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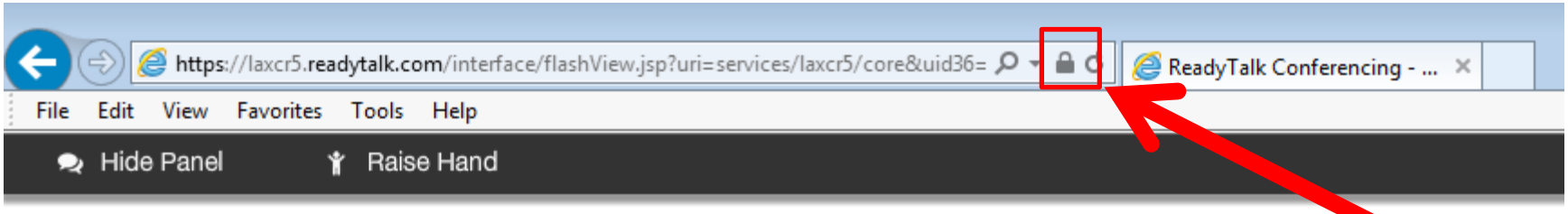
Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

Click Refresh icon
-or-
Click F5

F5 Key
Top row of keyboard

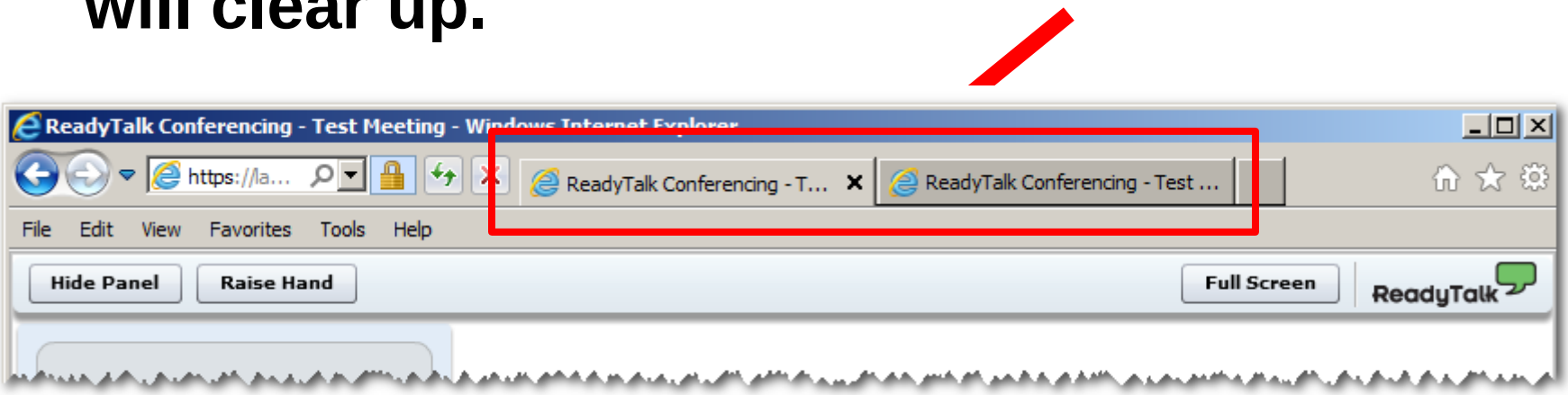


Location of Buttons

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 browser tabs open to same event

Submitting Questions

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

Calendar Year (CY) 2017/Fiscal Year (FY) 2019 Steps to Successful Electronic Clinical Quality Measure (eCQM) Submissions for Hospital Reporting

July 25, 2017

Speakers

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Incentive Program Alignment,
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Project Manager, Hospital Inpatient Value, Incentives and Quality Reporting (VIQR)
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Purpose

This presentation will provide an overview of the steps for successful submission of Quality Reporting Document Architecture (QRDA) Category I files for the Hospital IQR and Medicare EHR Incentive Programs.

Objectives

Participants will be able to:

- Understand the current CY 2017/FY 2019 eCQM reporting requirements.
- Implement the technical guidance provided for QRDA Category I file submissions and use tips to troubleshoot error messages.
- Locate self-directed tools and resources to ensure successful eCQM reporting.

CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting

Hospital IQR and the Medicare EHR Incentive Programs

Artrina Sturges, EdD
Project Lead, Hospital IQR-EHR Incentive Program Alignment
Hospital Inpatient VIQR Outreach and Education SC

CY 2017 Reporting Requirements for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs)

- Current CY 2017 requirements are in place until the FY 2018 inpatient prospective payment system (IPPS) final rule is published in August 2017.
  - Finalized changes to the CY 2017 eCQM reporting requirements for the Hospital IQR and the EHR Incentive Programs will be published in the FY 2018 IPPS Final Rule.
- In April 2017, CMS published the FY 2018 IPPS proposed rule, which proposed reductions in the number of eCQMs and quarters of data for reporting.
  - Changes are intended to help reduce reporting burden.

Frequently Asked Question: 2018 IPPS Proposed Rule

Question: If my hospital has already started to report eight eCQMs for a full year, what do we do if CMS enacts the proposed changes outlined in the FY 2018 CMS IPPS proposed rule for CY 2017 reporting? CMS proposed six eCQMs for two self-selected quarters for reporting. Is there a penalty for over-reporting?

Answer: CMS is aware hospitals have started reporting data based on what was published in the 2017 IPPS final rule. There is no penalty for reporting more than the required quarters of data.

- Webinars scheduled for August/September will review the finalized CY 2017 eCQM reporting requirements for the Inpatient Quality Reporting (IQR) and Electronic Health Record (EHR) Incentive Programs.
- Visit the QualityNet.org website and locate the ListServe registration link on the landing page.

Current CY 2017 – Hospital IQR Program eCQM Reporting Requirements

- Self-select a minimum of **eight** of the **15*** available eCQMs.
  - This is a modification from the original rule proposal, requiring reporting on all available eCQMs based on public comments received.
  - Hospitals must submit the same eight eCQMs on a quarterly, biannual, or annual basis.

  *ED–3 (National Quality Forum [NQF] #0496) is an outpatient measure not yet available in the Outpatient Quality Reporting (OQR) Program, which would require rulemaking. Reporting this measure will not count for Hospital IQR/Medicare EHR Incentive Program aligned credit. The ED-3 measure is only available for reporting to the Medicare EHR Incentive Program.
- Report four quarters of data on a quarterly, biannual, or annual basis.
- Submit all data by **February 28, 2018, by 11:59 p.m. PT**
  - Hospital IQR Program eCQM requirement fulfillment also satisfies the clinical quality measures (CQM) reporting option requirement for the Medicare EHR Incentive Program.
  - CY 2017 reporting will apply to the FY 2019 payment update for IPPS subsection (d) hospitals.

