Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

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Artrina Sturges: Thank you, Matt, and good afternoon, everyone. My name is Artrina Sturges, and I'm your host for today's event. We will start with just a few announcements. This presentation is being recorded. The transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, QualityReportingCenter.com, as well as *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as a link to the slides, was distributed on Monday. If you did not receive the email, the slides are available for download at our inpatient website, again qualityreportingcenter.com.

Our speakers for today's event are Jennifer Seeman, who is the Hospital Quality Reporting Electronic Health Record Program Manager for the Portfolio, Program, and Project Management Support Contractor. Michael Holck has joined us, and he is the Director of Software Engineering, Health Information Technology and Life Sciences Data Management Solutions Contractor. And, Veronica Dunlap, Project Manager for the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor.

Today's presentation is intended to provide an overview of steps and tips for successful reporting of Calendar Year 2017 electronic clinical quality measures, or eCQMs, as they're commonly referenced, to the Hospital

Inpatient Quality Reporting and Medicare Electronic Health Record Incentive Programs.

It is our intent that you will have a better understanding of the current Calendar Year 2017 eCQM reporting requirements, utilize the tips to troubleshoot error messages to support successful QRDA Category I file submissions, and more easily locate self-directed tools and resources.

We will start with a quick overview of the current reporting requirements. The current Calendar Year 2017 requirements are in place until the Fiscal Year 2018 Inpatient Prospective Payment System Final Rule is published next month and documents the finalized changes to the Calendar Year 2017 reporting requirements for the IQR and the Medicare EHR Incentive Programs. CMS published the FY 2018 IPPS Proposed Rule in April, indicating proposed reductions in the number of eCQMs reported, as well as the number of quarters of data for reporting, with the intention of reducing reporting burden for hospitals.

Many of you are in various stages of reporting, so some of you have already started reporting production data, while others are waiting for a number of reasons. They can range from waiting for the revised 2017 reporting requirements to be published. Others prefer reporting later in the year. Some of you are in the midst of a health IT system transition. So, we wanted to review one of the most frequently asked questions that we receive. So, the question is, if my hospital has already started to report eight eCQMs for a whole year, what do we do if CMS enacts the proposed changes outlined in the Fiscal Year 2018 CMS IPPS Proposed Rule for Calendar Year 2017 reporting. CMS proposed six eCQMs for two self-selected quarters for reporting. Is there a penalty for over-reporting? Now, the answer for this is that CMS is aware that hospitals have started reporting according to what was published in that Fiscal Year 2017 IPPS Final Rule. So, it's important to understand that there are no penalties for reporting more than the required quarters of data. And, if you recall, it is typically requested for hospitals to report at least a minimum of the reporting requirements. Webinars are currently being scheduled in August

and September to review the finalized Calendar Year 2017 eCQM reporting requirements for the IQR and EHR Incentive Programs. To ensure that you're receiving the most current information, please visit the QualityNet.org website and locate the listserve registration link, which is on the left-hand side of the landing page.

We wanted to provide a quick review of the current Calendar Year 2017 reporting requirements. For the IQR program, hospitals self-select at least eight of the 15 available eCQMs and submit those same eight eCQMs on a quarterly, biannual or annual basis. The hospital reports the data from an EHR that is certified by the Office of the National Coordinator of Health IT, for either the 2014 or 2015 edition by the February 28, 2018 deadline. Now, just a quick reminder. Fulfilling the eCQM reporting requirement for the IQR Program also satisfies the clinical quality measure reporting option requirement for the Medicare EHR Incentive Program. And, just to note, many of you remember ED-3 is an outpatient measure and it does not count for IQR-Medicare EHR Incentive Program aligned credit. ED-3 is only available for reporting to the Medicare EHR Incentive Program.

For those intending to report eCQMs to the IQR and the Medicare EHR Incentive Programs with one submission, the reporting requirements are the same as what we just reviewed on the prior slide. We will not review the details in this slide, but we wanted to condense the information into one slide for those of you who prefer to review the aligned requirements for IQR and the Medicare EHR Incentive Programs at a glance.

For hospitals who are only participating in the Medicare EHR Incentive Program and intend to report electronically, the expectation remains that they will electronically report on eight of the available clinical quality measures, or CQMs. 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 2017 calendar year, consisting of four quarterly data reporting periods. The submission period began spring of 2017 and ends February 28, 2018.

