Technology

About FAQ Glossary Contact

Spaces

About

About the eCQI Resource Center

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) are working to improve the health of our nation by transforming care from a volume-based, provider-centered system to a patient-centered, learning health system. The eCQI Resource Center is a joint effort to bring together stakeholders from across the eCQI community and provide a centralized location for news, information, tools and standards related to eCQI and electronic clinical quality measures (eCQMs).

For more information about the eCQI Resource Center, please [view frequently asked questions](#).

Interest Areas

- eCQM**
Electronic Clinical Quality Measures
[Learn more](#)
- QDM**
The Quality Data Model Standard
[Learn more](#)
- eCQM Tools**
Authoring, Testing and Implementation Tools
[Learn more](#)
- eCQI Standards**
Electronic Clinical Quality Improvement Standards
[Learn more](#)

- Resources for use at various stages of electronic clinical quality improvement (eCQI)
- Information about standards and tools to support eCQI
- Links to external resources related to eCQMs and data reporting:
 - ONC JIRA issue trackers
 - Measure Authoring Tool (MAT)
 - Value Set Authority Center (VSAC)
 - National Quality Strategy resources

eCQM Library

https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is a search bar and a link to learn about healthcare options. A secondary navigation bar contains buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance (highlighted), Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Regulations and Guidance > EHR Incentive Programs > eCQM Library. The left sidebar lists various EHR Incentive Programs from 2015 to 2017, Educational Resources, Payment Adjustments & Hardship Information, Registration & Attestation, Data and Program Reports, Participating In EHR?, Medicare and Medicaid EHR Incentive Program Basics, and Clinical Quality Measures Basics. The main content area is titled 'eCQM Library' and features an 'Announcement' section. The announcement is titled 'CMS & ONC Release Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs'. The text explains that CMS and ONC, in conjunction with the Office of the National Coordinator (ONC), published a Request for Information (RFI) regarding certification frequency and requirements for reporting quality measures under CMS programs. The RFI is available in the Federal Register and was published on December 30, 2015, with a deadline of December 31, 2015. The announcement also mentions that CMS and ONC seek public comment on several items related to the certification of health information technology (IT), including Electronic health record (EHR) products used for reporting to the:

- EHR Incentive Programs; and
- Certain CMS quality reporting programs such as, but not limited to, the Hospital Inpatient Quality Reporting (IQR) Program and the Physician Quality Reporting System (PQRS).

At the bottom of the main content area, there is a section titled 'eCQM Library' which states: 'CMS and ONC request feedback on how often to require recertification, the number of CQMs a certified Health IT Module should be required to certify to and ways to improve testing of certified Health IT Module(s). The feedback will inform CMS and ONC of elements that may need to be considered for future rules relating to the reporting of quality measures under CMS programs. This request for information is part of the effort of CMS to streamline/reduce Eligible Professional (EP), eligible hospital, critical access hospital (CAH), and health IT developer burden around government requirements.'

- The eCQM Library contains:
- eCQM specifications for Eligible Providers and Eligible Hospitals
 - CMS QRDA Implementation Guides
 - Additional resources such as a Guide to Reading eCQMs

CMS.gov

Registration and Attestation Page

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is also present. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance (highlighted in blue), Research, Statistics, Data & Systems, and Outreach & Education. Below the menu is a breadcrumb trail: Home > Regulations and Guidance > EHR Incentive Programs > Registration & Attestation. On the left side, there is a sidebar menu with the following items: EHR Incentive Programs (highlighted), 2015 Program Requirements, 2016 Program Requirements, 2017 Program Requirements, Educational Resources, Payment Adjustments & Hardship Information, Registration & Attestation (highlighted), Data and Program Reports, Participating In EHR?, Medicare and Medicaid EHR Incentive Program Basics, Clinical Quality Measures Basics, and eCQM Library. The main content area is titled "Registration & Attestation" and contains a link to register or attest for Medicare and/or Medicaid EHR Incentive Programs. It also includes two notes: one for Medicaid Eligible Professionals and one for Eligible Hospitals that register for "Both Medicare & Medicaid". At the bottom, there is a section titled "Are you registering or attesting on behalf of an Eligible Professional?" with a brief explanation of the process.

