



# Inpatient Quality Reporting Program

---

## Support Contractor

### Hospital eCQM Reporting: CY 2015 Program and System Requirements

**Moderator:**

**Debra Price, PhD, MSPH, MEd**  
Education Coordinator, HSAG

**Speaker(s):**

**Cindy Tourison, MS**  
Hospital Inpatient Quality Reporting (IQR) and  
Hospital Value-Based-Purchasing (VBP) Program Lead, CMS

**February 25, 2015**

**1 p.m. ET**

**Operator:**

Hello, everyone and thank you for joining the Hospital Quality Reporting Program webinar. My name is Oniel Delva, and I will serve as your technical host for today, and I will turn it over to the host in a moment. But, before I get started, I just wanted to go over some housekeeping items and some technical instructions, as it pertains to this webinar system.

We are currently streaming the audio for today's event, so the audio should come out through your computer speakers. So, please turn your speakers up or plug in headphones, if needed, in order to listen-in and just hear, as we go through today's presentation. Also, on the screen, you should see instructions as to how you can submit questions to us or chat with us today.

If you notice, at the bottom left of your screen, there is this Chat with Presenters section. There you can type in your questions or your comments and send them in so that everyone who is logged in as a presenter will see your comments and information as they come in. With that, I will turn it over to Deb Price, our event host. Deb?

**Debra Price:**

Hi, thank you Oniel. Welcome to today's webinar. My name is Deb Price, and I will be your host for today's event. Before we begin, I'd like to make a few announcements. This program is being recorded.

# Inpatient Quality Reporting Program

---

## Support Contractor

A transcript of the presentation, along with the Questions & Answers (Qs&As), will be posted to our new Inpatient website, [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) within two days, and it will also be posted to *QualityNet* at a later date. If you registered for the event, a reminder email, as well as the slides, were sent to your email one or two hours ago. If you didn't receive that email, you can download the slides at the new Inpatient website. Again, this is [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com).

And now, I would like to introduce our guest speaker, Cindy Tourison. Cindy leads the Hospital Inpatient Quality Reporting (IQR), as well as the Hospital Value-Based Purchasing (VBP) Programs, including: Policy Making, Education and Outreach, and operationalizing the requirements for each program. She has worked on aligning IQR and hospital VBP through the EHR Incentive Program quality measures since she joined CMS in 2011. Prior to joining CMS, Cindy worked on the vendor side of healthcare as a client services manager overseeing support for several product lines. She received her Masters of Science degree in Healthcare Administration Informatics from the University of Maryland University College in 2008. And now, I am pleased to present Cindy.

**Cindy Tourison:** Thanks, Deb. So today, we're going to go over the electronic Clinical Quality Measure portion of [the] hospital Inpatient Quality Reporting Program. We will go slightly over some things that align to the EHR Incentive Program. Specifically, what we'll be taking a look at are the requirements under IQR. We'll look at our zero denominator and case threshold extension policies. We'll look at the eCQM reporting periods and deadlines. We'll talk a bit on Hospital Compare. We will talk about our hospital eCQM receiving system. As well, we'll be talking about opportunities to get more involved with electronic Clinical Quality Measure submissions.

I hope most of you are aware that this, our eCQM policy, at this point and time, is voluntary. We have signaled in last year's rule that we intend to require electronic Clinical Quality Measures in the future. We'll also give you a few slides on resources, and we will also take questions and answers a couple of times throughout the presentation.

So, one of the things that we wanted to highlight here, is though we are specifically talking about eCQMs today, eCQMs are a voluntary reporting option under Hospital Inpatient Quality Reporting. Hospital Inpatient Quality Reporting has several components which are

# Inpatient Quality Reporting Program

---

## Support Contractor

mandatory in order to instill program requirements and assess payments, and those requirements include, at the most basic level: validation, our clinical and healthcare-associated infection (HAI) data submission, our population and sampling submissions, our HCAHPS submissions, our structural measures, and also, our web-based measures.

And if you take a look at the link here on the slide, this will get you to our resource page which will give you the critical deadlines for IQR that are available out on our *QualityNet* website. The clinical and HAI component of Hospital IQR is made up of a total of 69 measures. Data for these measures are submitted in different ways, and it depends on sort of the mode of collection. We have chart-abstracted measures. We have web-based, or sometimes also referred to as structural, measures. We have claim-based measures, which of course, are built up of the claims that you submit. And then, we also have our newest mode of collection, which are electronic Clinical Quality Measures. Electronic Clinical Quality Measures are derived from your EHR, and they are an option, again, a voluntary reporting option, under IQR, and we're going to get into the details of that moving forward.

