Inpatient Quality Reporting (IQR) Program

Question and Answer Session II
CY 2016 eCQM Reporting

Presentation Transcript

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Artrina Sturges: Well, thank you very much, Matt, and good afternoon, everyone. My name is Artrina Sturges, and I'm your host for today's event. We just have a few announcements for you. This presentation is being recorded; and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the qualityreportingcenter.com website, and also posted to *QualityNet*. If you've registered for the event, a reminder email, as well as, the link to the slides, was distributed last Friday. If you did not receive the email, the slides are available for download on our inpatient website, again, qualityreportingcenter.com. Jennifer Seeman has joined us today to co-host this event and she is the Hospital Quality Reporting Electronic Health Record Program Manager for the Portfolio, Program, and Project Management Support Contractor. Next slide, please.

So the purpose of our gathering today is to have a second Q&A session, focused on addressing your questions, regarding the mandatory calendar year 2016 eCQM submission process for the IQR and the Medicare EHR Incentive Programs. Next slide, please.

Our objectives today are to address your questions by providing greater insight for troubleshooting common QRDA category one file submission errors, refer you to current tools and materials to assist you with submission activity, and ensure that you are utilizing the steps needed for successful submission. Next slide, please.

So as you can see, we just have a few things we want to do: the program updates, and then we want to have as much time as possible for an open question-and-answer section. Next slide, please.

So in terms of program updates, next slide...

We just wanted to have a quick reminder, the deadline for submitting eCQM data to the IQR and the Medicare EHR Incentive Programs has been extended to Monday, March 13, 2017, and that deadline time is showing at 11:59 p.m. Pacific Time. Next slide, please.

And also, for those who may not have seen it, a ListServe was distributed February sixth, which indicated that the Medicare EHR Incentive Program attestation deadline was also extended. It's March 13, 2017 at 11:59 p.m. Eastern Time. So if you have any questions regarding that, please contact the EHR Information Center, and as you can see at the bottom of the slide, their contact information is listed. Now what we want to do is go ahead and get started with the questions and answers. So what we're going to mention to you is that slides 14 through 22 outline reference materials.

So we're not going to walk through those today unless we have time towards the end, because we want to make sure that we have maximum time to address your questions. So at this time, we're going to go ahead and turn the call over to Veronica, so we can start reviewing your questions you've entered into the chat box.

Veronica Dunlap: Thank you, Artrina. I would like to get started with our first question. How long after the eCQM submission will the meaningful use attestation status change to "Passed" or not say, "Pending eCQM?"

Jennifer Seeman: This is Jen. So the submission deadline for eCQM is March thirteenth for this year, and typically that transmission will take place about a week after. So we'll anticipate that information on the end – on the meaningful use program-side, changing on March twentieth.

Veronica Dunlap: Next question. Can you explain what reports we should choose in *QualityNet* to confirm that our vendor has submitted our data?

Jennifer Seeman: So there are a few different reports that you could run. The Submission Summary Report will tell you if files have been submitted, and give you a breakdown of the cases that were submitted. However, if you want to confirm your program status in regards to program eCQM requirements, you should run the eCQM Submission Status Report. And, that report will indicate if you have met the eCQM reporting requirements for both the IQR program and the meaningful use program.

Veronica Dunlap: Next question.

Jennifer Seeman: What…

Veronica Dunlap: Go ahead.

Jennifer Seeman: No, go ahead. Sorry.

Veronica Dunlap: Okay. No problem. What is the best way to run a report on test files in the *QualityNet* site to know that all of the submissions have passed?

Jennifer Seeman: To initially verify that your submissions have passed validation, as far as QRDA format, you should run the eCQM Submission Detail Report. That will give you a list of all of the files submitted. And, if they were accepted, it will list them as such. And, if they were not accepted, it will list them as rejected. And, it will also provide error information as far as why the reports failed. Now once your files have been accepted through QRDA validation, the next thing that you want to look at is, to evaluate your measure outcomes. And, that is done using the eCQM Submission and Performance Feedback Report. That report will give you the measure outcome at a patient level for each of those measures; and those reports are both available on test data.

Veronica Dunlap: Thank you. Next question. I am the *QualityNet* administrator. Do I have the role to run eCQM reports?

Jennifer Seeman: I believe this may be a help-desk question. I believe the administrator role is separate from upload role. So you would have to verify that you have the EHR [Data] Upload Role to submit QRDA files.