Current CY 2017 Electronic Reporting Requirements: Hospital IQR and Medicare EHR Incentive Programs

If participating in both the Hospital IQR and the Medicare EHR Incentive Programs:

- Self-select eight of 15* available CQMs.
  - Hospitals must submit the same 8 eCQMs on a quarterly, biannual or annual basis.
- Electronically submit QRDA Category I files through the *QualityNet Secure Portal.*
  - Submission deadline: **February 28, 2018, 11:59 p.m. PT**

*ED–3 (NQF #0496) is an outpatient measure not yet available in the Outpatient Quality Reporting (OQR) Program, which would require rulemaking. Reporting this measure will not count for Hospital IQR/Medicare EHR Incentive Program aligned credit. The ED-3 measure is only available for reporting to the Medicare EHR Incentive Program.

Current CY 2017 Medicare EHR Incentive Program Requirements – Reporting Electronically

EHs and CAHs participating in the Medicare EHR Incentive Program only:

- Report on eight of the available CQMs.
- Electronically report CQMs through the *QualityNet Secure Portal.*

If the hospital is demonstrating meaningful use for the first time in 2017, or has demonstrated meaningful use in any year prior to 2017:

- The reporting period is the full CY 2017, consisting of four quarterly data-reporting periods.
- The submission period begins in late spring 2017 and continues through the two months following the close of the CY, ending **February 28, 2018, 11:59 p.m. PT**

CY 2017 Medicare EHR Incentive Program Requirements – Reporting via Attestation

EHs and CAHs participating in the Medicare EHR Incentive Program only:

- Report on all 16 available CQMs.
- Attest to CQMs through the EHR Registration and Attestation System.

If a hospital is demonstrating meaningful use for the first time in 2017 or has demonstrated meaningful use in any year prior to 2017:

- The reporting period is the full CY 2017, consisting of four quarterly reporting periods.
- The submission period is 2 months following the close of the CY, ending **February 28, 2018, 11:59 p.m. PT**

CY 2017 Certification and Specification Policies

For the CY 2017 reporting period, hospitals must report using:

- QRDA Category I file format (patient-level data).
- Health Information Technology (IT) certified to the 2014 or 2015 edition.
- Addendum to eCQMs for e-reporting for the 2017 reporting period (as of January 2017).
- *2017 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting* (2017 CMS QRDA I IG); published July 2016.

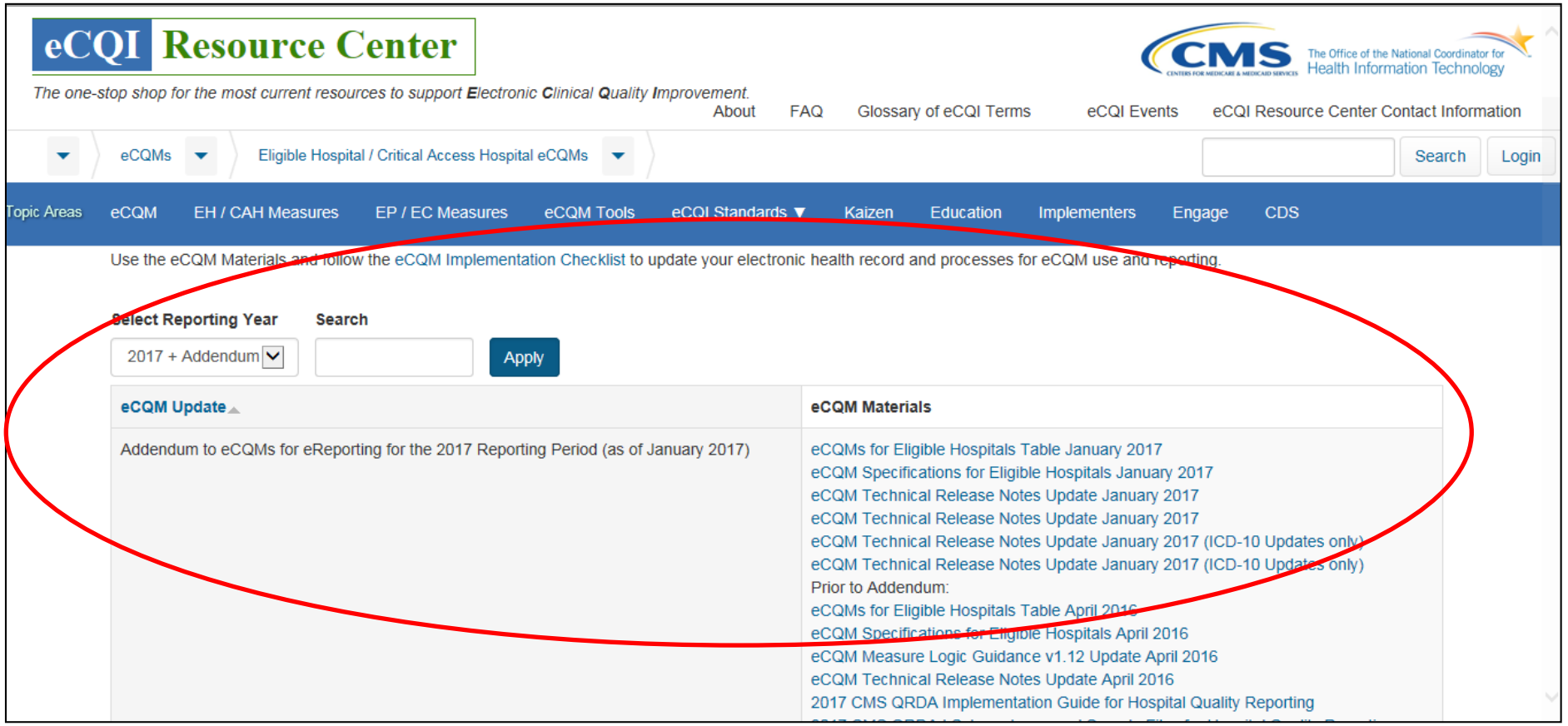
NOTE: eCQM reporting standards documentation and QRDA file specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center website.

CY 2017 CQM Measures for Electronic Reporting to the Hospital IQR and EHR Incentive Programs

ED-1 CMS55v5 *Median Time from ED Arrival to ED Departure for Admitted ED Patients*	**ED-2** CMS111v5 *Admit Decision Time to ED Departure Time for Admitted Patients*	**ED-3*** CMS32v6 *Median Time from ED Arrival to ED Departure for Discharged ED Patients*	**STK -2** CMS104v5 *Discharged on Antithrombotic Therapy*	**STK-3** CMS71v6 *Anticoagulation Therapy for Atrial Fibrillation/Flutter*	**STK-5** CMS72v5 *Antithrombotic Therapy by the End of Hospital Day Two*
STK-6 CMS105v5 *Discharged on Statin Medication*	**STK-8** CMS107v5 *Stroke Education*	**STK-10** CMS102v5 *Assessed for Rehabilitation*	**AMI-8a** CMS53v5 *Primary PCI Received Within 90 Minutes of Hospital Arrival*	**VTE-1** CMS108v5 *Venous Thromboembolism Prophylaxis*	**VTE-2** CMS190v5 *Intensive Care Unit Venous Thromboembolism Prophylaxis*
PC-01 CMS113v5 *Elective Delivery*	**PC-05** CMS9v5 *Exclusive Breast Milk Feeding*	**CAC-3** CMS26v4 *Home Management Plan of Care Document Given to Patient/Caregiver*	**EHDI-1a** CMS31v5 *Hearing Screening Prior to Hospital Discharge*	* ED-3 is an Outpatient measure and is not applicable for IQR aligned credit.	

