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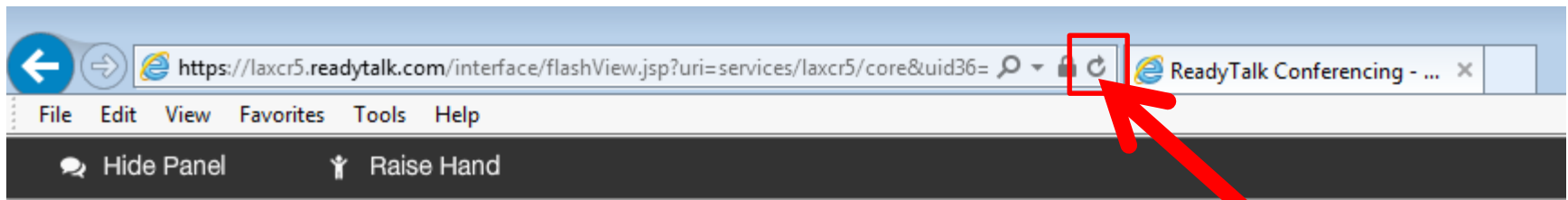
- **This event is being recorded.**

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

- **Click <u>Refresh</u> icon – or- Click F5**
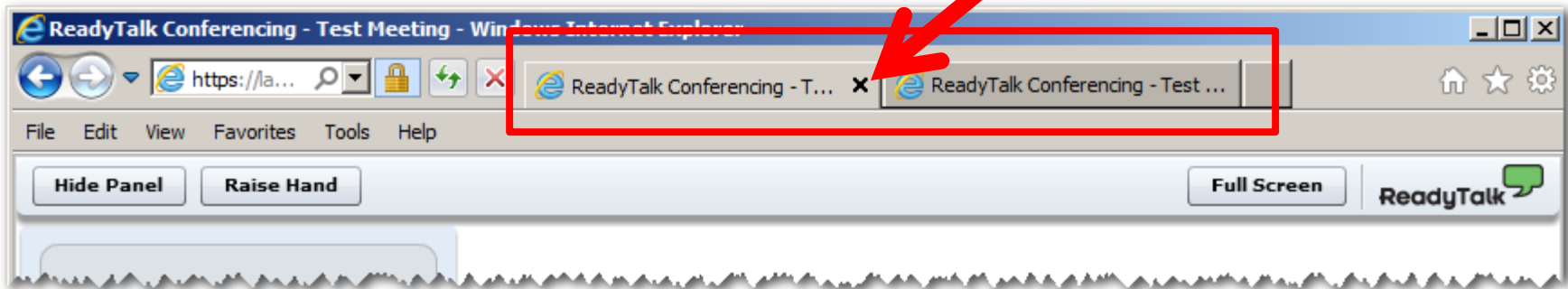
F5 Key
Top row of Keyboard

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

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

Common Errors for QRDA Category I Test and Production Files – Session II

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Purpose

This presentation will provide an overview of several topics related to the mandatory electronic Clinical Quality Measure (eCQM) submission process for the Hospital Inpatient Quality Reporting (IQR) and Medicare Electronic Health Record (EHR) Incentive Programs for Calendar Year 2016.

Objectives

At the conclusion of this presentation, participants will be able to:

- Troubleshoot common CMS Quality Reporting Data Architecture (QRDA) I file submission errors to reduce the likelihood of file rejection
- Locate and utilize tools and reference materials to assist with submission activities
- Perform the steps necessary for successful submission of eCQM test and production files

Agenda

- Top 10 Common Errors for QRDA Category I Test and Production Files
- **Appendix A**: Calendar Year (CY) 2016 eCQM Reporting Requirements
- **Appendix B**: Testing QRDA Category I Files – Tools and Tips
- **Appendix C**: Resources