A list of all the measures, again, are available out on our *QualityNet* website. I just want to highlight that eCQMs do not eliminate the requirement to submit data for our chart-abstracted and web-based measures. Our claims-based measures obviously don't require any submission on your part. Those are – those happen through your billing, and they can be used to fill a portion of the chart-abstracted measure requirements. And we're going to get more into that and give some really detailed examples of that in a few slides from now. The chart-abstracted data will still need to be submitted for any eCQM measures that aren't submitted. And we'll get into more details and look at those measure specifics here shortly. So, under our hospital quality reporting alignment, we – our goal is to simplify reporting to our hospital quality reporting programs. We desire to align measures across our quality reporting programs, and to minimize the reporting burden imposed on hospitals.

Our initial focus for this effort has been between aligning the Hospital Inpatient Quality Reporting Program (IQR) and the Medicare Electronic Health Record (EHR) Incentive Program for Eligible Hospitals and Critical Access Hospitals. We have further alignment of quality reporting programs in our future, but at this point and time, the only quality programs that have it, of course, are IQR and the EHR Incentive Programs.

# Inpatient Quality Reporting Program

---

## Support Contractor

Data files for eCQMs can be submitted directly to CMS to our eCQM receiving systems, and through our *QualityNet Secure Portal*. Hospitals must utilize certified EHR technologies, and you can read more about our certified EHR technology in the EHR Incentive Program's final rules. You would need to register for a *QualityNet* account, if you don't already hold one, and you would also need to request the EHR Data Upload role from our *QualityNet* help desk, and we'll have a slide at the end of the presentation that will tell you how to contact them, if needed. Hospitals may authorize a certified EHR vendor to submit data files for them. In order to do that, vendors, again, need to have a *QualityNet* account, and they also need to request the EHR Data Upload role. The hospitals will need to log into the *QualityNet Secure Portal* and authorize the vendor to submit data on their behalf. And they have a few options here, which is that they can authorize submission of electronic Clinical Quality Measures by measure set, by data transmission start and end dates, or by a discharge quarter start end date.

eCQM submissions via vendor: if a vendor has not been authorized by a hospital to submit eCQM data files on their behalf, the submitted files will be rejected, and this includes both test and production files. And just to clarify, the difference between test and production from a submission perspective is a matter of where your QRDA files are uploaded to; whether they're uploaded to our test folder or our production folders. However, vendors can submit test files without hospital authorization if they utilize the test CMS certification number listed here, which is 800890.

So, eligible hospitals that seek to report the CQMs electronically under the Medicare EHR Incentive Program or Hospital IQR – we have aligned our requirements in that you must be using the April 2014 version of the electronic measure specifications. You also must be using QRDA Category 1, Release 2 files, and those files must conform to the CMS Eligible Professional and Hospital Quality Reporting Supplementary Implementation Guide for 2015. And we give you a link to that resource here on this slide.

The successful submission for IQR is defined as submitting at least 16 of 28 eCQMs across three National Quality Strategy domains. This does align to the EHR Incentive Programs. The 16 IQR eCQMs can be reported in any combination, meaning that you can submit QRDA files, patient level QRDA files. You can use that in combination with zero denominator declarations and case threshold exemptions. We'll get more into details on the zero denominator and case threshold policies later on in the presentation.

# Inpatient Quality Reporting Program

---

## Support Contractor

Submission must be for at least a single calendar year discharge quarter. So, that is quarter one, quarter two, or quarter three of 2015, and the submission deadline date is by November 30th of 2015. This slide shows us the measures, as I spoke to you before, which overlap in the IQR Program. Excuse me ... These measures are available in those chart-abstracted and an eCQM mode – those measures in red are. The measures that are in black on this slide, which is the IMM-2 and STK-1, are strictly chart-abstracted measures. Please note, again, that all 12 of these measures are required under IQR. The measures in red do have an option of submitting data utilizing chart-abstracted specifications.

Now, if you submit via chart-abstracted, which is required, you must submit for an entire year according to our chart-abstracted deadline, which we gave you a link to earlier in our presentation. Or, you may follow the eCQM voluntary reporting options and report on these measures for one calendar year quarter, either quarter one, quarter two, or quarter three of 2015.

