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Troubleshooting Audio

Audio from
computer speakers
breaking up?

Audio suddenly
stop?

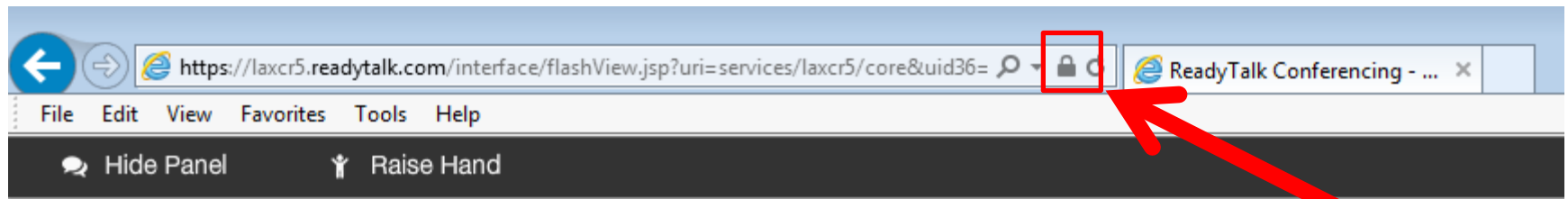
Click Refresh icon

-or-

Click F5



F5 Key
Top row of keyboard

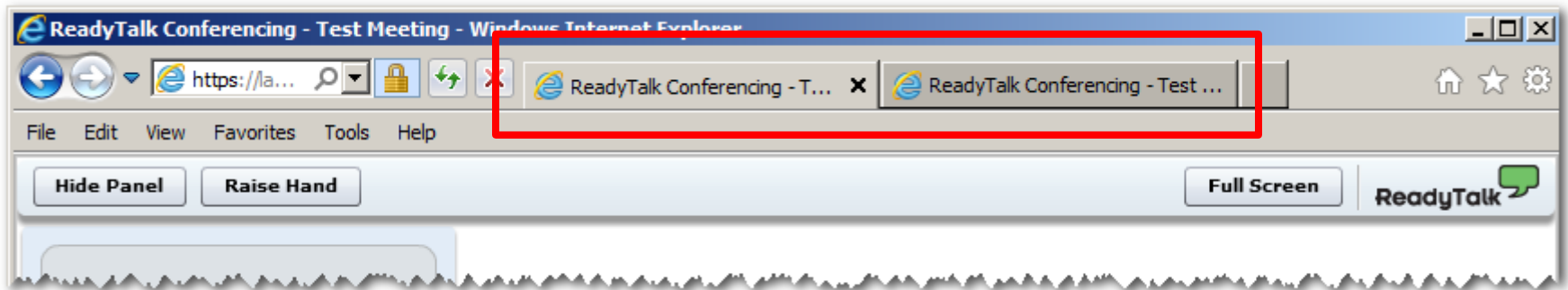


Location of Buttons

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.



A screenshot of a web interface. On the left is a vertical chat window with a white background and a blue border. At the top of the chat window are buttons for "Hide Chat" and "Raise Hand". At the bottom of the chat window is a text input field labeled "Type questions here." and a "Send" button. The main area of the screen shows a presentation slide with a grey background. At the top of the slide is the CMS logo (Centers for Medicare & Medicaid Services). Below the logo is the text "Welcome to Today's Event" in a large, blue, sans-serif font. At the bottom of the slide is the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized, blue font. The top of the browser window shows "Full Screen" and "ReadyToGo" buttons.



**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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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

EHRs 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

EHRs 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 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i>	ED-2 CMS111v5 <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	ED-3* CMS32v6 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i>	STK -2 CMS104v5 <i>Discharged on Antithrombotic Therapy</i>	STK-3 CMS71v6 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>	STK-5 CMS72v5 <i>Antithrombotic Therapy by the End of Hospital Day Two</i>
STK-6 CMS105v5 <i>Discharged on Statin Medication</i>	STK-8 CMS107v5 <i>Stroke Education</i>	STK-10 CMS102v5 <i>Assessed for Rehabilitation</i>	AMI-8a CMS53v5 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i>	VTE-1 CMS108v5 <i>Venous Thromboembolism Prophylaxis</i>	VTE-2 CMS190v5 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>
PC-01 CMS113v5 <i>Elective Delivery</i>	PC-05 CMS9v5 <i>Exclusive Breast Milk Feeding</i>	CAC-3 CMS26v4 <i>Home Management Plan of Care Document Given to Patient/Caregiver</i>	EHDI-1a CMS31v5 <i>Hearing Screening Prior to Hospital Discharge</i>	* 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](#).

