



# Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### Preparation Checklist for CY 2016 eCQM Reporting

#### Presentation Transcript

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**Debra Price:**

Well thank you, Matt. Hello and welcome to the eCQM webinar entitled, *Preparation Checklist for Calendar Year 2016 eCQM Reporting*. My name is Debra Price, and I will be your coordinator for today's event. Today's webinar is being recorded, and a transcript and the audio portion of the program will be posted on our website. The transcript of the questions and answers that come in today, in through the Chat box, will be posted at a later date on our website, [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). Slides were posted before the event and a link was sent to all registrants. If you did not receive the link, you can find the slides on our Quality Reporting Center website. That URL, again, is [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com); again, [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com).

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And now I'd like to introduce our guest speakers for today: Artrina Sturges, Veronica Dunlap, and Jennifer Seeman. Dr. Artrina Sturges is the Project Lead for Inpatient Quality Reporting/Electronic Health Record Alignment [Program] for the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. Veronica Dunlap is the Project Manager for the Hospital Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. And finally, Jennifer Seeman is the Inpatient Quality Reporting Electronic Health Record, Hospital Quality Reporting Program Manager for the Portfolio Program and Project Management Support Contractor. And now, Artrina will begin the webinar. Artrina, the ball is in your court.

**Artrina Sturges:** Okay, thank you so much, Deb. Good afternoon, everyone. Today we will be reviewing the steps outlined in our Preparation Checklist that was recently published on the *Quality Reporting Center* website. Our intent is to assist hospitals and your vendors as you continually prepare for the calendar year 2016 eCQM reporting requirements for the IQR and the Medicare EHR incentive programs. Now, as many of you are aware, the *QualityNet Secure Portal* is available to process test QRDA -1 files. So, we just wanted to take this time to provide recommendations to help you successfully report test files now and production files in the fall.

So in terms of what we wanted to provide for you by the end of this presentation, we want you to be able to comfortably: recognize the calendar year 2016 ECQM reporting requirements; perform the actions outlined in the Preparation Checklist that we're going to walk through today; locate and utilize resources to support mandatory eCQM reporting activity; and then, of course, upload your QRDA-1 test files to the CMS eCQM Receiving System.

As I've mentioned, this is a screenshot of the Preparation Checklist that we just discussed. And again, the document is posted on the website. If you go to the Quality Reporting Center website, if you go under IQR Program [Resources and Tools], you'll see a header that says eCQM

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Resources, and you'll be able to locate the document there. Now, in case you don't have time to be able to do that, no concerns there. We'll take care of that, as well. What we're going to do is send a ListServe that's going to be distributed in the coming days that will have a link to the document and an attachment of the Checklist. We wanted you to have a visual to know exactly what you were looking for if you visited the site.

Now briefly, we're just going to do an eCQM overview, and we'll talk about the reporting requirements.

So for those who are still kind of catching up to the concept of this, because I know everybody's in different stages of implementation, so we wanted to quickly talk about electronically-specified Clinical Quality Measures. So when you hear someone say eCQMs, this is what we're referring to. And what this means is that Clinical Quality Measures are able to be recorded from the EHR because of the development of these specifications for each Clinical Quality Measure. So when we talk about what's the portion of about these specifications that includes data elements, logic, and definitions for that measure, and the Health Level Seven (HL7) known as the Health Quality Measures Format. When you hear someone say HQMF, that represents a clinical quality measure as an electronic extensible markup language document (XML), where you'll hear the term XML. That could be captured or stored in the EHR, so the data can be sent or shared electronically. And at the bottom of this slide we do have a link to the CMS website, but what we've done is we've refined that link, so that you go directly to the page that speaks to you more about electronically-specified CQMs or eCQMs.

Now what we have here is, we wanted to give you the information about these slides in terms of the 29 measures that are aligned. These 29 measures are aligned for eCQM reporting between the IQR and the Medicare EHR incentive programs. You'll notice on this slide, that ED-3 has an asterisk, and it is an exception. So, ED-3 is considered an Outpatient measure, and it's not applicable to the IQR program. So we wanted to be sure to notate that for you. For those becoming more

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familiar, you know, with the details regarding eCQMs, we wanted to provide the measure short name, the CMS ID, and the full measure name for easier reference, so that when you're talking with your vendors and with your internal staff, it'll help you as you make decisions about which measures can be reported from your certified EHR. And again, these are all outlined, so it just gives you four pages of that to be able to review. So, I apologize, I know people will want to look at those at your leisure, so we just wanted to make sure you have them available.

