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

Artrina Sturges, Ed.D
Alignment of eCQMs Lead, Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Veronica Dunlap, BSN, RN, CCM
Project Manager II, Hospital Inpatient VIQR Outreach and Education SC

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Purpose

This presentation will provide a high-level overview of self-directed tools and resources available to hospitals and vendors to support successful electronic clinical quality measure (eCQM) reporting to the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability Program (formerly known as the Electronic Health Record [EHR] Incentive Program) for Calendar Year (CY) 2018.

Objectives

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

- Understand the eCQM reporting alignment between the Hospital IQR and Promoting Interoperability Programs.

- Access tools and reference materials to assist with eCQM data submission activities.

- Apply the guidance within the resources to improve eCQM data quality.

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eCQM Reporting Alignment

Hospital IQR Program and eCQMs

- The reporting of electronic clinical quality measures (eCQMs) is a *method* of reporting quality data to the Hospital IQR Program

- Successful eCQM submission is one reporting requirement for the entire IQR Program

  o *QualityNet.org*>HIQR Program>Measures>Reference Guides
    https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473

Promoting Interoperability Programs and eCQMs

Medicare and Medicaid Promoting Interoperability Programs – previously referred to as the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

- Continues the agency's focus on interoperability and improving patients' and providers' access to health information
- Successful electronic reporting of CQMs is one reporting requirement for the entire Promoting Interoperability Program

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

eCQM Reporting Alignment Between IQR and Promoting Interoperability Programs

- **Participation requirements for Eligible Hospitals (EHs):**
  - o IQR-eligible hospitals are *required* to participate in the IQR and the Promoting Interoperability Programs
  - o Critical Access Hospitals (CAHs) are required to report to the Promoting Interoperability Programs and *encouraged* to voluntarily participate in IQR

- **Shared reporting requirements and deadline:**
  - o Report on at least 4 eCQMs for a self-selected calendar quarter utilizing Certified EHR Technology (CEHRT) to the 2014 or 2015 Edition, or a combination of the two, by the February 28, 2019 deadline

- **Method and location of reporting:**
  - o Supports dual-program reporting with a single submission utilizing a combination of QRDA Category I patient files, case threshold exemptions, and zero denominator declarations
  - o Data reported via the *QualityNet Secure Portal*

- **Aligned measures:**
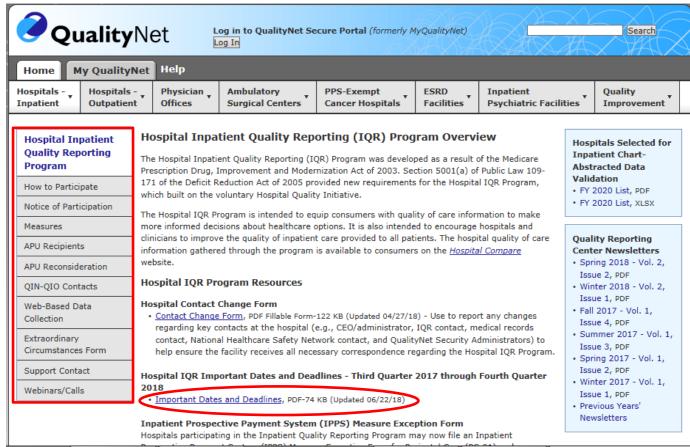 - o 15 of the 16 available eCQMs can be used for reporting to both programs (exception ED-3 outpatient measure, not aligned for IQR program credit)

Self-Directed Tools and Resources – *QualityNet* and *Quality Reporting Center* Websites