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Medicare **Medicaid/CHIP** **Medicare-Medicaid Coordination** **Private Insurance** **Innovation Center** **Regulations & Guidance** **Research, Statistics, Data & Systems** **Outreach & Education**

Home > Regulations and Guidance > EHR Incentive Programs > Registration & Attestation

EHR Incentive Programs

- [2015 Program Requirements](#)
- [2016 Program Requirements](#)
- [2017 Program Requirements](#)
- [Educational Resources](#)
- [Payment Adjustments & Hardship Information](#)
- Registration & Attestation**
- [Data and Program Reports](#)
- [Participating In EHR?](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Clinical Quality Measures Basics](#)
- [eCQM Library](#)

Registration & Attestation

[Click here to Register or Attest for the Medicare and/or Medicaid EHR Incentive Programs](#)

Note for Medicaid Eligible Professionals: Some states have not yet opened their Medicaid EHR Incentive Programs, Eligible Professionals will not be able to register for a Medicaid EHR Incentive Program until their state's program has launched and that state's site has opened. Information on when registration will be available for specific states is posted at [Medicaid State Information](#).

Note for Eligible Hospitals that register for "Both Medicare & Medicaid": You may pre-register for the Medicaid EHR Incentive Program before your state launches, but you will be placed in a "pending state validation" status for eligibility in the Medicaid EHR Incentive Program. You will not be able to complete the Medicaid program eligibility requirements or receive a Medicaid incentive payment until your state's program is launched. You may, however, continue with registration and attestation for the Medicare program. For a list of expected program launch dates, please visit the [Medicaid State Information](#) page.

Are you registering or attesting on behalf of an Eligible Professional?

CMS allows an eligible professional to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an eligible professional must have an Identity and Access Management System (I&A) web user

Quality Reporting Center

www.qualityreportingcenter.com



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- ASC >
- EDUCATION >
- QIN-QIO >

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

[Log In](#) to Access QIO Section

Change Text Size: [A](#) [A](#)

Search...

Search

Upcoming Events

March 24, 2016
[Development and Selection of Quality Metrics for the PCHQR - 1 C.E.](#)

March 28, 2016
[Annual Requirements: DACA, HCP, Structural Measures, and QualityNet SA](#)

April 20, 2016
[OQR: Hospital OQR Imaging Efficiency Measures - 1 C.E.](#)

[See the full calendar](#)

CQM Issue Tracker

<https://jira.oncprojectracking.org/login.jsp>

The screenshot displays the Jira issue tracker interface. On the left, there is a sidebar with 'FILTERS' and a list of filters including 'My Open Issues', 'Reported by Me', 'Recently Viewed', and 'All Issues'. Below these are 'FAVORITE FILTERS' with a note 'You don't have any favorite filters.' The main content area shows a search bar and a list of filters. The selected filter is 'VPP-58 randomizer unavailable'. The issue details on the right show the issue title 'randomizer unavailable', a wrench icon, and the project 'VA-ONC PoF Pilot / VPP-58'. The issue type is 'Task', status is 'To Do (View Workflow)', priority is 'Major', and resolution is 'Unresolved'. The description reads: 'this website is totally useless. i've registered, but nothing is happening: list of providers not available, site is user unfriendly, probably invented for IT specialists. I do not understand anything here, and frankly, not interested. all i need is to be able to fulfill 'meaningful use' requirements. your system absolutely does not assist in this process.' The activity section shows 'All Comments' and 'Work Log' tabs, with a note 'There are no comments yet on this issue.'