Veronica Dunlap: Next question. I've attempted to run reports but the pages are not – the pages are blank – without returning any results. What should I do?

Jennifer Seeman: I believe you should submit a ticket to the *QualityNet* Help Desk. I think, normally, we're not seeing blanks. And, usually, if there is a parameter issue, meaning, you know, you're – the report, for some reason, is not returning any data. Normally, we'll see a message that says, "No data returned." So I'd reach out to the help desk. I would let them know

specifically what parameters and what reports you're trying to run; and, if you can provide examples or screenshots, that's very helpful for them to begin that evaluation.

Veronica Dunlap: Next question. If your vendor includes an attestation, does that count for both CMS and Medicaid; or, do we need to go to the CMS site and attest there, also?

Jennifer Seeman: So the QRDA submissions through *QualityNet* are applicable for both meaningful use and IQR/eCQM program requirements. However, meaningful use has program requirements outside of QRDA submission, which would need to be completed for that program, as well as, IQR has program requirements outside of eCQM submissions. So the QRDA aspect of it will apply to both programs, but you need to ensure that all of the other program requirements are met for full payment from either side.

Veronica Dunlap: Next question. If our eCQM Submission Status Report for fourth quarter, fourth quarter 2016, shows a "Y" for successful MU submissions and successful IQR – EHR submission, does this fulfill the requirement, even though we have rejected cases in the warehouse?

Jennifer Seeman: That is true. If the, if the, report indicates that you have met program requirements, you have indeed met program requirements. I would still strongly encourage, though, that you continue to work through any errors via test submission, and try to make sure that in 2017, for this calendar year's discharges, when we start validating data, that your information is as accurate and complete as possible.

Veronica Dunlap: Next question. I have been attempting to run the eCQM Submission Feedback Report in the portal, and I do not get any information that returned. I have email receipts that the batch reports were received, but I am unable to turn these report for confirmation. What should I do?

Jennifer Seeman: So I think my direction would be to reach out to the help desk, and I would just, again, confirm which reports you're trying to run; include the parameters and also there's, you know, sometimes different language use. So is it that the reports aren't completing in your queue? Or, are you not

seeing data on the reports? And, as much of that information as you can provide, when you reach out to the help desk, again, is helpful, and then with their investigation.

Veronica Dunlap: Next question. Is the PSVA required for submitting quarter three or quarter four data?

Jennifer Seeman: PSVA is not required to submit. It's a helpful tool to use as you're validating your QRDA format initially, but it is not required to submit.

Veronica Dunlap: Next question. Can the low-risk indicator be an order, or should it remain a finding? I'm not sure what that pertains to.

Jennifer Seeman: Could you repeat that?

Veronica Dunlap: Sure.

Jennifer Seeman: Sorry.

Veronica Dunlap: Can the low-risk indicator be an order, or should it remain a finding?

Jennifer Seeman: I definitely would need more details. That's in regards to a measure. I think I'd have to look at that, and I encourage that user to include a, or reach out to the help desk, and we can try to follow up on that specifically. Again, including as much information about the measure as possible, and what, specifically, they're asking.

Veronica Dunlap: Okay, thank you. Next question. Is there a chance that CMS will extend the March thirteenth deadline for eCQM reporting?

Jennifer Seeman: At this time, not to my knowledge.

Veronica Dunlap: Next question. Are we able to attest for the meaningful-use core objectives before our eCQMs have been submitted?

Jennifer Seeman: I believe you can. I believe the attestation and the registration system has been open since the first of the year, and I believe you can enter that at any time.

Veronica Dunlap: Next question. Our eCQM Submission Status Report says, "No data returned for selected criteria." Does that mean there is no data available?

Jennifer Seeman: That was interesting. I would encourage you to review your parameters. Normally, that report will not show no-data-return, and again, confirming that it's the eCQM Submission Status Report. It will normally report – still bring that, kind of, the template or shell of that report, just with no submissions or zero denominator indicated.

So I, again, please confirm the report that you're running. Make sure that all of your parameters are correct. And, if you're still questioning that data, again, I would suggest reaching out to Help Desk, including the report that you're trying to run, the parameters that you're running it for, and so on, with that level of information for them to take a look at. Because, normally, that report, like I said, will just return with no information, no specific submission information.