Locating CY 2017 eCQM Measure Specification Information

Locate eCQM Measure Specification details on [eCQI Resource Center.]



Locating CY 2017 CMS QRDA I IG, Schematron and Sample Files

https://ecqi.healthit.gov/qrda

Locating Base Health Level Seven International® (HL7) IG

HL7 Clinical Document Architecture® (CDA) R2 IG: QRDA I, Release 1, **Draft Standard for Trial Use (STU) Release 3.1** – US Realm **(April 2016)**: http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_QRDA_I_R1_S3.1_2016APR.zip

Note: HL7 login is required to access.

Defining Successful eCQM Submission for CY 2017 eCQM Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare EHR Incentive programs, 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

Defining Successful eCQM Submission for CY 2017 eCQM Reporting – Additional Details

NOTE:

Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the EHR Incentive Programs.

- 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 Hospital IQR Program, please contact the IQR Support Contractor at (844) 472-4477 or (866) 800-8765 or https://cms-ip.custhelp.com.

- EHR Incentive Programs: For questions regarding the complete program requirements for the EHR Incentive Program, please contact the EHR Information Center (EHRIC) at (888) 734-6433.

Case Threshold Exemption vs. Zero Denominator

Case Threshold Exemption

- Applicable to Hospital IQR and EHR Incentive Programs

Criteria

- A hospital's EHR system is certified to report the eCQM

  AND

- Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter

- The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare EHR Incentive Program and the Hospital IQR Program.
- Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose.
- Case threshold exemptions are entered on the Denominator Declaration screen within the *QualityNet Secure Portal.*

Zero Denominator

- Applicable to Hospital IQR and EHR Incentive Programs

Criteria

- A hospital's EHR system is certified to report the eCQM

  AND

- A hospital does not have any patients that meet the denominator criteria of that CQM

- The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for both the Medicare EHR Incentive Program and the Hospital IQR Program.
- Zero denominator declarations are entered on the Denominator Declaration screen within the *QualityNet Secure Portal.*

CY 2017 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- 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 locate and correct QRDA Category I file formatting errors prior to data submission to CMS

  NOTE: The CMS data receiving system performs additional checks, including the Clinical Document Architecture (CDA) schema, submission-period dates, and authorization for a vendor to submit on a hospital's behalf.

- Serves as a voluntary tool (CMS recommends vendors and facilities test early and often.)
- Installs on your system – PSVA version 1.2.2 downloadable from the Secure File Transfer in the *QualityNet Secure Portal*

Please contact the *QualityNet* Help Desk for additional information.

- QNetSupport@hcqis.org
- (866) 288-8912, 7 a.m. to 7 p.m. CT, Monday through Friday

CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting

Technical Instructions for QRDA Category I Submissions for eCQM Reporting to the Hospital IQR and the Medicare EHR Incentive Programs

Michael Holck
Director of Software Engineering
Healthcare IT and Life Sciences Data Management Solutions Contractor

Background

- CMS is issuing technical instructions for QRDA Category I template submissions for eCQM reporting for the following programs:
  - Hospital IQR
  - Medicare EHR Incentive Program for EHs and CAHs
- This guidance is for eCQM submissions for CY 2017 and QRDA Category I files only.

The Issue

- For implementers to have their eCQMs calculated correctly by the measure engine, they must submit the proper QRDA templates for the Quality Data Model (QDM) data types.
- Currently, there is no validation check to ensure that the QRDA template is contained within an Act template structure. Therefore, the measure engine cannot identify the datatype in the measure calculation because it looks for the Act template separately.
- This issue applies to the EH eCQMs that use the following QDM data types in their measure specifications for the CY 2017 reporting period:
  - Diagnosis
  - Device, Order
  - Encounter, Order
  - Encounter, Performed
  - Transfer From
  - Transfer To

Resolution and Guidance

- In the HL7 QRDA Category I Release 1, STU Release 3.1, a new QRDA template that uses the Act class structure, which supports the negationInd attribute, was created and serves as a wrapper (referred to as “Act Wrapper”).

- Submitters are advised to actively ensure that data for the affected QDM data types are reported within the correct corresponding Act Wrapper template so that the data will be processed correctly.

Encounter Performed Example

Without Act Wrapper

```
<encounter classCode="ENC" moodCode="EVN">
    <!-- Conforms to C-CDA R2.1 Encounter Activity (V3) -->
    <templateId root="2.16.840.1.113883.10.20.22.4.49"
           extension="2015-08-01"/>
    <!-- Encounter Performed (V3) templateId-->
    <templateId root="2.16.840.1.113883.10.20.24.3.23"
        extension="2016-02-01"/>
    <!-- the encounter/id/@root -->
    <id root="12345678-9d11-439e-92b3-5d9815ff4de1"/>
    ...
</encounter>
```

Without the Act Wrapper, this will still pass Schematron validation, but the Encounter will not be included in the measure calculation.

With Act Wrapper

```
<act classCode="ACT" moodCode="EVN">
    <!--Encounter performed Act -->
    <templateId root="2.16.840.1.113883.10.20.24.3.133"/>
    <id root="ec8a6ff8-ed4b-4f7e-82c3-e98e58b45de7"/>
    <code code="ENC" codeSystem="2.16.840.1.113883.5.6"
        displayName="Encounter" codeSystemName="ActClass"/>
    <entryRelationship typeCode="SUBJ">
        <encounter classCode="ENC" moodCode="EVN">
            <!-- Conforms to C-CDA R2.1 Encounter Activity (V3) -->
            <templateId root="2.16.840.1.113883.10.20.22.4.49"
                extension="2015-08-01"/>
            <!-- Encounter Performed (V3) templateId-->
            <templateId root="2.16.840.1.113883.10.20.24.3.23"
                extension="2016-02-01"/>
            <!-- the encounter/id/@root -->
            <id root="12345678-9d11-439e-92b3-5d9815ff4de1"/>
            ...
        </encounter>
    </entryRelationship>
</act>
```

Updated Sample Files for the 2017 CMS QRDA IG Guide for Hospital Quality Reporting

- CMS has published updated sample files for the 2017 CMS QRDA Category I IG for Hospital Quality Reporting.
- The sample files now address newly released guidance on proper submission of QRDA Category I files using wrappers (referred to as “Act wrappers”) to ensure correct measure calculation of specific data types.