So at this point, let's do a quick review of the reporting requirements. So for calendar year 2016 IQR Program reporting, the hospitals are going to be required to: report a minimum of four of the 28 available eCQMs which we just reviewed on those other slides; report for at least one quarter, quarter three or quarter four for calendar year 2016, with the understanding that you have a submission period between October 2016 and February 2017 with a deadline of submission for February 28, 2017, and we'll make sure that we reinforce that. Just a few important notes to have there, calendar year 2016 reporting will apply to Fiscal Year 2018 payment determinations for IPPS hospitals. National Quality Strategy domain distribution is not required. Critical Access Hospitals are always encouraged, but they are not required, to participate in IQR reporting activities. As some of you may remember, there was utilization of the Intent to Submit screen, and that was voluntary, but was utilized as a way to signal to CMS your hospital's intent to voluntarily submit eCQMs. That screen is no longer needed and will be de-activated in the system. But we just wanted to make sure to point that out to everyone. In terms of IQR, the eCQM requirement fulfillment also satisfies the eCQM reporting option requirement for the Medicare EHR Incentive Program. And again, we'll talk a little bit more specifically about the Medicare EHR Incentive Program so you feel more comfortable with that process.

Now when we talk about successful submissions, we want to make sure that we're clear about what that means in terms of defining that process. So when we talk about successfully submitting four or more of the required eCQMs, they can be reported in any combination of the

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following: accepted QRDA-1 files with patients meeting initial patient population, or IPP, as most of you know it, of the applicable measures; zero denominator declarations; and case threshold exemptions. Okay, so it's a combination of those three in terms of meeting that requirement for successful submission. Keep in mind, too, the submission of eCQMs does not meet the complete program requirements for the Hospital IQR Program. Most of you know that but for folks who are new to this process, we want to make sure that that's reinforced. So hospitals are still responsible for data submissions for all required chart-extracted, web-based, structural, and claims-based measures. If you have any questions regarding the IQR program, please contact the IQR Support Contractor, because we have information there for you, and then if you specifically have questions about the complete program recruitments for the EHR Incentive Program, please contact the EHR Information Center; and their information is posted here, as well, for you.

In terms of the QRDA-1 file format, CMS is expecting that it's one file per patient per quarter, and when we discuss that one file, it needs to include all the episodes of care and the measures associated with that patient file. And again, there are some other details here about maximum individual file size and things of that nature, but we wanted to make sure that you are very clear about what that file should contain when you do your submissions for QRDA-1.

We mentioned earlier about zero denominators, so let's give you a little more details on that. So, when we talk about zero denominator declaration, this is applicable for the EHR Incentive and the Hospital IQR Program. The two criteria that's most important when we're considering the use of the zero denominator is that: hospitals' EHR systems certify to report that eCQM; and that the hospital has patients that meet the denominator criteria for that CQM. So, if you don't have any patients that meet the denominator criteria, then zero denominator is a good piece for you to be able to use in terms of declarations for that. Again, it counts as the successful submissions for both programs, for the Medicare EHR Incentive Program and the Hospital IQR. And we've had some questions

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about the declarations and where they're entered. They're entered on the Denominator Declaration Screen within the *QualityNet Secure Portal*.

Okay, let's talk a little bit about the case threshold exemptions. Again, the same piece of criteria applies. The system has to be certified to report that data, and it has to be five or fewer discharges that have occurred during the relevant EHR reporting period, oh, excuse me, reporting quarter. So again, the eCQM counts towards meeting both program requirements. If it qualifies for the exemption for that eCQM, hospitals do not have to utilize the case threshold exemption. It's just an option for you. You're welcome to submit the applicable QRDA-1 files if you choose to do so. And again, same concept, case threshold exemptions are entered on the Denominator Declaration Screen within the *QualityNet Secure Portal*.

Now earlier we talked about discussing those submission methods for the Medicare EHR Incentive Program. So, we've already discussed option one in terms of the electronic data submission of those, at least, minimum of four eCQMs, through the *QualityNet Secure Portal* as QRDA-1 files. But we also have option two on the Medicare EHR Incentive side where you can do aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System. Okay, now, if you do the aggregate reporting piece if you choose option two for the Incentive Program, just keep in mind that doing that does not meet hospital IQR program requirements.

And this is just for – for folks who are very comfortable with having more visuals, then we just wanted to make sure that you had a screenshot to kind of see what that Denominator Declaration Data Entry screen will look like. So, it's just there, and it shows you all the measures that we discussed earlier and has all the information there and even provides the domain where that measure belongs.