Veronica Dunlap: Next question. We've been notified of potential duplicate records in the IQR clinical warehouse. Is there a way to tell if these duplicates are because of eCQM, or are they from our usual quarterly submission?

Jennifer Seeman: Those should be specific to IQR quarterly submissions. You should not see any overlap at all with eCQMs and chart-abstracted submissions.

Veronica Dunlap: Next question. If there are errors when we run the Submission Detail Report, are we required to correct the errors?

Jennifer Seeman: So we strongly suggest correcting all of those errors, if possible. Again, we want to have the most complete submissions we can at this point, so that we're ready for next year, when eCQMs will be validated. I keep saying it is next year, but really it's later this year. Sorry.

Veronica Dunlap: Next question. For critical access hospitals that have a zero denominator show up on the eCQM Submission Status Report, do we need to fill out an attestation?

Jennifer Seeman: I don't know, I don't know the answer to that question. That would be something I believe I would direct to the EHRIC Help Desk for meaningful use information. I'm not sure the requirement in that regards.

Veronica Dunlap: Next question. If your files are approved through the PSVA tool, wouldn't they also be accepted to the *QualityNet Secure Portal*?

Jennifer Seeman: There are additional validations that are done through the CMS portal submission process. Some of those are specific to authorizations for users. Some of them are specific to dates. There are also extended CDA schema validations that are performed that can cause rejections after testing with PSVA.

Veronica Dunlap: Next question. Does the EHR submission requirement match the eCQM requirement to successfully transmit for measures only?

Jennifer Seeman: Is that meaning, meaningful use and IQR program requirements align?

Veronica Dunlap: Yes. It says, "Meaning performance on the measures are not necessarily expected to match the chart-abstracted measures."

Jennifer Seeman: That is correct. So we know that there are some inherent differences in the measures. You know, the intent is the same; there are differences in the way the measures are spec'd. And so, I think as we get further down the eCQM path with submissions, we'll be able to provide more detail about that. But at this time, we understand that there are potentially some performance rate differences between the two versions of measures.

Veronica Dunlap: Next question. Just to confirm, you have to have the EHR Data Upload Role to be able to run reports in the portal?

Jennifer Seeman: I believe – let me follow up on that. I'll make sure that question is answered in the transcript that's posted.

Veronica Dunlap: Thank you. Next question. In the eCQM Performance Summary Report, the ED-1 and ED-2 measures continuous variable are zero; but we do have the continuous variable for ED-1 (stratum-one), ED-2 (stratum-one), and ED-2 (stratum-two). Do we meet the criteria?

Jennifer Seeman: So if the eCQM Submission Summary Report, it's showing zero cases, and I'm assuming in that case, it's also showing zero for measure observation, then I suggest going back to the eCQM Submission and Performance Feedback Report and confirming that you have patients that are meeting the IPP of those measures in production. Because if there's – if you are thinking that you've submitted those, and it's not showing on that report, either you're not meeting IPP, or you haven't submitted production data yet.

Veronica Dunlap: Next question. When are we able to start submitting program data?

Jennifer Seeman: So by program data, if that means production files, you should be able to submit those for third or fourth quarter 2016 at any time now. And I'm not sure what production your program data, I guess, would mean other than production, sorry.

Veronica Dunlap: No, that's correct. They did confirm that was not the test data they were referring to.

Jennifer Seeman: Okay. Submit away.

Veronica Dunlap: Our next, our next question. Is there a threshold for the number of rejected cases a facility can have?

Jennifer Seeman: At this time there is not a hard threshold.

Veronica Dunlap: Next question. When will you begin to be able to accept 2017 eCQM data?

Jennifer Seeman: We're anticipating that that release will go out around the end of April. At this time, we do also anticipate that the 2017 rules will be going out in PSVA a few weeks ahead of that. Those are our tentative dates right now.

Veronica Dunlap: Next question. Should the test file be one patient only?

Jennifer Seeman: So QRDA should include one patient per file, all of the eCQMs and all of the encounters for a specified quarter. So they should only include one patient per file, whether they're test or production data.

Veronica Dunlap: Next question. Do we have to notify the vendor that we are ready for submission, or does the vendor have access to the QRDA file?

Jennifer Seeman: That would be a system-specific question that you'd need to work through with your vendor and what their submission process is.