The CQM Issue Tracker is a tool for:

- Tracking and providing feedback on eCQMs
- Entering issues/questions related to eCQMs to be answered by an expert
- Searching all previously entered issues for responses

For anyone using this application, a User Guide is available at:

http://www.healthit.gov/sites/default/files/jira_powerpoint_v7.1.pdf

Related Rules

FY 2016 IPPS/LTCH PPS Final Rule

<http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>

2015 Edition Health IT Certification Criteria
Final Rule

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25597.pdf>

Medicare and Medicaid Programs; EHR
Incentive Program – Stage 2 and
Modifications to MU in 2015 through 2017

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>

Common Errors for QRDA Category I Test Files-Session 1

QUESTION AND ANSWER SESSION

Common Errors for QRDA Category I Test Files-Session 1

CONTINUING EDUCATION

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) and the text "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the course title "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015" is displayed. The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the form fields. The page is framed by a blue and yellow border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

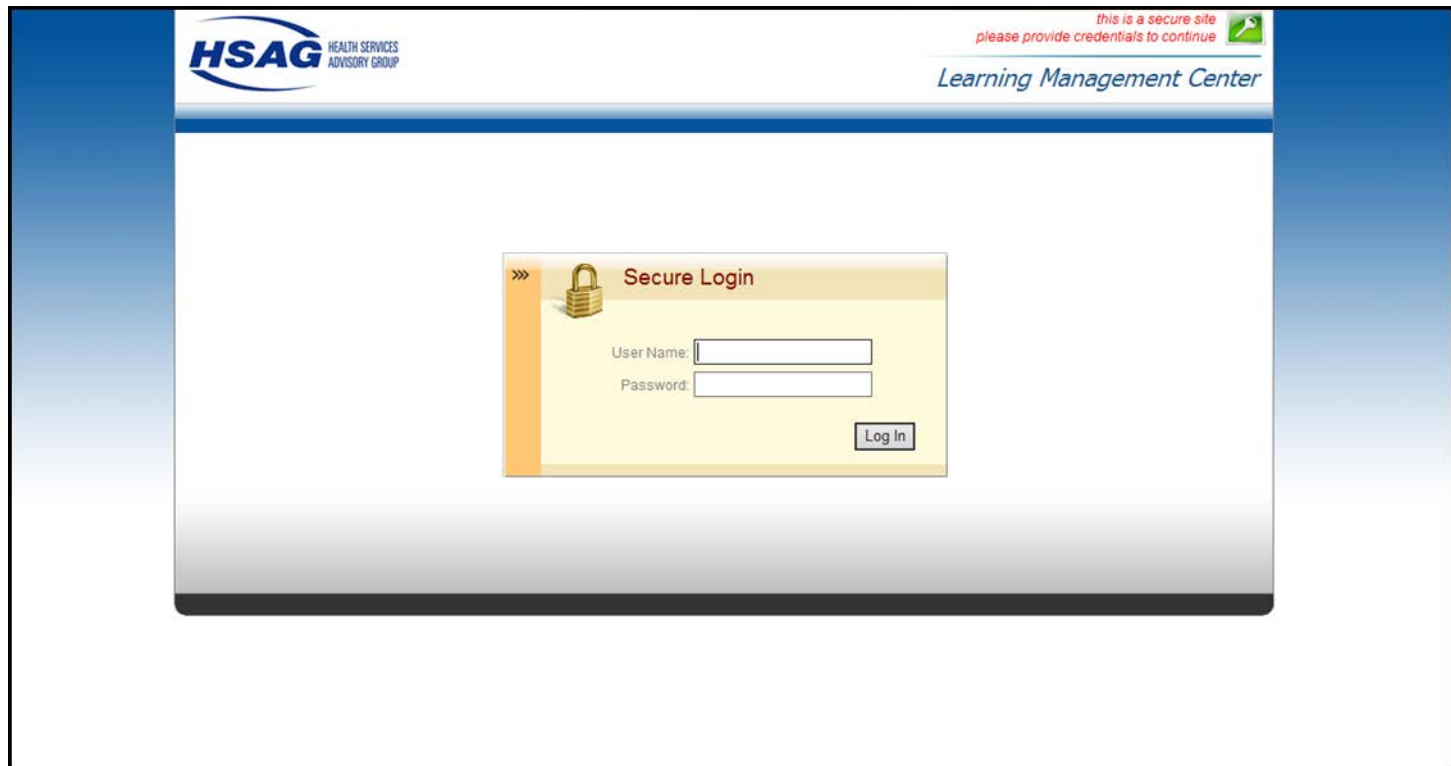
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a small green padlock icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a gold padlock icon. This box contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.