



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Navigating EHR Reports for CY 2018 Hospital eCQM Reporting

Presentation Transcript

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Veronica Dunlap:

Hello and welcome everyone to today's presentation: Navigating EHR Reports for Calendar Year 2018 Hospital eCQM Reporting. My name is Veronica Dunlap and I am a registered nurse and work closely with Dr. Artrina Sturges on the electronic reporting of clinical quality measures to the Hospital IQR Program for the Hospital Support Contractor. I would like to first start off by thanking everyone for taking the time out of their busy day to join us. I would like to remind everyone that this presentation is being recorded and the slides, recording and questions and answers will be posted to both the *QualityNet* and *Quality Reporting Center* web sites at a later date. Today's slides are now available and have been posted to the qualityreportingcenter.com web site.

During today's presentation, we will be navigating through the reports available to assist data submitters in reviewing, analyzing and troubleshooting their QRDA Category 1 files that have been submitted and processed by the CMS eCQM data receiving system. Both test and production files can be analyzed through certain reports and these files can either be submitted to the PSVA Tool and/or through the secure file transfer within the *QualityNet Secure Portal*.

It is our intent that health IT vendors, quality improvement professionals and other eCQM data submitters will be able to easily locate and interpret their reports available on eCQM data that was submitted, and as well as to be able to locate tools and reference materials to assist with data submission.

I wanted to take a moment and just provide a few general reminders concerning the background of eCQM data submission and reports.

Just a reminder to continue to work with your vendor and/or internal IT department to create QRDA Category 1 files which are patient level files. It is important to ensure your EHR is certified to the 2014 and/or the 2015 ONC standards or a combination of both editions. Individual files may be submitted with a maximum size of 5 megabytes and a zip file can only contain a maximum of 15,000 files. The pre-submission validation application, or what's referred to as the PSVA Tool, is a very helpful tool

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for hospitals and/or vendors to check that the structure of their QRDA files have been formatted properly. It's important to keep in mind that the PSVA Tool only validates file structure and there are additional system checks once the files are processed through the CMS receiving system. Although it is not mandatory to use the PSVA Tool, it is highly recommended for test and production files.

Whether your hospital, or vendor, is submitting test or production files and whoever has uploaded the files should receive two automatic confirmation emails. This has not changed from previous years. The first confirmation email is merely notifying the data submitter that the files have been uploaded. The second confirmation email will notify you on the number of files that have been accepted or rejected. A key takeaway here is to understand that if your files are all accepted, it does not mean the intent of those four measures have been met. In addition, if you have not received that second confirmation email within the 24 hours, it's time to reach out to the *QualityNet* Help Desk for assistance.

I wanted to show a quick reminder on where data submitters are able to run the reports within the *QualityNet Secure Portal*. After you have logged into the portal and go to Run Report, you will see here on this screen on the left, there are five available reports to run and view under the Feedback category, under the EHR Report category. Under the Submission category shown here on the right, there are six available reports. Particularly, the eCQM Submission and Performance Feedback Report, also referred to as Report R546, has been disabled under the Feedback category and can only be accessed under the Submission category. Additional details surrounding this report functionality can be located on the known issues document on *QualityNet*.

There has been a lot of inquiries concerning the difference between the reports that fall under the Feedback category and the reports that fall under the Submission category. Hospitals primarily run and review their data from reports available under the Feedback category. The hospital will receive feedback on all the data that has been submitted on their behalf. This will include their vendor as well as their own internal data

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submission. As for the reports that fall under the Submission category, vendors are able to run multiple reports from multiple hospitals that they have been authorized to submit data for. There are also additional fields, such as the Upload, Start and End Date and Batch ID on the Submission Reports that are not available under the Feedback Report category. Hospitals have access to run reports under either category. The data, regardless of the parameters, should be the same but please keep in mind the parameter field must be carefully selected to ensure accurate data return. For example, if a vendor selects themselves as the submitter, the data returned may not include data that the hospital submitted. So, if the hospital is the actual data submitter, it is important to keep in mind while selecting fields for each parameter.