Veronica Dunlap: Next question. When running the eCQM Performance Summary Report, the provider filter is erroring out. We have over 700 hospitals in this drop-down box. Is there an easier way for us to filter through the list of hospitals?

Jennifer Seeman: I'm going to suggest if you haven't, to open a ticket. My understanding is that some of those parameter-timeout issues have been resolved. So if this is a new one, and I'm not aware, and I suggest, again, reaching out to Help Desk.

Veronica Dunlap: Next question. If we have already submitted for 2016, can we begin to submit additional measures through the PSVA tool without impacting the official 2016 submission, or should we leave the tool alone until after the deadline?

Jennifer Seeman: So if you've met program requirements and you've confirmed that on the eCQM Submission Status Report, unless you're working through measure-outcome concerns or differences and trying to maybe fine-tune mapping within your system, then I would say, you know, I don't know if there is a lot of value in it. But I would say, as long as you're submitting test, you won't impact your program status for the eCQM Submission Status Report.

Any production submissions that you do after you've gotten that yes indicator, you should always reconfirm, because that report is a snapshot, a snapshot in time, and if you submit additional production files, you would want to confirm that, you know, you hadn't overwritten anything, or nothing changed in your submissions as a result of those.

So again, I think you can, if you want to, you know, again, if it's something that's providing value in regards to mapping in your system.

	That kind of work may be beneficial, but if, you know, just submitting for the sake of submitting, you know, I don't know if there's value in that, to be honest.
Veronica Dunlap:	Next question. I have one file that has an error stating, "This effective time shall contain exactly one, one-dot-dot-one low, and the CONF number is 1098-14838. Where do I find information on how to fix this error?
Jennifer Seeman:	So since I'm not positive, all of the ones that we have on *QualityNet* that you guys put together. So I would go to the HL7, and I believe that may be included in the reference section of this presentation. And, what I would do is, bring up that base standard document, and search for that specific CONF number. That's not a CMS-specific validation error. So it's one that you would want to look in the base standard for that big document, and find it there, should provide you some additional information.
Veronica Dunlap:	Next question. Does our eCQM submission file need to be human-readable?
Jennifer Seeman:	No. They should follow standard QRDA format and be conformant to the HL7 base standard in the CMS IG.
Veronica Dunlap:	This is a question. Are EMR QRDA [inaudible]?
Jennifer Seeman:	I'm sorry, could you repeat that one, Roni?
Veronica Dunlap:	Yes. That was just a follow-up to the human-readable.
Jennifer Seeman:	Okay. I mean you can read them, but it's not very pretty.
Veronica Dunlap:	Okay, next question. Our vendor submitted the QRDA file. We found one case had two different file ID numbers. Same patient. One was accepted and one was rejected. What should we do?
Jennifer Seeman:	So you submitted the, they submitted the patient twice and got two different outcomes. Then I would open a *QualityNet* Help Desk ticket. I would include the two, exactly, the two files that were implicated in that,

and any reports that you have, showing the difference between the two submissions. Now what we've seen in some cases is that, we'll get a question about a measure outcome, and then they'll provide us a file to look at, and we find that file has been changed. So make sure that we're reviewing the right file. We're trying to help you all get where you need to be, so if you can provide the right information for us to look at, that's very helpful. But I think, in the case of where you're seeing discrepant results, we really need to take a closer look at those things to be able to provide any guidance there.

Veronica Dunlap: Excuse me. Next question. What if the Performance Report does not match with the manually abstracted data? Is there a tool that you can recommend we can use to do the analysis?

Jennifer Seeman: I am not, I'm not aware of any reports, but I, again, would keep in mind if you're comparing eCQM performance rates to chart-abstracted performance rates, you know, we would potentially expect to see some variance there.

Veronica Dunlap: Next question. How do we submit the files to *QualityNet*? Is it through the Secure File Transfer? And is there a document to help us with this process?

Jennifer Seeman: So we have done previous presentations to step through that process; it is through the secure transfer portal on *QualityNet*. I think maybe in the transcripts, oh excuse me, transcript, we could provide the link to the previous presentation.

Artrina Sturges: On one addition to that, thank you, Jen. If you want to visit the qualityreportingcenter.com website, the presentations that we've offered that tell you, that walks you through a checklist to show you how to submit data. All that information is listed out there, under Archived [Events] materials; and, it's everything from the slide deck that gives you screenshots, to question-and-answer transcripts, and also the actual transcript of the presentation itself. So again, it's on the qualityreportingcenter.com website.

