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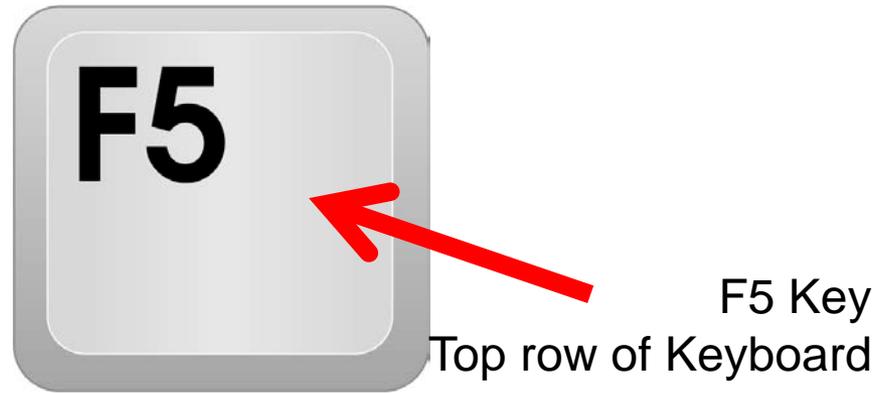
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Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5

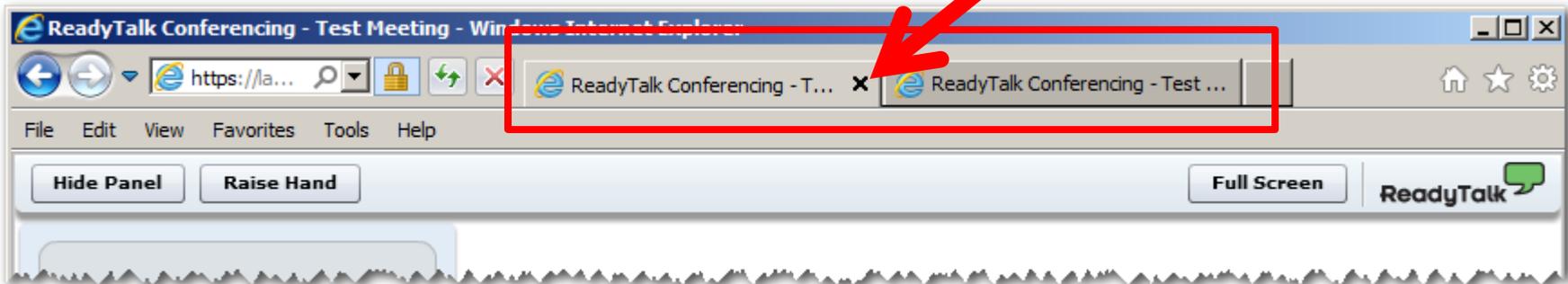


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a presentation slide. The slide background is dark grey with a pattern of colorful keyboard keys. In the bottom right, there is text: "CMS' CROWNWeb Application", "CROWNWeb 4.5: Questions and Answers", and "With CROWNWeb Outreach, Communication, and Training". At the bottom left of the slide is the CMS logo and the date "September 25, 2014". A white chat box is overlaid on the left side of the slide. The chat box has a title bar with "Hide Chat" and "Raise Hand" buttons. The main area of the chat box is empty. At the bottom of the chat box, there is a text input field with the placeholder "Type questions here." and a "Send" button. The text "Chat with Presenter:" is visible above the input field. In the top right corner of the presentation window, there are "Full Screen" and "ReadyToGo" buttons.



QRDA-I File Creation for CY 2016 eCQM Reporting

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April 14, 2016

Purpose

This presentation is intended for hospital staff who would like higher level information about how EHRs create Quality Reporting Document Architecture (QRDA) files, the standards for file creation, and tools available to support mandatory eCQM reporting to the IQR and EHR Incentive Program in Calendar Year (CY) 2016.