The screenshot shows the eCQI Resource Center website. The header includes the eCQI Resource Center logo and the CMS logo. The navigation menu includes: Topic Areas, eCQM, EH / CAH Measures, EP / EC Measures, eCQM Tools, eCQI Standards, Kaizen, Education, Implementers, Engage, and CDS. The search filters are set to 'eCQMs' and 'Eligible Hospital / Critical Access Hospital eCQMs'. The search results are displayed in two columns: 'eCQM Update' and 'eCQM Materials'. The 'eCQM Materials' column lists various documents for January 2017 and April 2016, including eCQM Specifications, Technical Release Notes, and the 2017 CMS QRDA Implementation Guide.

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
CENTERS FOR MEDICARE & MEDICAID SERVICES

About FAQ Glossary of eCQI Terms eCQI Events eCQI Resource Center Contact Information

eCQMs Eligible Hospital / Critical Access Hospital eCQMs

Search Login

Topic Areas eCQM EH / CAH Measures EP / EC Measures eCQM Tools eCQI Standards Kaizen Education Implementers Engage CDS

Use the eCQM Materials and follow the eCQM Implementation Checklist to update your electronic health record and processes for eCQM use and reporting.

Select Reporting Year Search

2017 + Addendum Apply

eCQM Update

Addendum to eCQMs for eReporting for the 2017 Reporting Period (as of January 2017)

eCQM Materials

- eCQMs for Eligible Hospitals Table January 2017
- eCQM Specifications for Eligible Hospitals January 2017
- eCQM Technical Release Notes Update January 2017
- eCQM Technical Release Notes Update January 2017
- eCQM Technical Release Notes Update January 2017 (ICD-10 Updates only)
- eCQM Technical Release Notes Update January 2017 (ICD-10 Updates only)
- Prior to Addendum:
- eCQMs for Eligible Hospitals Table April 2016
- eCQM Specifications for Eligible Hospitals April 2016
- eCQM Measure Logic Guidance v1.12 Update April 2016
- eCQM Technical Release Notes Update April 2016
- 2017 CMS QRDA Implementation Guide for Hospital Quality Reporting

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

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

The screenshot shows a web browser window with the URL <https://ecqi.healthit.gov/qrda>. The page header includes the eCQI Resource Center logo and the tagline "The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement." Navigation links for "About", "FAQ", and "Glossary of eCQI Terms" are visible. A breadcrumb trail shows "eCQI Standards" > "QRDA". A blue navigation bar contains "Topic Areas" and links for "eCQM", "EH / CAH Measures", "EP / EC Measures", "eCQM Tools", "eCQI Standards", "Kaizen", "Education", and "Implement". Below this, a list of bullet points includes "Will further constrain the base HL / QRDA Category III standard by providing CMS-specific requirements for Eligible Clinicians." and "Will incorporate reporting for Advancing Care Information and Improvement Activities using QRDA Category III." A section titled "QRDA Reference and Implementation Guides for eCQM" is followed by "For eReporting for the 2017 Reporting Period:". A list of four links is provided, with the last two circled in red: "2017 CMS QRDA III Implementation Guide for Eligible Clinicians Reporting v0.1 (pdf)", "2017 CMS QRDA III Schematrons and Sample Files for Eligible Clinician Reporting v0.1 (zip)", "2017 CMS QRDA Implementation Guide for Hospital Quality Reporting (pdf)", and "2017 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting (zip)".

File Edit View Favorites Tools Help

HSAG

eCQI Resource Center

The one-stop shop for the most current resources to support **Electronic Clinical Quality Improvement**.

