



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

“CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR and Promoting Interoperability Programs”

Presentation Transcript

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Artrina Sturges: Thank you, Matt, and good afternoon, everyone. My name is Artrina Sturges, and I'm your host for today's event. I'd like to introduce our co-presenter for today. Veronica Dunlap is a registered nurse and the Project Manager II for the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. We have just a few announcements for you. This presentation is being recorded. And, the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the *QualityReportingCenter.com* website and also posted to *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides, were distributed on Monday. If you did not receive the email, the slides are available for download on our inpatient website, again *QualityReportingCenter.com*.

Our purpose for today's webinar is to provide a high-level overview of the self-directed tools and resources provided to support electronic clinical quality measure, often referred to as eCQM, reporting for the Medicare Hospital Inpatient Quality Reporting and the Promoting Interoperability Programs for calendar year 2018. Please keep in mind that Medicaid reporting requirements are state-specific, so they will not be the focus of our discussions today.

It is our intent that you will have a clear understanding of the eCQM reporting alignment that exists between the Hospital IQR and the Promoting Interoperability Programs. You'll also possess a greater awareness of where to locate the tools and reference materials developed to assist with eCQM data-submission activities and have an increased level of comfort applying the guidance provided within the resources to improve data quality.

We would like to take a few minutes to create a basic level of understanding of the eCQM reporting alignment between the Hospital IQR and the Promoting Interoperability Programs for those who are new to eCQM reporting, and also for those who have some knowledge of eCQMs but may not have a full understanding of the alignment.

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As many of you know, there are a variety of reporting requirements for clinical quality measures across a number of CMS programs, which includes the Hospital IQR Program. eCQM reporting is easiest to comprehend if you consider it as a different method or way to report clinical quality data. eCQMs are retooled versions of traditionally chart-abstracted clinical quality measures and allow certified health information technology to capture and calculate quality data. For example, ED-1, which is the Median Time from Emergency Department, or ED, Arrival to ED Departure for Admitted ED Patients measure can be reported by chart abstraction and electronically. Keep in mind, there are different requirements associated with the type of reporting that is performed. For this specific example, ED-1 remains required to report as part of the chart-abstraction reporting requirements for the IQR Program. But it is also available for electronic reporting as one of the 15 measures that a hospital can choose to report on, or at least four eCQMs, to fulfil the calendar year 2018 eCQM reporting requirement to the IQR Program.

Many of you remember the Medicare and Medicaid Electronic Health Record Incentives Program, also referred to as meaningful use. The EHR Incentives Program was renamed the Medicare and Medicaid Promoting Interoperability Program. And, this change was initially announced to the public in the Fiscal Year 2019 Inpatient Prospective Payment System/ Long-Term Care Hospital Proposed Rule publication in May of this year. CMS explained to the community that the name change reflects their continued focus on interoperability and improving patient and provider access to health information.

Although IQR and the Promoting Interoperability Programs are both CMS programs, the two programs have aligned in several areas to reduce reporting burden for inpatient hospitals. We've discussed that participation in the Hospital IQR and the Promoting Interoperability Program is a requirement for IQR-eligible hospitals. But also note that critical access hospitals are encouraged but not required to participate in the Hospital IQR Program. However, CAHs are required to participate in the Promoting Interoperability Program. Significant areas of alignment

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between the IQR and the Promoting Interoperability Programs include a shared reporting requirement and deadline, which allows hospitals who are participating in both programs to meet electronic clinical quality measure reporting requirements with one submission. As indicated here, for calendar year 2018 reporting, the requirement is to report on at least four eCQMs for a self-selected calendar quarter, utilizing certified EHR technology to the 2014 or 2015 Edition or a combination of the two via the *QualityNet Secure Portal* by the February 2019 deadline. As we mentioned, the method and location for reporting [are] aligned, as well, with one submission for dual program reporting and one definition of successful reporting. This can be a combination of QRDA Category I patient files that meet the initial patient population, case threshold exemption, and zero denominator declarations reported via the *QualityNet Secure Portal*. We alluded to the aligned measures earlier in the webinar. The IQR and Promoting Interoperability Programs have aligned on 15 of the 16 available eCQMs, with the exception of the ED-3 outpatient measure. If you would like a printable chart of the available eCQM measures, it is available from the menu of the eCQM web page on the *QualityNet.org* website, which we will show you a little later in the presentation.