Objectives

Participants will be able to:

- Identify how EHRs utilize Clinical Quality Measure (CQM) data within the system to create QRDA files for Hospital Quality Reporting (HQR) to the Centers for Medicare & Medicaid Services (CMS)
- Recognize the conformance requirements for QRDA file creation
- Explain the aspects which define an eMeasure/eCQM and how they are represented in an Extensible Markup Language (XML) file
- List resources to support mandatory eCQM reporting activities for CY 2016

How QRDA Files are Created from e-Specifications

- e-Specifications of CQMs describe the measure definitions, data elements, and logic that evaluate performance using patient data in QRDA-I documents.
- A QRDA-I document is created for each patient meeting the initial patient population (IPP) criteria of an e-Specification.
 - Within the QRDA-I, a reference to the measure for which the patient meets the initial population identifies associated criteria to populate the patient data in the document body.

www.CMS.gov

Clinical Scenario

- A 76 year old female presents to the Emergency Department (ED) with left-sided facial drooping and slurred speech that started the day prior. Her electrocardiogram (EKG) shows Atrial fibrillation (Afib) with heart rate of 120.
- A computerized tomography (CT) scan showed an ischemic stroke. She was initiated on metoprolol, aspirin, intravenous (IV) Heparin in the ED.
- She was transferred to telemetry and started on Plavix the following day.
- A discharge planning consult was completed and it was determined that the patient could return to home with her daughter.
- Upon discharge, the nurse provided the patient's daughter educational information on how to activate emergency medical services (EMS), stroke fact sheet listing risk factors as well as warning signs, and reviewed her discharge medications (which included Plavix).
- A follow-up appointment with her primary care physician (PCP) was scheduled for the following week and an appointment card was provided to her daughter.

What Parts of the Scenario Could Translate to Fields in Your EHR?

- A 76 y/o female presents to the ED with left-sided facial drooping and slurred speech that started the day prior. Her EKG shows Afib with heart rate of 120.
- CT scan showed brain injury – patient was diagnosed with an ischemic stroke. She was initiated on metoprolol, aspirin, IV Heparin in the ED.
- She was transferred to telemetry and started on Plavix the following day.
- A discharge planning consult was completed and it was determined that the patient could return to home with her daughter.
- Upon discharge, the nurse provided the patient's daughter educational information on how to activate EMS, stroke fact sheet listing risk factors as well as warning signs, and reviewed her discharge medications (which included Plavix).
- A f/u appointment with her PCP was scheduled for next week and an appointment card was provided to her daughter.

eMeasures from the Scenario: ED and STK

- Initial Inpatient Population (IPP)
 - Included population: A patient with an Inpatient Admission less than or equal to 120 days
 - *Data Elements: admission date, discharge date*
- ED 1 (CMS55v4): Median Time from Emergency Department (ED) arrival to ED Departure for Admitted ED patients
 - Included population: Any patient from the facility's ED admitted into the hospital
 - *Data elements: Arrival date, Arrival time, ED departure date, ED departure time, ED patient and Principal Diagnosis (Dx) code*
- ED 2 (CMS111v4): Admit Decision Time to ED Departure Time for Admitted Patients
 - Included population: Any patient from the facility's ED admitted into the hospital
 - *Data elements: Decision to Admit Date, ED departure date, ED departure time, ED patient, and -Principal Dx code*

eMeasures from the Scenario: ED and STK (con'd)

- IPP
 - Non-elective Admission, Ischemic or Hemorrhagic STK dx, >18 yrs.
- STK 3 (CMS111v4): (CMS71v5): Anticoagulation therapy for atrial fibrillation/flutter
 - Denominator: Ischemic stroke patients with documented atrial fibrillation/flutter
 - Numerator: Ischemic stroke pts prescribed anticoagulant treatment at hospital discharge
 - *an exclusion would be if admitted for an elective carotid intervention
- STK 5 (CMS72v4): Antithrombotic therapy by end of hospital day 2
 - Denominator: Ischemic stroke patients
 - Numerator: ischemic stroke patients who had antithrombotic therapy administered by end of hospital day 2
 - *an exclusion would be if given t-PA (clot buster/thrombolytic therapy)
- STK 8 (CMS107v4): Stroke education
 - Denominator: Admitted patient discharged to home or police custody
 - Numerator: Discharge instructions contain all the required instructions
 - *exclusion is "Patients with comfort measures documented"

eSpecification of STK – 8 (CMS107v4)