IQR – *QualityNet* Webpage

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129

IQR Program Guide – New Hospitals

https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=Qnet
Public%2FPage%2FQnetTier2&cid=1138115987129

eCQMs – *QualityNet* Webpage

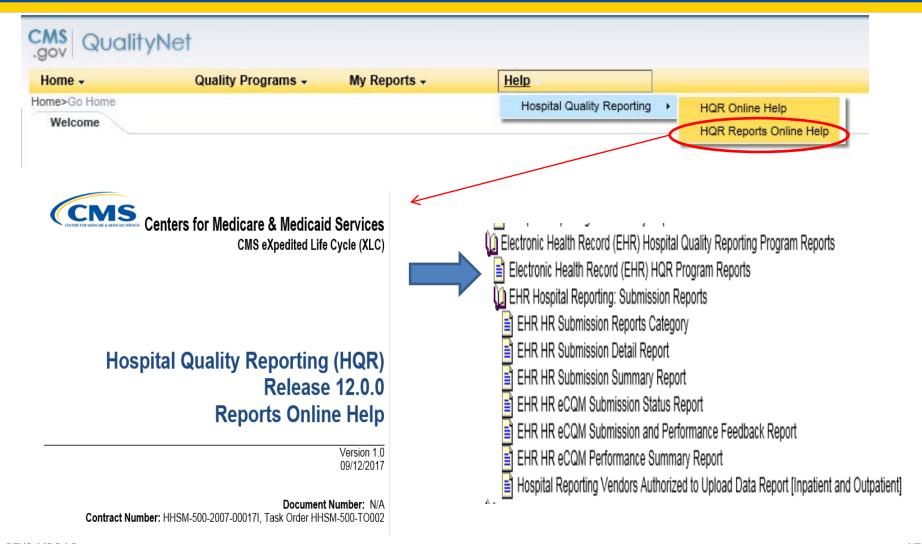https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to locate and correct QRDA Category I file formatting errors prior to data submission to CMS

  NOTE: The CMS data receiving system performs additional checks, including the Clinical Document Architecture (CDA) schema, submission-period dates, and authorization for a vendor to submit on a hospital's behalf.

- Serves as a free, voluntary tool (CMS recommends hospitals and vendors to test early and often)

- Installs on your system – PSVA is downloadable from the Secure File Transfer in the *QualityNet Secure Portal*

- PSVA will be available Summer 2018 to validate CY 2018 test and production QRDA Category I files

  NOTE: Test and production files will be able to be submitted via the PSVA tool to the *QualityNet Secure Portal* once the CMS data receiving system opens for file submissions. CMS will provide written notification to the submitter community as updates regarding system functionality are available.
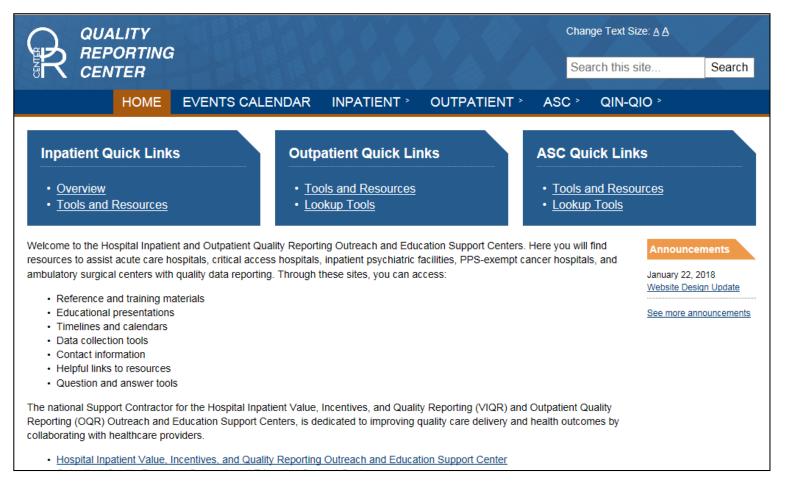
Please contact the *QualityNet* Help Desk for additional information at qnetsupport@hcqis.org; (866) 288-8912, 7 a.m. to 7 p.m. CT, Monday through Friday.