Now, I wanted to take some time and walk through each one of the reports, so we can get a better understanding and feeling of the reports.

First, I wanted to remind everyone of the Calendar Year 2018 EHR Report Overview Document, which has been recently updated to reflect Calendar Year 2018 Hospital eCQM reporting. This helpful document is available on the *Quality Reporting Center* and *QualityNet* web sites. It's a useful reference that describes each report, its purpose and distinguishes between which reports are available for specific types of files. Specifically, the Submission Status Report and the eCQM Performance Summary Report are the only two reports available for just production files. All of the remaining reports are available to run for either test or production files.

So, let's discuss the first report where data submitters need to know about file rejections. Such questions you may ask yourself is, "How do I determine if any of my QRDA Category 1 files have been rejected? Which report should I run? And how do I read this report so that I am able to fix them before resubmitting them to the portal?"

The report being referenced here is called the Submission Detail Report, which allows the data submitter, hospital or vendor to determine the outcome of each test and/or production file that was submitted, whether it was accepted, whether it was deleted or even whether it was rejected.

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Rejected files will have error messages explaining why that particular file was rejected. So, let's take a closer look on the next slide what this report looks like.

The Submission Detail Report displays the following columns from left to right: Provider ID, Submitter ID, the EHR Start Number, File Name, Batch ID, Upload Dates, the File Status, Feedback Message and finally the Test Case Indicator. For this report, data submitters must select a discharge quarter which is one of the required parameter fields. They may narrow their selections by only filtering accepted or deleted or rejected files. The files shown at the top is displaying a file status of “ACCEPTED.” And the test case indicator indicates “NO.” So you know in this example this is an actual production file and not a test file and it has been accepted. For the example below, there are four individual rows with four different error messages. However, they are all related to one patient level file. As you are troubleshooting rejected files, an important note here is to understand that only one conformance error will display on an individual file on each separate line.

In regard to rejected files and error messages, if it reads CMS and then an underscore as shown here on the left, it's a CMS HQR specific error which identifies the additional restraints that CMS places on the file within the CMS receiving system. With the Health Level 7 error messages, or HL7, you will see a series of numbers, such as referenced here above on the right. Let's go take a look where we can find guidance on both types of these error messages.

Again, depending on the type of conformance error message you are dealing with, you will need to review the resources available on this slide to troubleshoot and fix those errors so that you or your vendor are able to correct the file and resubmit it. On the eCQI Resource Center, the source of truth, you can locate the 2018 QRDA Implementation Guide, or IG. You can also locate an interactive resource tool which provides assistance on the most common errors, called the Conformance Statement Resource, as well as a third helpful tool is called the CMS Receiving Systems Edits Document, which is an all-inclusive document that provides detailed

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information on all of the error messages. Although the IG has already been updated, the Conformance Resource Interactive Tool and the Edits document will be updated soon. For those HL7 errors, please review the HL7 IG located on the HL7.org web site as shown here.

Let's review our second report. Data submitters want to know which report provides a summary of all the files that were either accepted, rejected or deleted.

The Submission Summary Report, R528, is just that. It provides a summary of every accepted, every rejected and every deleted file for that specific quarter. It is important to know that the count displayed on this report will include test and/or production files that have been submitted more than once. This report should not be used to determine reporting success. Let's take a closer look.

You'll see in this example on the top left there were 10,247 submitted QRDA1 files for Quarter 4. Four of those files were rejected. Just an important reminder to determine which error or errors caused these four files to reject, please run and analyze the Submission Detail Report that we just discussed on the previous slide. Here if we look at ED-1 that falls under the ED measure set, there were 10,243 files that were accepted for validation that had the measure template in the QRDA file. But it is very important to understand that that does not mean that those 10,243 files actually met the initial patient population or IPP. It really only means the measure template was placed within the file and used to show the files were validated. Please keep in mind that the total number of files could include duplicate files that were resubmitted. The measure count column, here shown on the far right, takes into consideration how many QRDA files that were accepted for validation and had the correct measure template within that file. Again, this is not the report to use to determine if program requirements were met.