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For hospitals participating in the Medicare EHR Incentive Program via attestation, they are expected to report on all 16 available CQMs. Attestation is completed utilizing the EHR Registration and Attestation System. 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 2017 calendar year, consisting of four quarterly data reporting periods. Again, the submission period began spring 2017 and ends February 28, 2018.

In regards to the Calendar Year 2017 certification and specification policies, hospitals must report utilizing the QRDA, or Quality Reporting Document Architecture, Category I file format and Health IT certified by the Office of the National Coordinator for Health Information IT for the 2014 or the 2015 edition. Submitters are also required to report using the eCQM addendum for the 2017 reporting period, which was updated January 2017. The 2017 CMS IG, which is the Implementation Guide for QRDA I Hospital Quality Reporting, was published July 2016. There is a link at the bottom of the slide to the Electronic Clinical Quality Improvement Resource Center, often called the eCQI Resource Center, where the reporting standards documentation and file specifications are available for download.

Now, this slide provides the short name, title, and description of the 16 eCQMs available for reporting in Calendar Year 2017 for the IQR and EHR Incentive Programs. Again, I'll draw your attention to the ED-3 measure that has the asterisk that we discussed earlier. It just indicates that it's not aligned for reporting to both programs, and it's only available to report to the EHR Incentive Program.

We talked a few moments ago about the eCQI Resource Center and this slide just shows you where to locate the Calendar Year 2017 eCQM specification details with reference to the 2017 addendum.

Now, this is a screenshot of where to locate the 2017 QRDA I IG for Hospital Quality Reporting, the Schematron, and the sample files and where they are specifically located on the eCQI Resource Center.

Now, the link on this slide is provided to assist you to locate the Health Level 7, or it's often called HL7, Implementation Guide. Please keep in mind, the reason why you may want this is because the CMS IG is based upon this document. So, this will give you the real rationale as to why the CMS IG is set up the way it is.

The definition for successful submission of eCQMs for Calendar Year 2017 reporting has not changed. It remains a combination of accepted QRDA I files with patients meeting the initial patient population of the applicable measures, zero denominator declarations, and case threshold exemptions.

In addition, a quick reminder. Submission of eCQMs does not fulfill the program requirements for the IQR or the EHR Incentive Programs. In regards to the IQR Program, hospitals are still responsible for data submission for all required chart abstracted, web-based, structural, and claims-based measures. The EHR Incentive Program has additional program requirements as well. Further information for both programs can be obtained through the support teams referenced on this slide.

We wanted to take a little more time to talk about the similarities and the differences between the case threshold exemption and zero denominator. Both are applicable to the IQR and the EHR Incentive Programs to achieve successful fulfilment of eCQM reporting. They share the criteria that the EHR system must be certified to report the eCQMs. Case thresholds can be used when there are five or fewer discharges applicable to an eCQM during the relevant EHR reporting quarter. Hospitals are not required to utilize case threshold. QRDA I files can be submitted instead. In terms of zero denominator, it can be utilized when a hospital does not have any patients that meet the denominator criteria of the CQM. In both cases, case threshold exemptions and zero denominator declarations, are

entered on the denominator declaration screen within the *QualityNet Secure Portal*.

Just very quickly, there weren't any changes in terms of Calendar Year 2017 reporting regarding file format expectations. So, just a quick review. The expectation is one file per patient per quarter and that QRDA file should include all the episodes of care and the measures associated with the patient file in that reporting period. Maximum individual file size remains 5 MB. Files can be uploaded by Zip. And, the maximum submission is 15,000 files per Zip file. In some cases, hospitals do find they have more than 15,000 files, so feel free to submit more than one Zip file for that reporting period.

And, just a quick reminder that the Pre-Submission Validation Application tool, which is often called the PSVA tool, is available. Keep in mind, it allows submitters to locate and correct their QRDA Category I file errors prior to data submission to CMS. One other quick note: The CMS data receiving system performs additional checks, including the Clinical Document Architecture schema, submission-period dates, and authorization for vendors to submit on a hospital's behalf. The PSVA tool, at this time, does not have this functionality. So, keep in mind, you will see a difference between what is processed through the PSVA and what is processed through the test system in the CMS data receiving system. So, just remember to anticipate those differences as you test your files. PSVA can serve as a voluntary tool, and it's always the recommendation to test early and often. It's installed directly on your system and the PSVA version 1.2.2 is downloadable from the secure file transfer and *QualityNet Secure Portal*. Please contact the *QualityNet* Help Desk if you have any additional questions, and all the contact information is listed here for you.