Measure details are described in the document header.
Example: Human readable portion of STK – 8 formatted in Health Quality Measure Format (HQMF)

eMeasure Title	Stroke Education		
eMeasure Identifier (Measure Authoring Tool)	107	eMeasure Version number	4.0.000
NQF Number	Not Applicable	GUID	217fdf0d-3d64-4720-9116-d5e5afa27f2c
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	The Joint Commission		
Measure Developer	The Joint Commission		
Endorsed By	None		
Description	Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke. 		
Copyright	<p>Measure specifications are in the Public Domain</p> <p>LOINC(R) is a registered trademark of the Regenstrief Institute.</p> <p>This material contains SNOMED Clinical Terms (R) (SNOMED CT[C]) copyright 2004-2014 International Health Terminology Standards Development Organization. All rights reserved.</p>		
Disclaimer	These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. The measures and specifications are provided without warranty.		
Measure Scoring	Proportion		
Measure Type	Process		
Measure Item Count	Encounter, Performed: Non-Elective Inpatient Encounter		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		

eSpecification of STK – 8 (CMS107v4)

Machine readable data elements and logic are described in the document body.

Denominator Exclusions	Patients with comfort measures documented.
Numerator	Ischemic or hemorrhagic stroke patients with written documentation that they or their caregivers were given educational material addressing all of the following: <ol style="list-style-type: none"> 1. Activation of emergency medical system 2. Follow-up after discharge 3. Medications prescribed at discharge 4. Risk factors for stroke 5. Warning signs and symptoms of stroke.
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Measure Population	Not Applicable
Measure Population Exclusions	Not Applicable
Measure Observations	Not Applicable
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex.

Table of Contents

- [Population Criteria](#)
- [Data Criteria \(QDM Variables\)](#)
- [Data Criteria \(QDM Data Elements\)](#)
- [Supplemental Data Elements](#)
- [Risk Adjustment Variables](#)

Review Numerator of CMS107v4 eSpecification STK – 8

Population Criteria

- **Initial Population =**
 - AND: Age >= 18 year(s) at: Occurrence A of \$EncounterInpatientNonElective
 - AND: Union of:
 - "Diagnosis, Active: Ischemic Stroke (ordinality: Principal)"
 - "Diagnosis, Active: Hemorrhagic Stroke (ordinality: Principal)"
 - starts during Occurrence A of \$EncounterInpatientNonElective
- **Denominator =**
 - AND: Initial Population
 - AND: Intersection of:
 - Occurrence A of \$EncounterInpatientNonElective
 - "Encounter, Performed: Non-Elective Inpatient Encounter (discharge status: Discharge To Home Or Police Custody)"
- **Denominator Exclusions =**
 - OR: \$InterventionComfortMeasures starts during
 - "Encounter, Performed: Emergency Department Visit" <= 1 hour(s) ends before or concurrent with start of Occurrence A of \$EncounterInpatientNonElective
 - OR: \$InterventionComfortMeasures starts during Occurrence A of \$EncounterInpatientNonElective
- **Numerator =**
 - AND:
 - OR:
 - AND: "Communication: From Provider to Patient: Activation of Emergency Medical System Education" starts during Occurrence A of \$EncounterInpatientNonElective
 - AND: "Communication: From Provider to Patient: Instructions for Follow Up After Discharge" starts during Occurrence A of \$EncounterInpatientNonElective
 - AND: "Communication: From Provider to Patient: Prescribed Medications Education" starts during Occurrence A of \$EncounterInpatientNonElective
 - AND: "Communication: From Provider to Patient: Risk Factors Education" starts during Occurrence A of \$EncounterInpatientNonElective
 - AND: "Communication: From Provider to Patient: Warning Signs and Symptoms Education" starts during Occurrence A of \$EncounterInpatientNonElective
 - AND: "Communication: From Provider to Patient: Written Information Given" starts during Occurrence A of \$EncounterInpatientNonElective
 - OR: "Communication: From Provider to Patient not done: Patient Refusal" for "Written Information Given" starts during Occurrence A of \$EncounterInpatientNonElective
- **Numerator Exclusions =**
 - None
- **Denominator Exceptions =**
 - None
- **Stratification =**
 - None