For our third report, data submitters want to know which report provides a summary of the measure performance calculation. Let's move on to the next slide, please.

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The eCQM Performance Summary Report provides both hospitals and vendors a summary on how well each measure performed during a specific discharge quarter. It only provides calculations on measures that have been submitted as production files and not test files.

Walking through the eCQM Performance Summary Report, where I would like to point again only provides a summary on the production files that have been submitted, the initial patient population, or IPP, for STK-2 as shown here on this report is defined as: Patients aged 18 and older discharged from inpatient care with a principal diagnosis of ischemic or hemorrhagic stroke and a length of stay less than or equal to 120 days. For this hospital shown here in regards to quarter one, discharges denote an IPP of 140. The denominator statement for STK-2 is defined as: Patients with a principal diagnosis of ischemic stroke, in which this hospital is displaying a denominator of 112 patients. The numerator defined for this measure as: Patients prescribed anti-thrombotic therapy at hospital discharge, which for this hospital is 85 patients. Although there are no denominator exceptions, there are 15 denominator exclusions which may include those patients with documented comfort measures or who were admitted for an elective carotid intervention or who even left against medical advice. The importance of this report is to provide an overall performance score for each submitted measure shown here on the far right column. The formula to calculate the performance rate calculation is found in the footnote on the bottom of this report. So, for STK-2 after taking the numerator of 85 and dividing that by the denominator minus any exclusions and exceptions, which is 97, it is showing that STK-2 performance score is 87.62 percent. An important takeaway concerning this report is if your files have not met the initial patient population, those measures will not appear on this report. Again, this could be a good indicator to go ahead and run the Submission Detail Report.

With the fourth report, hospitals are wondering if they submitted what they were supposed in order to meet program requirements. They're asking themselves, "Have we met the eCQM reporting requirement for the Hospital IQR Program? Have we met the CQM requirement for the

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Promoting Interoperability Program, formerly known as the EHR Incentive Program?” So, let's take a look at the next report on what to run.

The report being referenced here is called the eCQM Submission Status Report, which is important for hospitals and/or vendors to run and verify that the hospital has successfully reported on at least four eCQMs from one discharge quarter. This report accounts for production files only. As files are resubmitted and/or deleted, it is very important to always rerun this report to ensure that the intent for the four measures have been met. We have seen some instances where hospitals submission status has actually changed from “met” to “not met” if a hospital goes into the portal and edits the zero-denominator screen or if a vendor is resubmitting files, those files can be overwritten. So, again, remember this report is a snapshot in time and always allow up to 24 hours for this report to generate. And if any changes are done within the system, again, please rerun the Submission Status Report and print that out.

For this report, again, hospitals and vendors have the option to run this report by discharge quarter. They may select to run it for one quarter or for all four quarters. As we see listed on the top, the report will show you the discharge quarter eCQM count, as well as the program year eCQM count. It is important that you always review the program year successful eCQM data submission and ensure that there is a “YES” listed next to each program. Please note the EHR Incentive Program is now called the Promoting Interoperability Program and the program name will be updated throughout the HQR system to reflect this change. The key takeaway here is regardless if all your production files were accepted, this is the number one report to run and print out that again, indicates if your hospital has successfully met the number of eCQMs required. Which again for calendar year 2018 are four eCQMs for one discharge quarter.

Our last report data submitters are asking if there is a report that provides measured calculations for eCQM data.

So yes, this is the eCQM Submission and Performance Feedback Report. Although it is referred to as a Feedback report, hospitals and vendors are

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only able to run this report through the Submission category, which again is primarily the category vendors use but hospitals may also access as well. Remember as we discussed earlier in the presentation, the eCQM Performance Summary Report only provides a summary of performance calculations. This report here, the eCQM Submission and Performance Feedback Report, actually reviews the measure calculations at the patient level, measure level and for each episode of care for both test and production files. Let's take a look.