Now, at this time, Michael Holck will join us to discuss the technical instructions for QRDA Category I submissions for eCQM reporting for the Hospital IQR and the Medicare EHR Incentive Programs.

Michael Holck: Thank you. So, the CMS is issuing technical instructions for QRDA Category I submission for eCQM reporting for the following programs: Hospital IQR and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals. This guidance is for eCQM submissions for Calendar Year 2017 only and QRDA Category I files only.

So, the issue is, that for implementers to have their eCQMs calculated correctly by the measure engine, they have to submit the proper QRDA templates that match the QDM (quality data model) data types. Currently, there is no validation check to ensure that a QRDA template has contained within it an Act template structure and, for certain templates that we're going to talk about shortly, that is required. If you do not include the Act template around it, the measure engine will not identify the data type and the measure calculation could be affected. This issue applies to EH eCQMs using the following QDM data types in the measure specifications for Calendar Year 2017: Diagnosis; Device, Order; Encounter, Order; Encounter, Performed; Transfer From and Transfer To. A little background on this, QRDA is an implementation of CDA, the Clinical Document Architecture, and CDA defines the attributes that are allowed within certain elements. In certain elements, like supply and encounter, you are not allowed to add a negation indicator after it. So, we found that, to report things like Encounter Not Performed or Device Order Not Done, normally you would add a negation indicator to the element to indicate that it was not done specifically. But, these elements did not allow a negation indicator on them.

So, in HL7 QRDA Category I STU 3.1, we added some new templates that use an Act class structure. The Act class does support the negation indicator attribute, so we're basically using that as a wrapper around those elements that didn't allow the negation indicator as listed on the previous slide. Submitters are advised to actively ensure that the database submit for those QDM data types are reported within the corresponding Act Wrapper template, so that the data will be processed correctly. Even if you're not using the negation indicator attribute, you still need to wrap these elements with the Act Wrapper.

So, this slide shows an example of it. The left-hand side is how you would have submitted the Encounter Performed previously without the Act Wrapper and if you submit it this year without the Act Wrapper, it will still pass validation because, as I said earlier, there is not a conformance check that's actually checking this. But, that encounter would not be included in your measure calculation, which would be a problem.

So, on the right-hand side, we have an example that shows the same encounter data, there in the middle, is now just wrapped with an Act Wrapper. So you have an Act class at the top with a templateId, and ID code and then any relationship that wraps that encounter. That is the proper way to submit those. And, it'll be the same for all the other templates. It'll be just a different templateId for the different Act Wrappers to wrap around it.

So, in addition to this guidance, we have also gone and updated the sample files for 2017 QRDA I Hospital Quality Reporting. The previous sample files that had been published last year did not include these Act Wrappers, because that was before we'd figured out this issue and solved it with this particular workaround. The sample files have been updated now to address that and does use the proper Act Wrappers to show how to do it for the proper templates. And, each one of those templates should be represented in that sample file with the proper Act Wrapper.

The updated sample file for 2017 QRDA 1 HQR is posted on the eCQI Resource Center under the QRDA space, as well as on the CMS eCQM Library page, along with all current and past implementation guides, Schematrons and sample files. In addition, on the eCQI Resource Center, under the QRDA space, there is very detailed technical instructions and examples for how to do proper submission of QRDA Category I, specifically addressing this Act Wrapper guidance as well. If, after this presentation and looking at these resources, you still have questions about how to do it, or you have issues as you're trying to do it, you're always welcome to open a ticket through the ONC QRDA JIRA

Issue Tracker. Thank you. That's all I have. I will now hand it over to Jennifer Seeman for her presentation on steps to successful eCQMs submission for hospital reporting.

Jennifer Seeman: Thank you. I'm Jennifer Seeman, the HQR EHR Program Manager for the PM3 contractor.