Okay, now again we – we talked about the submission methods for the Medicare EHR Incentive Program. What I wanted also to mention is that all the other EHR Incentive Program requirements, including core and

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menu set measures, will need to be reported through the Attestation System for complete program fulfillment. And if you have any questions regarding what those other requirements are, we do have the link here to CMS website. Certainly make sure that you're comfortable with understanding all that needs to be completed. Hospitals who are also eligible to participate in the Medicaid EHR Incentive Program will need to refer to your state program requirements for those details.

So what we wanted to do was just talk a little bit more about the preparation process for those who maybe a little earlier in their steps.

So what we have here is a list of the presentations that began with the Fiscal Year 2016 IPPS Final Rule that's posted on the *Quality Reporting Center*. And all of these presentations are here to help you as you continue preparations for your reporting. As I said, everybody's kind of in different stages and you may find pieces that will suit your needs. So all that information is there for you.

And for those who've never visited the Center, we just wanted to give you a screenshot to be more familiar with what you would expect to see once you arrive on that page.

Another good resource that is highly recommended is the eCQI Resource Center, and then as you could see here, we have the link for you to directly access it. Again, for those of you at different stages of implementation, there are a number of tools here to help you in terms of that process. So you have information about the standards. You can find information about the specific measures, the EH measures that are applicable to your program. If you want those details, those are there. There are other tools there that will assist you as you're doing the implementation process, and there are also links for external resources. So again, some of you are already thinking about Value Set Authority Center, where you start thinking about some of the value set, there's links for that information there. There's a link there directly to JIRA, and we'll talk about that a little bit more in our presentation. And then, if you wanted to research

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more about the National Quality Strategy domain, those resources are there, as well.

Now, whether a hospital utilizes their certified EHR to submit the QRDA-1 files themselves, or they work with a vendor to submit files on their behalf, the requirement is to have a *QualityNet* account and to obtain the EHR Data Upload Role from the *QualityNet* help desk. So if you just read through the slide, and then I quickly summarize it, but there's another piece there for those who want authorized vendors to submit on their behalf. You can authorize by measure set, data transmission start and end date, or discharge quarter start and end date. So, all that information is there. If you have any questions about obtaining an upload role or anything that has to do with the authorization process for vendors, please contact the *QualityNet* Help Desk. And all their contact information is there for you.

We often receive questions about how do they confirm if they're using certified EHR technology. Although CMS does not provide a list of approved vendors, what they do have is the Certified Health IT Product List website. You've often heard us refer to that as CHPL, and you'll see that there as the acronym. There's a link there to the website that will take you directly there so that you can type in information to make sure that your system is certified. You can read through there, choose your vendor, the versioning of the software – all those things are there – and it will display to you which measures are certified to report, because keep in mind, you have to ensure that your EHR technology is certified to the 2014 or the 2015 Office of the National Coordinator Health Information Technology standards. So I just want to make sure that we have that there. Please feel free to use the site. We have a number of facilities that have and they've found it very helpful to have that information at hand.

Let's talk about – a little bit about the reporting specifications. For those of you who are not familiar, the titles of those documents are listed here. For those who already have accessed it, you're well aware. You can visit the eCQM Library page. There's a link here also on this slide, and it

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provides the reporting standards documentation and the QRDA file specifications that you will need in order to make sure that you're in compliance for reporting.

Again, we've mentioned the eCQM Library. For those who again are not familiar, just a quick screenshot to show you there's some way to be able to access it. The different things that you'll find on the Library in addition to what we just discussed, like the specifications and the QRDA Implementation Guide, they have other resources, as well, such as a Guide to Reading eCQMs. So, for folks who are at different pieces of their process, there are different tools to assist you (inaudible).

What you'll notice as you go through your Checklist, we also have information about different tools that are available to assist you. So, one of the pieces we have in there is, we discussed the use of the Pre-Submission Validation Application. You've often heard of this as the PSVA to test your QRDA file structure. So again, it's a downloadable tool. It operates on the user's system, and it allows submitters to catch and correct those – the QRDA formatting errors prior to data submission to CMS. So what, what we've seen a lot of people do, is that they'll, and again a recommendation is not a requirement, but to be able to use the tool for that validation piece, sometimes what they'll do is that they'll use the PSVA tool – use that to clean up the, the physical structure of the files, and then also use the test system within the Quality, the *QualityNet Secure Portal*, so that you can get a better sense of, of the type of the quality that you're going to have in data submissions. So it's just another piece to add to your process, but we've found that it's been very successful for people and I – and I think it's a beneficial tool to have. One other piece to give you, just make sure that you're using version 1.1.2, okay? That's the most recent version to be able to use. And in terms of accessing it, because I think that for some you haven't used it yet, you're going to download it from the Secure File Transfer in the *QualityNet Secure Portal*, and you'll just install it. And again, that's where that other piece comes in about having to have the *QualityNet Secure Portal* user account and then the EHR Data Upload Role. Again, if you have any questions about the tool

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or your accounts or the roles, please contact the *QualityNet* Help Desk for help.