If you choose to submit the eCQM version of these measures, in red, you may forego submitting these measures as chart-abstracted for the year. There are other measures, as we reviewed earlier in the presentation, that are outside of what we're talking about here, such as our HAI measures, which get reported to National Healthcare Safety Network (NHSN) and our claims-based and structural measures.

So, our available eCQM measures – so there are 29 available eCQM measures under the EHR Incentive Programs. However, only 28 of those measures are eligible for IQR voluntary eCQM participation, and that's because the 29th measure is ED-3, and it is an Outpatient measure and therefore, not applicable to IQR. Now a hospital can report on any 16 of these 28 eCQMs across the three National Quality Strategy (NQS) domains, and a hospital must report data on at least 16 eCQMs to receive IQR credits.

Now, I think this last bullet point is really essential to point out. We speak with stakeholders very frequently, and this is probably one of the most misinterpreted parts of the policy. Some folks think that you could, for instance, just submit PC-O1 for IQR as an eCQM and forego submitting it as a structural measure. You have to at least submit 16 eCQMs in order to participate in the voluntary eCQM portion of IQR. There is no partial credit. It has to be at least 16. And we're going to walk through some more specific examples, and then we're going to take a moment to pause, because I think

# Inpatient Quality Reporting Program

---

## Support Contractor

this is the area where we often have a lot of questions. (Hence, Stephanie) is going to help us keep track of that timeline.

Twelve of the 28 available eCQM measures, again, are required in the IQR Program. These 12 eCQMs may be submitted with four other eCQMs for one calendar year to get to our total of 16. And a hospital that successfully submits eCQM – again, it doesn't need to do the chart abstractions for those same measures which are required under IQR if they elect to do eCQM submission. Again, this year eCQM submission is voluntary. A hospital can submit a full year of chart-abstracted data for the 12 required measures available as eCQMs and not participate in eCQM submission under IQR. Now, the eCQM requirement under the Incentive Program, you do still have to submit either the files, or, you have to attest your results to EHR Incentive Programs.

There's no partial credit for a calendar year 2015 data submission. So again, this is just reiterating that you have to select 16 eCQMs across the three National Quality Strategy domains. Now, a hospital that submits – and let's say that a hospital decides to participate under IQR in a voluntary program, and they've decided to go after the 12 measures that are available either in chart-abstracted or eCQMs – so they've decided we're not going to do the chart abstraction for these measures, we're going to submit them as eCQMs, they still need to select four additional eCQMs to get to that total of 16 eCQMs across three domains.

So, a hospital should consider the following when selecting measures for a submission: their quality improvement goals; the ease of submitting one per credit in both the EHR Incentive and IQR programs; and the opportunities to assess their EHR readiness.

I do want to also note that we've gotten this question fairly frequently: If a hospital chooses to submit data for all of the Stroke (STK) eCQMs, they would not need to chart abstract STK-1, which is available only in chart-abstracted form. Okay, and then here's another example submission.

In this example, the hospital's EHR system is not capable of submitting all of the Stroke eCQMs. so, the hospital must submit chart-abstracted data for these Stroke measures. So, the hospital chooses 16 eCQMs for data submissions. However, in this example they've included ED-3. As we've said before, ED-3 is not counted towards IQR.

# Inpatient Quality Reporting Program

---

## Support Contractor

So, the 16 eQMs listed here to the left meet the EHR Incentive Program eQm requirements, but ED-3 would not count towards IQR. So, if a hospital wanted to submit these measures and gain that portion of credit in both programs, they would have to submit an additional measure for IQR.

So, in this example their additional measure that they're – that they're submitting for IQR is AMI-2, in order to get to that 16 under IQR while still having 16 under the EHR Incentive Program. And here's where we're going to pause. We typically do here a lot of questions here, so, we wanted to give an opportunity to see if we can answer some of your questions. Stephanie, do you have any questions queued up that we should take?

**Stephanie Wilson:** I do, and so some of this, I know, was repeated in your presentation, but I'm going to make sure we get them all answered. So, the first question is, "For Program year 2017, is eQm data submissions voluntary or required?"

**Cindy Tourison:** It is voluntary. I just want to elaborate that a little bit. So, it's voluntary under IQR. We have signaled our intent to require eQMs. So, I just want to make sure that we don't drop half of our audience at this point. I would encourage you to continue to listen in. We would like you to get involved even if you're not going to do a production submission of eQMs. We would like to see you testing this year in order to prepare yourself.