Resources

- Updated sample files for the 2017 CMS QRDA Category I IG for HQR are posted on the eCQI Resource Center QRDA Space and the CMS eCQM Library. Current and past implementation guides are also found on these webpages.

- Detailed technical instructions and examples for proper submission of QRDA Category I templates are found on the eCQI Resource Center QRDA Space.

- For questions related to this guidance, the QRDA Implementation Guides or Schematrons, visit the ONC QRDA JIRA Issue Tracker.

CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting

Tips for Successful eCQM Submission

Jennifer Seeman
HQR EHR Program Manager
PM3 SC

EHR Technology Certification

Question

Are EHs and CAHs required to have their EHR technology certified prior to beginning the EHR reporting period in order to demonstrate meaningful use under the Medicare and Medicaid EHR Incentive Programs?

EHR Technology Certification

Answer

EHs and CAHs may begin the EHR reporting period for demonstrating Meaningful Use before their EHR technology is certified. Certification need only be obtained prior to the end of the EHR reporting period. However, Meaningful Use must be completed using the capabilities and standards outlined in the ONC Standards and Certification Regulation for certified EHR technology.

Any changes to the EHR technology after the beginning of the EHR reporting period that are made in order to get the EHR technology certified would be evidence that the provider was not using the capabilities and standards necessary to accomplish Meaningful Use because those capabilities and standards would not have been available, and thus, any such change (no matter how minimal) would disqualify the provider from being a meaningful EHR user.

NOTE: If providers begin the EHR reporting period prior to certification of their EHR technology, they are taking the risk that their EHR technology will not require any changes for certification. Any changes made to gain certification must be done prior to the beginning of the EHR reporting period during which Meaningful Use will be demonstrated. This does not apply to changes made to EHR technology that were not necessary for certification.

For more information about the Medicare and Medicaid EHR Incentive Program, please visit http://www.cms.gov/EHRIncentivePrograms. Keywords: FAQ10157 (FAQ2893)

Error Messages and Resolutions

CMS_0073 Realm Header

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

Meaning: Document is not in QRDA Category I DSTU Release 3.1 format (i.e., does not contain *all four* of the required header templateIds, including both of the R3.1 templateIds and extensions).

An error can also be produced for empty file or other non-XML file types (e.g., PDF). As a result, the CMS data receiving system stops processing the file immediately.

Error Messages and Resolutions

CMS_0073 Realm Header Resolution

Incorrect TemplateId Highlighted

```
<?xml version="1.0" encoding="utf-8" ?>
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
                  xsi:schemaLocation="urn:hl7-
org:v3 ../../../CDASchema/CDA.xsd"
                  xmlns="urn:hl7-org:v3"
                  xmlns:voc="urn:hl7-org:v3/voc"
                  xmlns:sdtc="urn:hl7-org:sdtc">
  <!--QRDA Header-->
  <realmCode code="US"/>
  <typeId root="2.16.840.1.113883.1.3"
          extension="POCD_HD000040"/>
  <!--US Realm Header Template Id-->
  <templateId root="2.16.840.1.113883.10.20.22.1.1"
              extension="2015-08-01"/>
  <!--QRDA templateId-->
  <templateId root="2.16.840.1.113883.10.20.24.1.1"
              extension="2016-02-01"/>
  <!--QDM-based QRDA templateId-->
  <templateId root="2.16.840.1.113883.10.20.24.1.2"
              extension="2016-02-01"/>
  <templateId root="2.16.840.1.113883.10.20.24.1.3"
              templateId="2015-07-01"/>
  <!--This is the globally unique identifier for this QRDA document-->
  <id root="70a3dbfc-5c20-4642-843b-1e996efb8532"/>
  <!--QRDA document type code-->
  <code code="55182-0"
        codeSystem="2.16.840.1.113883.6.1"
        codeSystemName="LOINC"
        displayName="Quality Measure Report"/>
  <title>
     QRDA Incidence Report
  </title>
```

Needs to be updated

Correct TemplateId Highlighted

```
<?xml version="1.0" encoding="utf-8" ?>
<ClinicalDocument xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
                  xsi:schemaLocation="urn:hl7-
org:v3 ../../../CDASchema/CDA.xsd"
                  xmlns="urn:hl7-org:v3"
                  xmlns:voc="urn:hl7-org:v3/voc"
                  xmlns:sdtc="urn:hl7-org:sdtc">
  <!--QRDA Header-->
  <realmCode code="US"/>
  <typeId root="2.16.840.1.113883.1.3"
          extension="POCD_HD000040"/>
  <!--US Realm Header Template Id-->
  <templateId root="2.16.840.1.113883.10.20.22.1.1"
              extension="2015-08-01"/>
  <!--QRDA templateId-->
  <templateId root="2.16.840.1.113883.10.20.24.1.1"
              extension="2016-02-01"/>
  <!--QDM-based QRDA templateId-->
  <templateId root="2.16.840.1.113883.10.20.24.1.2"
              extension="2016-02-01"/>
  <templateId root="2.16.840.1.113883.10.20.24.1.3"
              templateId="2016-03-01"/>
  <!--This is the globally unique identifier for this QRDA document-->
  <id root="70a3dbfc-5c20-4642-843b-1e996efb8532"/>
  <!--QRDA document type code-->
  <code code="55182-0"
        codeSystem="2.16.840.1.113883.6.1"
        codeSystemName="LOINC"
        displayName="Quality Measure Report"/>
  <title>
     QRDA Incidence Report
  </title>
```

Error Messages and Resolutions

CMS_0075 Admission Date and CMS_0076 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 14 for HQR in the CMS 2017 QRDA I IG (p.29).

Error Messages and Resolutions

CMS_0075 Admission Date and CMS_0076 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**: Dates are true to month and leap years
- HH – hour range 0 to 23
- MM – minutes range 0-59
- SS – seconds range 0-59
  - **NOTE:** Time zones are not required, but submitters should be consistent (use everywhere or not at all)
- x – plus or minus sign
- UUUU – Coordinated Universal Time (UTC) shift 1300 through 1400