Okay, so what we've also done, too, as an addition to this, because, like I said, we stepped it through in the Preparation Checklist to help you, but for those who might want more visuals about how to learn more about the steps for downloading the tools, again, Quality Reporting Center website. There are archived presentation materials, as noted here, from January 20th and March 10th. That should be very helpful to you. Also, keep in mind, test files are not reviewed by CMS, and they are not utilized to determine if the program requirements have been met.

Okay now, in terms of the steps for submitting test QRDA files to the Receiving System that's within the *QualityNet Secure Portal*, we just kind of want to step through some of that so you feel more comfortable with the process. Again, we've – we've talked about the, you know, why you want to test your files, and what's important about that process. So we just want to show you a few other things to kind of help you.

So as you're preparing to submit a test QRDA file, you're going to log into the *QualityNet Secure Portal*, and you're going to select [Secure File Transfer].

And I promise, I'll try not to go through this too quickly. Once the new page opens, select your [DataUpload], and you can see that over there on the left.

Select the [testdata] and then [ehrqrda], and then you're going to select [Upload].

You're going to select the QRDA zip file.

And then, once you've done that, the submitted email that's registered with *QualityNet Secure Portal* should receive two emails. Your first one, should indicate that the file was successfully uploaded. Your second email should indicate that the files have been processed. If by some

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chance you do not receive that second email, let's say within 24 hours of the initial upload, contact the *QualityNet* Help Desk. So that way they can go ahead and research what may be going on with your file.

Once it's successfully uploaded, you'll see that there's a – that first kind of snapshot up there just shows you that it's a Data Upload Modification. And it will give you like a, a quick statement about what you uploaded. Your second email that shows that your files have been processed gives you more detail in terms of the batch number: so, the batch ID, the upload date and time stamp, the number of files that you've submitted, the number that were accepted within that batch, and the number that was rejected within that batch. And then from there you'll notice, just underneath, and it's a little hard to read. I know it's a little small. You'll be able to see that a little bit better later. But once you have done this, then you are able to log back in to *QualityNet* and go to your Program Report Module so that you can review the reports – the reports that are available. So we're going to show you that process together.

So again, generating data submission reports in QSP, you're going to select [My Reports], as you can see there, and you're going to run your Reports from the dropdown. Most of you are very comfortable with this process.

And then, under [I'd like to] select [Run Reports].

Then under program – [Report Program] you're going to select [IQR]. And then under [Report Category] you're going to select [EHR Hospital Reporting].

And then once you've reached that step, there'll be three reports that are available to you to review in terms of seeing what has been processed and how things have processed for your test data submissions. You'll have a Submission Summary, the Submission Detail, and the eCQM Submission and Performance Reports to choose from.

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And as we spoke to earlier, again, let's talk a little bit about, you know, we've talked about test. Let's talk a little about preview – a little bit about production files. So your submission period, again, we talked about, this is going to be from October runs through February 28<sup>th</sup>. You'll be able to still use your test system, in terms of submitting test files through February 28<sup>th</sup>. So please, don't feel that once the production system opens that you won't have the opportunity to test because you will. Both systems will still be open, so that's not a problem. And of course, the PSVA tool will still be available to you, so that's not a problem, as well. And make sure we clarify that. If we're submitting production files later on, again, after October and beyond, to meet program data submission requirements, patients must meet initial patient populations for the applicable measures. And then of course, we'll have more presentations for you regarding submitting production files, later this year. You'll receive webinar notifications through the EHR and the IQR ListServes. And then you'll also see that information posted on the Quality Reporting Center, because anytime there are upcoming presentations, they're posted there, as well. So just want to make sure you know that's available.

Now, I know earlier we covered quite a few resources ...

Plus this looks a little closer to some other things that we didn't discuss earlier. We alluded to JIRA being available. So what they have in front of you is what they call the CQM Issue Tracker, so Clinical Quality Measure Issue Tracker. And for that you can – it's actually searchable, which is a really a great tool to be able to use, because you can go in and see if other facilities are running into the same issues that you may be having. So if anything has been issued in the question and the result, all that information is tracked there and you can search that. If you are running into your own issues, let's say you do a check of the system first you don't find anything, you always are welcome to submit your own issues and questions related to eCQMs and then you'll have experts there at CMS to be able to answer your questions. And the other thing is, too, if there's a User Guide that's available. So anyone who's new to using the

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application is more than welcome to download the information so that you feel more comfortable using the tool within JIRA.