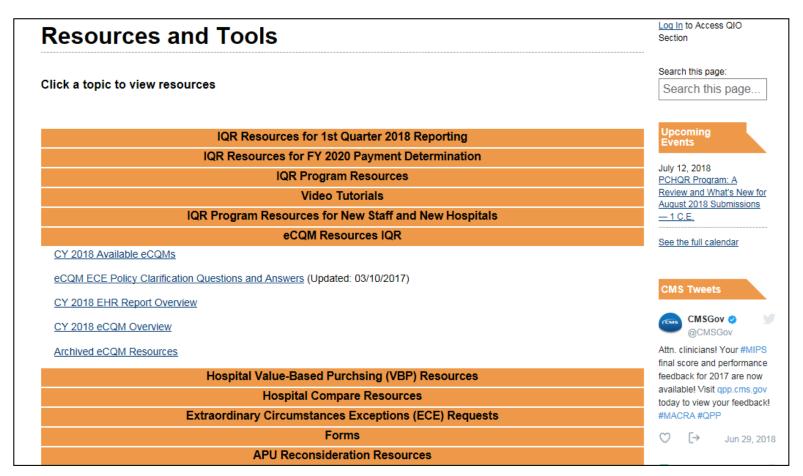# Locating the Reports Online Help Manual and EHR HQR Program Reports

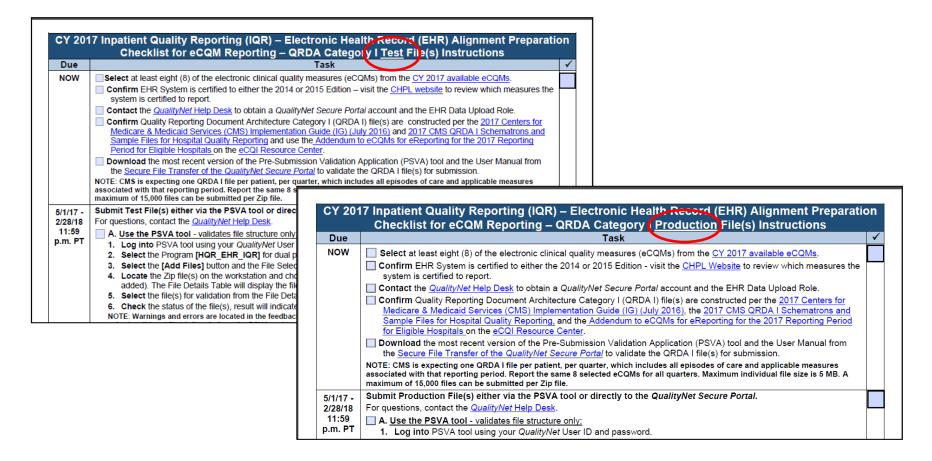# *QualityReportingCenter.com*

https://www.qualityreportingcenter.com/

QualityReportingCenter.com – Resources and Tools Webpage

https://www.*qualityreportingcenter*.com/inpatient/iqr/resources-and-tools/

Test and Production QRDA Category I File Submission Checklists

CY 2018 versions will be available on *QualityNet.org* and *QualityReportingCenter.com* late summer 2018

EHR Reports Overview Document

CY 2018 version posted on *QualityReportingCenter.com* under eCQM Resources IQR, will be posted on *QualityNet.org* under the eCQM Resources tab late summer 2018
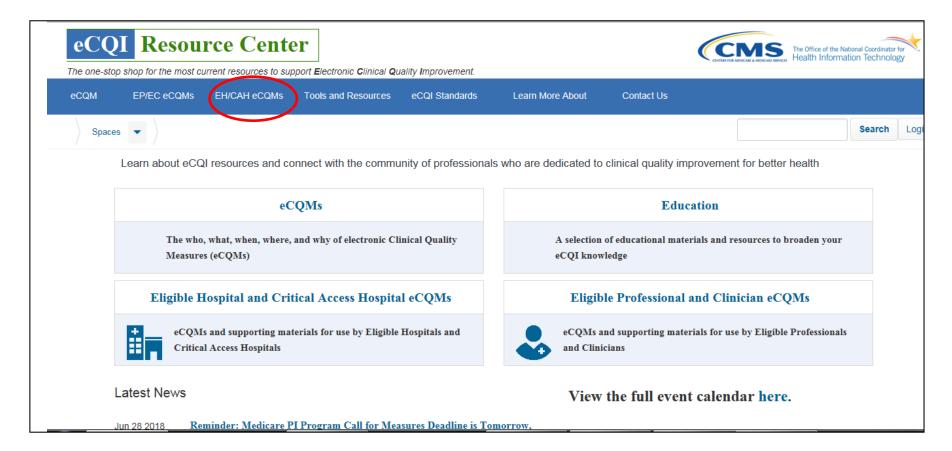
EHR Hospital Reports Available in *QualityNet Secure Portal*
Calendar Year (CY) 2018/Fiscal Year (FY) 2020 eCQM Reporting