This report shows, in this example, that based on the patient ID for a specific admission date, how the file was actually processed. So, for instance, for this patient file that represents the care the patient received during the selected reporting quarter, this patient had four admission and discharge periods. For each specific admission and discharge time frame, the report shows the total number of eCQM processed by the system. And how they were processed is displayed in the corresponding message field as you see here on the far right. So overall, an outcome for each episode of care is provided. It is important to know that only accepted files will appear on this report. Rejected files will not. Just a reminder to go back and run the Submission Detail Report to review error messages on why a file was rejected.

Now I would like to turn it over to Dr. Sturges to review some frequently asked questions we have received.

Dr. Artrina Sturges:

Thank you very much, Veronica. What we wanted to do was just take a few moments to run through some of the most frequently asked questions and again refer you back to anything that may have been pertinent to the webinar. So, for this example, we received questions: Why there are times when the report that hospitals generate can be different than the data vendors can view? And if you keep in mind, as Veronica mentioned, and this was earlier around Slide 12, the parameters differ between the Submitter and Feedback categories and reproduce different types of data. So, again, if you have additional questions on that, please refer to Slide 12 for additional details.

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The next question we typically see is: Where does CMS provide guidance when there are report generation issues? So, for those who may not be aware, CMS publishes a Known Issues-Hospital Reporting Document on the *QualityNet* web site. In addition to providing updates on report generation issues and resolutions, the document also contains any updates regarding the CMS data receiving system.

A typical question is: “Are there other resources out there, aside from the EHR Reports Overview Document, that tells us more about available reports for hospital reporting?” So, aside from the EHR Reports Overview Document that was presented today, CMS also provides an EHR HQR Program Reports online document that can be downloaded from the *QualityNet Secure Portal*. There are screenshots to show you how to access the documentation on the next slide.

The screenshot shows you that once you have logged in to the *QualityNet Secure Portal*, you will see the tab for Hospital Quality Reporting. If you click on that tab, you'll see two options. At that point, we suggest you choose the HQR Reports Online Help and you will see this document in the screenshot that is on the left-hand side. The screenshot on the right shows you the table of contents to help you locate specific information based on the area of interest.

Now for the Support Resources, we have provided a table that's categorized based on the topic, who to contact for assistance and the method for reaching out for locating information. So, at this time, what we'd like to do is we would like to begin our question and answer session.

And we also want to thank you all very much for your patience as we had a few technical difficulties as we began, but greatly appreciate your patience in hanging in there with us. So, as we go ahead and start our questions, we want to start with the questions that are in the chat box and we'd like to address as many questions as we can during the call. Any questions, as we stated earlier, that are not addressed during the call will receive responses in the Question and Answer transcript that will be

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posted on *QualityNet* and the qualityreportingcenter.com web site in the coming weeks.

So, we'll start with our first question. "Is *QualityNet* ready to receive 2018 data in terms of eCQM test and production files?" And I can answer this question for the group, at this time CMS has not communicated when the receiving system will be ready for test and production files. But as soon as that is prepared, we'll be sure to distribute that to ListServes and to webinars and other outlets. But just to give you a time frame, we're anticipating late Summer/early Fall. Okay? And like I said if that changes, we'll be sure to make sure that direct communication is distributed.

The next question is: Are the specifications available for the 2018 eCQM QRDA1 files? And actually, I can address this question as well. Actually if you Google, or search for the eCQI Resource Center, that is CMS' you know, place where they publish and produce everything that you need in terms of eCQM reporting. And it's aside from *QualityNet*, because it extends out a little bit more and looks more at quality improvement and also process improvement activities. So just to give you a heads-up for that. But if you visit the eCQI Resource Center, there is a tab for EH and CAH eCQMs, so eligible hospitals and critical access hospitals eCQMs. And on that specific tab you can locate measure specifications as well as the QRDA1 Schematrons and the sample files. So, everything is already posted for you.

Okay. So, the next question is: What is test case indication or what is that and then what should you be selecting when requesting the report?

Jennifer Seeman:

So, Artrina, this is Jen. I can take that one. So, the test field indicator, when you select that as a parameter for a report, will limit the data that's brought back to test submission only. So, you can use that if you want to. For example, look at a Submission Detail Report and only review test submissions or production submissions. You can use that indicator to filter the data that's returned.

