



# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting

#### Questions and Answers Transcript

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**March 19, 2018**

**2 p.m. ET**

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# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

The following questions were asked, and responses given by subject-matter experts, during the live webinar. Questions and answers may have been edited for grammar.

**Question 1: When would the HQR\_IQR\_VOL program identifier be used (i.e., when is it voluntary)?**

On slide 12, the table of Centers for Medicare & Medicaid Services (CMS) program names indicates that HQR\_IQR\_VOL is utilized for IQR Program voluntary submissions for Hospital Quality Reporting. As an example, hospitals who choose to voluntarily submit the Hybrid Hospital-Wide 30-day Readmission (HWR) measure later this year would submit their Quality Reporting Document Architecture (QRDA) Category I files under the HQR\_IQR\_VOL program name in the CMS data receiving system.

**Question 2: What is the requirement if a hospital's electronic health record (EHR) is no longer supporting electronic clinical quality measure (eCQM) reporting? If a hospital submits for a Hardship Waiver, does it only cover the EHR Incentive Program (Meaningful Use) requirements, or will it also cover eCQM reporting for the Hospital IQR Program?**

If it appears your EHR vendor is no longer supporting eCQM submissions, the option for the Hospital IQR Program is to submit an Extraordinary Circumstances Exception (ECE) request form. The eCQM-specific ECE request form, along with supporting documentation, should be submitted by April 1, 2018, for the Calendar Year (CY) 2017 reporting period. Additional information regarding the ECE request form and criteria are available on the *QualityNet* website: [Extraordinary Circumstances Exceptions Policy](#)

The EHR Incentive Program has a Clinical Quality Measure (CQM) reporting requirement as well. The EHR Incentive Program has a hardship application submission process which is separate and distinct from the Hospital IQR Program ECE request process. Information about the EHR Incentive Program requirements and hardship information can be located on the CMS website: [Payment Adjustments & Hardship Information](#). Questions regarding the hardship exception application process and payment adjustments should be submitted to [ehrhardship@provider-resources.com](mailto:ehrhardship@provider-resources.com). For



## Hospital Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

other questions related to the EHR Incentive Program, please contact the *QualityNet* Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 3:** **When will the CMS data receiving system within the *QualityNet Secure Portal* be ready to accept CY 2018 QRDA Category I files?**

CMS has not yet communicated when the CMS data receiving system will be open to receive test and production QRDA Category I files. The data submission process typically begins in the spring or early summer, once the system has been updated to receive CY 2018 data. CMS will communicate the system availability utilizing multiple outlets, including ListServes and webinars.

**Question 4:** **What format should we use if we are unable to identify a patient's birthday?**

Hospitals have identified this as a concern for accurate eCQM data submission when the patient birthdate is unknown. Most hospitals have an internal protocol for capturing patients who lack a birthdate within their EHR. When submitting QRDA Category I files to HQR, a default date of "09/09/9999" can be used for unknown birthdate. However, hospitals should be aware that utilizing the default unknown birthdate will exclude patients from the initial population of eCQMs that evaluate birthdate.

**Question 5:** **Does the information presented today only apply to inpatient hospitals?**

Yes, this information is specific to reporting on eCQM QRDA Category I files for Hospital Quality Reporting. Visit the [eCQI Resource Center](#) to locate technical documentation regarding eCQM reporting.



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

**Question 6:**                    **Is there a new stylesheet for this version?**

There has been no update to the stylesheet for this version. Clinical Document Architecture (CDA) also has not had any updates to their stylesheet or their schema.

**Question 7:**                    **Have you sent these new specifications to vendors, so they can make the needed changes and send them to us?**

Vendors and hospitals have the ability to download all educational materials and technical documentation related to eCQM reporting at their leisure. The information is posted on the [eCQI Resource Center](#), and the [QualityNet](#) websites. Vendors are in different stages of system upgrades and system changes. As soon as documentation is published, communication is distributed via ListServes and webinars to alert the submitter community that new information is available.

**Question 8:**                    **Are there any changes to the eCQMs available for reporting CY 2019?**

The 2019 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Proposed Rule will be published in a few weeks. If there are any suggested changes regarding eCQMs, they will be outlined within the proposal. There is a public comment period where the community is encouraged to provide feedback to CMS regarding the proposed changes.



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

**Question 9:** How are the eight cases for validation provided? In what format?

Just as the hospitals will be randomly selected to provide eCQM data validation, the eight cases will be randomly selected as well. CMS will be hosting a webinar in the coming months to provide additional details regarding the data validation process of CY 2017 eCQM data for the Fiscal Year (FY) 2020 payment determination. In the meantime, visit [QualityNet - eCQM Data Validation - Overview](#) to locate information regarding data validation and to ensure you are registered to receive program updates, and information on upcoming webinars etc., enroll at [ListServe](#).