Frequently Asked Questions	Report Name	Report Purpose	Report File Type
Which report displays how the Quality Reporting Document Architecture (QRDA) Category I files were processed at the file level for electronic health record (EHR) reporting?	EHR Hospital Reporting – Submission Detail Report (R529)	File-level validation shows the conformance or error statements within rejected files.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report provides a summary of the total individual files (submitted within a batch file) that were accepted, deleted, or rejected?	EHR Hospital Reporting – Submission Summary Report (R528)	This is a summary report; therefore, the counts display every accepted, rejected, and deleted file submitted for the selected quarter. This count includes files that have been submitted more than once. **NOTE:** This report only evaluates if the measure template is in the file and should not be utilized to determine reporting success.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report can provide a summary level of measure performance calculations?	EHR Hospital Reporting – eCQM Performance Summary Report (R547)	Performance calculations (such as denominator and numerator populations), continuous variable observations, etc.	Generate for production QRDA Category I files through the feedback or submission report categories.
Which report tells me if our hospital's production file submissions are meeting the CMS definition of successful electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability (PI) Program for Hospitals?	EHR Hospital Reporting – eCQM Submission Status Report (R530)	The PI Program for Hospitals and Successful IQR-EHR Submission fields in this report indicate successful submission of eCQM reporting when a Y, for Yes, is displayed for each field. **NOTE:** The definition of successful submission is a combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions reported via the *QualityNet Secure Portal* by the reporting deadline.	Generate for production QRDA Category I files only the feedback and submission report categories. **NOTE:** This is a snapshot in time. If the reporting changes in any way, re-generate the report for the most current status of the PI Program for Hospitals and IQR-EHR submission categories.
Which report is available to review measure calculations at the patient level, measure level, and for each episode of care?	EHR Hospital Reporting – eCQM Submission and Performance Feedback Report (R546)	The aforementioned measure calculations are available on accepted files and can be tracked by discharge quarter.	Generate for test and production QRDA Category I files (only available through the submission report category).

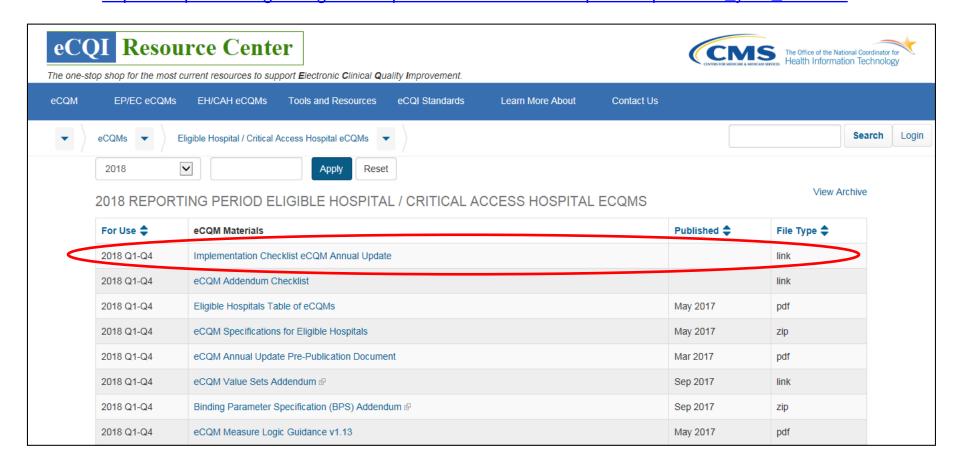# Self-Directed Tools and Resources – eCQI Resource Center and CMS.gov