Primary Diagnosis Template

```
entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.22.4.3" extension="2014-06-09" />
    <templateId root="2.16.840.1.113883.10.20.24.3.121" extension="2014-12-01" />
    <id root="ec8a6ff8-ed4b-4f7e-82c3-e98e58b45de7" />
    <code code="CONC" codeSystem="2.16.840.1.113883.5.6" displayName="Concern" />
    <statusCode code="active" />
    <effectiveTime>
      <low value="20160102090500+0500" />
    </effectiveTime>
    <entryRelationship typeCode="SUBJ">
      <observation classCode="OBS" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.4.4" extension="2014-06-09" />
        <templateId root="2.16.840.1.113883.10.20.24.3.11" extension="2014-12-01" />
        <id root="2a620155-9d11-439e-92b3-5d9815ff4de8" />
        <code code="29308-4" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="Diagnosis" />
        <statusCode code="completed" />
        <effectiveTime>
          <low value="20160102150000+0500" />
          <high value="20160105120000+0500" />
        </effectiveTime>
        <priorityCode code="63161005" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT" displayName="Principal" />
        <value code="434.11" codeSystem="2.16.840.1.113883.6.103" codeSystemName="SNOMED-CT" displayName="Cerebral embolism with cerebral infarction" sdtc.valueSet="2.16.840.1.113883.3.117.1.7.1.247" xsi:type="CD" />
        <entryRelationship typeCode="REFR">
          <observation classCode="OBS" moodCode="EVN">
            <templateId root="2.16.840.1.113883.10.20.22.4.6" extension="2014-06-09" />
            <templateId root="2.16.840.1.113883.10.20.24.3.94" />
            <id root="bb0df042-77ee-4ee2-bc85-24adffdef4cc" />
            <code code="33999-4" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC" displayName="status" />
            <statusCode code="completed" />
            <value code="55561003" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT" displayName="active" xsi:type="CD" />
          </observation>
        </entryRelationship>
      </observation>
    </entryRelationship>
  </act>
</entry>
```

QRDA Conformance Requirements

QRDA conforms to:

- Health Level 7 (HL7) Standards
- Clinical Document Architecture (CDA)
 - Specifies the structure and semantics of 'clinical documents'
- 2016 CMS Implementation Guide (IG) for Eligible Professionals (EPs) and Eligible Hospitals (EHs) and 2016 IG Appendix

NOTE: HQR uses the QRDA-I, Release 3, patient-level files. The Physician Quality Reporting System (PQRS) uses QRDA – I, Release 3 and QRDA – III, Release 1 (aggregate – level data).