**Question 10:** When you refer to electronic submission only for CY 2018, please clarify, are you only referring to CQMs, or do objective measures for CY 2018 also require electronic submission?

When referring to electronic submissions, unless a hospital has special permission to attest, the reference is specific to Clinical Quality Measures. Objective Measures are a separate part of the EHR Incentive Program reporting process which is submitted via the *QualityNet Secure Portal*. In addition to referencing the information available on the [CMS.gov website](#), contact the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

**Question 11:** We've made updates to the QRDA Category I specifications for Q4 of CY 2017. If we updated for Q4 CY 2017 reporting, would we be current, or are there additional updates required for CY 2018? Is there a difference between the May 2017 and the September 2017 release?

Reporting Q4 of CY 2017 data is based on the 2017 CMS QRDA I Implementation Guide (IG) for Hospital Quality Reporting. For CY 2018 eCQM reporting, data submitters must use the 2018 CMS QRDA I IG for Hospital Quality Reporting, which means additional system updates are required to reflect those changes. The information contained in the presentation slides outlines the 2018 CMS QRDA I IG changes.

CMS released the eCQM Specifications for Eligible Hospitals and Critical Access Hospitals in May 2017. In September 2017, CMS



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

published the eCQM Value Set Addendum. The September 2017 eCQM Value Set addendum supersedes the eCQM value sets in the May 2017 release. The [eCQI Resource Center](#) provides links to the required measure specifications, CMS QRDA Implementation Guide, value sets and other related material based on reporting period.

The following questions were researched and answered by subject-matter experts after the live webinar.

**Question 12:** Do the changes presented in this webinar require a vendor to become recertified in either the 2014 or the 2015 edition of Certified Electronic Health Record Technology (CEHRT) prior to submitting data for reporting year 2018?

CMS and the Office of the National Coordinator for Health Information (ONC) indicate the changes **do not** require recertification of the EHR each time the system is updated to the most recent version of CQMs and continues to meet the 2014 or 2015 edition certification criteria. Visit the ONC's HealthIT.gov website to review the response for this frequently asked question at <https://www.healthit.gov/faq/42-question-06-13-042-1-0>.

**Question 13:** What kind of records will be submitted for eCQM validation?

Per the FY 2018 IPPS/LTCH PPS Final Rule, hospitals chosen for eCQM data validation for CY 2017 reporting would be required to submit medical records in a PDF format via *QualityNet* utilizing the Secure File Transfer.

**Question 14:** For the eCQM audit, since accuracy will not affect the score, what will affect the score and what will affect the FY 2020 payment determination?

Per the FY 2018 IPPS/LTCH PPS Final Rule, hospitals chosen for eCQM data validation for the FY 2020 payment determination, are required to submit at least 75 percent of sampled eCQM medical records in a timely and complete manner. The accuracy of eCQM data submitted for validation would not affect a hospital's validation score.



## Hospital Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 15:** If you attest to the EHR CQMs because you do not have an EHR, are you required to attest to all CQMs and for all four quarters?

The ability to attest for the EHR Incentive Program for CY 2018 is only an option available for eligible hospitals and critical access hospitals (CAHs) in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program. For those who are permitted to attest, the requirements are as follows:

- Full CY 2018, consisting of four quarterly data reporting periods
- All 16 available CQMs via the *QualityNet Secure Portal*
- Submit by the February 28, 2019, deadline

Contact the *QualityNet* Help Desk for additional questions regarding attestation at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org) or (866) 288-8912.

**Question 16:** Why doesn't slide 35 list EHDI-1a (newborn hearing screening)?

This was an oversight within the slide deck which has been revised and re-posted on the [Quality Reporting Center](#). EHDI-1a, Hearing Screening Prior to Hospital Discharge, remains one of the 15 aligned eCQMs available for reporting to the Hospital IQR and the Medicare EHR Incentive Programs. Visit [CY 2018 \(FY 2020\) Available Electronic Clinical Quality Measures \(eCQMs\)](#) for a complete list.



## Hospital Inpatient Quality Reporting (IQR) Program

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### Support Contractor

**Question 17: What are the CY 2018 eCQM reporting requirements for the Hospital IQR Program?**

Slide 36 outlines the CY 2018 eCQM reporting requirements for the Hospital IQR Program. The reporting requirements for CY 2017 were retained for CY 2018:

- Report on four of the 15 available eCQMs.
- Report one self-selected calendar quarter in CY 2018 (Q1, Q2, Q3, or Q4).
- Submission deadline is February 28, 2019.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for eligible hospitals and CAHs except outpatient measure ED-3, NQF #0496.

**Question 18: What do we do if we do not remember our *QualityNet* log in password?**

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