I will start with a question that we've been receiving frequently in regards to certification for eligible hospitals and Critical Access Hospitals participating in the EHR Incentive Program. And, that question is about if certification must be done prior to EHR reporting for that program.

The answer is essentially no. Your system does not have to be certified at the time you begin reporting. However, there is risk that if changes are necessary to get the technology certified, it could potentially affect your ability to qualify as a meaningful user. Any of those changes, no matter how insignificant, would impact that ability. So, I would also reference the Frequently Asked Questions, 2893, at the EHR Incentive Program's website.

One common error that we're seeing also is 0073. This is a CMS-specific error that the document does not conform to QRDA formats for CMS reporting. Essentially, this error is looking for four required templates within the file. Those should all be correct templateIds and extensions. This error will also occur if you do not submit an XML file. PDF, Word documents, things like that will generate this error.

Here is an example of a correction that might potentially be needed. You see in the left-hand example the date extension is 7-1-15. However, that's not the current date that should be there for that template. And, on the right side, you see that being corrected. So, all four of those templates must be the correct versions and the correct IDs for that message to be resolved.

0075 and 0076 are related to admission and discharge dates respectively. Those dates must be formatted correctly for the system to read them. That can be resolved by referencing Table 14 on page 29 on the CMS IG for 2017 reporting.

And, the next slide does indicate an excerpt from that table, which shows the proper formatting for those dates as expected by the CMS receiving system.

That concludes my slides for this session, and I will hand it off to Veronica.

Veronica Dunlap: Thank you. Hello, everyone. My name is Veronica Dunlap, and I would like to take some time to review some helpful tools and resources to assist with the reporting of eCQM data.

The eCQI Resource Center has posted an eCQM implementation checklist, dated May 2017, for both hospitals and physician practices to utilize for Calendar Year 2017 reporting. This two-page implementation checklist points out the necessary technical steps IT developers and organizations must take to update their systems with the eCQM Annual Update for the current reporting period. It walks them through how to view and download eCQM value sets by accessing the Value Set Authority Center, pronounced VSAC, where to search and pose questions regarding eCQM implementation by signing up for a JIRA account, and helps you ensure that your system is using the most up to date technical standards.

We have received a lot of positive feedback on the use of checklists to aid hospitals and vendors to check that their data has been successfully reported and that program requirements have been met. For Calendar Year 2017 eCQM reporting, there are two checklists available. One is for test file submissions and the other one is for production file submissions. Both checklists can be found on both the *QualityNet* and QualityReportingCenter websites. The top section of the checklists are

mandatory steps to be taken as soon as possible in preparation for the annual deadline of February 28, 2018. The lower portion walks the submitters through the actual submission of files via two different submission methods. Either through the PSVA tool, which is highly recommended, or directly through the Secure File Transfer within the *QualityNet Secure Portal.* Hyperlinks to important documents and helpful contacts are provided throughout the checklist, and it's always recommended to use the online versions, as they are the most current version available.

Posted on both the *QualityNet* and QualityReportingCenter websites is the Calendar Year 2017 report overview document for EHR hospital reports. It provides a list of eCQM reports that are available for hospitals and vendors to run within the *QualityNet Secure Portal*, as well as the purpose of each report. It also indicates which reports are available to run for test files and which reports are available to run for production files.

Questions about eCQM measure specifications and the intent of a particular measure, such as how certain data elements are defined, should be submitted to the ONC JIRA tracking system. These questions will be addressed by the measure developer. In addition, you may search for a response to a question that is similar to yours that may have already been posted by the team. It's important to point out that JIRA has different Issue Trackers used for specific topics. Most likely, you will submit your questions to either the QRDA Issue Tracker and/or the CQM Issue Tracker.

The final resource I would like to highlight is the Hospital Quality Reporting, or the HQR, Help Manual and the HQR Report Manual. These two manuals can only be accessed by logging into the *QualityNet Secure Portal* and by clicking on the Help button in the yellow header at the top.

The HQR 11.1.0 Manual is available for all the quality programs that participate in Hospital Quality Reporting. If you look here at the top-left section, you will view a list of contents, an index, and a search function.

Specifically, for eCQM reporting, I would like to point out the HQR HITECH section under the list of contents, which covers such topics as the QRDA submission process, zero denominator declarations and the EHR batch file deletion.