And now, Veronica Dunlap will join us to walk you through the tools and resources available to hospitals and vendors to aid in the submission of eCQM data.

Veronica Dunlap: As Artrina stated earlier in the webinar, the reporting of eCQMs is one of the many requirements of the Hospital IQR Program. She mentioned chart-abstracted data, but there are additional requirements, such as health-associated infection, or HAI, data, claims-based data, clinical core measures, etcetera. In order to obtain a basic foundation of the IQR Program and its requirements, I wanted to point out to any new staff or even those staff needing a refresher that the Hospital IQR Program has an overview page located on *QualityNet.org*, as shown here. Here, you can find the most current information, such as the important dates and deadlines, which is an overview of all of the IQR Program data-

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submission deadlines for all the requirements. On the left, as shown here, there are helpful tabs that further walk you to such topics as to how to participate in the IQR Program; the annual payment update process or what's referred to as the APU process; a list of all the required measures; and even archived webinars. A link here has been provided.

The guide shown here is the new facility guide for the IQR Program and is highly recommended for those newly opened hospitals or those hospitals that are new to hospital quality reporting. It contains a high-level overview on the IQR Program and walks the new user through each one of the requirements, providing some helpful tips and contacts as many of the requirements are specific in nature. This guide is updated annually according to the respective reporting period and payment determination. It is a great resource to provide to anyone new to hospital reporting in order to get an overall picture of the program.

For detailed information on eCQMs, there is an overview page that is designated on eCQM reporting, which also can be found on *QualityNet.org*. An overview here is provided, along with helpful tabs that are specific to eCQM reporting, such as measure information, the PSVA tool, the extraordinary circumstances exception process, as well as archived webinars related to specifically eCQM reporting. In addition, all ListServes, or what's referred to as email notifications, that have been distributed to those recipients signed up to receive these important ListServe notifications are archived here on this page. So, if you are trying to dig through your inbox for a particular ListServe to reference, you can always visit *QualityNet* and search under email notifications. It is a great idea to ensure that any new staff are signed up to receive these ListServes.

The Pre-Submission Validation [Application] tool, or PSVA tool, is a free and voluntary tool that is available to submitters to install on their computer systems from the Secure File Transfer within the *QualityNet Secure Portal*. Files can be submitted directly to this tool in order to check and validate the file structure of the QRDA Category I file. Please keep in mind that it only validates the file structure, and the portal performs additional checks, including the clinical document architecture schema,

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submission-period dates, and vendor authorizations. CMS will announce when the PSVA tool will be ready for hospitals and vendors to access in order to validate their calendar year 2018 QRDA files. So, please stay tuned.

The Hospital Quality Reports, or HQR Reports, Manual provides information on accessing and generating *QualityNet* reports and provides report details on all of the quality programs for HQR. Specifically, for eCQM reporting, I would like to direct you to the EHR HQR Program Report section, shown here. This provides further information on eCQM data submitted to the CMS Data Receiving System and reviews the differences between the submission and feedback report categories. Also included in the set of EHR reports is the Vendor Authorization report, which displays your vendors that have been authorized with the EHR Data Upload Role to view EHR reports. In order to access this manual, users will need to log into the *QualityNet Secure Portal* and click Help, located in the yellow header bar up top.

The *QualityNet.org* website is the main CMS-approved site that reviews all the quality reporting programs. In addition, there is another website, as shown here, that you can visit to check out helpful tools and resources for the IQR, OQR, ASC, and the QIN-QIO programs. This is called the *QualityReportingCenter.com* website. You may hear it referred to as the QRC website. This site also has an educational events calendar that will help you and your staff plan accordingly in order to attend upcoming webinars for specific programs that you are participating in. All educational webinars, the recordings, presentation transcripts, as well as the question-and-answer document for each webinar are all posted here under archived webinars. And, as I mentioned before, all the archived webinars and transcripts will also be posted on *QualityNet.org*.