About FAQ Glossary of eCQI Terms eCQI

eCQI Standards QRDA

Topic Areas eCQM EH / CAH Measures EP / EC Measures eCQM Tools eCQI Standards Kaizen Education Implement

- Will further constrain the base HL / QRDA Category III standard by providing CMS-specific requirements for Eligible Clinicians.
- Will incorporate reporting for Advancing Care Information and Improvement Activities using QRDA Category III.

QRDA Reference and Implementation Guides for eCQM

For eReporting for the 2017 Reporting Period:

- 2017 CMS QRDA III Implementation Guide for Eligible Clinicians Reporting v0.1 (pdf)
- 2017 CMS QRDA III Schematrons and Sample Files for Eligible Clinician Reporting v0.1 (zip)
- 2017 CMS QRDA Implementation Guide for Hospital Quality Reporting (pdf)
- 2017 CMS QRDA I Schematrons, and Sample Files for Hospital Quality Reporting (zip)

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/CDAR
2_QRDA_I_R1_S3.1_2016APR.zip](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 EHRs 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 EHRs 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

EHRs 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 TemplatedId 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 TemplatedId 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

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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>

The screenshot shows a web browser window displaying the eCQI Resource Center website. The page title is "eCQM Implementation Checklist". The header includes the eCQI Resource Center logo and the CMS logo. The main content area contains the following text:

eCQM Implementation Checklist

The Centers for Medicare & Medicaid Services (CMS) requires an Eligible Professional (EP), Eligible Clinician, Eligible Hospital (EH) or Critical Access Hospital (CAH) to use the most current version of the eCQMs for quality reporting programs.

This checklist assumes that a health care practice/organization has determined which measures to report on. It provides the necessary technical steps health information technology (IT) developers, implementers and health care organizations must take to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to your system for use in electronic quality reporting.

For a pdf of the Pre-Check and Checklist below, click [here](#).

Pre-Check

- › 1) Signup for a Unified Medical Language System (UMLS) account
- › 2) Signup for a JIRA account

There is a "Subscribe to space" button on the right side of the page.

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	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least eight (8) of the electronic clinical quality measures (eCQMs) from the CY 2017 available eCQMs. <input type="checkbox"/> 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. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a <i>QualityNet Secure Portal</i> account and the EHR Data Upload Role. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <p>NOTE: CMS is expecting one QRDA I file per patient, per quarter 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.</p>	<input type="checkbox"/>
5/1/17 - 2/28/18 11:59 p.m. PT	<p>Submit Test File(s) either via the PSVA tool or directly to the QualityNet Secure Portal. For questions, contact the QualityNet Help Desk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Use the PSVA tool - validates file structure only: <ol style="list-style-type: none"> 1. Log into PSVA tool using your <i>QualityNet</i> User ID and password. 2. Select the Program [HQR_EHR_IQR] for dual program. 3. Select the [Add Files] button and the File Selection dialog box will appear. 4. Locate the Zip file(s) on the workstation and choose the file(s) to be added. The File Details Table will display the file(s). 5. Select the file(s) for validation from the File Details Table. 6. Check the status of the file(s), result will indicate either Pass or Fail. <p>NOTE: Warnings and errors are located in the feedback file.</p>	<input type="checkbox"/>

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	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least eight (8) of the electronic clinical quality measures (eCQMs) from the CY 2017 available eCQMs. <input type="checkbox"/> 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. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a <i>QualityNet Secure Portal</i> account and the EHR Data Upload Role. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <p>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.</p>	<input type="checkbox"/>
5/1/17 - 2/28/18 11:59 p.m. PT	<p>Submit Production File(s) either via the PSVA tool or directly to the QualityNet Secure Portal. For questions, contact the QualityNet Help Desk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Use the PSVA tool - validates file structure only: <ol style="list-style-type: none"> 1. Log into PSVA tool using your <i>QualityNet</i> User ID and password. 	<input type="checkbox"/>

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 electronic Clinical Quality...	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 Submission. If both fields indicate 'Y' for...	Generate for production QRDA Category I files only through the feedback and submission report categories.