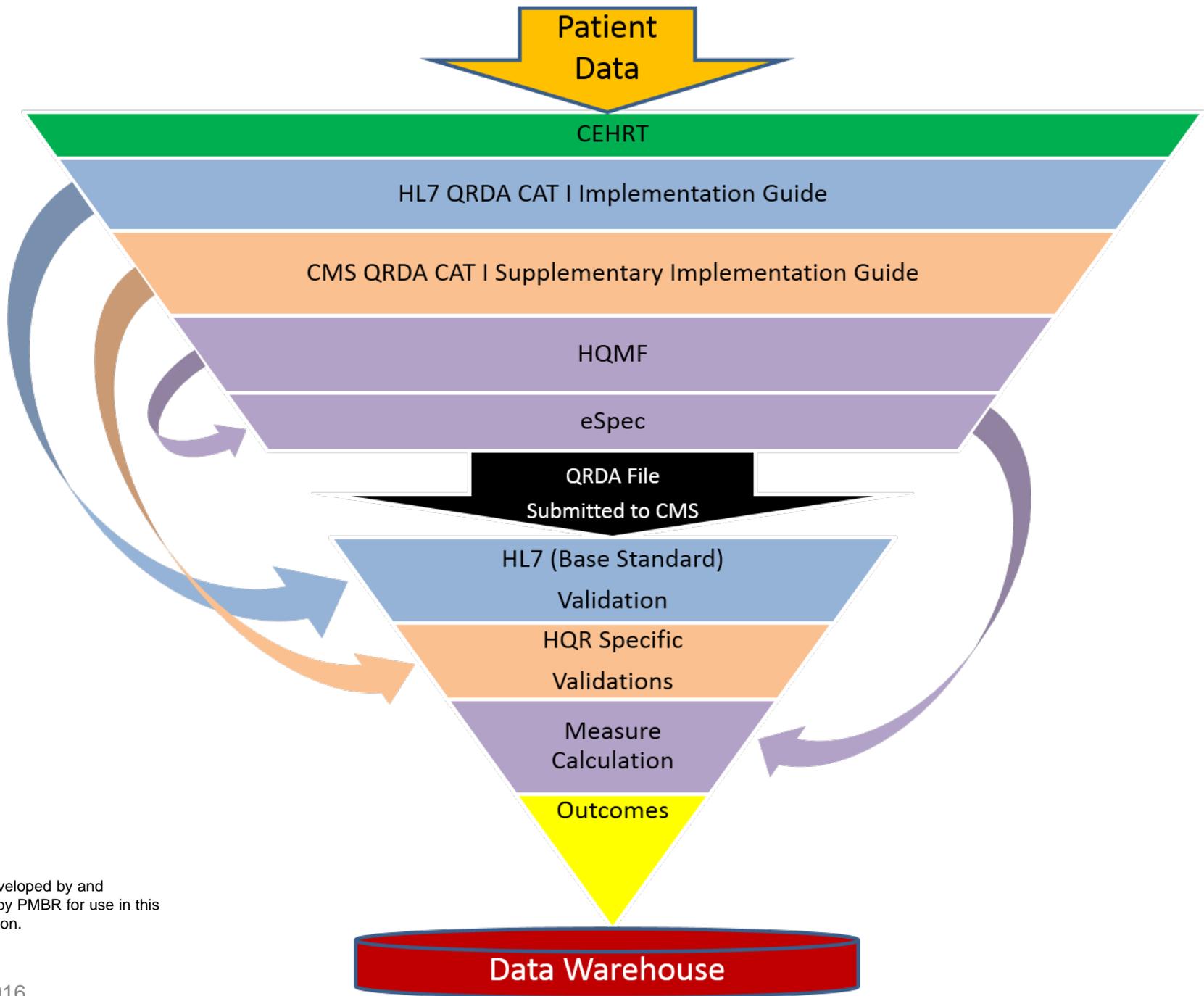


Image developed by and provided by PMBR for use in this presentation.

QRDA-I File Creation for CY 2016 eCQM Reporting

TESTING QRDA – I FILE

How to Test the QRDA File Structure

The Pre-submission Validation Application (PSVA):

- Is a downloadable tool that operates on a User's system
- Allows submitters to catch and correct QRDA formatting errors prior to data submission to CMS
- Provides validation feedback within the submitter's system
- Allows valid files to be separated and submitted while invalid files are identified for error correction

Using the PSVA

- Version 1.1.1 of the PSVA is now available.
- Access the PSVA by:
 - Downloading from the Secure File Transfer in the *QualityNet Secure Portal (QSP)*
 - Requires a QSP User Account
 - Installing the PSVA to your system
- Submit Files
 - Requires a QSP User Account with an EHR Data Upload role

Note: For assistance with user accounts or roles, please contact the *QualityNet* Help Desk at qnetsupport@hcgis.org or 866.288.8912, 7 a.m.–7 p.m. Central Time, Monday through Friday.

QRDA – I File Expectations

CMS is expecting:

- One file, per patient, per quarter
- That the file will include all the episodes of care and the measures associated with the patient file
- Maximum individual file size of 5 MB
- Maximum submission of 15,000 files
- Files uploaded by a single XML file or by zip file (.zip)

Who Submits the QRDA File?