**Stephanie Wilson:** The next question is, "Are the eQm specifications for the Inpatient Quality Reporting Programs and the EHR Incentive program the same?"

**Cindy Tourison:** I'm sorry. Can you repeat that question, Stephanie?

**Stephanie Wilson:** Yes, I'm sorry, just real quick, "Are the eQm specifications for the Inpatient Quality Reporting Programs and the EHR Incentive Programs the same?"

**Cindy Tourison:** Absolutely.

**Stephanie Wilson:** Okay, so, one question which you talked about a little bit is, "So, using a vendor to submit QRDA files is not required? A hospital can do this for ourselves?"

**Cindy Tourison:** Absolutely, they can do – they can do the submissions for themselves.

# Inpatient Quality Reporting Program

---

## Support Contractor

**Stephanie Wilson:** And then, “Can a hospital submit both the chart-abstracted measure data and eCQM measure data for the same program year?”

**Cindy Tourison:** Yes, we do allow that, and we have seen a number of hospitals doing that. You know, just as they're getting prepared and comfortable with submitting the eQMs. Out of fear, I think, of not being able to successfully submit, they have been submitting both chart-abstracted and eQMs.

**Stephanie Wilson:** Okay, “Can you explain or speak to what the version of the eCQM specifications are required? Is it 2013 or 2014?”

**Cindy Tourison:** It is 2014 for calendar year 2015. If, and just – or actually, I should probably add onto that – So, if a hospital is, for instance, only doing eQMs for the EHR Incentive Program, there are other versions that they may use to attest their results. We do not accept attested results under IQR, and we do not intend to.

**Stephanie Wilson:** We have a couple of questions that – They're going to be talked about a little later in the program. So, I'm not going to cover those right now. We can go back to those later. There is one question, just to help clarify. And someone asked, “If we have submitted eQMs for PQRS, does this mean this will still be counted for the Inpatient Quality Reporting Program?”

**Cindy Tourison:** No, PQRS and IQR, at this point and time, are not aligned. We are looking to see how we could do that, for instance, for a hospital list. But at this point and time, we do not overlap measures.

**Stephanie Wilson:** And I think we're good for now, Cindy. So, if you want to go on, we can answer the rest of these questions when we get towards the end of the presentation.

**Cindy Tourison:** Okay, super, and thanks, Stephanie. Okay, so we're just – and real quickly review – To meet the eCQM submission requirements for IQR, again, we must submit data for 16 eQMs across three NQS domains. We use QRDA Category 1, Release 2 files, which conform to the 2015 reporting constraints. We must submit at least one calendar year quarter, either quarter one, quarter two, or quarter three to a – the IQR Program. Quarter four is not applicable for calendar year 2015, and that's due to some alignment issues with the EHR Incentive Program. So, we are only allowing submission on quarter one, two, or three this year. We also, again, must use the April 2014 version of the eCQM specifications. The –



# Inpatient Quality Reporting Program

---

## Support Contractor

this is an aligned policy that we have for both the EHR Incentive and the Hospital IQR Programs. A zero denominator can be used when both a hospital's EHR system is certified for an eCQM and a hospital does not have patients that meet the denominator criteria of that CQM. Submitting a zero denominator does count as a successful submission for the eCQM under both programs. Our case threshold exemption can be used when both a hospital's EHR is certified to report the data and there are five or fewer discharges during the relevant EHR reporting period. And that's, again, that period is on the quarter.

If an EHR – if an EHR qualifies for an exemption for the eCQM, that eCQM does count towards meeting the IQR requirement and Incentive Program requirement of 16 eCQMs. Hospitals do not have to utilize the case threshold exemption if they prefer to submit the applicable QRDA files. That is an option. Again, this is – this chart summarizes what our reporting periods are. So, you can see calendar year quarter one is January 1 through March 31 of 2015, and that [the] submission deadline is November 30th of 2015. The second quarter is April 1st through June 30th of 2015. Again, the same submission deadline; and July 1 through September 30th of 2015 is our third quarter. And again, we are not accepting the fourth quarter data in 2015. Please note, this is very important, that the IQR chart-abstracted deadlines are different than our eCQM submission deadlines. They – we have November 30th here. And again, if you check your important, I think it's called Important Dates, there's a – there is a document out on our *QualityNet* site that can guide you in those important dates.