Common Errors for QRDA Category I Test and Production Files – Session II

TOP 10 COMMON ERRORS FOR QRDA CATEGORY I TEST AND PRODUCTION FILES

Top 10 Common Errors for QRDA I Test and Production Files CY 2016

ERROR #1	QRDA Document Format (CONF:CMS_0072)
ERROR #2	Encounter Performed *Discharge* Date (CONF: CMS_0063)
ERROR #3	Encounter Performed *Admission* Date (CONF:CMS_0062)
ERROR #4	CCN Cannot be Validated (CONF:CMS_0066)
ERROR #5	QRDA Document Format (CONF:CMS_0073)
ERROR #6	Service Event (CONF:1098-14838)
ERROR #7	*Admission and Discharge* Date Format (CONF: CMS_0075) and (CONF:CMS_0076)
ERROR #8	Reporting Period Effective Date Range (CONF:CMS_0079)
ERROR #9	Effective Time (CONF:1098-7508)
ERROR #10	QRDA File Size Exceeds 5 MB (CONF:CMS_0078)

Error 1: QRDA Document Format Error

ERROR: The document does not conform to QRDA document formats accepted by CMS (CONF: CMS_0072).

Meaning:

QRDA structure of the submitted file does not conform to the QRDA XML Schema (CDA_SDTC.XSD) provided by HL7. The file does not pass the schema check. Validation continues on the file to identify any other errors.

Error 2: Encounter Performed Discharge Dates (1 of 2)

ERROR: The system SHALL reject QRDA I files if at least one of the Encounter Performed Discharge Dates is not within the reporting period found in the QRDA (CONF: CMS_0063).

Error 2: Encounter Performed Discharge Dates (2 of 2)

Meaning:

There must be at least one encounter in the QRDA that is within the reporting period.

If there are other encounters reported that are outside the reporting period, the file will not be rejected as long as there is at least one encounter with the discharge date within the reporting period, as specified in the Reporting Parameters Section of the QRDA.

```xml
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- This is the templateId for Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- This is the templateId for Reporting Parameters Act - CMS EP & HQR -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8" extension="2015-07-01"/>
    <id root="3d7c11cf-b01b-4527-a704-c098c162779d"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20160701"/>
      <high value="20160930"/>
    </effectiveTime>
  </act>
</entry>
```

CY 2016 Discharge Reporting Period

July 1–September 30, 2016 (Q3)

October 1–December 31, 2016 (Q4)

Error 3: Encounter Performed Admission Date (1 of 2)

ERROR: The system SHALL reject QRDA I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062).

Meaning:

Possible conditions resulting in this error include:

- Encounter Performed Admission Date (effectiveTime/low value) really is after the Encounter Performed Discharge Date (effectiveTime/high value)
- If either the Admission Date or Discharge Date values are null or have an invalid format

Error 3: Encounter Performed Admission Date (2 of 2)

Error:

Admission Date is after the Discharge Date

<low value="2016**0229**090000+0500"/>

```
<!--Encounter, Performed:Start-->
<!--"Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient
        SNOMEDCT Value Set (2.16.840.1.113883.3.666.5.307)" -->
<entry typeCode="DRIV">
    <encounter classCode="ENC" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2014-06-09"/>
        <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2014-12-01"/>
        <id root="2a620155-9d11-439e-92b3-5d9815ff4de8"/>
        <code code="32485007" displayName="Hospital admission (procedure)"
            codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMEDCT"
            sdtc:valueSet="2.16.840.1.113883.3.666.5.307">
        </code>
        <text>Encounter, Performed: Inpatient Encounter</text>
        <statusCode code="completed"/>
        <effectiveTime>
            <!-- Attribute: admission datetime (or encounter start)-->
            <low value="20160129090000+0500"/>
            <!-- Attribute: discharge datetime (or encounter end)-->
            <high value="20160131100000+0500"/>
        </effectiveTime>
    </encounter>
</entry>
```

How to fix (example

Error 4: CCN Cannot be Validated

ERROR: CCN (NULL) cannot be validated (CONF:CMS_0066).