eCQI Resource Center Website

https://ecqi.healthit.gov/

Annual Update Implementation Checklist

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2

Annual Update Implementation Checklist – VSAC Example

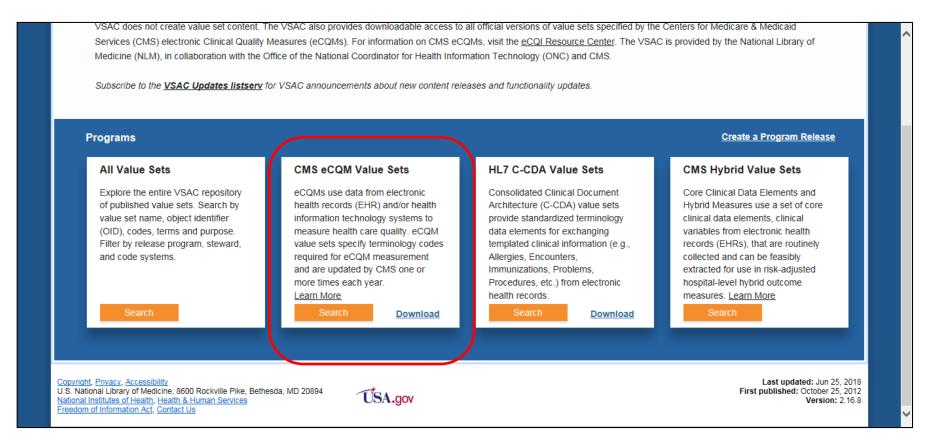**Contains Pre-Check and Checklist Items**

Annual eCQM Value Set Updates

Pre-Check

1) Signup for a Unified Medical Language System (UMLS) account . This account will allow you to access the National Library of Medicine's (NLM) Value Set Authority Center (VSAC) to view all codes included in eCQM value sets.

2) Signup for a JIRA account. This account allows you to submit issues regarding eCQM implementation and receive feedback. Key topic areas include the CQM Issue Tracker, Quality Data Model (QDM) Issue Tracker, Quality Reporting Document Architecture (QRDA) Issue Tracker, Bonnie Issue Tracker and Cypress Issue Tracker. Review JIRA instructions.

3) Signup for eCQM page change notifications on the eCQI Resource Center. Signing up for an eCQI Resource Center account and subscribing to the Eligible Professional/Eligible Clinician and/or Eligible Hospital pages will provide you with alert when the EP or EH page has been updated.

4) Review the code versions used in the Annual Update (for example, SNOMED CT 2016-09) by reviewing the eCQM Pre-Publication document and the VSAC download page
   - Work with your coding department and health IT vendor to ensure your systems have been updated to the latest code versions
   - Some value sets contain "legacy codes." These codes will be inactive in the current code system version but will be considered active in one of the prior code system versions noted in the file.