JIRA QRDA and CQM Issue Trackers

<https://oncprojecttracking.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

The image shows two parts of the CMS.gov QualityNet interface. The top-left inset shows the login form with fields for User ID, Password, and Security Code, and a 'Log In to QualityNet' button. The main screenshot shows the navigation menu with 'Home', 'Quality Programs', 'My Reports', and 'Help'. The 'Help' dropdown menu is circled in red, showing 'HQR Online Help' and 'HQR Reports Online Help'. Below the navigation menu, there is a 'Welcome' message and a section titled 'QualityNet Secure Portal' with a description of the portal's purpose. Below that, there is a section titled 'To Request Access' and another titled 'Quality Programs' with a list of programs.

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Log In to QualityNet * Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID
* Password
* Security Code

Help
Start/Complete New User Enrollment
Forgot your password?
Trouble with your Security Code?
Need to register for a QualityNet account?

CMS.gov | QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ **Help ▾**

Home>Help>Hospital Quality Reporting>HQR Online Help

Welcome

Hospital Quality Reporting ▸
HQR Online Help
HQR Reports Online Help

QualityNet Secure Portal Established by the Centers for Medicare and Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources, data reporting tools and applications for use by healthcare providers and others. QualityNet is the only CMS approved site for secure communications and healthcare quality data exchange between: Quality Improvement Organizations (QIOs), Hospitals, Physician offices, Nursing homes, End Stage Renal Disease (ESRD) networks, facilities, and data vendors.

To Request Access to a specific report and/or application select **Access Instructions**

If you need further assistance or have questions concerning your accessibility settings contact the **QualityNet Help Desk**

Quality Programs

To access your program use the menu above or links below:

Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR
Physician Quality Reporting System
End Stage Renal Disease Quality Reporting System
Quality Improvement Organizations
QMARS - Quality Management and Review System

Locating the HQR Manual: Contents

The screenshot displays the CMS QualityNet website interface. At the top left, the logo reads "CMS .gov QualityNet". A navigation bar contains "Home", "Quality Programs", "My Reports", and "Help". Below this, a breadcrumb trail shows "Home > Help > Hospital Quality Reporting > HQR Online Help". A search box is located in the top right corner.

A red oval highlights the "Contents" link in the left-hand navigation menu, with a blue arrow pointing to it from the right. The "Contents" menu item is expanded, showing a list of topics including "Overview", "Title Page", "Introduction", "How to Use this Help System", "Getting Started with the QualityNet", "Web Browsers Supported by the Q", "Managing HQR Users", "Using the QualityNet Secure Portal H", "HCAHPS Online Data Entry Tool", "HCAHPS Batch Application", "Measure Designation", "Manage Notice of Participation", "Population and Sampling", "Reports and Report Authorization", "Secure File Transfer", "External Files Online Tool", "Authorize Vendors to Submit Data", "Ambulatory Surgical Center (ASC)", "IPF Web-based Measures DACA D", and "Inpatient Quality Reporting Structur".

On the right side of the page, the CMS logo is displayed above the text "Centers for Medicare & Medicaid Services" and "CMS eXpedited Life Cycle (XLC)". Below this, the title "Hospital Quality Reporting (HQR) 11.1.0" is shown in a large blue font, with "Online Help" in a smaller black font underneath. A breadcrumb trail at the top right reads "Home > Overview > Title Page" with a "Hide" link below it.

Locating the HQR Manual: EHR Batch/File Deletion

The screenshot shows a CMS website interface. On the left is a navigation menu with an alphabetical index (A-Z) and a search bar. The main content area is titled "Health Information Technology for Economic and Clinical Health (HITECH)". Below the title, it lists topics covered in the section, with "EHR Batch/File Deletion" circled in red. The page also contains introductory text about the HITECH QRDA submission process and a note about rule-making and annual updates.