Jennifer Seeman: Thanks, Artrina.

Veronica Dunlap: Thank you. Next question. What is the time frame for a report after, to present – what is the time frame for a report once I've entered my eCQM data through the *QualityNet Secure Portal*?

Jennifer Seeman: So your – the data from your submission should be available as soon as you've received your second email for that submission. So you'll get the initial email that says it was uploaded. Then you'll get a second email with a confirmation with the number of files that were accepted or rejected, and that will include a batch ID. And after that report is – well, after that – sorry. After that email is received, then you should be able to run reports on that data.

Veronica Dunlap: And then I'll follow-up to that question. I ran a report on Friday, and it is still in the queue. When can I expect this to be able to retrieve my report?

Jennifer Seeman: So we do have some issues with reports running a long time in production right now. We've had a significant team pulled together to do some significant triaging, and we're working on some of those long-running issues at this time. Also, we had a maintenance weekend this past weekend, so some of those things might have gotten further backed up. But I would say, we expect reports to complete with 24, within 24 hours; and, at this time, if you're not seeing that, and you have that information, again, provide it to Help Desk. One of the things that we need to be able to assess is the impact of issues like that. And, unfortunately sometimes we just need to log those tickets so that we can assess that impact.

Veronica Dunlap: Next question. Is there a helpful tool or document that is available to help us know how to run the reports, and which reports to run?

Jennifer Seeman: So in the previous presentation, we did also cover some additional information on reports, and, kind of, outlined how each of the reports available through *QualityNet* can help you. You can access the reports, online reports document. It's not specific to EHR, but there's also report information there. Again, I'd reference either one of those documents on

either on *QualityNet* or the previous presentation that outline that
information.

Artrina Sturges: Just one other addition for that. Thanks, Jen. We're also going to be
releasing an EHR reports overview. Just a, it's a one pager, it's really
quick and short, but it gives you, like, a header for, like, a quick question
about what to generate, depending on what you're looking for, the report
name, the purpose, and then the file type. So it is only generated for test,
or production, or both. So that will be coming out, as well, in the next
week or so. So please be on the lookout for the ListServe.

Veronica Dunlap: Thank you, Artrina. Our next question. I ran the eCQM Performance
Summary Report on Friday, and it hasn't finished processing it yet. It is
filtered down as granular by provider and measure set. What do you
suggest for getting this report to complete?

Jennifer Seeman: The only other parameter, probably, that you could attempt to narrow
down is if you can narrow further by – was that? Was it the Submission
Summary Report or the – I'm sorry – the Performance Feedback Report.

Veronica Dunlap: It was the eCQM Performance Summary Report they have listed here.

Jennifer Seeman: Okay. So I don't think you can delineate that one any further. And again,
I come back to, we've had reports struggling in production. We've got a
team giving it the highest priority. Again, if you don't have a ticket open,
I'd invite you to do so, so that we can, again, assess the impact of that
issue, and try to make sure that we get everything addressed.

Veronica Dunlap: Okay. Thank you. Next question. We still have some files being rejected
on our test QRDA files. Are there any eCQM measures that have logic-
specification issues that will prevent a file from being accepted?

Jennifer Seeman: So when the files are getting rejected, I'm assuming you mean by the
validation of the QRDA format. So at this time, I might have to back up,
the, I don't believe there's any logic issues. So what I would say is, if you
have questions about something in regards to the rejection, if you're
having a hard time, and you can't understand the CONF number, you can't

find it on any of the documentation available, then go ahead and reach out to Help Desk; again, including some of the impacted files, one or two of the files, and we can take a look at it. I don't want to go into measures specifications, specifically, here. I don't have that information right in front of me.

Veronica Dunlap: Okay. Next question. Are duplicate files allowed in our total submission for quarter four 2016? We noticed there is a discrepancy in the number of files we submitted to our vendor versus the number of files noted in the total-files-submitted section, located on the Submission Summary Report.

Jennifer Seeman: So as long as you're comparing the file number to the file number. So if there were duplicate files submitted to your vendor, they would not be counted; but in the case on that report, I know can cause some confusion, is on the right-hand side, there's actually a column for cases. And, if you think about, sometimes a patient may have multiple encounters where the same eCQM may have been applied, that actually represents the individual cases.