For those of you who may not be sure if you're using the ListServe, like if you're receiving a ListServe, those screenshots there shows you exactly where to go on *QualityNet*. To be able to go ahead and get signed up for the EHR ListServe, any other ListServes that you want, too, but we wanted to specifically emphasize the EHR ListServes. So that should be good information for everyone to use...

...in case you're not sure. Let's talk a little bit about other resources that are available to you in terms of Related Rules. We have the link directly to the Fiscal Year 2016 IPPS Final Rule. We have that there. If you have questions about the certification criteria for the 2015 edition, that kind of Rule is there, as well. And also we included the EHR Incentive Program, like the Stage 2 Modifications for 2015 to 2017. Just the push of a button and all that is available for you.

In terms of contacts, we wanted to make sure to kind of outline this a little bit more because sometimes when you have a number of support systems, you may not always be sure about where exactly you should go. So if you have questions related to the PSVA and data upload questions, *QualityNet* Help Desk is going to be your resource. And their information's there. If you have general program questions about the IQR Program, our contact information is there to support (inaudible) for you. If you have questions specific to the EHR Incentive Program, that's when you contact the EHR Information Center. And then, of course, we've talked a great deal about JIRA, and I wanted to make sure you have that information, as well. Any other questions that you have in addition, let's say you're starting to look, a little closer at the QRDA IG, you can ask questions about that, as well, and anything else that you have. You're more than welcome to use the website.

So for this what we wanted to do is make sure that we left enough time, and I'm hoping that the presentation wasn't too quick for everyone. What

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we wanted to do was make sure we left enough time to be able to speak with all of you. So, Jennifer Seeman and Veronica Dunlap are with us to address your questions. And so any questions, as mentioned earlier by Matt, that were not addressed during the call, you know, will be answered and published as part of the webinar materials that will be posted on the Quality Reporting Center website. Now just to give you an idea and the webinar materials are typically posted on the website within 10 business days of the webinar. So, we just wanted you to know that. And Veronica, if you would, we'd love for you to start with our very first question.

**Veronica Dunlap:** Great, thank you, Artrina. And I just want to say thanks to everyone and we appreciate all of your questions, and we got some good ones here for you. So, let's get started. The first one we have here, "When do you expect the PSVA tool to be updated with the 2016 specifications?"

**Jennifer Seeman:** This is Jen. So, the version that's available in production currently does have the 2016 QRDA specifications and validation rules in it.

**Veronica Dunlap:** Okay, great. "If a hospital submits four eCQMs for the IQR program for either quarter three or a quarter four, will this satisfy the EHR incentive program requirement? Do we still have to submit the 16 ECQMs to attest?"

**Jennifer Seeman:** Okay, thank you. This certainly is a very good question. So what we'll do is – we'll kind of move back with and then I want to show you that one. So, what that's going to do is it's –you remember this slide? We said it was Option one or Option two. So it was either submit your four eCQMs or you could do the attestation of the 16 measures. So you don't have to do both. And just to make sure that what we're talking about is the submission that's going to be for successful submissions. So again, you've got your QRDA-1 files you can use. If you have zero denominators and if it applies in your situation, you can utilize that. And then, if you have case thresholds, you can utilize that, as well. So it means that minimum of four for the eCQMs.

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**Veronica Dunlap:** Thank you. “I submitted a QRDA test file this morning and I see that it’s rejected but the submission detailed report doesn’t tell me why it was rejected.”

**Jennifer Seeman:** So, I would say, contact *QualityNet* Help Desk. Provide the batch number and, if possible, a copy of the – of the report that’s not displaying information. So far we have not had any reports of the report not displaying the rejection messages, so we may need to look at that a little further offline.

**Veronica Dunlap:** Okay, thank you. “When will the eCQM measures be validated by CDAC?”

**Jennifer Seeman:** This is Artrina. So, in terms of validations, what we’ll have to say for that is, as you know, the, the Proposed Rule was out and they took comment, public comment on that process. Anything that has to do in terms of validation, if they are moving forward with that process, will be signaled in the Final Rule that should be published this August. So we won’t be able to speak to that until the Final Rule is published for public review and – or I should say public view.

**Veronica Dunlap:** Okay, thank you. “How do we obtain the SNOMED code value set details? Is there a link posted somewhere?”