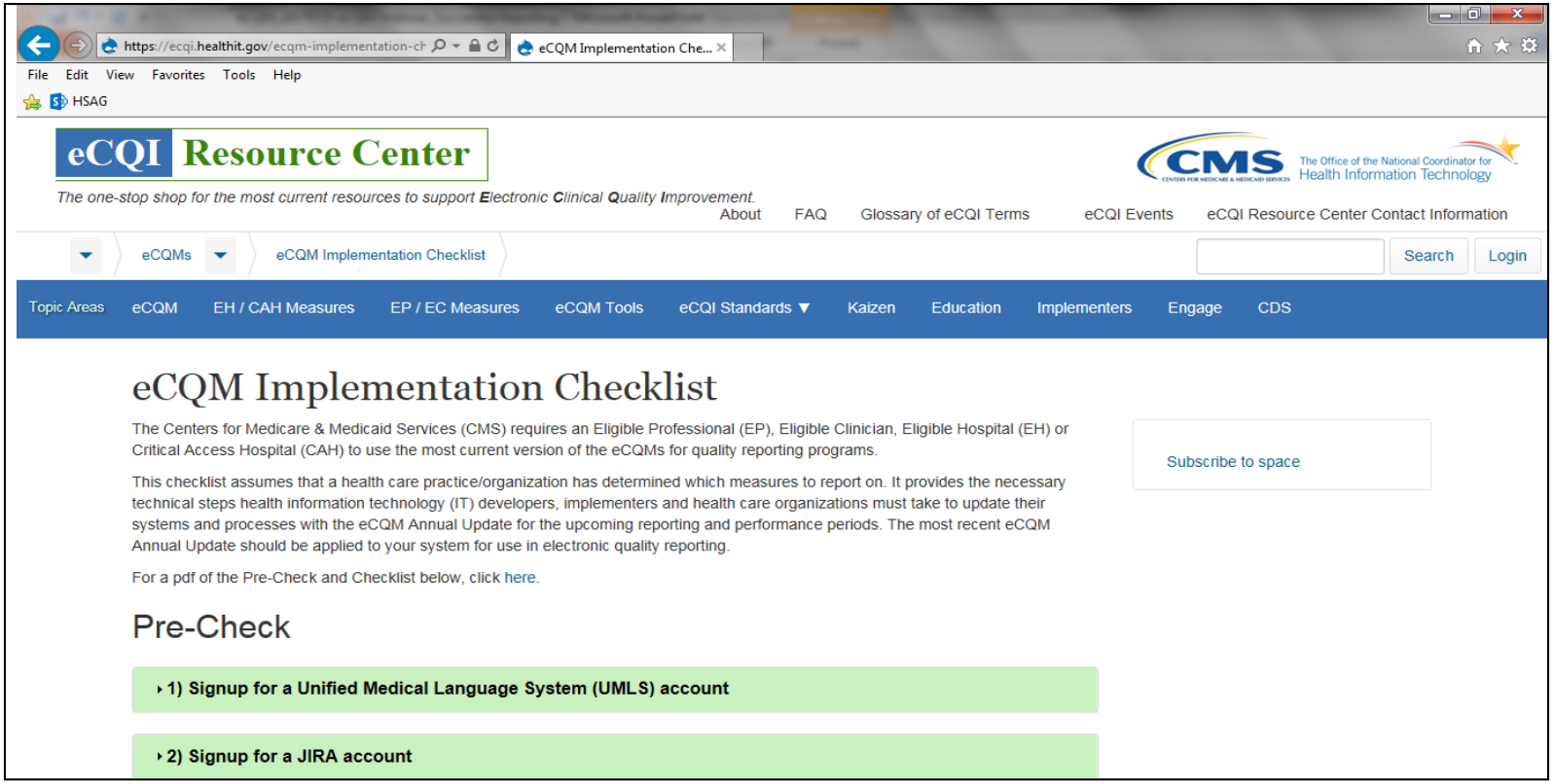
CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting

Self-Directed Tools and Resources

Veronica Dunlap, BSN, RN, CCM
Project Manager
Hospital Inpatient VIQR Outreach and Education SC

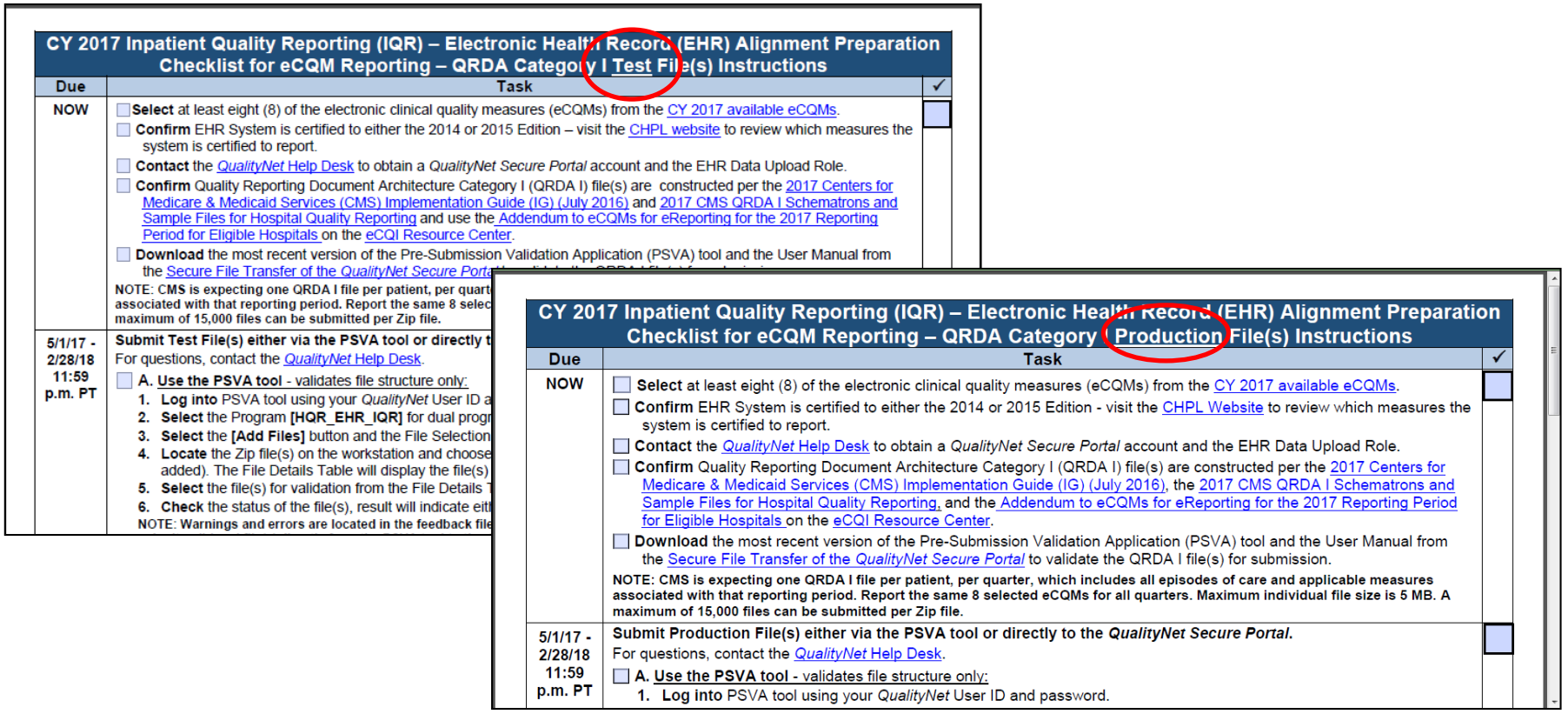
eCQM Implementation Checklist

To review the pre-check and checklist activities: https://ecqi.healthit.gov/ecqm-implementation-checklist