Meaning:

The possible conditions resulting in this error are:

- CMS Certification Number (CCN) extension value length is not 6 to 10 characters
- CCN extension is missing or it is an empty string
- Source Template:
  - cda:ClinicalDocument/custodian/assignedCustodian/representedCustodianOrganization/id
  - where id/@root="2.16.840.1.113883.4.336" and @extension is the CCN
  - This representedOrganization id/@root coupled with the id/@extension represents the organization's Facility CMS Certification Number (CCN)

Error 5: QRDA Document Format Error

ERROR: The document does not conform to QRDA document formats accepted by CMS (CONF:CMS_0073)

Meaning:
The QRDA must have **all four** required header template IDs and extensions for a QRDA Category I, Draft Standard for Trial Use (DSTU), Release 3 format file being sent to CMS:

```
<!-- US Realm Header (V2) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2014-06-09"/>
<!-- QRDA Category I Framework (V2) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2014-12-01"/>
<!-- QDM-Based QRDA (V2) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2014-12-01"/>
<!-- QRDA Category I Report - CMS HQR (V2) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2015-07-01"/>
```

This error is also produced for an empty file or any non-XML file type (e.g., PDF). Processing stops immediately on file.

Error 6: ServiceEvent effectiveTime/low (1 of 2)

ERROR: This effectiveTime SHALL contain exactly one [1..1] low (CONF: 1098-14838)

Meaning:

This error message is regarding the **ClinicalDocument/documentationOf/serviceEvent/effectiveTime/low** xpath. For serviceEvent/effectiveTime, low is a required data element.

Error 6: ServiceEvent effectiveTime/low (2 of 2)

Error:

```
<serviceEvent>
    <effectiveTime value="20160201"/>
```

This xml snippet is missing the required effectiveTime/low

How to fix:

```
<serviceEvent>
    <effectiveTime>
        <low value="20160201"/>
        <high value="20160328"/>
    </effectiveTime>
```

Fix the error by providing the required effectiveTime/low

Error 7: Admission and Discharge Date

ERROR: Admission Date is not properly formatted (CONF:CMS_0075).

ERROR: Discharge Date is not properly formatted (CONF:CMS_0076).

Meaning:

Fails validation check for Encounter Performed Admission Date (effectiveTime/low or high value) respectively, as specified in the Valid Date/Time Format table for HQR in the CMS 2016 IG.

Error 7: Admission/Discharge Date Resolution

Valid Date/Time Format is Year, Month, Day, Hour, Minute, Second, and Universal Time, or <u>YYYYMMDDHHMMSSxUUUU</u>, where:

- YYYY – year range 1900 to 9999
- MM – month range 01 to 12
- DD – day range 01 to 31
  - **NOTE**: Dates are true to month and leap years
- HH – hour range 0 to 23
- MM – minutes range 0-59
- SS – seconds range 0-59
  - **NOTE:** Time zone are not required, but submitters should be consistent (use everywhere or not at all)
- x – plus or minus sign
- UUUU – Coordinated Universal Time (UTC) shift 1300 through 1400

Error 8: Reporting Period Effective Date Range (1 of 3)

ERROR: Reporting Period Effective Date Range does not match one of the Program's CY Discharge Quarters (CONF: CMS_0079).

Meaning:

The Reporting Parameter Effective Date Range must align with one of the program's allowable CY discharge quarters, which will depend on whether the submission is for Production or Test data.

Error 8: Reporting Period Effective Date Range (2 of 3)

```xml
<entry typeCode="DRIV">
  <act classCode="ACT" moodCode="EVN">
    <!-- This is the templateId for Reporting Parameters Act -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8"/>
    <!-- This is the templateId for Reporting Parameters Act - CMS EP & HQR -->
    <templateId root="2.16.840.1.113883.10.20.17.3.8" extension="2015-07-01"/>
    <id root="3d7c11cf-b01b-4527-a704-c098c162779d"/>
    <code code="252116004" codeSystem="2.16.840.1.113883.6.96"
      displayName="Observation Parameters"/>
    <effectiveTime>
      <low value="20160101"/>
      <high value="20160331"/>
    </effectiveTime>
  </act>
</entry>
```

Error 8: Reporting Period Effective Date Range (3 of 3)