Navigation menu items: ABCDEFGHIJKLMNOPQRSTU VWXYZ, e 1 2 3 4 5 6 7 8, each 1 2 3 4 5 6 7 8 9 10 11 12 13 14, eam 1 2, ebrt 1 2 3, economic 1 2 3 4, eqqi 1 2 3, eqqm 1 2 3 4, ed 1 2, edit 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15, edit_a_user, edition 1 2, edmund 1 2, effect 1 2 3 4 5, effective 1 2, efficient 1 2, eh 1 2, ehr 1 2 3 4 5 6 7 8, ehr_batch_file_deletion, ehrincentiveprograms 1 2, either 1 2 3 4 5 6 7 8 9 10 11 12 13 14, elapsed 1 2, elect 1 2, elective 1 2, electronic 1 2 3 4 5 6

Health Information Technology for Economic and Clinical Health (HITECH)

Topics covered in this section include:

- [Accessing the HITECH Application](#)
- [HIQR Measure Intention](#)
- [Denominator Declaration](#)
- [EHR Batch/File Deletion](#)

The goal of the Health Information Technology for Economic and Clinical Health (HITECH) Electronic Health Record (EHR) Quality Reporting Document Architecture (QRDA) submission process is to provide eligible hospitals (EH) and critical access hospitals (CAH) with an opportunity to meet electronic Clinical Quality Measure (eCQM) submission requirements in support of the Medicare EHR Incentive Program (for Meaningful Use (MU) Stage 2) and the HIQR Program. Receipt of valid EHR QRDA files across a range of defined clinical measures will demonstrate this ability to CMS and will support health information exchange and quality improvement goals.

Through rule making, CMS specifies the criteria that eligible hospitals and critical access hospitals must meet in order to participate in the Medicare EHR Incentive Program and the HIQR Program. While the hospital EHR submission programs mature, CMS provides new guidance annually. Year-specific technical documentation is posted on the CMS QualityNet Portal and the eCQI (Electronic Clinical Quality Improvement) Resource Center websites. Rather than include the information here, which is subject to change across releases, the user should refer to those CMS sites to obtain details for the current reporting year with regards to eCQM reporting requirements, annual eCQM specifications updates, submission timeframes, and any other changes needed to meet program requirements.

EHR submissions must be in QRDA Category I files and batches. The QRDA submission, whether submitted by a provider or a third party data vendor acting on a provider's behalf, must be uploaded. Third party vendors submitting eCQM data for a provider must be authorized to do so by the provider. The actual QRDA upload process is covered in a separate Secure File Transfer User Guide, which can be found on the Resources tab within the QualityNet Secure Portal.

Locating the Reports Online Help

The screenshot shows the CMS QualityNet website interface. At the top left is the CMS.gov logo. Below it is a navigation bar with links for Home, Quality Programs, My Reports, and Help. The Help menu is expanded, showing a breadcrumb trail: Home > Help > Hospital Quality Reporting > HQR Reports Online Help. On the left side, there is a 'Contents' menu with a search bar and a list of topics. The main content area on the right features the CMS logo and the text 'Centers for Medicare & Medicaid Services' and 'CMS eXpedited Life Cycle (XLC)'. A red box highlights the text 'Hospital Quality Reporting (HQR) Release 11.1.0 Reports Online Help', with a blue arrow pointing to it from the left. The version number 'Version 1.0' is visible in the bottom right corner of the page.

Home > Title Page
[Hide](#)

CMS Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

**Hospital Quality Reporting (HQR)
Release 11.1.0
Reports Online Help**

Version 1.0

Locating the Reports Online Help: EHR HQR Program Reports



CMS.gov QualityNet

Home ▾ Quality Programs ▾ My Reports ▾ Help ▾

Home>Help>Hospital Quality Reporting>HQR Reports Online Help

Contents Index Search

[Home](#) > [Electronic Health Record \(EHR\) Hospital Quality Reporting Program Reports](#) > Electronic Health Record (EHR) HQR Program Reports

Electronic Health Record (EHR) HQR Program Reports

The Electronic Health Record (EHR) Hospital Quality Reporting reports provide information on the data submitted to the Hospital electronic Clinical Quality Measures (eCQMs) System by the hospitals and vendors. Also included in the set of EHR reports is the Vendor Authorization report, which displays vendors that have been authorized to view EHR Reports.

When running reports based on recently submitted data, users should wait until they have received the email notification confirming that their submitted data has been processed.

The EHR Reports can be accessed under the following report categories:

- EHR Hospital Reporting – Submission Reports
- EHR Hospital Reporting – Feedback Reports

The reports can be run with the EHR Data Upload and EHR Feedback Reports Roles.