Test and Production QRDA I File Submission Checklists

Available on QualityNet.org and QualityReportingCenter.com



CY 2017 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Test File(s) Instructions

Due	Task	✓
NOW	☐ **Select** at least eight (8) of the electronic clinical quality measures (eCQMs) from the CY 2017 available eCQMs. ☐ **Confirm** EHR System is certified to either the 2014 or 2015 Edition – visit the CHPL website to review which measures the system is certified to report. ☐ **Contact** the *QualityNet* Help Desk to obtain a *QualityNet Secure Portal* account and the EHR Data Upload Role. ☐ **Confirm** Quality Reporting Document Architecture Category I (QRDA I) file(s) are constructed per the 2017 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) (July 2016) and 2017 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting and use the Addendum to eCQMs for eReporting for the 2017 Reporting Period for Eligible Hospitals on the eCQI Resource Center. ☐ **Download** the most recent version of the Pre-Submission Validation Application (PSVA) tool and the User Manual from the Secure File Transfer of the *QualityNet Secure Portal* **NOTE: CMS is expecting one QRDA I file per patient, per quart associated with that reporting period. Report the same 8 selec maximum of 15,000 files can be submitted per Zip file.**	
5/1/17 - 2/28/18 11:59 p.m. PT	**Submit Test File(s) either via the PSVA tool or directly t** For questions, contact the *QualityNet* Help Desk. ☐ A. **Use the PSVA tool** - validates file structure only: 1. **Log into** PSVA tool using your *QualityNet* User ID a 2. **Select** the Program **[HQR_EHR_IQR]** for dual progr 3. **Select** the **[Add Files]** button and the File Selection 4. **Locate** the Zip file(s) on the workstation and choose added). The File Details Table will display the file(s) 5. **Select** the file(s) for validation from the File Details T 6. **Check** the status of the file(s), result will indicate eit **NOTE: Warnings and errors are located in the feedback file**	

CY 2017 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Production File(s) Instructions

Due	Task	✓
NOW	☐ **Select** at least eight (8) of the electronic clinical quality measures (eCQMs) from the CY 2017 available eCQMs. ☐ **Confirm** EHR System is certified to either the 2014 or 2015 Edition - visit the CHPL Website to review which measures the system is certified to report. ☐ **Contact** the *QualityNet* Help Desk to obtain a *QualityNet Secure Portal* account and the EHR Data Upload Role. ☐ **Confirm** Quality Reporting Document Architecture Category I (QRDA I) file(s) are constructed per the 2017 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) (July 2016), the 2017 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting, and the Addendum to eCQMs for eReporting for the 2017 Reporting Period for Eligible Hospitals on the eCQI Resource Center. ☐ **Download** the most recent version of the Pre-Submission Validation Application (PSVA) tool and the User Manual from the Secure File Transfer of the *QualityNet Secure Portal* to validate the QRDA I file(s) for submission. **NOTE: CMS is expecting one QRDA I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Report the same 8 selected eCQMs for all quarters. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per Zip file.**	
5/1/17 - 2/28/18 11:59 p.m. PT	**Submit Production File(s) either via the PSVA tool or directly to the *QualityNet Secure Portal*.** For questions, contact the *QualityNet* Help Desk. ☐ A. **Use the PSVA tool** - validates file structure only: 1. **Log into** PSVA tool using your *QualityNet* User ID and password.	

Tips for Utilizing EHR Hospital Reports

Full version of document available on QualityNet.org and QualityReportingCenter.com

EHR Hospital Reports Available in the *QualityNet* Secure Portal
Calendar Year 2017 eCQM Reporting

Frequently Asked Questions	Report Name	Report Purpose	Report File Type
Which report displays how the Quality Reporting Document Architecture (QRDA) Category I files were processed at the file level?	**EHR Hospital Reporting – Submission Detail Report (R529)**	File-level validation shows the conformance or error statements within rejected files.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report provides a summary of the total individual files submitted within a batch file that were accepted, deleted, or rejected?	**EHR Hospital Reporting – Submission Summary Report (R528)**	Summary validation report, including the number of files accepted, deleted, or rejected within a batch submission. **NOTE:** This report only evaluates if the measure template is in the file and should not be utilized to determine reporting success.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report can provide a summary level of measure performance calculations?	**EHR Hospital Reporting – eCQM Performance Summary Report (R547)**	Performance calculations, such as denominator and numerator populations, continuous variables, etc.	Generate for production QRDA Category I files only through the feedback or submission report categories.
Which report tells me if our hospital's production file submissions are meeting the CMS definition of successful	**EHR Hospital Reporting – eCQM Submission Status Report (R530)**	The following fields in this report indicate successful submission of eCQM reporting: Successful Meaningful Use (MU) Submission and Successful IQR-EHR	Generate for production QRDA Category I files only through the feedback and submission report categories.

JIRA QRDA and CQM Issue Trackers

https://oncprojectracking.healthit.gov/support/secure/Dashboard.jspa

QRDA Issue Tracker

The QRDA Issue Tracker is a tool for:

- Tracking and providing feedback on the CMS QRDA IGs, sample files, and Schematrons.
- Users to enter issues/questions related to the CMS QRDA addressed by an expert.