Your FY 2017 determinations, the names of hospitals who successfully submit quarter one, quarter two, or quarter three electronic data, will be recognized on Hospital Compare. A symbol indicating successful submission will appear on Hospital Compare. However, we do not have actual data that will be publicly reported at this time. and hospitals will not have an option to (suppress) their symbol, if they choose to participate. This is for production submissions only. We wouldn't do this for test submissions. And again, the data submission deadline is November 30th of 2015. Submission of test files to the hospital quality reporting system allows users to test the QRDA Category 1, Release 2 file submissions, and to validate them against the 2015 CMS QRDA constraints at any time.

Our test system is currently open and available. You can validate the file structure against the CMS receiving systems, and we have

# Inpatient Quality Reporting Program

---

## Support Contractor

reports that are available to help users identify errors. And this allows for corrections prior to a production data file submission. So, we do, again, encourage everyone to start testing their submissions. CMS contractors are reaching out to those who are submitting. If we see – we review on a weekly basis – If we see that we have submitters who seem to be struggling and failing in their test submissions, we will reach out to you. We will contact you [and] try to assist you in having successful submissions.

The Hospital eCQM receiving system, our full receiving system functionality is currently projected for April of 2015. The full system functionality includes: the hospital's ability to submit test and production files; complete file validation and measure calculations; complete the “Intent to Submit” screen. The “Intent to Submit screen” is – it provided for IQR hospitals who intend to submit eCQM, but perhaps not submit their chart-abstracted data for those measures that are required. And this basically just tells our support contractor who runs our education and outreach, that you're going to [be] submitting eCQM data, so that when a chart abstraction deadline rolls around, we won't be calling to tell you that you've missed a deadline, because we'll know that you're intending to submit eCQMs.

So, just to give a little more clarity on what the purpose of that screen is, and it will also allow you to utilize the denominator declaration screen which is for zero denominator and case threshold exemptions. The submission period for QRDA files – it begins May 1st and runs through November 30th of 2015, and data must be submitted as production files in order to meet program and data submission requirements. Test files do not count toward program requirements and will not be evaluated in payment determination. Again, as I said earlier, you know, we really want to see all of our hospitals get involved this year.

We strongly encourage you to work with vendors and, or, you know, or your own staff, to work towards successful submission of eCQM data. You can submit test files through the hospital eCQM receiving system. As I stated earlier, this system is ready to receive test files now, and you can begin testing at any point this year. We do leave our testing system up and available year round, so whenever you can schedule in to start testing, we highly encourage that.

We also have – we've also asked that you sign up for the hospital reporting EHR listserv if you do have an interest in eCQMs and to

# Inpatient Quality Reporting Program

---

## Support Contractor

participate in our upcoming training opportunities. You'll also get notifications of system releases and updates that you should be aware of. You could also join our eCQM Validation Project Pilot. We're about halfway full. We are accepting 100 hospitals to participate in our eCQM validation project this year. This is a little more information on our validation project. It gives the hospitals an opportunity to assess the accuracy of eCQM data; assess the reporting readiness of your hospital; and to plan. It gives us an opportunity to plan for our future validation requirements.

For more information about the eCQM Validation Project, we have a link there for you to *QualityNet*, and that includes – it has our FAQs, our Technical Solutions, and our Pilot Walk Through and Interview Document are currently posted out there. Here are a list of resources. So, if you are interested in the presentation and want to read more in the Final Rule, we list the page references here for you. It is, of course, is available out in the Federal Register. So, you can – you can look up and read the policy yourself.

And then, we also are – have a link here for the 2014 eCQM specifications. We have our resources listed out here for the Health Level Seven (HL7) Implementation Guides and for our QRDA Category 1, Release 2 files. Please know that you cannot use that in and of itself. Your vendors should be aware of that.

We do have our CMS Implementation Guide for Category 1 and Category 3. Now Category 3 is not applicable to IQR at this time, and this aligned implementation guide has all of the information for all of our quality reporting programs that have electronic Clinical Quality Measures in them currently.

Our *Most Common eCQM submission Errors for Hospital QRDA Category 1 Files* presentation – and we have a link for that. That was given earlier this year.

And now, we're going to stop and take some more questions, Stephanie?

**Stephanie Wilson:** Thanks, Cindy. The first question is just to repeat – If you could repeat, “If a hospital submits all stroke eCQMs, they do not have to chart abstract STK-1?”

**Cindy Tourison:** That is – yes, that is the case. I'm just going to try to find that slide. But yes, if a hospital chooses to submit all of their stroke measures as eCQMs, they are not required to chart-abstract STK-1. I don't

# Inpatient Quality Reporting Program

---

## Support Contractor

think I've found the right slide, but we do have it in here earlier in the deck.

