Inpatient Quality Reporting (IQR) Program

Support Contractor

CMS QRDA Implementation Guide Changes for CY 2017 Hospital Quality Reporting

Questions & Answers

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Question 1: **We are currently certified for the 2014 edition. We are making changes to the specifications as they are updated. When do we need to recertify? It seems that we will need to recertify for Calendar Year (CY) 2018 submissions, is that correct?**

At this time, there is some discussion on whether utilizing Electronic Health Record (EHR) Technology certified to the 2014 or 2015 Edition for CY 2018 electronic clinical quality measure (eCQM) reporting will remain permissible. As CMS develops a final recommendation, it will be addressed in the Inpatient Prospective Payment System (IPPS) Proposed Rule, and then of course, clarified in the IPPS Final Rule. So, please stay tuned as those changes come about.

Question 2: **In CMS' eCQM library, for eligible hospitals, there are documents for CY 2017 reporting period from April and there is an addendum published in January. Are we correct to assume that the addendum contains the complete specifications for CY 2017 reporting? I noticed the tables are different, and the January version matches the eligible eCQMs for 2017. Are the release notes in the addendum the full set of changes for 2017 (from 2016)?**

The January 2017 addendum contains the complete specifications for CY 2017 reporting. The table posted with the 2017 addendum has been updated to only include the eCQMs that were finalized in the 2017 IPPS Final Rule. The technical release notes included in the January 2017 addendum include the full set of changes for 2017 (from 2016); what is different is they are provided both in pdf and excel formats. The technical release notes for the International Classification of Diseases, Tenth Revision (ICD-10) Updates are detailed in separate files from the other release note information.

Question 3: **When will the *QualityNet* Secure Portal be able to accept 2017 Quality Reporting Data Architecture (QRDA) Category I test and production files?**

The *QualityNet* system will be updated in the Hospital Quality Reporting (HQR) 11.1.1 Release, scheduled to go to production the end of April. There will be a formal notification, via ListServe, when the system is ready to accept test and production files.

Question 4: **Is CMS going to publicly report CY 2017 performance rates of eCQMs?**

CMS will not publish CY 2017 eCQM performance rates on Hospital Compare. CMS will signal by way of a future IPPS Proposed Rule when they intend to publish eCQM data; later the IPPS Final Rule will clarify.

Question 5: **How often will you accept QRDA files? Quarterly, or are you just going to open the submission up at the end of the year?**

Timeframe for reporting is the decision of the hospital and their vendor. Once the CMS data receiving system opens, hospitals have the choice of whether they want to report on a quarterly, bi-annual, or annual basis by the February 28, 2018, submission deadline.

Question 6: **I see you have added IMM, are we able to utilize IMM as one of our eCQMs?**

The Immunization (IMM) measure that was added to the Health Level Seven (HL7) QRDA Category I Release 1 Standard for Trial Use (STU) R3.1 refers to the immunization category and datatype that was added to the Quality Data Model, version 4.2. There is not an immunization measure available for CY 2017 reporting. Please refer to the list of available eCQMs for CY 2017 reporting at www.qualitynet.org, under eCQM reporting or at www.QualityReportingCenter.com, under eCQM resources.

Question 7: **Have the changes that are described in this presentation been incorporated in the 2017 Schematron that was released?**

Yes, the released schematron reflects the changes presented in this event.

Question 8: **If we are working with a vendor, will they address our system changes?**

Contact your vendor to discuss the timeframe for updating the EHR system.

Question 9: **If we are submitting as an authorized vendor, must individual hospital sites register us as their vendor for the EHR and IQR programs?**

Vendors should work with the hospitals to ensure that they have the proper permissions to report on their behalf based on the program. For instance, to

report for EHR, vendors must have permission to report on their behalf, have the EHR Data Upload Role assigned, etc. Hospitals should contact the *QualityNet* Help Desk to ensure vendors have proper permissions for data submission.

Question 10: **Is there a list of all the CMS message codes and their definitions?**

Yes, all of the CMS conformance numbers are included in the CMS QRDA Implementation Guide (IG) itself. Some of the constraints which start with CMS_xxxx are specified in the templates conformance statements inside of the template specification. There are also additional rules that are listed in the body of the QRDA IG, the HQR validation section, and also in the Appendix. Although they are not listed in a centralized location, they are contained in the QRDA IG.

Question 11: **When can we start uploading to the PSVA for 2017?**

The 2017 version of the Pre-Submission Validation Application (PSVA) will actually be in production prior to the CMS data receiving system and is scheduled to be available in early April. However, submissions of test and production files to the CMS data receiving system will not be open until the HQR system is updated in late April. Communications will be distributed notifying hospitals and their vendors that the PSVA tool is available for testing QRDA Category I files.