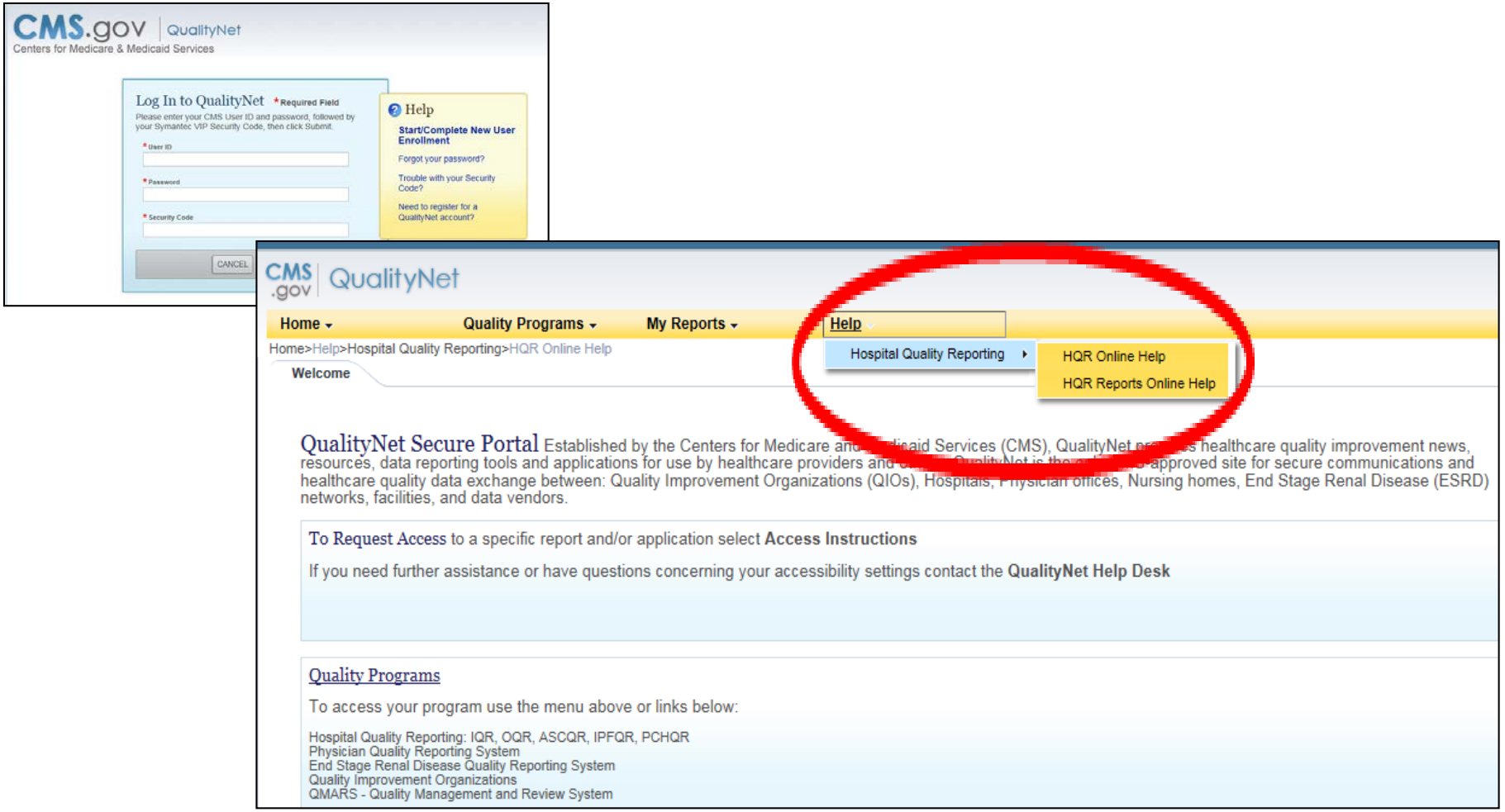
CQM Issue Tracker

The CQM Issue Tracker is a tool for:

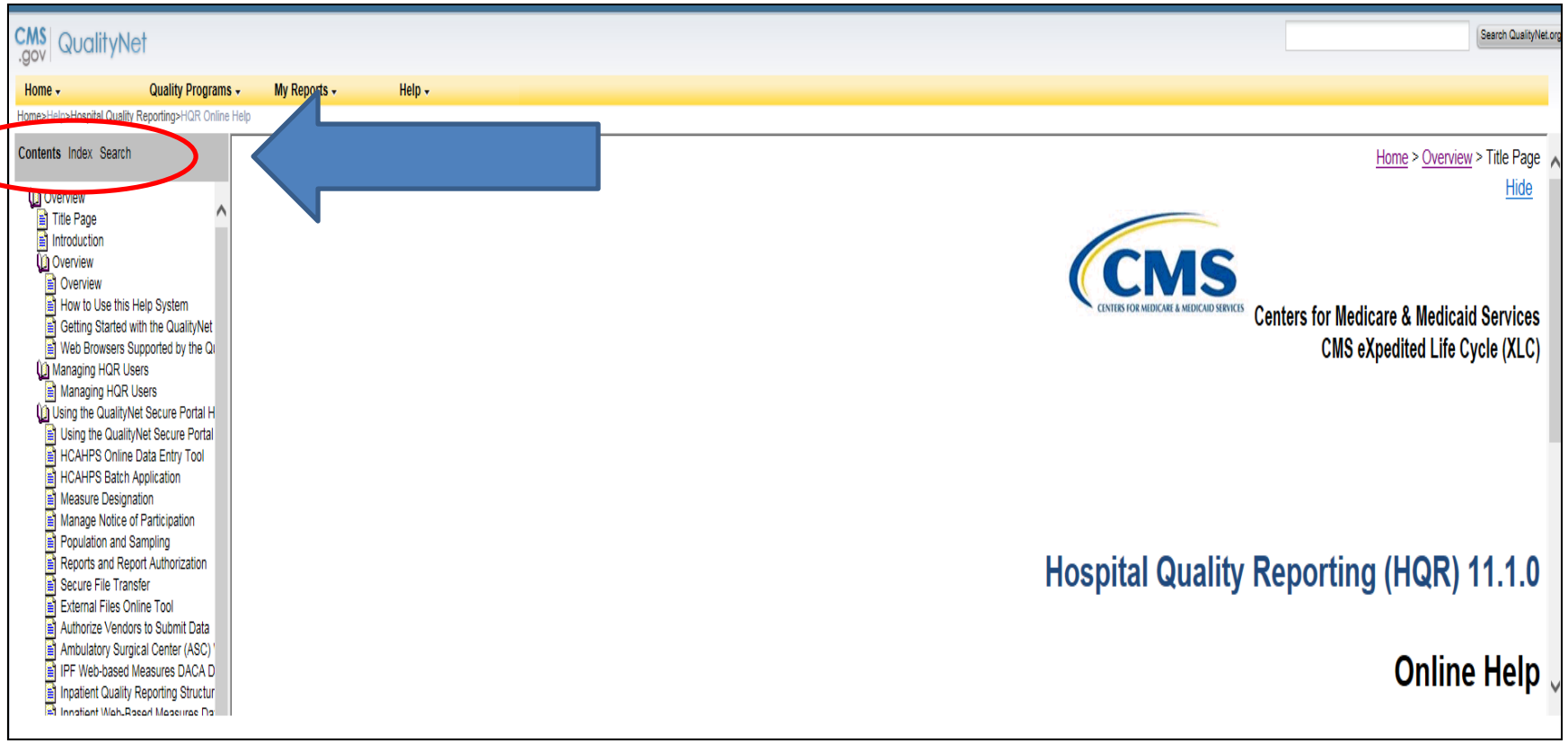
- Tracking and providing feedback on eCQMs.
- Users to enter issues/questions related to eCQMs to be answered by an expert.

NOTE: Users can search all previously entered issues for responses within each JIRA Issue Tracker.