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- Dr. Artrina Sturges:** All right. Thank you, Jen. One additional question: In terms of the Submission and Performance Feedback Report, will it ever be available for tests or is that a strictly production only, report that's available?
- Jennifer Seeman:** So, the 547 Report is the Submission Summary Report, right, Performance Summary Report. And we are evaluating being able to provide that data in the for test submissions. We just have not been able to do that at this time. But it's not new feedback and we are planning to implement that at some point in time.
- Dr. Artrina Sturges:** Great. Thank you, Jen. There was one additional question. We do have some that are coming in as we speak. Okay. So, we answered that one. That's a validation question. We can answer this one as well. Although this isn't directly related to this webinar, sometimes we do get different types of questions and this is something that we can assist with during this call. Do you know when the hospitals selected for eCQM validation will be released? The submitter thought it would be by the end of May, but the list is not posted on the eCQM Validation page on *QualityNet*.
- Jennifer Seeman:** Sorry Artrina, this is Jen again. I believe that is in the works. So, it should be coming soon, although I don't have a specific date.
- Dr. Artrina Sturges:** Great. Thank you, Jen. One other question: We only have to report on four measures? So, yes, it is a minimum of four measures to report on.
- Do you have to build all of the eligible hospital eCQMs into the EHR?
- Jennifer Seeman:** I believe that would be a facility decision. Obviously, you would want to select a system based on the certification requirements by the IQR Meaningful Use Programs. But I think as far as implementation of those eCQMs within your system, that would be a facility decision.
- Dr. Artrina Sturges:** Very good. Thank you, Jen. Okay. And one related question: Will the PSVA Tool be available earlier than late Summer/early Fall? And this is Artrina. I can answer that question. At this time, that's the information that we have. And, again, as we do with everything, in terms of when the

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receiving system is available, when the PSVA Tool will be available, all of that will be communicated by CMS as soon as its available.

We have a question from Melanie Hoover and I apologize: Can a critical access hospital, and again this is a validation question and I think this is the last one we'll take for this since this isn't related to the webinar, can a CAH be selected for eCQM validation?

Jennifer Seeman: I believe the validation requirements are based on IQR participating facilities. So, they should be excluded from the validation process is my understanding.

Dr. Artrina Sturges: Yes. And if there are additional questions about that, it is posted on the qualitynet.org web site. And on that specific page, it talks about eCQM validation. They do give the specific criteria of who can be chosen and all the other exclusions and other aspects that go with that. So please, visit the qualitynet.org web page for additional details.

Veronica Dunlap: And also, this is Veronica. I just wanted to add, if you go to our Resources slide that was towards the end of the presentation here, it is a good reference to print out and keep handy and it does give you two options in order to contact the Validation Support Contractor. They do have an email support address as well as they do have access to the Question and Answer Tool as well.

Dr. Artrina Sturges: Great. Thank you, Veronica. And one additional question: Where do we locate all of these reports?

Jennifer Seeman: So, this is Jen. I believe in the presentation, the first slide that mentions where the reports are is Slide 11. Now where that kind of jumps is you need to log into the secure side of the *QualityNet* portal and select Reports and then Run Reports. Those are a couple of the tabs in those first few screens. But those reports are all located within *QualityNet*.

Dr. Artrina Sturges: Good. Thank you, Jen. And I think our last question for today: Is there work being done around aligning the CMS eCQM submission platform

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and the Joint Commission submission platform, which I do understand is different?

Jennifer Seeman:

Yes. So, in fact, we are working with Joint Commission to align in as many ways as possible. However, there are some items that are just differences in regards to, for example, the security or PI/PHI data that CMS brings in, The Joint Commission doesn't. But we are aligning. We have questions in regards to closing the gap with measure outcomes and validation rules. So, yes, we are working on aligning further.

Dr. Artrina Sturges:

Very good. Thank you, Jen. Okay. And, again, thank you, everyone, for attending today. We appreciate all your time and attention during today's webinar and just want to wish you all a great afternoon. Thank you.