As mentioned before, the other manual is the HQR Reports Manual, which provides information on accessing and generating *QualityNet* reports and provides report details on all quality programs for HQR.

Specifically, for eCQM reporting, I would like to direct you to the EHR HQR Program report section, which provides further information on eCQM data submitted to the CMS data receiving system and reviews the differences between the submission and feedback report categories. Also, included in the set of EHR reports, is the Vendor Authorization Report, which displays vendors that have been authorized to view the EHR report.

This is a helpful slide you may want to print out and keep handy at your desk of phone numbers of the various support teams that are available to assist with your eCQM questions. The *QualityNet* Help Desk is available to address questions on data submission and the *QualityNet Secure Portal*. The hospital support contractor is available to help with IQR Program and policy questions. Finally, the EHRIC Help Desk is available to answer program and policy questions on the EHR Incentive Program.

Now I would like to go over some questions we have received during the presentation. Our first question, can we upload each quarter as it closes or do we need to combine both as one upload?

Jennifer Seeman: This is Jen Seeman. You should be able to upload at the close of each quarter.

Veronica Dunlap: Next question.

Jennifer Seeman: If that's your preference.

Veronica Dunlap: Thank you. Will 2017 eCQMs be publicly reported?

Artrina Sturges: Hi, this is Artrina. They will not be publicly reported. And, if there is any intent of publicly reporting eCQM data, CMS will signal that in the future proposed rule.

Veronica Dunlap: Next question. Are all hospitals required to submit eCQMs electronically, or is manual submission via attestation allowed?

Jennifer Seeman: So, for hospitals participating as part of the IQR, the Inpatient Hospital Quality Reporting Program, they would be required to submit electronically to meet program requirements. The EHR Incentive Program does allow attestation that's in a separate system.

Veronica Dunlap: Next question. For hospitals attesting to meaningful use in 2017, are they not required to report for any 90-day period?

Jennifer Seeman: The attestation deadlines are a little bit different. I'm not sure. I think we need to follow up on this and report the answer in the Q&A.

Veronica Dunlap: Next question. Besides putting the files through the PSVA tool, how do we validate the data in the files?

Jennifer Seeman: So, you can do initial validation of the files through the PSVA application. That will confirm your files are formatted correctly. Additional validation and measure outcomes may be determined by submitting test submissions to the CMS system itself in *QualityNet*.

Veronica Dunlap: Next question. Are the EHR vendors able to submit case threshold exemptions and zero denominators for Critical Access Hospitals?

Jennifer Seeman: If they are authorized by that hospital to do so, yes.

Veronica Dunlap: Next question. Is the PSVA tool required?

Jennifer Seeman: No. But, it is a useful tool to help get that initial formatting of your files confirmed.

Veronica Dunlap: Next question. How does a facility know if meaningful use has been submitted for their facility?

Jennifer Seeman: In regards to the e-reporting for eCQMs, they can check that status using the eCQM Submission Status Report through *QualityNet*. Other program requirements would need to be verified through the registration and attestation system for meaningful use.

Veronica Dunlap: Next question. A two-part question. Do we need to have a vendor submit our files?

Jennifer Seeman: No. Hospitals are able to submit their own files.

Veronica Dunlap: How do we check whether this Act Wrapper template is included by our EHR vendor?

Jennifer Seeman: So, I think if you are working closely with your vendor and you submit files and you see any issues, outcomes that don't make sense, or errors that you don't understand, you should take that feedback to your vendor and work with them to ensure your files are formatted appropriately.

Veronica Dunlap: Next question. When was the sample files updated?

Michael Holck: This is Michael Holck. The 2017 HQR QRDA I sample file was updated on July 14, which was a couple of weeks ago.

Veronica Dunlap: Next question. When was the Act Wrapper requirement added to the required specification?

Michael Holck: The Act Wrapper was added to the Implementation Guide when it was published last July. We did not get the guidance out to specify that to people until about a month ago.

Veronica Dunlap: Next question. Based on the EHR technology certification, if the organization is not on the 2015 certified edition until after the start of the data collection period, but is on the 2015 edition by the reporting period, is the organization okay for Calendar Year 2018 reporting?