We have recently reformatted the QRC website and have updated the resources and tools available; just a reminder that all documents on this website can also be located on *QualityNet.org*. As you can see here, resources and tools specific to eCQM reporting are located under the IQR Resources and Tools tab. Currently, we have posted the Calendar Year

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2018 Available eCQMs document, which lists out the required eCQMs and provides the current version numbers. We also have the Calendar Year 2018 eCQM Overview document that reaffirms the 2018 requirements, specifications, and provides some helpful contacts. Finally, you are able to view any past archived resources and webinars that were available for eCQM reporting in case you need to reference them later.

We have received a lot of positive feedback on the use of checklists to aid hospitals and vendors to check that their data have been successfully reported and program requirements have been met. For calendar year 2018 eCQM reporting, there will be two checklists available as in previous years. One is for the test file submissions, and the other one is for production files. Both checklists will be available and posted on both the *QualityNet* and QRC websites. The top section of the checklists are mandatory steps to be taken as soon as possible in preparation for the annual deadline of February 28, 2019. The lower portion of the checklist walks the submitters through the actual submission of files via two different submission methods; either through the PSVA tool, which is highly recommended, or directly through the Secure File Transfer within the portal. Hyperlinks to important documents and helpful contacts are provided throughout the checklists, and it is always recommended to use the online versions as they are the most current version available. Please stay tuned as the checklists are anticipated to be released this summer.

I wanted to point out that we have recently updated the EHR reports overview document to reflect calendar year 2018 hospital eCQM reporting. This helpful document is available on the *Quality Reporting Center* and *QualityNet* websites. It's a useful reference that describes each report, its purpose, and distinguishes between which reports are available for a specific type of file, whether test or production. Specifically here, the Submission Status Report and the eCQM Performance Summary Report are the two reports that are only available to run when production files have been submitted. All of the remaining reports are available to run for both test and production files.

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Now, I would like to discuss additional tools and resources that are available on the eCQI Resource Center, as well as cms.gov.

The CMS eCQI Resource Center website is considered the source of truth and one-stop shop for the most current resources to support electronic clinical quality improvement. It provides detailed information on eQMs for hospitals, critical access hospitals, eligible professionals, and eligible clinicians. Please ensure that you have bookmarked this website to assist you in locating the most current technical specs and resources that support eCQM reporting.

Among the volume of resources posted on the eCQI Resource Center, we want to direct you to the implementation checklist specific to ensuring the incorporation of the eCQM annual update content. Once your hospital has determined which measures to report on, the checklist provides the steps needed by health IT developers, implementers, and hospitals to update your EHR and processes with the eCQM annual update for the upcoming reporting period. It is very important to make sure you select the correct reporting year from the drop-down box on the top left and then click Apply in order to view the appropriate update for the current year.

The implementation checklist details precheck activities, such as signing up for a Unified Medical Language System, or UMLS, account and reviewing the prepublication documentation. For this example here, the first recommendation is to sign up for the UMLS account in order to access the Value Set Authority Center, or what's pronounced as *VEE-sac*, to view all the codes included in the eCQM value sets for this year. The second recommendation is to sign up for a JIRA account in order to submit issues regarding your eCQM questions on specifications and implementation. JIRA is a database and may already contain solutions to a similar question entered by another hospital. We recommend performing a search for your question to see if this has already been addressed before entering a new issue.

As we discussed on the prior slides, links within this checklist will also take you to the website to perform the next steps. This is just a screenshot

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of how the VSAC website is structured and where to locate the eCQM value sets. Other features of this checklist include recommendations to help hospitals coordinate outreach to your IT vendor to ensure the EHR is reflecting the published annual update material to ensure timely reporting. One last thing we want to mention about the checklist is that it provides recommendations how to implement the quality measure updates and how this could potentially impact workflow within your hospital.

Another very important piece of information housed on the eCQI Resource Center are the eCQM specifications for eligible hospitals. For calendar year 2018 reporting, the most current specs were published in May of 2017. As we mentioned earlier, this is valuable information as you are either choosing which measures to report, based on your patient population or, once you've chosen the measures, to review the criteria for meeting the initial patient population, denominator exclusions, and/or exceptions, if applicable for each measure. Again, I just wanted to remind users to select the correct reporting year from the drop-down box on the top left and make sure you click Apply.

As you're learning more about the measures, there are other resources available to you. Download the eCQM Measure Logic Guidance information to help you research more about the measures. The eCQI Resource Center also provides access to the CMS QRDA I Implementation Guide for HQR, the schematrons, and sample files for the applicable reporting period. And, just a tip, be sure to confirm you are downloading information for the correct reporting period. This is just a small sample of all the information available on the eCQI Resource Center. We do encourage you to invest some time to become more familiar with the tools, resources, and educational offerings available on this website.