And so it won't necessarily match the number of files that were submitted. So I guess I, just to provide that clarification initially, and I guess, if the submission actual file numbers don't match, then I'd follow up with your vendor; and, make sure that, you know, they can confirm that all of the files were submitted, and, kind of, start that way to see where the file-number discrepancy is.

Veronica Dunlap: Okay, next question. What is the fix for files that are greater than five MBs, if there should be only one file per patient, per quarter.

Jennifer Seeman: So we're running into a very few number of these, to be honest. And, at this time, we can recommend, recommend linearizing the file, which will remove extra spaces, extra lines, and so on. We have seen some success with this in files that are, maybe, one to two megabytes over that five-megabyte limit.

At this time, we're unable to address that in the production system. So if you've submitted a file for that, and it's been rejected at this time, we

can't provide a fix. And again, we're coming back to, we're not validating eCQM data at this point. I would suggest running your eCQM Submission Status Report if all your other submissions have been accepted, and determining what your program status is.

Veronica Dunlap: Next question, and I'm not sure if anyone on the line would know this, but we'll give it a shot. Is the extension to March thirteenth for the EHR Incentive Program for eligible hospitals, as well as, for the eligible professionals?

Jennifer Seeman: I could not speak to the eligible professionals deadline.

Artrina Sturges: Yes. The best thing to do is to contact the EHR Information Center. We do have their contact information in the resources section of the slide deck. You also can visit CMS backup website, and pull up specific information for the Medicare EHR Incentive Program. And, that will tell you if they've made any changes in terms of extensions for deadlines, if it affects EPs. They do have specific information posted on the website.

Veronica Dunlap: Thank you. Next question. Within 24 hours of admission, a VTE assessment must be performed. When the physician says the patient is low risk for VTE, can that value be documented by him placing an order instead of documenting it as a finding?

Jennifer Seeman: So I believe I would direct that question to JIRA, as it relates to, you know, measure intent, and the kind of information that you would collect for a measure. It's not really a system question, or even, you know, the way that we're processing. So, if you submit that through JIRA, they can get that directly to, you know, measure stewards and the folks who work on the measures, and be able to provide you better information and potentially, you know, look at the way eCQMs are spec'd, if they need to.

Artrina Sturges: Oh, and thank you, Jen. One piece to that; if you want that information about JIRA, that's also in the resources section. So that's in here between slides 14 and 22. Thank you.

Jennifer Seeman: Thanks, Artrina.

Veronica Dunlap: Great, thank you. Next question. I submitted a report to *QualityNet* for eCQMs, and all cases were accepted and none rejected. However, there are messages on the Feedback Report that the case failed the numerator, or did not meet the numerator for submission. What does this mean?

Jennifer Seeman: So the – if you (dated) eCQM as a – how they're – what the outcome is expected. Sorry, I can't talk today. And, so what that means is, that you've met the IPP criteria, or that patient has, and that patient has met the criteria for inclusion in the denominator, but that, "Numerator not met" message means that they did not meet the numerator criteria.

So that would be, kind of, a failed case where it didn't intend to, or it didn't meet the intention of the measure, as it's specified. So if you believe those, that you have cases where you're getting that message, and you believe the patient should've met the intent of the numerator with that eCQM, I would again recommend reaching out to Help Desk, and again, providing specific files and specific cases that we can help you review.

Veronica Dunlap: Next question. Could you please review the difference between the Feedback Report categories versus the Submission Report categories within the *QualityNet Secure Portal*?

Jennifer Seeman: So the submission category in general is related, is available, to vendors. The feedback category again, very general, is available to hospitals, or those who submit for the hospitals. In some cases, depending on your roles, you may have access to both of those categories. In general, there are a few reports that have some parameter differences. I would, again, refer back to the previous presentation, and Artrina had outlined the location of that, as it spells out actually, in much more detail, the differences in the parameters, and the difference in the intent of those reports, much more than I could just tell you about off the top of my head.

Veronica Dunlap: Next question. Once we see the "Y" next to "Submitted" on the eCQM Submission Status Report, are there any additional actions we need to do?

Jennifer Seeman: From the eCQM-submission perspective? No. But again, I will reiterate that there are program requirements for both IQR and meaningful use

outside of QRDA submissions, and that report does not indicate that those requirements have been met. So for QA – for eCQM submissions, yes. You don't need to do anything else once you've got that "Y" other than make sure that all your other program requirements have been met for meaningful use and/or IQR.