QRDA files are typically submitted to the HQR System in the *QSP* by any of three methods:

- Hospitals generate the files from their EHR and submit the files themselves
or
- Vendor generates the files from the EHR and submits data to the *QSP* on the hospital's behalf
or
- Vendor creates the QRDA files and provides the data files to the Hospitals for submission to *QSP*

QRDA File Submission Requirements for CY 2016 IQR Program Reporting

For the IQR Program for CY 2016 reporting, a hospital will be required to:

- Report a minimum of 4 of the 28 available eCQMs
- Report for only one quarter (Q3 or Q4) of CY 2016
- Submit between **October 1, 2016** and **February 28, 2017**

Submitting eCQMs

- **Does not** eliminate the requirement to submit data for the chart-abstracted, web-based, and claims-based measures
- Hospitals submitting eCQMs for the EHR Incentive Program, rather than attesting, can fulfill the reporting requirement with one submission

Note: Measure Exception forms are available for facilities that do not have an Emergency Department (ED) and/or an Obstetrics Unit.

System Access for Submitting QRDA's

- The CMS System:
 - Is currently closed
 - All files being rejected until the system reopens
- Test Folder/System:
 - System will be available spring/summer 2016
- Production Folder/System:
 - System will open no later than October 1, 2016

Note: While the CMS System is unavailable, it is recommended that hospitals and vendors utilize the PSVA Tool to test QRDA files for validation.

QRDA-I File Creation for CY 2016 eCQM Reporting

POINTS TO CONSIDER

Continuous Development Between Chart-Abstracted and EHR based Outcomes

- Chart-abstracted data is gathered from a number of fields within the medical chart (ex. progress notes).
- eCQM data can only be pulled as structured data, recorded in specific fields within the EHR system.
- Chart-abstraction results are not always a 1:1 relationship to what the EHR extracts and submits as an eCQM.
- This will improve over time as hospital staff work more closely (data abstractors, IT, Quality Improvement/Process Improvement (QI/PI), clinical staff) to collect data in a structured, systematic way fully reflective of patient care.

Questions to Ask Internal IT Staff and Vendors in Preparation for Submission

- Does your facility have a certified EHR in place to report eCQMs?
- Has your staff been discussing the CY 2016 Program Requirement to submit eCQMs for IQR?
- Does your IT Staff have the 2014 version of the measures with 2015 updates if your facility is creating and submitting their own files?
- Does your staff know where to locate the tools to support eCQM data submission?
 - eCQM Library
 - eCQI Resource Center
 - QualityNet
- Is your IT staff/vendor aware the PSVA tool is available for testing QRDA files?
- Has your internal team coordinated who will ensure your eCQMs will be reported by the February 28, 2017 deadline?

Note: Reporting eCQMs is only a portion of the IQR Program requirement – please visit the QualityNet website to ensure you are fulfilling all reporting requirements

QRDA-I File Creation for CY 2016 eCQM Reporting

RESOURCES

Presentations

- **September 2, 2015:** *eCQM: FY 2016 IPPS/LTCH Final Rule*
- **December 17, 2015:** *2016 CMS QRDA Implementation Guide Changes for Eligible Hospitals/Critical Access Hospitals*
- **January 20, 2016:** *Pre-Submission Validation Application overview for eCQM Data Submission in 2016*
- **February 16, 2016:** *eCQM CY 2016: Aligning Hospital IQR and EHR Incentive Programs through eCQMs*
- **March 10, 2016:** *PSVA Demonstration and eCQM Q&A Session*

Note: All Current and Future Presentations are posted on the Quality Reporting Center <http://www.qualityreportingcenter.com/>.

Websites

http://www.qualityreportingcenter.com/ Quality Reporting Center - ...

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Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting. Through these sites, you can access:

- Reference and training materials
- Educational presentations
- Timelines and calendars
- Data collection tools
- Contact information
- Helpful links to resources
- Question and answer tools

The national Support Contractor for the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR), Outpatient Quality Reporting (OQR) Outreach and Education Support Programs, is dedicated to improving quality care delivery and health outcomes by collaborating with healthcare providers.