The cms.gov website has been updated to reflect the name change from the Medicare and Medicaid EHR Incentive Programs to the Promoting Interoperability Programs. We have highlighted the links to the program requirements for Medicare and Medicaid relative to this program. As we mentioned earlier in the webinar, the reporting requirements differ

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between both programs, so please be sure to determine what is applicable to your hospital-specific reporting program. Here, we've also circled the registration and attestation program information, as well as the payment adjustments and hardship process. This is a quick reminder that these two topics are specific to the Promoting Interoperability Programs and are not a function of the Hospital IQR Program. For questions on this program, please reach out to the *QualityNet* Help Desk.

Finally, we have provided an updated contact list of program resources outlined for the Hospital IQR Program and the Medicare and Medicaid Promoting Interoperability Program.

At this time, we would like to start to begin to address the questions entered into the chat box. We would like to address as many questions as we can during the call. Any questions that are not addressed during the call will receive responses within the question-and-answer document that will be posted on *QualityNet* and *QualityReportingCenter.com* websites in the upcoming weeks. Let's get started. It looks like our first question here is, the Hearing Screening Prior to Hospital Discharge Measure, EHDI-1a; is that applicable to the hospital where the patient was born or where the patient was discharged?

Artrina Sturges: Thanks, Veronica. This is Artrina. Just to answer this question, this is a great opportunity as a reminder for the value that's available on the eCQI Resource Center because part of what they do when they outline the specification, is they tell you all the different definitions of everything that is associated with that measure. So, in this case, what you need to do after you visit eCQI and pull up the measure, also make sure that you have the right version because the version 5 is from 2017 reporting, so you want to make sure that you have version 6 for 2018 reporting. For that definition for IPP, it states that, live birth encounters at a hospital or a birthing facility where the newborn was, excuse me, discharged with hospital stays less than or equivalent to 120 days but is during the measurement period. So, as I said, any questions that you have about the measures just like this, please visit eCQI, so you can get additional details. If the details that you're finding on eCQI lead to additional questions, that's when it's a

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great opportunity to visit the JIRA website to see if someone else has a question similar to yours, or if you need to open a new issue for something that is specific to your facility. And again, that's on slide 30, in terms of contact information for JIRA.

Veronica Dunlap: Great, thank you, Artrina. Our next question refers to new staff or anyone new to eQMs and eQM reporting. Is there a place to go for introductory information and/or training?

Artrina Sturges: Okay, and this is Artrina. What I would say for this is that probably the best place to go is the *QualityNet* web page because it can provide the high-level overview that you're looking for. So, it really kind of gives you, like I said, a high-level review of the program and how it fits within IQR and its relationship to the Promoting Interoperability Program. But then, it also gives you documentation, the resources that connect to the eCQI Resource Center, and it really just gives you a really good amount of information to get you started. And again, that would, that information is on slide 15 that Veronica spoke to earlier.

Veronica Dunlap: Okay, thank you. Looks like we have a question. Have the hospitals been selected for 2017 eQM validation yet? I'm unable to find the list that's normally posted on *QualityNet.org*.

Artrina Sturges: Thank you, Veronica. This is Artrina. Very good question. So, in terms of 2017 data validation, once that list is published, as you know, it'll be posted on *QualityNet.org*. But they will also send a ListServe to let the community know that that list is available for download and for access on *QualityNet*. So, it may be a couple other weeks; so, just kind of hang in there with us, but we should have it shortly.

Veronica Dunlap: Thank you. What if a hospital and/or a critical access hospital are unable to submit eQMs for the EHR Incentive Program? What are the accepted special circumstances and/or supporting documentation if it is not feasible for us to report electronically? Is there an extraordinary circumstance process on *QualityNet*?

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Artrina Sturges: Thank you. This is Artrina. As Veronica indicated earlier, where we were looking at that Promoting Interoperability page, that's why we specifically called out that they have their own process specific to hardship. And so, they have a document that you have to download, and they tell you what the specific supporting documentation should be, if that's needed for their particular program. So, I encourage you again to take a look at the slide deck that we provided. I think it's slide number 29. And, you should be able to go there and access the information that you need. And again, as we indicated, it is different from the extraordinary circumstances documentation that we use for the IQR Program.