Jennifer Seeman: So, I think that we'd need to confirm per policy what certification editions will be accepted for Calendar Year 2018 reporting.

Veronica Dunlap: Next question. Are Critical Access Hospitals required to submit eCQMs in 2017?

Artrina Sturges: Hi, this is Artrina. I think, for this, we have to kind of delineate which program we're talking about. If we're talking about IQR, they're not required to participate in the Hospital IQR Program. But, they're encouraged to voluntarily report quality data, which includes eCQM data. Critical Access Hospitals are required however to report eCQMs to the EHR Incentive Program. And so, that is something to be aware of. And, the risk with that is, by not participating, keep in mind, they would be subject to a payment adjustment due to lack of participation. So, we just have to make sure that you keep the difference in programs in mind as you ask those types of questions, because the requirements are different depending on which facility type you are versus, you know, electronic excuse me not electronic, eligible hospitals versus a Critical Access Hospital.

Veronica Dunlap: Next question. Does the eCQM Submission and Performance Feedback Report work on the test data files?

Jennifer Seeman: Yes. That report will display test information.

Veronica Dunlap: Next question. If a first-time attester for the EHR Incentive Program deadline October 1st selects the eCQM reporting option one, will they remain in pending status until after the IQR Program's deadline of February 28th?

Jennifer Seeman: So, I'm not familiar with what option one is in the R&A system, but if that is e-reporting then that status would remain pending in the Registration and Attestation System. If you e-report for meaningful use, you'll want to run the eCQM submission status report to confirm your e-reporting requirements have been met. At this point, the two systems will then transfer the information at the end of the submission period, which will kind of close that loop. But, for right now, it is that report that meaningful use users would look at to indicate their eCQM status has been met for meaningful use.

Veronica Dunlap: Next question. Will the Extraordinary Circumstances Exemption Form process be available next year (for the inability) if we are unable to submit eCQM data?

Artrina Sturges: Hi, this is Artrina. Yes, it will be available. Please keep in mind that the criteria for the ECE policy being in play is posted on the QualityNet.org website. If you go specifically to the page for eCQMs, they do have a tab there specific to ECE criteria. Thank you.

Veronica Dunlap: Next question. As long as we successfully submit the required number of eCQMs for the required time period, will we meet the IQR and EHR Incentive Program requirements? There are no thresholds? Correct?

Artrina Sturges: Hi, this is Artrina. So basically, it's the minimum of what is required for reporting. Keep in mind, as we indicated in the slide deck and the webinar, there are different aspects of every program. IQR has multiple aspects to meet, just as the EHR Incentive Program does. So, this would only fulfill one portion of what's required for reporting.

Veronica Dunlap: Next question. Is there an acceptable number of errors/warnings and rejected files encountered during eCQM submission?

Artrina Sturges: Hi, this is Artrina. In terms of an acceptable number, that's… We encountered this in 2016 and wanted to be sure to explain this again for this year. There is no volume in terms of allowable amounts of rejected

files. The thing is that if you intended for that file to be submitted to represent that patient and their patient care, then the expectation from CMS is that that data would be reported. The other option we had last year, that some folks were able to take advantage of, was that, if they found that the hospital themselves felt that there were a number of patient files that couldn't be represented for different errors that they weren't able to troubleshoot, then they were able to submit an ECE for consideration. So, again, there's no minimum threshold in terms of error. The warning messages don't affect your system when you're submitting data. It doesn't cause the files to reject. So, again, preference in terms of warnings. That's about, you know, best practices within that facility and whatever expectations you have with your vendor. Thank you.

Veronica Dunlap: Next question. If there is a switch between our EHRs during a quarter, is there a way to send the files from two different systems?

Jennifer Seeman: So, what you want to look at is, if you have to switch systems, there are four key identifiers that the system will look at when determining duplicates and potential overwrite of files. And, if those systems both utilize the same information, for example, one being the patient ID, then there would be risk that files could be overwritten if you submit from two different vendors, for example. So, I think, if there's specific questions that you have, I would recommend reaching out to one of the resources indicated on the slide. But, you do need to be cautious in how that's handled when submitting those files.

Veronica Dunlap: Next question. I thought Critical Access Hospitals did not have to submit eCQMs to meaningful use until 2018, not 2017. Is this correct?