5) Review the eCQM Pre-Publication document and Standards and Tool versions used in the Annual Update.
   - Work with your health IT vendor to ensure your systems are using updated technical standards and testing tools.
   - Prepare for using eCQMs by reviewing the Guide for Reading eCQMs.
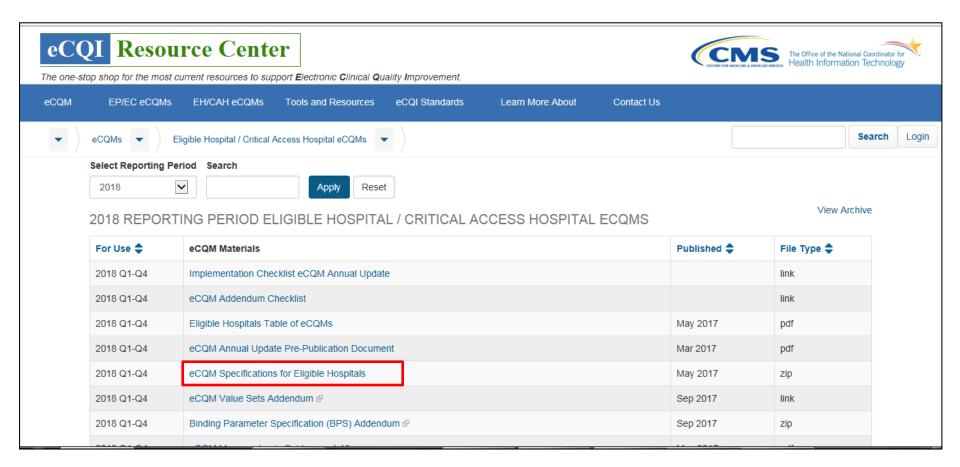
Annual Update Implementation Checklist – VSAC Download Page
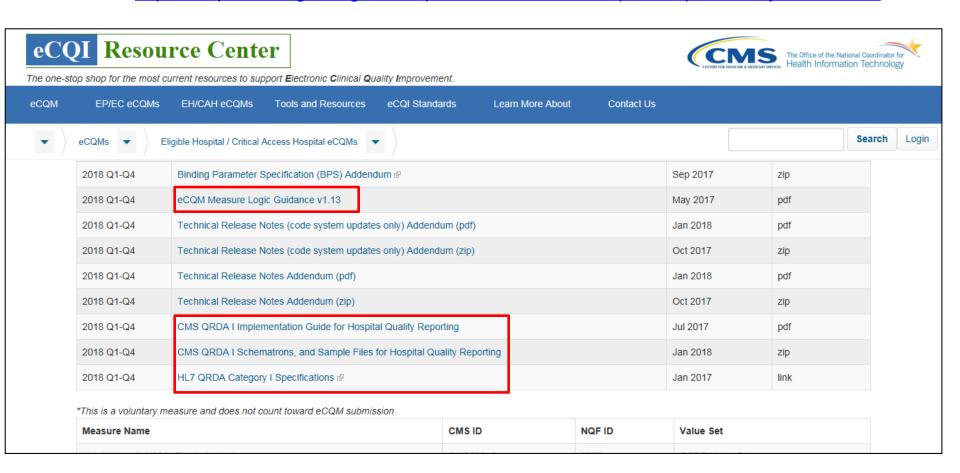
https://vsac.nlm.nih.gov/welcome

Measure Specifications – eCQI Resource Center

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2
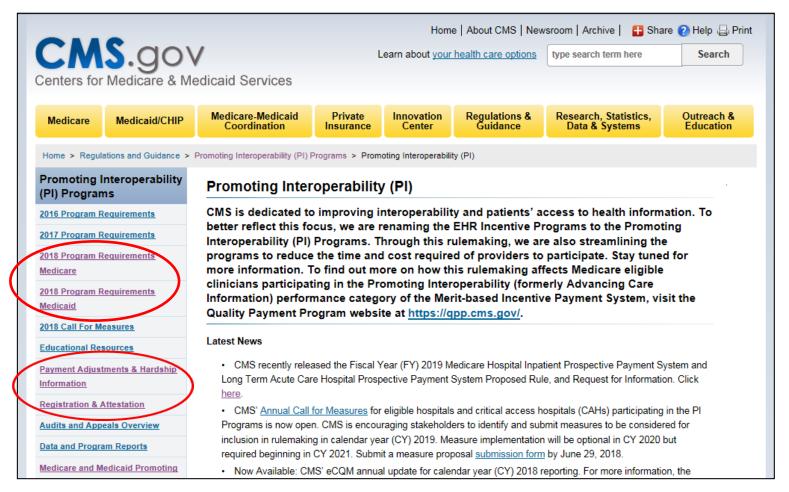
Measure Logic and CMS Implementation Guide (IG) related Items – eCQI Resource Center

https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2

Promoting Interoperability Program Information

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

Support Resources

Topic	Who to Contact?	How to Contact?
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 https://cms-ip.custhelp.com
Promoting Interoperability Program (previously known as the EHR Incentive Program) (objectives, attestation, and policy)	*QualityNet* Help Desk	(866) 288-8912 qnetsupport@hcqis.org
• eCQM Specifications (code sets, measure logic, and measure intent) • QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons)	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojectracking.healthit.gov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojectracking.healthit.gov/support/projects/QRDA/summary
QualityNet Secure Portal (reports, PSVA tool, uploading data, and troubleshooting file errors)	*QualityNet* Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM Data Validation	Validation Support Team	Validation@hcqis.org or https://cms-ip.custhelp.com

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Question and Answer Session

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