Veronica Dunlap: And, this is Veronica. I just wanted to also add that for the Hospital IQR Program, it is mandatory to report electronic clinical quality measures and that's four from one quarter. However, if you are a critical access hospital, it is only encouraged. It is not mandatory. However, for the EHR Incentive Program, it is a mandatory requirement that critical access hospitals report their measures. So, again, if you have any questions regarding the EHR Incentive Program or again Promoting Interoperability Program, we direct you to contact the *QualityNet* Help Desk for those questions. Our next question here. Are the reported values of eCQMs published publicly or evaluated in any CMS program?

Artrina Sturges: Thank you. This is Artrina. So, in terms of the reported values, none of the information that's submitted for eCQMs is publicly reported on *Hospital Compare* or anywhere else. So, that information is not viewed. In terms of CMS doing an analysis on that data, that is correct, they do perform that activity. And, where that information has started, or where that activity has started, will be with the calendar year 2017 data that was submitted. So, any outcomes for that, again those are randomly selected hospitals who participate. And so, any outcomes regarding that data will be shared only with that hospital for quality improvement activity.

Veronica Dunlap: Thank you, Artrina. Do you know when *QualityNet* will begin accepting files for calendar year 2018 submission this year?

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- Artrina Sturges:** Hi. This is Artrina. At this time, it has, we have not been notified in terms of when the system will be available to start receiving data for test or production. But as soon as that information is made available, CMS will release the ListServe to the community and will also put that information on *QualityNet*.
- Veronica Dunlap:** Thank you. When will the PSVA tool be ready to test our production files?
- Artrina Sturges:** Thank you, Veronica. This is Artrina. So, for the PSVA, it was actually just updated for the 2018 reporting year. And, that was released on, I believe it was around July 20, so that was just this past Friday, I believe. So, it is available to test your files. But again, keep in mind, because the receiving system is not open, you can't do official submission from PSVA to the [CMS eCQM] receiving system or doing direct submission to the receiving system. But at this time, PSVA is available to test your QRDA I files.
- Veronica Dunlap:** Thank you. If we can go to slide 20 please; we have a question. In the checklist indicated here, it notes that the requirement is to select eight eCQMs. I thought only four eCQMs were required for this reporting period calendar year 2018. And, I can address that. This screenshot here, these are the calendar year 2017 checklists that were available last year. And, as these are being updated currently, they will be, the new versions of the checklist will be, posted to *QualityNet* and QRC come this summer, and they will reflect the four eCQMs from one quarter. So, that requirement has not changed. So, just wanted to point that out. Next question. Is there a charge for a UMLS account?
- Artrina Sturges:** Hi. This is Artrina. To my knowledge, there isn't a charge. But what I would encourage you to do is, take a visit to the website just to make sure. But to our knowledge, there are no charges for using the website or for creating an account.
- Veronica Dunlap:** Thank you. Did I hear accurately that critical access hospitals are not required to submit eCQMs for IQR in 2018?

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- Artrina Sturges:** This is Artrina. Yes, that's accurate. And, actually to my knowledge, critical access hospitals have never been required to participate in IQR. And, as Veronica mentioned, just keep in mind, it is a requirement for Promoting Interoperability, but not for IQR, for critical access hospitals.
- Veronica Dunlap:** Thank you. Do you happen to know when the new measures for the Promoting Interoperability Program for 2019 will be available?
- Artrina Sturges:** This is Artrina. If we're talking about the measures that are shared between IQR and the Promoting Interoperability Program, those 2019 measures are already posted. And again, this is why we felt this was important to direct folks to the eCQI Resource Center, because honestly that is the primary place. This is the source of truth for CMS. So, all of that information as it's published is posted out there on the website. So, for like, for instance, with those measures being available, those would've been posted. Good information for a lot of this started being posted in February and May; so, please visit the site to locate information.
- Veronica Dunlap:** Okay, next question. For prior year 2017 meaningful use or Promoting Interoperability attestation, when will we know if we submitted meaningful use data and if our payments are going to be penalized?
- Artrina Sturges:** Hi. This is Artrina. What I have to do is refer you to the *QualityNet* support team so that they can address your question. They may be able to look specifically at your situation to give you additional details.
- Veronica Dunlap:** Our next question. We have submitted an application for exemption from the eCQM submission related to the current EHR being decertified. Do we also need to submit an application to the Promoting Interoperability Program?
- Artrina Sturges:** And, this is Artrina. So, I'm assuming that what you're speaking to is that you've submitted this exemption or this request, based on an [extraordinary circumstance] that's associated with the IQR Program. You're correct. As we indicated before, they are two different programs, even though we have some areas where we overlap. But anything that's related to promoting interoperability has a separate hardship process. And,