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

- Report a minimum of four of the 28 available eCQMs
- Report for **at least** one quarter (Q3 or Q4) of CY 2016
- Submit between October 2016 and February 2017
- All data must by submitted **February 28, 2017, by 11:59 p.m. PT**
- Test data can be submitted for any quarter

EHR Incentive Program (Meaningful Use) Submission and Hospital IQR Program Submission via EHR for Production and Test Data Files						
	CY Discharge Quarters		**Production Data Submissions**		**Test Data Submissions**	
Quarter	Discharge Start	Discharge End	Start	End	Start*	End
CY16Q1	1/1/2016	3/31/2016	N/A	N/A	5/27/2016	2/28/2017
CY16Q2	4/1/2016	6/30/2016	N/A	N/A	5/27/2016	2/28/2017
CY16Q3	7/1/2016	9/30/2016	10/1/2016	2/28/2017	5/27/2016	2/28/2017
CY16Q4	10/1/2016	12/31/2016	10/1/2016	2/28/2017	5/27/2016	2/28/2017

* Date when the IQR-EHR system for 2016 submissions was deployed into Production

Error 9: Effective Time (1 of 3)

ERROR: SHALL contain exactly one [1..1] effective Time (CONF: 1098-7508) such that it…

Meaning:

The error would be generated for a file containing a Medication Activity (V2) template

> [2.16.840.1.113883.10.20.22.4.16:2014-06-09]

without including effective time with data type of "IVL_TS" specified.

The actual Schematron assertion is as follows:

```
<sch:assert id="a-1098-7508-c"
test="cda:effectiveTime[@xsi:type='IVL_TS']">SHALL contain exactly one [1..1]
effectiveTime (CONF:1098-7508) such that it</sch:assert>
```

Two examples of valid code snippets from the Health Level Seven International (HL7) Implementation Guide (IG) are shown on the next slides.

Error 9: Effective Time (2 of 3)

The following two examples represent valid code snippets from the HL7 IG. Both contain the Medication Activity (V2) template with effectiveTime included, as well as the required data type, e.g., '<effectiveTime xsi:type="IVL_TS">'

NOTE: One uses time specified, the other uses nullFlavor.

Example 1 – effective time specified:

```
<substanceAdministration classCode="SBADM" moodCode="EVN">
  <!-- ** Medication Activity (V2) ** -->
  <templateId root="2.16.840.1.113883.10.20.22.4.16"
        extension="2014-06-09"/>
  <id root="6c844c75-aa34-411c-b7bd-5e4a9f206e29"/>
  <statusCode code="active"/>
  <effectiveTime xsi:type="IVL_TS">
    <low value="20120318"/>
  </effectiveTime>
  <effectiveTime xsi:type="PIVL_TS" institutionSpecified="true" operator="A">
    <period value="12" unit="h"/>
  </effectiveTime>
```

Error 9: Effective Time (3 of 3)

Example 2 – Using nullFlavor:

```xml
<substanceAdministration classCode="SBADM" moodCode="EVN">
  <!-- Conforms to C-CDA R2 Medication Activity (V2)| -->
  <templateId root="2.16.840.1.113883.10.20.22.4.16" extension="2014-06-09" />
  <!-- Medication, Active (V2) template -->
  <templateId root="2.16.840.1.113883.10.20.24.3.41" extension="2014-12-01" />
  <id root="9a5f4d94-ccad-4d57-80ea-27737545c7ed" />
  <statusCode code="active" />
  <effectiveTime xsi:type="IVL_TS">
    <low nullFlavor="NA" />
  </effectiveTime>
```

Error 10: QRDA File Size Exceeds 5 MB

ERROR: QRDA file size exceeds 5MB (CONF: CMS_0078)

Meaning:

The maximum single QRDA Category I file size accepted is 5 MB, as determined by the CMS data receiving system.

NOTE: If the file size exceeds 5 MB please contact the *QualityNet* Help Desk.