Artrina Sturges: Hi, this is Artrina. As we explained earlier, our understanding and expectation is that Critical Access Hospitals would participate in the EHR Incentive Program. Keep in mind the final rule, as we mentioned, for Fiscal Year 2018 will be out next week. So, my suggestion is to wait until the final rule is published, take an opportunity to review that information and then, if you have any additional questions, please call either the

	EHRIC Help Desk or you can call *QualityNet* to ask. Well, not *QualityNet*. My apologies, yes, I'm right, call the *QualityNet* Help Desk if you have additional questions. But, all that information, we've given that out for the proposed rule and that same information will be clarified in the final rule. Thank you.
Veronica Dunlap:	Next question. We are a small, rural hospital with no emergency room, ICU or OB. Do we still select eight measures and utilize the zero denominator option? Or, should we send an extraordinary circumstance request form in?
Artrina Sturges:	Hi, this is Artrina. So, in terms of any area where a facility may feel as if they don't have patients that meet that eCQM, if the system is able to report the measure, because you have to have a system that's certified to report that particular measure, if you have that, then you do have the ability to go ahead and utilize the zero denominator. Veronica or Jen, do you have anything else to add to that?
Jennifer Seeman:	No, I would agree.
Veronica Dunlap:	Thank you. Next question. How do we use the Act Wrapper? Where is it located?
Michael Holck:	The templates for the Act Wrapper are defined in the Implementation Guide, in the HL7-specific STU 3.1 QRDA I Implementation Guide. So, that's where you will see. There will be like an encounter perform template and an encounter performed Act template that is the wrapper for that. And, there is text in the Implementation Guide that tells you to use that Act Wrapper. The guidance we also provided was sent out on several listserves and that kind of also specifies more detail in exactly how to do that.
Veronica Dunlap:	Thank you. Next question. How do we let CMS know which eight eCQMs we are selecting to report for Calendar Year 2017? Do we just submit them when they are due?

Jennifer Seeman: Yeah, you don't need to… Oh, go ahead.

Artrina Sturges: No, you're fine, Jen. Go ahead.

Jennifer Seeman: You don't need to indicate which measures you're intending to report. We'll query that from the files as they're submitted and you're good to go.

Veronica Dunlap: Next question. Can you please let us know the four key identifiers that would overwrite a file, as Jen mentioned earlier?

Jennifer Seeman: Yes, so it is the reporting program, the CCN, the reporting period, and the patient ID.

Veronica Dunlap: Next question. If I report a zero denominator declaration, what supporting documentation must I retain to support the exclusion in the event of an EHR Incentive Program audit?

Artrina Sturges: Hi, this is Artrina. I think probably the best thing to do is to redirect your question to the EHR Incentive Program. Just in case they have other tips for you that we may not be aware of.

Veronica Dunlap: Next question. My hospital system combined CCN numbers of two acute care hospitals. Should we submit the eCQM data under one CCN or two CCNs since the change occurred mid-year?

Jennifer Seeman: So, I think that's really a facility decision. So, without a lot of, I guess, details and understanding… If, for example, those facilities are still reporting IQR chart-abstracted measures as two CCNs, it would make sense to me to be consistent that way. But, it's really a facility decision in regards to how they want to see that. Keep in mind that if you combined the two facilities' data under one CCN, from a reporting perspective on *QualityNet*, it's more difficult to see the performance of those two facilities, for example. But, it really is to be determined by the facility itself.

Veronica Dunlap: Thank you, Jen. And, that concludes our questions and answers and that's all the time we have to review them at this point. I'd like to hand it over to Deb Price to review the continuing education process. Thank you.

Deb Price: Thank you, Veronica. This event has been approved for one continuing education credit. You must report your own credits to your respective board. Complete the survey at the end of our slide presentation and then register for your certificate. The registration is automatic and instantaneous. Therefore, if you do not get a response, that means that there is a firewall up that is blocking our automatic link, so then you'll need to go back and register as a new user using your personal email and phone number.

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And now, we'd like to thank everyone for spending the last hour with us. We hope that you learned something. If we didn't get to your question, keep in mind that we will address and place your questions and the other questions that we've gone over on our website, www.qualityreportingcenter.com at a later date. Thank you and have a great rest of your day. Bye now.