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as we mentioned, we give you the slide that provides the link to that data to determine if that's applicable for your situation, and also what their dates and deadlines are for their application. Veronica, I don't know if you have any more to add.

Veronica Dunlap: Yes. Just a follow-up point. The hardship exemption process is different because it's from a different program. They have a different deadline for when their hardship forms are required to be submitted. I think that this previous year, they were due by July 1. The ECE process, which is very similar to the hardship process for the IQR Program, our ECE applications for the current reporting period are not due until two months after the deadline. So, for calendar year 2018 eCQM data submission, if you find that your hospital is unable to report your eCQMs, then we recommend you go ahead and submit an extraordinary circumstances exemption application, or what's called an ECE form. And, that information can be found on both *QualityNet* and QRC websites, or you may contact us here at the Hospital Support Contractor for assistance in finding out more about the ECE process.

Our next question. Where can I find the requirement for data submission required for the Promoting Interoperability Program, oh, for Behavioral Health Hospitals? Unfortunately, this webinar is not related to the Promoting Interoperability Program, specifically for the mental health hospital. So, I would have to direct you to go to cms.gov and possibly do a search there, as well as perhaps reach out to the *QualityNet* Help Desk to see if maybe they can get you to the right place. Our next question. Will CMS begin to publish results in the coming years? I'm assuming that's eCQM results.

Artrina Sturges: And thanks, Roni. This is Artrina. I believe that any indication that CMS plans to start publishing any of those submitted data on *Hospital Compare* will be communicated in a future proposed rule. So, at this time, we can't give you a deadline or a time frame for that. But just be assured that they will signal if they intend to do that and then request feedback from the community to determine if that's an acceptable next step.

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- Veronica Dunlap:** Okay, great. Our next question. Can you please repeat the specifications version for calendar year reporting year 2018?
- Artrina Sturges:** Oh, sure. This is Artrina. So, what I'll say is that probably the best thing to do because the measures, depending on when the measures were activated or when they've made changes, the versioning for those changed, depending on what the specific measure is. So, the best way to make sure that you have the proper version of the measure is to go to eCQI Resource Center and then go to the tab that says EH/CAH eCQMs. And, if you scroll down, you just want to make sure that you select the correct reporting period, which, of course, would be 2018. Hit the Apply button. And then, it will provide a list for you of all the measures that are associated with 2018 reporting, as well as all the eCQM materials that are related to 2018 reporting.
- Veronica Dunlap:** Thank you. Are all the technical measure specifications in the HIQR Program on *QualityNet*?
- Artrina Sturges:** This is Artrina. If we're specifically speaking about eCQMs, the link that we have that will be on *QualityNet* will always take you to the eCQI Resource Center. So, whether you go directly to eCQI to obtain them or you're in *QualityNet* and you want to go view them, it will take you to the same place.
- Veronica Dunlap:** Okay, and next question. Is there a good reference for reading through the algorithm?
- Artrina Sturges:** Thank you, Veronica. This is Artrina. So, again, eCQI Resource Center has a wealth of information out here. One of the things we would suggest that you take a look at is the eCQM Measure Logic Guidance. And, what they have posted for 2018 is version 1.13.
- Veronica Dunlap:** Okay, and we're going to go ahead with one more question. It is, I understand the eCQM versions are updated on the eCQI website; however, will the 15 eCQMs for IQR be the same ones as last year, just with the updated version?

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Artrina Sturges: Thank you, Veronica. Yes, this is Artrina. Very good question. Yes, that is correct.

Veronica Dunlap: Great. Thank you so much. At this time, we're going to conclude our presentation for the day. We appreciate your time. And, thank you for joining us and again, have a great day. Thank you so much.