QRDA I Conformance Statement Interactive Resource

The *QRDA I Conformance Statement Interactive Resource* will be posted on the *QualityNet.org* website in the coming weeks and is now available on the qualityreportingcenter.com website:

Home » Inpatient Quality Reporting Programs » Hospital Inpatient Quality Reporting (IQR) Program » Resources and Tools

QRDA Category I Conformance Statement Resource – CY 2016 eCQM Reporting

Next_Page

Select a CONF Number From the Table Below

CONF: CMS_0060 Encounter Performed Discharge Date Null	CONF: CMS_0062 Encounter Performed Admission Date	CONF: CMS_0063 Encounter Performed Discharge Date	CONF: CMS_0068 Dummy CCN
CONF: CMS_0072 QRDA Document Format Error	CONF: CMS_0073 QRDA Document Format Error	CONF: CMS_0074 Version Specific Measure Identifier	CONF: CMS_0078 QRDA File Size Exceeds 5 MB
CONF: CMS_0079 Reporting Period Effective Date Range	CONF: 81-9371 Conformant Patient Name	CONF: 81-9372 Cannot Contain Name Parts	CONF: 1098-6394 Administrative Gender Code
CONF: 1098-7508 Effective Time	CONF: 1098-14838 Service Event – Low Effective Time	CONF: 1140-27571 & CONF 1098-5300_C01 Contain Birthtime – Precise to the Day	CONF: 1140-27745 Medication Order Requires Authors

Back   End

Resources to Troubleshoot Error Messages

- [2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting](#)

  CMS eCQM Library and the eCQI Resource Center

- [Addendum to 2016 CMS QRDA Implementation Guide for Eligible Professional and Hospital Quality Reporting](#)

  CMS eCQM Library and the eCQI Resource Center

- [HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture, Category I, Draft Standard for Trial Use Release 3 (QRDA-I R3)](#)

  June 2015

Common Errors for QRDA Category I Test and Production Files – Session II

APPENDIX A: CY 2016 ECQM REPORTING REQUIREMENTS

CY 2016 eCQM Reporting Requirements for IQR Program

For CY 2016 IQR Program reporting, a hospital will be required to:
- Report on a minimum of four of the 28 available eCQMs
- Report for at least one quarter (three or four) of CY 2016
- Submit between October 2016 and February 2017. All data must be submitted by **February 28, 2017, 11:59 PM.**

Important Notes:
- CY 2016 reporting will apply to FY 2018 payment determinations for IPPS hospitals
- National Quality Strategy Domain distribution will not be required
- Critical Access Hospitals (CAHs) are **encouraged,** but not required, to participate in IQR reporting activities
- The Intent to Submit Screen **does not** need to be completed and is no longer available (greyed out)
- IQR eCQM requirement fulfillment also satisfies the eCQM reporting option requirement for the Medicare EHR Incentive Program

CY 2016 eCQM Reporting Requirements for the Medicare EHR Incentive Program

Option 1: Report on a minimum of four of the 28 available eCQMs through the *QualityNet Secure Portal* (QSP) for at least one quarter

- Satisfies the CQM Medicare EHR Incentive Program Meaningful Use (MU) requirement
- Aligns with IQR Program requirements

Option 2: Aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System

- Is available for facilities that do not participate in the Hospital IQR Program
- Satisfies the CQM Medicare EHR Incentive Program MU
- Will **not meet** Hospital IQR Program requirements

Hospitals that are also eligible to participate in the Medicaid EHR Incentive Program will need to refer to their State Program requirements. All other EHR incentive program requirements, including core and menu set measures, will need to be reported through attestation for complete program fulfillment. Refer to the 2016 Program Requirements page of the CMS website at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html for a complete program requirement listing.