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Upcoming Events

March 24, 2016
[Development and Selection of Quality Metrics for the PCHQR - 1 C.E.](#)

March 28, 2016
[Annual Requirements: DACA, HCP, Structural Measures, and QualityNet SA](#)

April 20, 2016
[OQR: Hospital OQR Imaging Efficiency Measures - 1 C.E.](#)

[See the full calendar](#)

Websites

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is a search bar with the text "Learn about your healthcare options" and a "Search" button. The main navigation menu includes buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance (highlighted in blue), Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Regulations and Guidance > EHR Incentive Programs > eCQM Library. On the left side, there is a sidebar menu with links for EHR Incentive Programs, 2015 Program Requirements, 2016 Program Requirements, 2017 Program Requirements, Educational Resources, Payment Adjustments & Hardship Information, Registration & Attestation, EHR INCENTIVE PROGRAM ATTESTATION AUDITS AND APPEALS, Data and Program Reports, Medicare and Medicaid EHR Incentive Program Basics, Clinical Quality Measures Basics, and eCQM Library. The main content area is titled "eCQM Library" and features a section for "Annual Updates" with a paragraph explaining that CMS makes updates to the electronic specifications of Clinical Quality Measures (eCQMs) approved for submission in CMS programs. It also states that CMS strongly encourages the implementation and use of the updates to the eCQMs finalized in the Stage 2 rule for the 2015 EHR Reporting Period. Below this, there are two sections: "For those attesting to eCQMs to demonstrate meaningful use for the EHR Incentive Programs:" and "For eReporting of eCQMs to demonstrate meaningful use or for Quality Reporting Programs:". Each section contains a bullet point. The "eCQM Electronic Specifications" section is also visible at the bottom.

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Home > Regulations and Guidance > EHR Incentive Programs > eCQM Library

EHR Incentive Programs

- [2015 Program Requirements](#)
- [2016 Program Requirements](#)
- [2017 Program Requirements](#)
- [Educational Resources](#)
- [Payment Adjustments & Hardship Information](#)
- [Registration & Attestation](#)
- [EHR INCENTIVE PROGRAM ATTESTATION AUDITS AND APPEALS](#)
- [Data and Program Reports](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Clinical Quality Measures Basics](#)
- eCQM Library**

eCQM Library

Annual Updates

Each year, CMS makes updates to the electronic specifications of the Clinical Quality Measures (eCQMs) approved for submission in CMS programs.

CMS strongly encourages the implementation and use of the updates to the eCQMs finalized in the Stage 2 rule for the 2015 EHR Reporting Period since those updates include new codes, logic corrections and clarifications.

For those attesting to eCQMs to demonstrate meaningful use for the EHR Incentive Programs:

- CMS will accept all versions of the eCQMs through attestation, beginning with those finalized in the December 4, 2012 CMS-ONC Interim Final Rule.

For eReporting of eCQMs to demonstrate meaningful use or for Quality Reporting Programs:

- An eligible professional, eligible hospital or Critical Access Hospital must use the current Reporting Period version of the eCQMs identified for each program below.

eCQM Electronic Specifications

eCQMs Eligible Professionals

Websites

https://ecqi.healthit.gov/ eCQI Resource Center | The... x

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eCQI Resource Center

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

CMS The Office of the National Coordinator for Health Information Technology

About FAQ Glossary of eCQI Terms eCQI Resource Center Contact Information

Spaces

Topic areas EH Measures EP Measures QDM HQMF QRDA eCQM Tools Kaizen Education

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

Learn about eCQI resources and connect with the community of professionals who are dedicated to clinical quality improvement for better health

Getting Started

A gentle introduction to understanding eCQI and this Resource Center

More information

eCQMs

The who, what, when, where, and why of eCQMs

More information

Education

A selection of educational materials and resources to broaden your eCQI knowledge

More information

Latest News Upcoming Events

Phone Support

- **IQR Program Questions**
 - 844.472.4477 or 866.800.8765
 - 8 a.m.– 8 p.m. ET Monday–Friday
 - <https://cms-ip.custhelp.com>
- **QualityNet Help Desk**
 - 866.288.8912; qnetsupport@hcqis.org
 - 7 a.m.–7 p.m., CT Monday–Friday
- **EHR (MU) Information Center**
 - 888.734.6433
 - 7:30 a.m.–6:30 p.m., CT Monday–Friday

QUESTIONS?