**Stephanie Wilson:** Okay, and then, "Would you please again just repeat how many measures can be submitted voluntarily across how many domains?"

**Cindy Tourison:** Okay, so, 16 measures are the minimum requirement, and that's across three NQS domains. And I'm actually going to go to that slide because I want to make sure that folks understand our color coding. And we probably need to add a key to this, but if you see here, our yellow measures are our Patient And Family Engagement domain. And then, we have our red measures are our Patient Safety domain. Our grayish brown measures are our Efficient Use of Healthcare Resources. Our Care Coordination domains are those in the blue. And then our green measures are the Clinical Process and Effectiveness domain.

**Stephanie Wilson:** Okay, that's – if there's any other questions, and people want to type those in? I do see that some people have their hand raised, and we're not able to utilize that function. So, if you do have questions that you can enter into the chat question – chat window, that would be great. The only other question, Cindy, that's come through a few times is, "Can you please speak again about how or when you expect eCQMs to be mandatory?"

**Cindy Tourison:** So, we – I can say this much, I can say that we signaled our intent to require eCQMs in – beginning in calendar year 2016. It wasn't a proposal; it was just a signal of intent. I would ask all of our listeners to take a look at our proposed rule, which will be coming out in the April timeframe.

**Stephanie Wilson:** Okay, and that's really all of the questions that we have in there right now. So, unless anybody has any (extra) they would like to enter, I think we've answered everything we can on the call.

**Cindy Tourison:** (Stephanie), I actually see quite a few that I think I could answer.

**Stephanie Wilson:** Okay.

**Cindy Tourison:** So, if we want – if want to, because I think we've got plenty of time. We've got 20 minutes left.

**Stephanie Wilson:** Okay.

# Inpatient Quality Reporting Program

---

## Support Contractor

**Cindy Tourison:** So, we have a question that came in that said, “Are these only for...? I think this is (supposed) – meant to be IPPS Acute Care hospitals?”

So, under IQR, yes; under the EHR Incentive Program, that program also includes Critical Access Hospitals.

And then, the – another question that came in is testing. “Does testing require 16 measures, too?”

No, it does not. You can do as few eQMs in testing as you like. You can do one. You can do – you can do all 29, if you wanted. So, that's definitely something to make a point of.

Let me see here, if there's some other ones.

**Stephanie Wilson:** OK, Cindy, I'm sorry. I hadn't scrolled my thing down. But there is a question that says, “May we submit eQMs for ED-1 and ED-2 only in chart abstracts for the rest of IQRs?”

**Cindy Tourison:** No, we –

**Stephanie Wilson:** (I think) (inaudible)...

**Cindy Tourison:** Again, this comes back to the – We have a lot of folks who would like to be able to do that. You cannot – you cannot participate under IQR in a voluntary way without submitting at least 16 production eQMs.

We have another question that says, “Is this the same as Meaningful Use?”

So, you know, I just want to highlight that eQMs are a component of both IQR and of the EHR Incentive Programs, and our policy aligns, for the most part, for both of these programs. You know, again, the one – the one way that it doesn't is that we don't have that ED-3 measure available for submission to IQR because it's an Outpatient measure.

And the other thing that I would say, eQm submission for both the Incentive Program and IQR have this option to submit the QRDA 1 files. However, the Incentive Program offers an alternative to that, which is the ability to attest results.

So, there's a question that came in, “Can you advise as to which eQMs you would make mandatory first?”

# Inpatient Quality Reporting Program

---

## Support Contractor

Unfortunately, we are in the rule making phase and I cannot comment on that. Again, I would refer you to our proposed rules that will be coming out in April.

Okay, and then we have another question that I think is also important here that I think we represented in the slides, but I want to be real clear on. So, the statement is, “So starting in May of this year, if a hospital chooses to submit the 16 measures via eCQM for either the first, second, or third quarter of 2015, they do not have to submit the entire year of 2015 by chart-abstracted measures?”

And again, yes, that is correct, but we have to kind of go back to this slide. These are the measures which overlap most. You would still have to submit IMM-2 and STK-1 as chart-abstracted measures unless you elected to submit all STK eCQMs, then you wouldn't have to submit STK-1. You would still have to chart abstract IMM-2 this year.

(Stephanie), did you see any other questions that you think we should take today?