CY 2016 eCQMs for IQR and Medicare EHR Incentive Program Reporting (1 of 4)

ED-1 CMS55v4 *Median Time from ED Arrival to ED Departure for Admitted ED Patients*	**ED-2** CMS111v4 *Admit Decision Time to ED Departure Time for Admitted Patients*
ED-3* CMS32v5 *Median Time from ED Arrival to ED Departure for Discharged ED Patients*	**STK-2** CMS104v4 *Discharged on Antithrombotic Therapy*
STK-3 CMS71v5 *Anticoagulation Therapy for Atrial Fibrillation/Flutter*	**STK-4** CMS91v5 *Thrombolytic Therapy*
STK-5 CMS72v4 *Antithrombotic Therapy by the End of Hospital Day Two*	**STK-6** CMS105v4 *Discharged on Statin Medication*

*ED-3 is an outpatient measure and not applicable for IQR

STK-8 CMS107v4 *Stroke Education*	**STK-10** CMS102v4 *Assessed for Rehabilitation*
AMI-2 CMS100v4 *Aspirin Prescribed at Discharge for AMI*	**AMI-7a** CMS60v4 *Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival*
AMI-8a CMS53v4 *Primary PCI Received Within 90 Minutes of Hospital Arrival*	**AMI-10** CMS30v5 *Statin Prescribed at Discharge*
VTE-1 CMS108v4 *Venous Thromboembolism Prophylaxis*	**VTE-2** CMS190v4 *Intensive Care Unit Venous Thromboembolism Prophylaxis*

VTE-3 CMS73v4 *Venous Thromboembolism Patients with Anticoagulation Overlap Therapy*	**VTE-4** CMS109v4 *Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)*
VTE-5 CMS110v4 *Venous Thromboembolism Discharge Instructions*	**VTE-6** CMS114v4 *Incidence of Potentially Preventable Venous Thromboembolism*
PC-01 CMS113v4 *Elective Delivery*	**PC-05** CMS9v4 *Exclusive Breast Milk Feeding*
CAC-3 CMS26v3 *Home Management Plan of Care Document Given to Patient/Caregiver*	**SCIP-INF-1** CMS171v5 *Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision*

CY 2016 eCQMs for IQR and Medicare EHR Incentive Program Reporting (4 of 4)

SCIP-INF-2 CMS172v5 *Prophylactic Antibiotic Selection for Surgical Patients*	**SCIP-INF-9** CMS178v5 *Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2 with Day of Surgery Being Day Zero*
EHDI_1a CMS31v4 *Hearing Screening Prior to Hospital Discharge*	**HTN** CMS185v4 *Healthy Term Newborn*
PN-6 CMS188v5 *Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patients*	

CY 2016 eCQM Reporting Specifications

Eligible Hospitals (EHs) and CAHs seeking to report eCQMs must use:

- The *June 2015 Update for eReporting for the 2016 Reporting Year* version of the electronic specifications for the CQMs
- The *2016 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Data Architecture (QRDA) Implementation Guide for Eligible Professionals and Hospital Quality Reporting* (published July 2015) and the *Appendix (*published February 2016)

_____

eCQM Reporting Standards Documentation and QRDA file specifications are on the eCQM Library page at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Defining Successful eCQM Submission for CY 2016

To successfully submit the four or more required eCQMs, report them as any combination of:

- Accepted QRDA I files with patients meeting the Initial Patient Population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Remember:

- CY 2016 data should be from **either** quarter three or four
- Submission deadline is February 28, 2017
- Submission of eCQMs does not meet the complete program requirements for the *Hospital IQR Program.* Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures. For questions regarding the IQR Program, please contact the IQR Support Contractor at (844) 472-4477, (866) 800-8765, or https://cms-ip.custhelp.com.
- For questions regarding the complete program requirements for the *EHR Incentive Program,* please contact the EHR Information Center (EHRIC) at (888) 734-6433.

Zero Denominator Declaration Clarification

For the EHR Incentive and Hospital IQR Programs:

- A Zero Denominator can be used when <u>both</u>:
  - A hospital's EHR system is certified for an eCQM
  - A hospital does not have patients that meet the denominator criteria of that CQM

- A Zero Denominator submission counts as successful for that eCQM for both the Medicare EHR Incentive Program MU and the Hospital IQR Program

- Zero Denominator Declarations are entered on the Denominator Declaration screen within the QSP

Case Threshold Exemption Clarification

For the EHR Incentive and Hospital IQR Programs:

- The Case Threshold Exemption can be used when <u>both</u>:
  - A hospital's EHR system is certified to report data
  - Five or fewer discharges have occurred during the relevant EHR reporting quarter