**Artrina Sturges:** Okay, so the eCQI Resource Center actually has the information regarding the value set. And so, that actually would be your best resource to locate that information directly. And they have contact information there in terms of email, and I believe even a phone number if you have questions regarding most SNOMED codes. So I would start with the eCQI Resource Center first.

**Veronica Dunlap:** Okay. “If a critical access hospital voluntarily participates in the IQR reporting program, are they subject to following the electronic reporting requirements or can they still submit it to IQR manually?”

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- Artrina Sturges:** I will want to clarify that one just to confirm it, but my understanding is, is that because it's not a reporting recruitment for you, then there would be no penalty for not submitting eCQMs. But let us confirm that and make sure we get that information back within the question and answer transcript.
- Veronica Dunlap:** Okay, and I think you are correct, Artrina, on that, that if Critical Access Hospitals are not required to participate in the IQR programs so that they do not need to submit their eCQMs, but they can continue to submit their chart-abstracted measures if they choose to. Okay.
- Artrina Sturges:** Thank you, Veronica.
- Veronica Dunlap:** Yes. "Does the 15,000 file limit apply to zip files, or individual patient XML files?"
- Jennifer Seeman:** So that 15,000 file limit pertains to zip files only. The files within the zip that file – that limit is 15,000. It does not apply to a specific patient or a hospital criteria.
- Veronica Dunlap:** Okay, and to tail off of that question, "What if a hospital has more than 15,000 files for upload, would the hospital upload more than once or is 15,000 the absolute maximum?"
- Jennifer Seeman:** No, a hospital could then submit additional zip files to meet all of their reporting needs.
- Veronica Dunlap:** Okay, thank you. "Where on the *QualityNet Secure Portal*, or the *QSP*, can we find the data entry fields for the zero denominator?"
- Jennifer Seeman:** That is on the – under the IQR page, and the Denominator Declaration. So there's a section for eCQM/EHR reporting, and it's in the Denominator Declaration area.
- Veronica Dunlap:** Okay. "If the hospital's not eligible for Medicare EHR program but the Medicaid EHR program, are they still required to submit QRDA-1 files for the hospital?"

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- Artrina Sturges:** Okay, this is Artrina. So I'll have to take that one back because I am not really sure, Jen, unless you know something different.
- Jennifer Seeman:** No, I'd need to follow up on that offline.
- Artrina Sturges:** Okay.
- Veronica Dunlap:** And review the state requirements possibly. Okay. Thank you.
- Jennifer Seeman:** Yes.
- Veronica Dunlap:** "I take it the one file per patient per quarter for all visits is applicable only to the inpatient visits, correct?"
- Jennifer Seeman:** Correct.
- Veronica Dunlap:** "So the observation and ED visits would be excluded if the patient was not admitted as an inpatient."
- Jennifer Seeman:** That is correct for IQR. So that would be related to the ED-3 measure, which is still applicable for meaningful use, would require an ED visit but not an inpatient, admission.
- Veronica Dunlap:** Okay. "If you have a zero denominator in your QRDA-1 file, do you still have to enter zero denominator declarations in the *QualityNet Secure Portal*?"
- Jennifer Seeman:** So the zero denominator declaration is only entered through the *Secure Portal*. That's not something that you would include within a QRDA file.
- Veronica Dunlap:** Okay. Let's see what we have here. "If we have questions regarding the eCQM specifications, where can we submit those questions?"
- Jennifer Seeman:** Questions specific to the eCQM specifications would be logged in the JIRA Tracker for ONC.
- Veronica Dunlap:** Okay. That's correct.

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- Veronica Dunlap:** “Our eCQM vendor is not listed on the *QualityNet* vendor authorization list. Please advise.”
- Jennifer Seeman:** Is that a vendor that, that there – If it’s a vendor that they’re currently using for IQR, then they may need to reach out to *QualityNet*. If it’s a vendor that does not – is not registered within *QualityNet*, then they need to discuss with their vendor to ensure that they have a vendor role in *QualityNet*.
- Veronica Dunlap:** Okay, great. “May we submit live production data for quarter one or quarter two in the PSVA tool, and to CMS for testing prior to October?”
- Jennifer Seeman:** Yes, so live hospital data can be submitted as test data.
- Veronica Dunlap:** Okay, let’s see here. “Where can we find out more about the IQR program requirements or an outline of the explanation of the penalties?”
- Artrina Sturges:** Okay, so that information is going to be available on the [QualityNet.org](http://QualityNet.org) website. And what you’ll do is – you’ll just – you’ll see the dropdown menu. We want to specifically visit the IQR tabs so that you can gather those details regarding program requirements and any penalties for not reporting. Veronica do you have anything to add to that?
- Veronica Dunlap:** With calendar year 2016 reporting, if the four eCQMs are not submitted because they are the hospital IQR program requirement, hospitals may be at jeopardy for failing their annual payment update which is one forth reduction of the applicable percentage increase for their APU. Let’s see what else we have here. “If hospitals have an authorized vendor for the submission, who should use the PSVA tool, the hospital or the vendor?”
- Jennifer Seeman:** So, it’s I think in this case it could be either, so if, if the vendor is actually preparing and sending the QRDA files then, then they would validate. I know there are some situations where the vendor is assisting with the hospital submissions, in which case then the hospital would likely test whatever files they’re outputting from their EHR system.