**Stephanie Wilson:** There's a couple of questions in here that I think will be easy to answer. One is, “What is the difference between QRDA-I and QRDA-III?”

**Cindy Tourison:** Yes, absolutely. Since QRDA-I is patient-level data, QRDA-III is aggregate data, and QRDA-III is currently only accepted under PQRS and the EHR Incentive Program for eligible professionals, we do not collect that mode under hospital IQR or under the EHR Incentive Program for eligible hospitals or critical access hospitals.

**Stephanie Wilson:** Another one, Cindy, “Are we able to test with actual patient data?”

**Cindy Tourison:** Yes, you are able to test with actual patient data. Our portal is secure, just as is our production, and so – and they are protected according to HIPAA.

**Stephanie Wilson:** Then there's another one. “For testing submission proposes, how do users gain access to error feedback reports?”

**Cindy Tourison:** (Stephanie), correct me if I'm wrong, but the error – the feedback reports for errors, are those available with the current system, or are those the ones that come out in May?

**Stephanie Wilson:** For testing, they will at least get to see where their files did not pass the Schematron validation portion of it, so, they will get those error

# Inpatient Quality Reporting Program

---

## Support Contractor

feedback reports if they log into that *QualityNet Secure Portal* and submit their test files. Then they'll be able to go to the reports area and see those feedback reports.

**Cindy Tourison:** Okay, great. We also have another question that I definitely want everybody to know. And that is, "Will the questions and answers from today to be included in the transcript of today's program?" They absolutely will, and the recording will be posted out on our website.

**Stephanie Wilson:** Cindy, "If you choose eCQM's for submission but do not include all of the 12 required chart-abstracted measures, does it still meet IQR?"

**Cindy Tourison:** Yes, it does. So, you can pick any of the 16 measures that you like out of the 28 available, and then you can – you can choose to chart abstract your other measures that are required. I just want to be clear that for those chart-abstracted measures which are required under IQR, that they have to be submitted in one form or another.

**Stephanie Wilson:** Another question, "Will the eQMs eventually be compared against what hospitals attest to within the Meaningful Use registration and attestation system?"

**Cindy Tourison:** There are no plans for that.

**Stephanie Wilson:** "If a vendor is not certified for PC-01, can a hospital submit a different eCQM?"

**Cindy Tourison:** Yes, we recognize that there are hospitals – there are particular EHR vendors where an EHR may only be certified on 16 measures, because that's all that is required under the certification rule. So, you could report on the 16 for which you're certified. I think the one caveat here is if you're only certified for 16 measures, and one of those measures is ED-3, then that would not meet the IQR. It would meet the Incentive Program, but it would not meet IQR.

**Stephanie Wilson:** Cindy, I think this is an important question. "Is it okay to do a chart abstraction for the EHR Incentive Program?"

**Cindy Tourison:** So, there is no chart abstraction for the EHR Incentive Program. Chart abstraction is part of the Inpatient Quality Reporting Program, and it's one of many modes of collection of data that we have.

So, let me see if I can go back to that slide just to make sure we're all on the same page here. Sorry, I'm having trouble with my slide

# Inpatient Quality Reporting Program

---

## Support Contractor

changing. There it goes. Okay, great. So this is – these are the basic IQR requirements components, if you will. So, we have HCAHPS survey, and we have our clinical data. Our clinical data is where the chart-abstracted measures are. We have population and sampling data. Now again, population and sampling are only applicable to the chart-abstracted measures. We have HAI measures that get reported to NHSN. We have our structural and our web-based measures, and then we have, of course, our claims-based measures and our outcomes measures. I'm sorry.

**Stephanie Wilson:** Go ahead.

**Cindy Tourison:** Okay, I see – I see another question here that I think is important. So, it is, “What does IQR credit mean?”

So, if we take a look at the requirements for IQR for 2015, we again – we look at the different modes of collection and our measures that are required under IQR. So, if we take a look at this, you know, the eCQM presentation that I've been giving today, eCQMs are still voluntary under IQR. Now, if you participate in the voluntary option, you can forego submitting chart-abstracted measures on those measures that overlap. So, when we say IQR credit, we're simply stating that you can submit eCQMs and fulfill your chart abstraction requirement while also fulfilling that portion of the EHR Incentive Program and the IQR voluntary reporting options.

**Stephanie Wilson:** There is another question. “Does participation in the eCQM Validation Pilot Project satisfy the need for sending test files to determine our readiness?”