- An eCQM counts toward meeting the program requirement, if the EH or CAH qualifies for an exemption for that eCQM

- Hospitals do **NOT** have to utilize the Case Threshold Exemption; they can submit applicable QRDA Category I files, if they choose

- Case Threshold Exemptions are entered on the Denominator Declaration screen within the QSP

eCQM Reporting Standards for CY 2016 Reporting

EHs and CAHs that seek to report CQMs electronically must use:

- An EHR system certified to either the 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) standards

- The *June 2015 Update for eReporting for the 2016 Reporting Year* version of the electronic specifications for the CQMs

- The *2016 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Data Architecture (QRDA) Implementation Guide for Eligible Professionals and Hospital Quality Reporting*

eCQM and QRDA file specifications can be located on the eCQM Library page of the CMS website at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Common Errors for QRDA Category I Test and Production Files – Session II

APPENDIX B: TESTING QRDA CATEGORY I FILES – TOOLS AND TIPS

QualityNet Secure Portal: Submitting Test Files CY 2016

- Receiving system functionality to accept QRDA I test files is **available until February 28, 2017**
- Submission of test files to the QSP allows users to:
  - o Test QRDA Category I file submissions and validate against 2016 CMS QRDA I constraints
  - o Validate file structure against the CMS receiving system
  - o Identify errors, allowing for corrections prior to production data file submission

NOTE: Test file submissions **do not count** toward program requirements.

QualityNet Secure Portal: Submitting Production Files CY 2016

- Submission period for production QRDA files began **October 2016** and runs through **February 28, 2017**

- Data must be submitted as production files to meet program data submission requirements with patients meeting the Initial Patient Population (IPP) of the applicable measures

Obtain EHR Data Upload Role for eCQM Data Submissions

- Hospitals may submit their own QRDA I files by:
  - o Registering for a *QualityNet* account (new users only)
  - o Requesting the EHR Data Upload Role from the *QualityNet* Help Desk
- Hospitals can authorize a vendor to submit on their behalf by:
  - o Logging in to the QSP
  - o Authorizing by data transmission start/end date, or discharge quarter start/end date
- Certified EHR vendors that have been authorized by a hospital to submit data must:
  - o Register for a *QualityNet* account
  - o Request the EHR Data Upload role

NOTE: For assistance, please contact the *QualityNet* Help Desk at gnetsupport@hcqis.org or by calling (866) 288-8912.

QRDA I File Format Expectations

CMS is expecting:

- One file, per patient, per quarter
- The file includes all the episodes of care and the measures associated with the patient file
- A maximum individual file size of 5 MB
- All files uploaded by Zip file (.zip)
- A maximum submission of 15,000 files per zip file
  If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional zip files

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to catch and correct QRDA formatting errors prior to data submission to CMS

- Is used voluntarily. CMS recommends vendors and facilities use the tool to test early and test often

- Is downloadable from the Secure File Transfer in the QSP and Installs on your system

  NOTE:

  o To submit files, you or your vendor will require a QSP User Account with an EHR Data Upload role

  o For assistance with the PSVA tool, user accounts, or roles, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912, 7 a.m. – 7 p.m. CT, Monday through Friday

Test and Production QRDA I Files: Preparation Checklists

CY 2016 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA I File Testing Instructions

Due	Task	✓
NOW	☐ **Select** at least four eCQMs from the available 28 eCQMs List.	☐
	☐ **Confirm** EHR System is certified to either 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) Standards on the Certified Health IT Product List – CHPL Website and review which measures the system is certified to report.	
	☐ **Contact** the *QualityNet* Help Desk and obtain a *QualityNet Secure Portal* (QSP) account and the EHR Data Upload Role.	
	☐ **Confirm** QRDA -Category I files are constructed (CMS) Implementation Guide (IG) and 2016 CMS eCQM Specifications for Eligible Hospitals Update	
	☐ **Download** the Pre-Submission Validation Applic Secure File Transfer (SFT) of the QSP to validate (CEHRT)-generated QRDA – I files for test subm	