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- Veronica Dunlap:** Okay, great. “I will be the person submitting for our 12 hospitals. Will I need to download the PSVA tool 12 times? Also, will I need to be logged into each hospital and submit separately for each hospital?”
- Jennifer Seeman:** No, for PSVA you should be able to download the tool once and test any files that you need to submit. Upon submission to *QualityNet*, then your authorization will be validated but you should not need to log in separately to submit those files.
- Veronica Dunlap:** Okay. “Do test files contain patient – real patient data?”
- Jennifer Seeman:** They can. That depends on what you use for test data. The *Quality Secure* or the *QualityNet Portal* is secure for test files, as well as production, and the PSVA operates off of your own system or on your own system, so there’s no implications in including PHI or PII in those files.
- Veronica Dunlap:** Okay, next question. “Are we able to submit directly to CMS for test purposes through the PSVA tools?”
- Jennifer Seeman:** Yes, you should be able to select the, the test options through the PSVA application and submit to CMS as test.
- Veronica Dunlap:** Okay.
- Artrina Sturges:** Yes, and this is Artrina. For the – just one more piece. For the Preparation Checklist, we actually do have a piece in there that shows you how you can do that, as well. So that’s why that checklist should be pretty helpful for folks who want to utilize that, that function.
- Veronica Dunlap:** Thank you. “Which report tells me exactly why my file rejected?”
- Jennifer Seeman:** So that would be the Submission Detail Report. Once you get your second email notification that indicates your file has been rejected, I would recommend using that batch ID and running through the EHR Feedback Report or Submission Report category. The Submission Detail Report should outline any failures.

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- Veronica Dunlap:** Thank you. “If a vendor submits our files, will we be able to run the reports at the hospitals or will those reports only be accessible to the vendor?”
- Jennifer Seeman:** No, you should. The hospital should also have access to those reports.
- Veronica Dunlap:** Okay. “Can we submit test files prior to October 1, 2016?”
- Jennifer Seeman:** Yes, and it’s recommended that you do. The system is now available to submit test files, and we strongly advocate testing prior to October.
- Veronica Dunlap:** “If a user has the Security Administrator role on *QualityNet*, do they automatically have the EHR upload role?”
- Jennifer Seeman:** I don’t believe so but I need to follow up on that.
- Veronica Dunlap:** Okay. “If the test files are rejected or have errors, how will we know what needs to be fixed? Is it an issue with the setup of the file creation?”
- Jennifer Seeman:** So if your file is rejected, it is likely an issue with the setup of the file, and that’s – the report that you would want to run is through the EHR category is again – and that’s the Submission Detail report should outline errors that caused the file to fail.
- Veronica Dunlap:** Okay. “If we can submit test files during the production submission period, how will we designate the difference so that a test file isn’t used as a production file?”
- Jennifer Seeman:** So when you go into the Secure Portal to submit, you’ll have the option to select either production or test, and those files are stored separately. So when you submit to the production folder, those are production files that count towards program credit. When you submit to the test file, those files do not count for program credit.
- Veronica Dunlap:** Okay. We’re receiving a lot of questions on just the location of the 2016 Preparation Checklist for Test Files.