Question 12: **Can we upload the eCQM data monthly to the PSVA?**

The CMS data receiving system hasn't changed in regards to the way files will be accepted. The system continues to expect one file, per patient, per quarter. If a hospital chooses to submit data monthly, hospitals will need to ensure that those files are created in a way that accumulate all of the encounters and measures that are submitted, at the end of the quarter, so that only one file, per patient, is submitted for that quarter.

Question 13: **Is it certain that the HQR reporting requirements for 2017 will hold at 12 months of reporting (a full calendar year of eCQM data)? Why isn't there alignment with the EHR program, which requires 90-day reporting?**

CMS signaled earlier this year that they intended to propose modifications to

the CY 2017 eCQM reporting requirements for the IQR and Medicare EHR Incentive Programs. Those proposals are outlined in the 2018 IPPS Proposed Rule, published Friday, April 14, 2017, which also provides a good opportunity to share your concerns with CMS. They will be accepting feedback through June 13, 2017. In terms of alignment, and why eCQMs for IQR are not on the 90-day reporting period required by the Medicare EHR Incentive Program, keep in mind that IQR and the Medicare EHR Incentive Program are separate programs.

Question 14: **Are we required to validate the measures for 2017 submission?**

Hospitals are not required to test their files before submitting to the CMS data receiving system. However, utilizing the PSVA tool is a beneficial resource for hospitals and their vendors to ensure they are capturing the anticipated outcomes for reporting patient care.

Question 15: **When submitting quarterly, how are we expected to handle patients that show up in each quarter? Are we to merge them and replace? It was my understanding that only one QRDA file per patient? Will QualityNet handle that, or do I have that specification wrong?**

Hospitals do not need to merge and replace files when reporting QRDA Category I files. The QRDA Category I file is expected to be one patient file that contains all the applicable eCQMs and encounters for the full reporting period, which is a year. Because the file can be reported quarterly, bi-annually, or annually, hospitals choose the reporting period at the time of data submission. Please refer to the 2018 IPPS Proposed Rule for proposed changes to 2017 reporting requirements.

Question 16: **We had some surprises after our live submission. Can I find out what our submission status will be from submissions to the test system?**

The test system does not allow hospitals to confirm submission status from test file submissions. Submission status can only be determined from production file submissions. Hospitals and their vendors are encouraged to use QRDA Category I test files to confirm file structure and review any validation errors in regards to the QRDA standards through reports available in the *QualityNet Secure Portal*. The reports available for test submissions can also help to determine measure outcomes.

Question 17: **We have two hospitals but one TIN. Each hospital has different software. Both vendors can create QRDA files and the patient identifiers do not conflict (one has alpha char. and the other is only digits). The question is this: can we submit the QRDA files from both vendors or do we need to have a third party extract the data from each system and build a unified set of QRDA files?**

In order to provide a definitive answer, we need to know if each hospital has their own CCN, or if they report under the same CCN. If each hospital has its own CCN, they shouldn't have any problems with submitting files from each vendor.

Question 18: **Can PSVA perform measure categorization calculations for 2017?**

The PSVA tool continues to perform validation of the QRDA Category I format. The tool is not able to perform measure categorization calculations at this time.

Question 19: **What is your source for QRDA I Schema? Is this source from the HL7.org?**

If you download the QRDA I Release 3.1 standard package from the HL7.org website, the source for the schema is included in the standard itself. It is the same schema that is shared by the Clinical Document Architecture, (CDA), the Consolidated-Clinical Document Architecture (C-CDA), and the QRDA.

Question 20: **Does the Certified Health IT Project List (CHPL) certification number need to be the same one we used for our Meaningful Use attestation, since we mark within our attestation that we successfully submitted our eCQMs?**

Hospitals and their vendors should report the EHR Certification ID for the suite of products on the submission file. This number can be located on the CHPL website and is the number that is generated when selecting "Get 2014/2015 EHR Certification ID" from the CHPL website. If you have questions regarding how to use the CHPL website, please contact ONC_CHPL@hhs.gov.

Question 21: **What is the best platform to address eCQM questions in terms of specifications and algorithm troubleshooting?**

All questions related to the intent of the eCQM specifications or questions regarding denominator and numerator exclusions should be submitted through the JIRA eCQM project. Submitting the question through JIRA ensures the measure developer can provide greater clarity regarding the intent of the measure.

Question 22: **How do we delete patients that were improperly submitted to CMS? These are patients that don't belong.**

The delete functionality exists for production QRDA Category I files. The *QualityNet Secure Portal* provides the HQR online help resource manual located under the help section. This resource offers instructions for deleting production files.