Please see [Table 1](#) and [Table 2](#) in the Appendix for additional roles and categories under which the EHR reports may be run.

When EHR data is uploaded and the Quality Reporting Data Architecture (QRDA) Category I files have been processed, the submitter of the data will receive an email notification within 24 hours after the submission. The email will contain the assigned Batch ID, Upload Date, number of files submitted, number of files accepted and number of files rejected. The email also directs the submitter to sign in to the QualityNet Secure Portal and navigate to the applicable program's report module to access the EHR Submission Reports category to run the individual reports. Any files that have been rejected must be corrected and resubmitted.

To obtain a comprehensive set of submission results, it is strongly recommended that the QRDA Submission Summary and the Submission Detail reports be run by selecting only the "Upload Start and End Date" and the "Batch ID" parameters to limit the results.

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

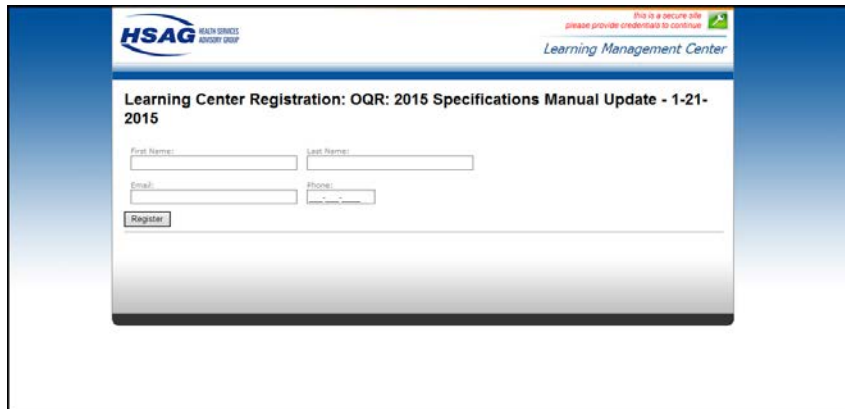
Continuing Education

- 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

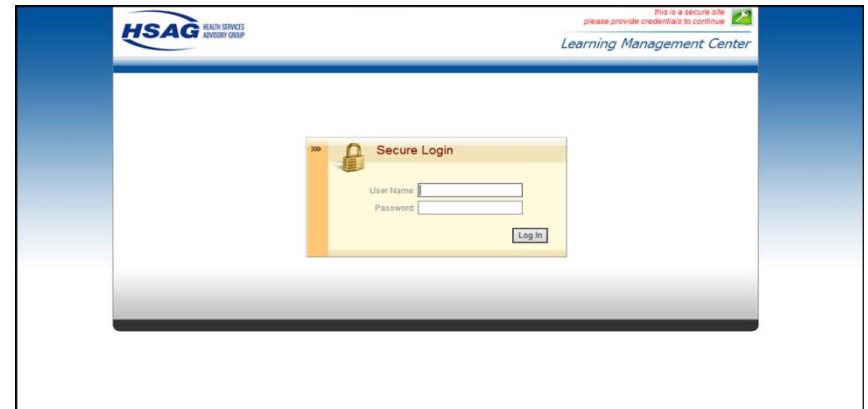
Use personal email and phone.
Go to email address; finish
process.



The screenshot shows the registration page for the Learning Management Center. At the top, there is a blue header with the HSAG logo (Health Services Advisory Group) and the text "Learning Management Center". Below the header, the page title is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes fields for "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located at the bottom left of the form. A security notice at the top right reads "This is a secure site please provide credentials to continue" with a green padlock icon.

Existing User

Entire email is your user name.
You can reset your password.



The screenshot shows the secure login page for the Learning Management Center. At the top, there is a blue header with the HSAG logo and the text "Learning Management Center". The main content area features a yellow box with a padlock icon and the title "Secure Login". Inside this box, there are input fields for "User Name" and "Password", and a "Log In" button at the bottom right. A security notice at the top right reads "This is a secure site please provide credentials to continue" with a green padlock icon.

Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.