CY 2016 Inpatient Quality Reporting (IQR) – Electronic Health Record (EHR) Alignment Preparation Checklist for eCQM Reporting – QRDA Category I File Production Instructions

Due	Task	✓
NOW	☐ **Select** at least four eCQMs from the CY 2016 (FY 2018) Available eCQMs document.	☐
	☐ **Confirm** EHR System is certified to either 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) Standards on the Certified Health IT Product List – CHPL Website and review, which measures the system is certified to report.	
	☐ **Contact** the QualityNet Help Desk to obtain a *QualityNet Secure Portal* (QSP) account and the EHR Data Upload Role.	
	☐ **Confirm** Quality Reporting Document Architecture Category I (QRDA I) files are constructed per the 2016 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) and 2016 CMS QRDA IG Appendix and Schematron and use the eCQM Specifications for Eligible Hospitals Update June 2015 on the eCQM Library page.	
	☐ **Download** the NEW Version of the Pre-Submission Validation Application (PSVA) Tool (1.2) and the User Manual from the Secure File Transfer (SFT) of the QSP to validate the Certified Electronic Health Record Technology, or CEHRT-generated, QRDA I files for submission. The most recent Java Runtime Environment (JRE) should be used; a minimum of Java 7 must be installed to use the PSVA Tool.	

Posted on http://www.qualityreportingcenter.com/ and the eCQM section of the QualityNet website.

Common Errors for QRDA Category I Test and Production Files – Session II

APPENDIX C: RESOURCES

Resources

***QualityNet* Help Desk – PSVA and Data Upload**

Qnetsupport@hcqis.org
(866) 288-8912, 7 a.m. – 7 p.m. CT, Monday through Friday

eCQM General Program Questions – IQR Policy and Program

https://cms-ip.custhelp.com
(866) 800-8765 or (844) 472-4477, 8 a.m. – 8 p.m. ET, Monday through Friday (except holidays)

EHR (Meaningful Use) Information Center – EHR Incentive Program

(888) 734-6433, 7:30 a.m. – 6:30 p.m. CT, Monday through Friday

The JIRA – Office of the National Coordinator (ONC) Project Tracking

http://oncprojectracking.org Resource to submit questions and comments regarding:
- Issues identified with eCQM logic
- Clarification on specifications
- The Combined QRDA IG for 2016

eCQI Resource Center

https://ecqi.healthit.gov/

- Resources for use at various stages of electronic clinical quality improvement (eCQI)

- Information about standards and tools to support eCQI

- Links to external resources related to eCQMs and data reporting:
  - ONC JIRA issue trackers
  - Measure Authoring Tool (MAT)
  - Value Set Authority Center (VSAC)
  - National Quality Strategy resources

eCQM Library

https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

The eCQM Library contains:
- eCQM specifications for Eligible Providers and Eligible Hospitals
- CMS QRDA Implementation Guides
- Additional resources, such as a Guide to Reading eCQMs

CMS.gov
Registration and Attestation Page

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html

Quality Reporting Center

www.qualityreportingcenter.com

CQM Issue Tracker

https://jira.oncprojectracking.org/login.jsp

The CQM Issue Tracker is a tool for:
- Tracking and providing feedback on eCQMs
- Entering issues/questions related to eCQMs to be answered by an expert
- Searching all previously entered issues for responses

For anyone using this application, a User Guide is available at:
http://www.healthit.gov/sites/default/files/jira_powerpoint_v7.1.pdf

Related Rules

FY 2016 IPPS/LTCH PPS Final Rule
http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf

2015 Edition Health IT Certification Criteria Final Rule
https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25597.pdf

Medicare and Medicaid Programs; EHR Incentive Program – Stage 3 and Modifications to MU in 2015 through 2017
https://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf

Common Errors for QRDA Category I Test and Production Files – Session II

QUESTION AND ANSWER SESSION

Common Errors for QRDA Category I Test and Production Files – Session II

CONTINUING EDUCATION

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 <u>immediately</u> 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

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

CE Credit Process: Existing User