**Cindy Tourison:** I certainly think that it will go a long way in preparing you, yes. And again, that the Validation Pilot is an option. It's not a requirement.

**Stephanie Wilson:** Cindy, I know you answered this question, but it came up a couple of times again, and it just says, “If we submit 16 eCQMs, may we still submit chart-abstracted data for some of those same measures?”

**Cindy Tourison:** Yes, you may. You can submit both modes, if that is your preference.

**Stephanie Wilson:** “When submitting eCQM files, are hospitals required to do 100 percent of the population, or, can we submit a sample?”

**Cindy Tourison:** There is no sampling for electronic Clinical Quality Measures. (Stephanie), I see this one reoccurring. So, I'm going to – I'm going



# Inpatient Quality Reporting Program

---

## Support Contractor

to reiterate this one. For test files, you can do as few measures as you like. So, you could do one or more measures. It does not have to be 16, if you're simply gaining experience with tests.

**Stephanie Wilson:** And then, Cindy, kind of a follow-up to that previous question is, “If we submit both modes, and by that I mean – they mean chart-abstracted and eQMs, which data will be used?”

**Cindy Tourison:** I'm sorry, which data will be used for...?

**Stephanie Wilson:** They didn't clarify that.

**Cindy Tourison:** I think they – I'm going to guess here that they mean for public reporting. If you submit both a chart-abstracted data and the electronic Clinical Quality Measure, your chart-abstracted data is what will be presented on Hospital Compare, and that's definite. I, the thing I'm not certain of and which I need to check on is, if we would also provide a symbol along with that data, because I think that – so, I have to – I have to talk to the Hospital Compare team, because I think that could be a little confusing, if somebody submits both. But yes, if you submit both chart-abstracted and eCQM data, your chart-abstracted data will be given preference and published on Hospital Compare.

**Stephanie Wilson:** There is a question. “Can we submit to production if we don't intend to submit all 16 measures?”

**Cindy Tourison:** Well, you know, it's funny. I'm thinking about our requirements for our system. So, there's nothing to say that you couldn't. I would say it would greatly confuse us when we're evaluating you for payment determination. So, I would – if you're not – if you're not submitting files to be evaluated for payment determination, I would encourage that you keep your submission in test.

**Cindy Tourison:** I see one other one that I think we should answer, and that is, “If you have denominators in (IQM), but due to Rx Norms do not have denominators in eCQM, can you claim a zero denominator?”

So, if your EHR is certified to the measure in question, and your EHR is producing a zero, and you have zero patients, then yes, you may submit a zero denominator for that measure to count toward your 16. (Stephanie), do you see any other questions that we – that we should answer today?

**Stephanie Wilson:** There's one actually that just popped up. “When you say submission, and let's say for a single calendar year discharge

# Inpatient Quality Reporting Program

---

## Support Contractor

quarter, by November 30th, 2015, are you referring to 2014 discharges or 2015 discharges?”

**Cindy Tourison:** No, it's definitely 2015 discharges. And let me go back to that table that we had so you can take a peek at what that looks like. Give me a second here to pull up the slide. Okay, this lays out your discharge reporting period and your submission deadline. So, as you'll recall throughout, I kept referring to calendar year, quarter one, quarter two, quarter three – it is of 2015 – and here are the specific recording periods and deadlines.

**Stephanie Wilson:** And then, there's another quick question. “Zero denominator and case threshold exemptions, how are these reported in the QRDA file or on *QualityNet* outside of the file?”

And just to let you know, you know, there is a Denominator Declaration screen in the – in the *QualityNet Secure Portal* where you can go to that screen, and then, if you have zero denominators or keep threshold exemptions, those can be reported directly into that screen.

**Cindy Tourison:** Yes, you know, (Stephanie), that's a really great point. I think we should also mention that if one is submitting a zero denominator, or – and/or a case threshold exemption to the EHR Incentive Program, that needs to be completed in their Registration Attestation module.

So, unfortunately, at this point and time, they are separate systems for the case threshold and zero denominator declarations. So there is a page that has to be completed [for] IQR, as there is a page that has to be completed for the EHR Incentive Program.

**Stephanie Wilson:** Okay, and then, like it was stated earlier, if there are any questions that weren't answered, we will get those in writing and sent out to everyone that was part of the call. And we appreciate all of the questions. These were a lot of great questions. And if there's anything else you see, Cindy?

**Cindy Tourison:** I do not see anything at this point. So, thanks everyone for joining us today.

**END**