Veronica Dunlap: Next question. If a vendor submits the QRDA file, the hospital can still log into *QualityNet* and run the Submission Report, correct?

Jennifer Seeman: Correct. You'd probably run through the feedback category but you can run reports for any files that were submitted for your facility.

Veronica Dunlap: We have a vendor submitting our eCQM data. Who will receive the two emails? Will it be the Security Administrator or the data submitter?

Jennifer Seeman: That will, those will go to the data submitter.

Veronica Dunlap: Next question. Can you clarify what is needed for a successful submission?

Jennifer Seeman: So for a patient, we're looking for the patient to meet the IPP of the eCQM. You must have patients meet the IPP for four eCQMs for the reporting quarter. I mean that's, what we're looking for is, that the patient meets the IPP of the measures that you submitted for.

Veronica Dunlap: Next question. Are duplicate files, not cases, allowed in our total submission for quarter for 2016?

Jennifer Seeman: Duplicate files would be overwritten. If four key elements, are the same, the most recent submission of that file is the only one that will be counted toward program credit. So you may submit a duplicated file, but it, depending on where you're looking at that information, I mean, it's not going to count towards program credit. It may show on some of the reports.

Veronica Dunlap: Okay. And it looks like we have time for one last question. Aren't we able to use the PSVA tool to submit the production submissions to CMS, as well, or do we just have to use the *QualityNet Secure Portal*?

Jennifer Seeman: You can submit through the PSVA application for production files. You should get the same two emails that you would receive as if you submitted through the portal. But yeah, you can submit production files through PSVA.

Veronica Dunlap: Great. Thank you, Jen. And I'd like to thank everyone for your questions today. And, I'll be handing it over to Debra Price to review our continuing education process. It's all yours, Deb.

Debra Price: Well, thank you, Roni. And now I'd like to spend the next few minutes just talking about how you can get your continuing education.

This webinar has been approved for one continuing education credit by the boards listed on this slide. We are now a nationally accredited nursing provider and, as such, all nurses report their own credit to their board, using the provider number that is listed on the last bullet, 16578.

We now have an online CE certificate process. You can receive your CE two separate times. If you're still on the call, when I click on the last slide, a survey will automatically pop up, and then you will take that survey, and then it will lead you to your certificate. However, if you need to get off the call, you will be receiving another survey within the next 45, 48 hours. And that survey is the one you can take instead of today, or if you're in a room with other people, please send that survey to them. After completion of the survey, you would click the Done button at the end of the survey, and another page will open up that will assist you with registering into our Learning Management Center. This is a completely separate registration from what you used to get onto today's webinar. In fact, if you used your work email for today's webinar, you might consider using a personal email for the certificate, because we have found that healthcare facilities have firewalls that are going up and down, and they constantly block our links.

And, if, when you register, you do not immediately receive a response in the email you signed up, that means that you do have a firewall up. So

then we're asking you to go back and use the New User link, or wait 48 hours for the next survey that comes through.

This is what the survey will look like, at the end of my slide. You note that in the bottom right-hand corner is a Done button. You would click for Done button.

And then, this page opens up. It has two links here. One is the New User link. And, that's for people who have not received our certificates before, or have received them but are having problems now getting their CEs due to the computer, the firewall going up, what have you. Just use the New User link. If you haven't had any problems at all, then you would click on the Existing User link.

This is what the New User link page looks like. You put in your first name, your last name. We're asking, again, that you put in a personal email, and a personal phone number, so it would be – our database would recognize it separately from your hospital.

And this is what your Existing User link would take you to. Your username is your complete email address that you registered, including what's after the @ sign, like @Gmail.com. You would include all of that. And, if you have forgotten your password already, you would click in the Password box and you will be taken to an area to put in a new password.

Okay, and now we'd like to thank everyone for joining us today. And, especially our guest speakers, and Veronica, and Jen, and Artrina, everyone that answered all these questions. We'd like to thank them for their time. We hope that everyone that attended learned something, and that we were able to answer your questions. And, if we weren't able to answer your question, remember that you can go to the www.qualityreportingcenter.com website. And, we try to get all the questions answered, and put on that website within 10 business days. We will try to. Unless there are too many. Anyway, we hope you learned something, and that you enjoy the rest of your day. Goodbye everyone.