Log into the *QualityNet Secure Portal* and Locate HQR Online Help Manual

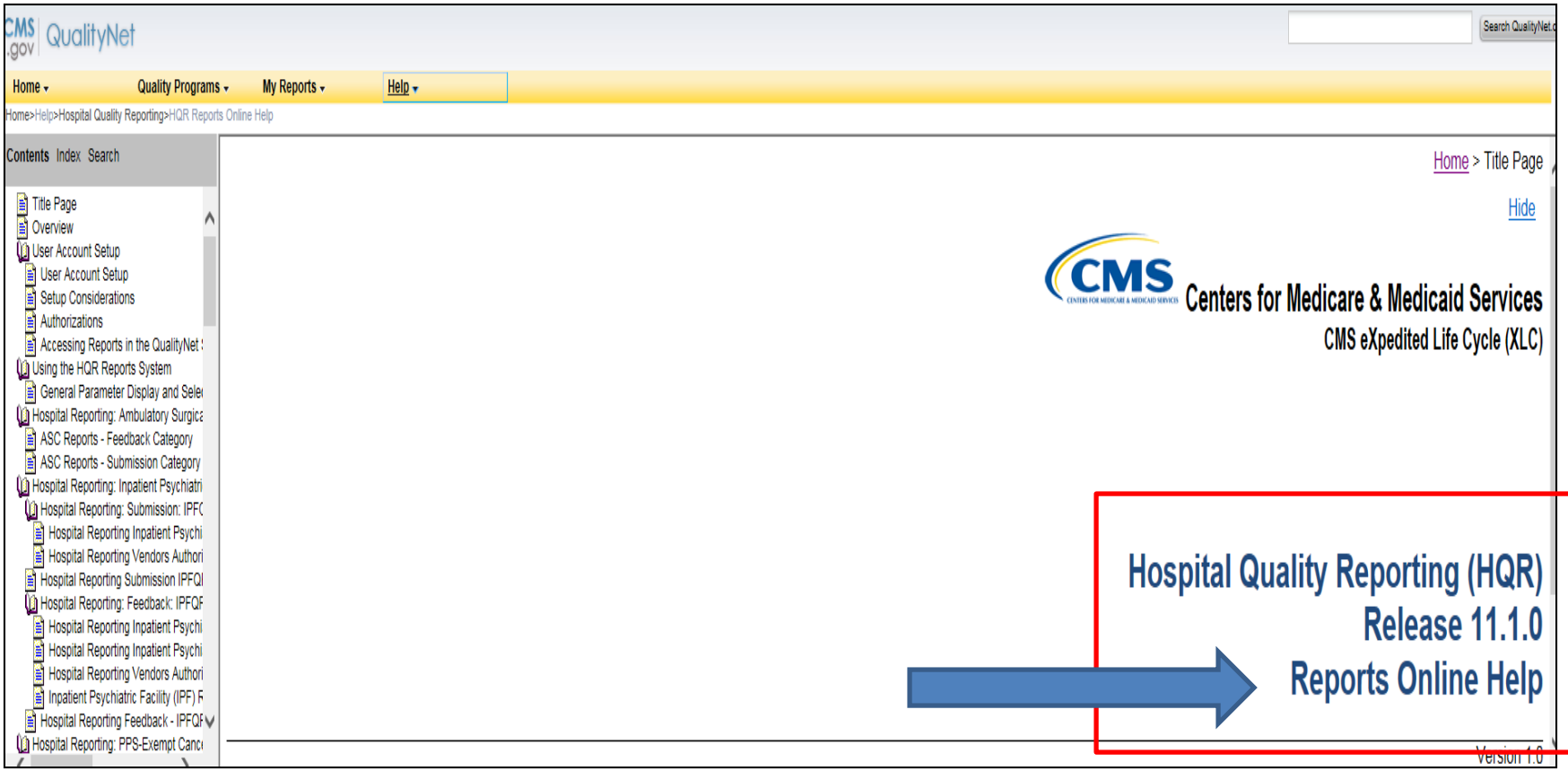


Locating the HQR Manual: Contents



Locating the HQR Manual: EHR Batch/File Deletion

Locating the Reports Online Help



Locating the Reports Online Help: EHR HQR Program Reports

Support Contacts

QualityNet Help Desk – PSVA and Data Upload

qnetsupport@hcqis.org
(866) 288-8912, 7 a.m. to 7 p.m. CT,
Monday through Friday (except holidays)

eCQM General Program Questions – IQR Policy and Program

https://cms-ip.custhelp.com
(866) 800-8765 or (844) 472-4477, 8 a.m. to 8 p.m. ET,
Monday through Friday (except holidays)

EHR (Meaningful Use) Information Center (EHRIC) –
EHR Incentive Program and Attestation Questions

(888) 734-6433 (press option 1), 7:30 a.m. to 6:30 p.m. CT,
Monday through Friday (except holidays)

CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting

Questions

CY 2017/FY 2019 Steps to Successful eCQM Submissions for Hospital Reporting

Continuing Education

Continuing Education

- This event has been approved for 1.0 continuing education (CE) unit by the California Board of Registered Nursing (Provider #16578).
- Report your credit to your own board.
- Complete the survey and register for credit.
- Registration is automatic and instantaneous.

Register for Credit

New User

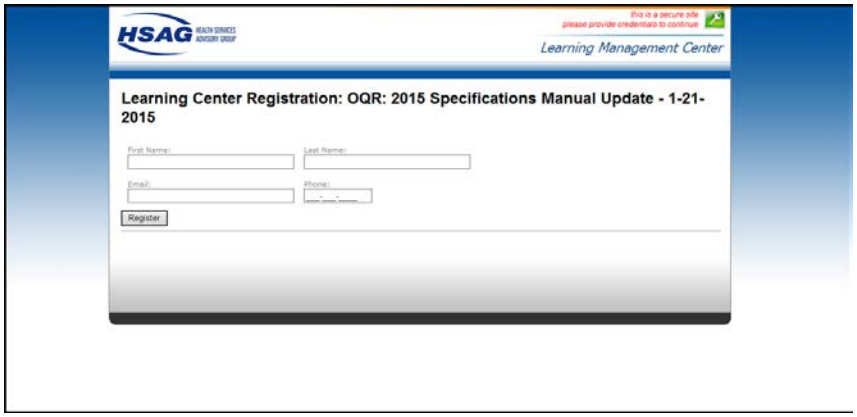
Use personal email and phone.

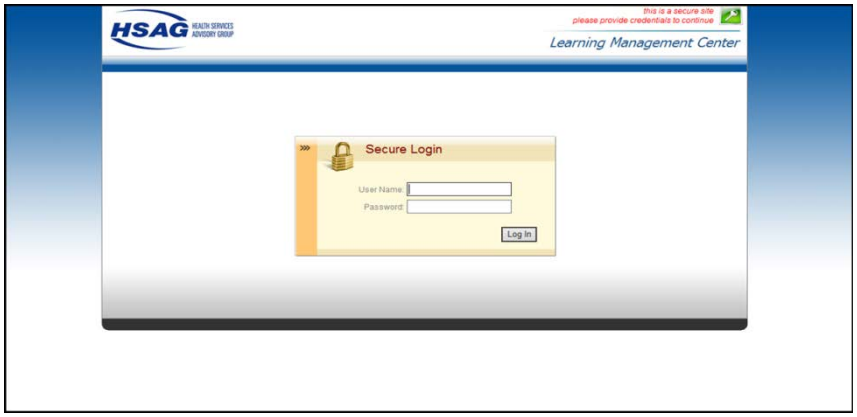
Go to email address; finish process.

Existing User

Entire email is your user name.

You can reset your password.





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