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

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Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) and the text "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the course title "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015" is displayed. The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the form fields.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

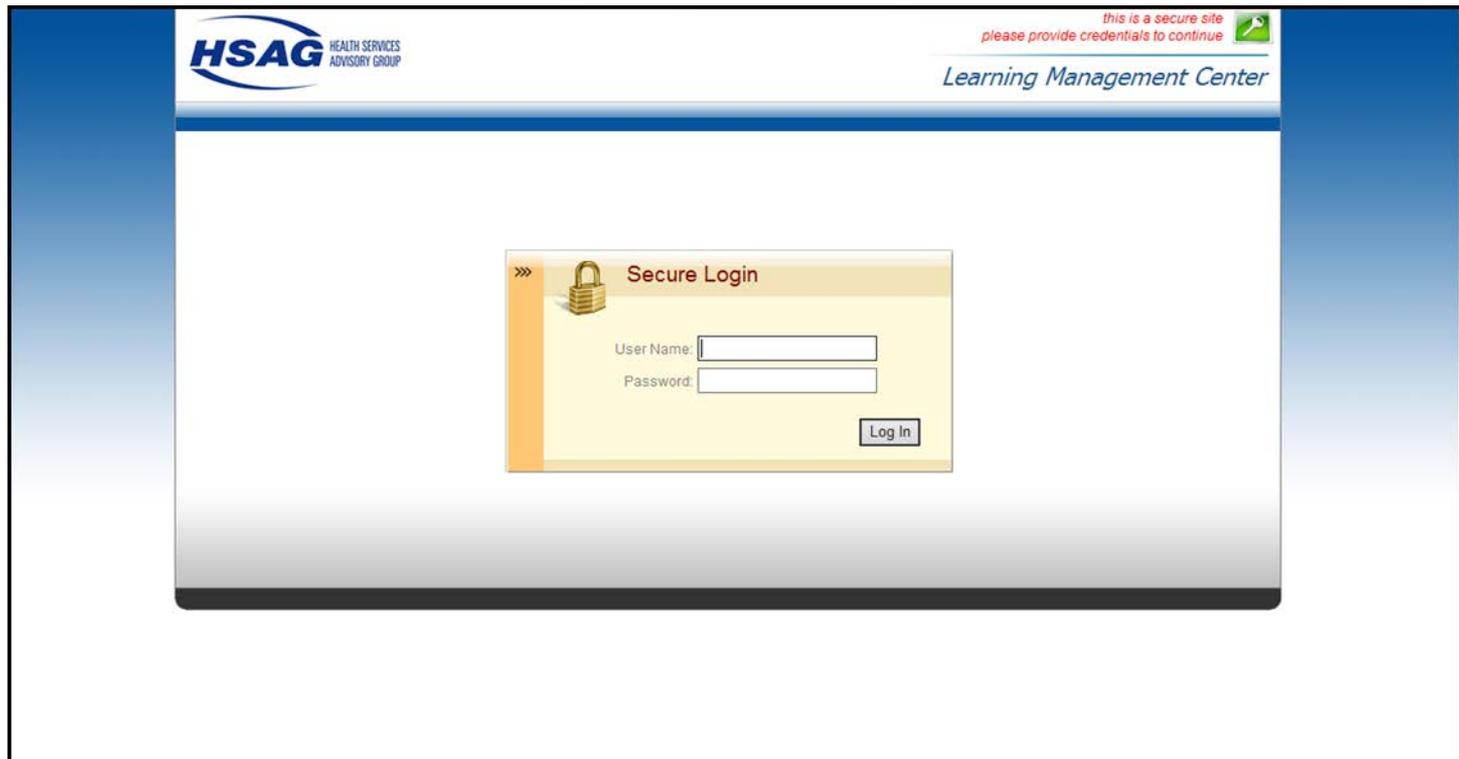
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, the title "Secure Login", and two input fields for "User Name" and "Password". A "Log In" button is positioned at the bottom right of the login box.

Thank you for attending!