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- Artrina Sturges:** Okay, so this is Artrina. So in terms of where to find the Checklist: if you go out to the Quality Reporting Center website and you click on the information for the IQR program, you'll see a link there for – basically for tools. If you go on beneath there, there's a header and it will say eCQM Resources. The document is there. Also, don't worry too much about it because we are going to send a ListServe that has the document attached and has a link to the website, so you'll be fully informed. And that's actually –that ListServe should be coming out here in the next couple of days. So I want to make sure that everyone is aware.
- Veronica Dunlap:** Great, thank you. “Is the maximum of 15,000 file submissions for the quarter?”
- Jennifer Seeman:** No, that is just for the zip files submitted. So you can submit as many zip files as it takes to meet your reporting requirements for the quarter.
- Veronica Dunlap:** Okay. “What are the benefits of having a vendor submit versus a hospital?”
- Artrina Sturges:** I think –this is Artrina. I'm not really sure how to express that because I think a lot of it has to depend on the needs of the facility; staffing – there are a lot of other things that kind of come in to that process. So I am not really sure that's something that we can comment on. And Veronica or Jen, I don't know if you have other statements for that.
- Jennifer Seeman:** No, I would agree.
- Veronica Dunlap:** No, I would agree.
- Jennifer Seeman:** I think it definitely depends on the needs of the facility.
- Veronica Dunlap:** “Does the EHR attestation satisfy the eCQM IQR requirement?”
- Jennifer Seeman:** No, the, the IQR requirement needs to be fulfilled through the QRDA submissions in – in the *QualityNet Secure Portal*. Attestation is only applicable only to meaningful use.

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- Veronica Dunlap:** “How do we let CMS know which eCQMs we plan on submitting?”
- Jennifer Seeman:** For 2016 reporting you do not need to let CMS know. So there was previously an Intent to Submit screen for eCQMs. That’s no longer necessary. And basically that’s because eCQMs any – any measures that are reported via QRDA are also being required as chart-abstracted measures, as well. So there’s no need to declare any intent to submit for eCQMs.
- Veronica Dunlap:** Okay. And, so, do we have a time for maybe another question or two here?
- Artrina Sturges:** Yes, just one.
- Veronica Dunlap:** Thank you. Oh, thank you. “If a hospital is part of a healthcare system but it has its own CMS certification number, does each hospital in that hospital system submit its own data?”
- Jennifer Seeman:** Could, could you repeat that? I’m sorry.
- Veronica Dunlap:** Sure. “If a hospital is part of a healthcare system but it has its own CCN number, does each hospital in that system submit its own data?”
- Jennifer Seeman:** So there are some questions right now about multiple facilities reporting under one CCN. We haven’t fully established the impact of that, if that’s the question. And we are currently working on that. If it’s about the certified system, and there are separate CCNs, then yes, definitely, each facility should report under their own CCN.
- Veronica Dunlap:** Okay, great. And it looks like that’s it for today. And I’m passing the ball back to Deb. Thank you very much.
- Debra Price:** Well thank you very much, Veronica. And now I am going to speak to you about continuing education credits. Today’s webinar has been approved for one continuing education credit by the Boards listed on this slide. We are now a nationally accredited nursing provider, and as such,

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all nurses report their credits to their own boards using the provider number 16578. It's shown on the last bullet on this slide.

We now have an online CE certificate process. You can receive your CE certificate two different ways: if you registered for the webinar through ReadyTalk<sup>®</sup>, a survey will automatically pop up as soon as the webinar slides close. This survey will allow you to get your certificate. However, if you are in a room with a bunch of other people and one of you registered, then what's going to happen is 48 hours from now you will get another survey. Please take that survey and send it to the other people that are in your room so they can also get credit.

Are you having any certificate problems? Well when you registered on our Learning Management Center, if you do not immediately receive a response into your email that means that something's wrong. Typically, it means that there's a firewall up that is blocking our link. What we ask you to do if that happens, is to go back to the links and click on the [New User] link, and then register a personal email, not your hospital email, because what we have found is that hospitals tend to have firewalls up.

Okay, this is what the survey will look like as soon as the slides close out. You notice at the very bottom there's a grey rectangle [Done]. When you, when you have completed the survey please click that [Done] button.

And this is the page that will open up. This page has two links: [New User] link and [Existing User] link. If you have been on our previous webinars and have been able to receive your CE certificate without any problems, please click on the [Existing User] link, and then you'll put in your user name and your password to get your – your credit. However, if you have been having problems getting your certificate, please click on the [New User] link and register your personal email, like Yahoo or ATT, Gmail, [or] what have you. We have found that all of the personal emails do not have firewalls up, so we do not have any problems with those certificates.

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This is what the New User page, – this is actually what the [New User] link will take you to. It's the New User page. You put in your first name, your last name, your personal email, and then a phone number that will be linked to that e-mail, and then click register.

This is what the Existing User page looks like. Your user name is your entire email address, including what is found at the end after at. So, the user name is your complete email and then your password. And if you've forgotten your password, you don't have to worry because if you put something in there that's wrong. Another – another line will open up, and it will ask you if you want to have your password reset. So please continue with this.

And that will do it for our event. I would like to thank our speakers: Artrina, Veronica, and Jennifer, as well as all of our attendees, for spending some time with us today. We hope that you have learned something. Have a great rest of the day. Good bye everyone.

**END**