Question 23: **Where do we find the updated template (stylesheet)?**

If you are referring to the updated templates for the 2017 base standard, slide 10 of the presentation provides the link to download the HL7 QRDA-I Release 3.1 from the HL7.org website. Review volume 2 of the standard to view all the templates. Due to CMS submission requirements, reporting also has to conform to the CMS QRDA I IG for HQR. The CMS IG can be downloaded from the electronic Clinical Quality Improvement (eCQI) Resource Center website and the CMS eCQM Library website to obtain updated templates to meet HQR reporting requirements.

Question 24: **When we submit to CMS again, will it be like reporting this March or will it be the format file from our EHR?**

It is unclear what type of reporting process was coordinated between your hospital and your vendor. Please contact your vendor to discuss plans for reporting CY 2017 data to the IQR and Medicare EHR Incentive Programs.

Question 25: **If a hospital goes through a system conversion mid-quarter, do you have any suggestions on combining the QRDA1 files so that it's only [one] file per patient per quarter?**

Hospitals transitioning EHR systems in 2017, may manually extract the data from non-certified sources in order to input this data into Certified EHR Technology (CEHRT) to capture and successfully report QRDA I files to the 2014 or 2015 CEHRT edition. Others have obtained a data aggregation vendor to combine their data into one patient file for reporting.

Question 26: **If a hospital is chosen for validation for CY 2016 or CY 2017, how is the validation completed? Will the reported results be compared to all observations in the chart, even those observations that are not able to be captured electronically (i.e. free text, indiscrete fields)?**

Details regarding the validation of CY 2017 eCQM data in spring 2018 will be available later this year. Validation questions will be more adequately addressed at that time. Additional questions regarding eCQM data validation can be submitted to validation@hcqis.org.

Question 27: **Are you going to have another webinar on the feedback reports available in QualityNet?**

A webinar is scheduled in the coming months to review the EHR Submission and Feedback Reports available in the *QualityNet Secure Portal*. Communication will be distributed for upcoming webinars and will be posted on the Qualitynet.org and the QualityReportingCenter.com websites.

Question 28: **Will we get "Successful Submission" notifications for each quarter during 2017 as we submit?**

Successful submission cannot be determined until the full reporting requirement is fulfilled. The submission deadline is February 28, 2018. Please be sure to review proposed changes to the CY 2017 reporting requirements in the published 2018 IPPS Proposed Rule.

Question 29: **Will we be validating 2017 data results through the Clinical Data Abstraction Center (CDAC)?**

Details regarding the validation of CY 2017 eCQM data will occur in spring 2018. Information will be released later this year. Data validation details will also be posted on the Qualitynet.org website as information becomes available.

Question 30: **Are there a certain amount of file rejections you will accept and still have a successful submission meeting the IQR program?**

The definition of successful submission from CY 2016 eCQM reporting remains the same for CY 2017. If the hospital believes the rejected files are intended to be part of the patient population submitted for reporting, then the expectation from CMS is that the hospitals will work with their vendors to resolve the issues with the identified files to achieve reporting for 100% of the patient population.

Question 31: **When will reports for CY 2016 eCQM be re-activated in QualityNet so we can see measure results?**

On March 22, 2017, notifications were sent via ListServe and posted on the QualityNet.org website to inform hospitals and vendors that they could access the CY 2016 EHR Hospital Reports.

Question 32: **Has the QNET eCQM calculation engine been certified by ONC? In other words, has the logic employed by QNET for calculation of eCQM populations and outcomes been verified by a 3rd party - just like vendors are certified? If it has been certified, can you supply the certification information? If it's not been certified, when will it be certified? Finally, whether certified or not, could you please include a statement on all the eCQM Performance reports to reflect this?**

The CMS data receiving system is not Cypress certified, however Cypress and the CMS data receiving system are both designed with the same requirements for eCQM reporting. Certification requirements C1-C3 ensure that the EHRs and EHR modules are able to export patient data (C1), calculate the quality measure (C2), and transmit the data to the CMS receiving system (C3). As the CMS data receiving system is utilized to receive data, calculate quality measures, and then use that information to pay

hospitals and clinicians, there is not a use case for the receiving system to be certified.

The eCQM performance reports reflect the application of CMS measure quality standards to the data reported by clinicians and health systems consistent with Federal Regulatory notices (i.e. annual rulemaking). The certification processes you inquired about were developed by the ONC for Health IT vendors to properly calculate and submit data to CMS and other entities according to the Standards that CMS or other entities (e.g. TJC) identify. CMS is not a vendor and its standards, as defined in rulemaking, are the determination for what is identified in eCQM reports.