Inpatient Quality Reporting Program

Support Contractor

CMS QRDA Submission Errors
Eligible Hospitals/Critical Access Hospitals

Questions and Answers Transcript

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Question 1: Our first question, we actually had several iterations of this question, is where can I get copies of these slides?

Answer 1: So just to let everyone know, the slides and the presentation as well as a transcript will be posted on the *QualityNet* website in the coming weeks. So please stay tuned to see when these will become available.

Question 2: Another question we received is, and I apologize because I looked through the list, what if the date or time is unable to be determined?

Answer 2: And the answer we have there is it can be defined using a NullFlavor, which I believe Rick also went through. For example, effective time NullFlavor equals UNK, but Rick also said that there were some other options that could happen. Rick, can you clarify again just about the NullFlavor?

Right, so that's a general approach in Quality Reporting Document Architecture (QRDA) when you don't know what information is to pass a Null. However, just so folks are aware, there are cases

where either the QRDA specification or CMS in its additional rules has said, "Sorry, Null is not sufficient. You'll actually need to come up with the data."

I don't know offhand because I don't have the entire schema in my head whether that's the case for any particular time like a discharge time. I believe they're okay for that. But there may be cases where you would put in a Null, but you actually need to put something in. But in general, Null is your first step if you actually want to legally Null something out, rather than just leaving it empty.

Great, thank you. And do any of the other subject matter experts have any additional advice for this situation?

No, I don't.

No? Okay, great. And I think we can move on.

Question 3: Another question we had is for the patient role ID tag, if the patient ID is not Medicare HIC number because the payer is something else. Is the attribute still required?

Answer 3: The root ID is required. Every ID in a QRDA file needs to have a root and should have an extension. What you will need to do though is go and find the appropriate root for that ID. The best place for that is to go to the Health Level Seven (HL7) website at www.hl7.org/oid/ for Object Identifier (OID), and that's the HL7 OID registry. And what you can do there is you can look up OIDs for nearly every type of ID that you can possibly think of.

Most organizations that deal with HL7 will record their hospital OID if they have one, so you can do look-ups. All drivers' licenses, passport numbers, Social Security numbers all have OIDs already. So it's a great resource. There may be cases where you might need to create your own OID if you're an organization that's new to this. I think that's a separate topic, but one we could possibly discuss in a future call or just through some offline replies. But yes, you do need a root that scopes the ID. You can't send an ID without saying what kind of ID it is. And that root OID is what says what kind of an ID this is.

Great, thank you, Rick, for clarifying.

Question 4: And moving on, other questions we have are these instructions housed anywhere other than this presentation? And, K.P., did you want to answer that?

Answer 4: Sorry, say that again. Is that the one –?

It was about the instructions being housed anywhere outside.

Yes, I answered that actually.

Yes.

The instructions aren't housed in one location. We've kind of pulled this information together from a variety of sources. Primarily the combined CMS Implementation Guide, the HL7 QRDA standard, and the specific instructions on Oxygen are obviously exported from Oxygen's website. So not one location, but you should have this presentation on the slides in your hands soon, so I think that would be helpful.

Great, thank you, K.P.

Question 5: Another question we have is will Schematron check everything that the XML Schema file will? So if they just validate the Schematron, will that validate everything? And the –

Answer 5: The approach that HL7 has used is a layering of constraints or a layering of validation. The XML Schema checks some things very well and very quickly. Schematron checks all the stuff that XML Schema can't. And if we would try to express the entire XML Schema into Schematron, it would be very unwieldy and there might even be some things that wouldn't be possible with that as well.

So you do need to run both of them. I will state that it's more important to run the XML Schema, get that right first. The Schematron will find out all the other stuff, so I do recommend running both. But you need a valid QRDA file according to the XML Schema before you should even bother running the Schematron. Because then you're running on something that isn't even a QRDA.

The XML Schema is what first of all defines the overarching syntax. You've got to get the syntax right before you get the semantics down. And maybe that's a good way to separate it. The XML Schema defines the syntax; the Schematron defines the semantics. It's not exact, but that's pretty close.

Thank you.

Question 6: And, Rick, Debbie Krauss was wondering if you could pull up the Patient ID slide and reemphasis the requirement of the HIC number or the patient ID OID?

Yes, can we go back?

Answer 6: Give me the slide number, Rick.

Okay, hang on a second. I think it's under patient ID. I believe we're under Slide 18. Okay, and I believe also that I may have a discrepancy on this slide. But let me just double check. So the Medicare HIC number is what I believe is present in the CMS guide. I believe the actual requirement there is that you should use this, but it is not a SHALL requirement. In other words, it is a warning if you don't include it. For the example, I put that in because I felt it was the best thing to share, and I think CMS has recommended that be present, but there were some other questions I believe as to what if the patient ID doesn't have that and have some other payer.

You would then use this same syntax but the ID that's in the extension and the OID or the scoping OID that's in the root would be different. But that syntax, that format, and the location that you put in is still the same. Hopefully, that addresses the question there.

I can't go through all the possible root OIDs and extension formats for every possible payer in existence. That would be a presentation that never ends. But I do recommend, and apologies I didn't get it on this slide before, is I do recommend going to the HL7 OID registry. That's where you would do look ups to find the proper OIDs for various organizations.

And what we may want to do is have a follow-up call and presentation with common OIDs and extension formats for the top

payers and such that we expect people to submit. Because I know OIDs are always a question that people have and a little bit confusing until you actually understand them and you see examples and frankly until you just get a list. But the great thing is from the HL7 OID registry, again www.hl7.org/OID, you can download a spreadsheet containing every OID that Health Level 7 knows about. So it's an Excel file. You can get them all in one shot and do a lot of look-ups right from there.

Thank you, Rick.

Question 7: Another question that we had was if this is actually mandatory at this time. And we do want to note that the QRDA file submission is still voluntary at this time. And we did have the question of do we know when it will be mandatory? Do any of our subject matter experts know this at this time?

Answer 7: Hi, this is Debbie Krauss from CMS. Can you hear me?

Yes, we can Debbie.

Yes.

In reporting eCQMs, any requirements for mandatory reporting will be defined through the rulemaking process. So right now in meaningful use, hospitals and their vendors have the option of attesting or submitting the eCQMs via QRDA Category I. And as subsequent rules come out and as were defined in previous rules this summer and future rules coming out, the requirements are listed there.

Thank you, Debbie.

Question 8: Another question is, were the Schemas discussed in this webinar used in the Cypress tool that was used for the vendor certification?

Answer 8: I believe Cypress does use the QRDA Schema, and we've been discussing with Mitre they had made some changes to the Schemas that were originally released with QRDA, but in our recent discussions, they've made updates and are now using the HL7 ones. I don't know if that's actually released yet, and I can't answer whether certainly if you were certified at some point in the past

whether they would have used the HL7 provided Schemas directly. But I know now they are using a layered approach like HL7 recommends. So in the future, I can say certainly yes. As far as the past, it's a definite maybe.

Great, thank you, Rick.

Question 9: And then we also have another question. Do we know if CMS has the 100 hospitals it wanted to run trial data results for QRDA-I submitters? Debbie, do you know the answer to this question?

Answer 9: Yes, this is Debbie. I know that they're working on that pilot or that study. It's somebody in another division, but we're working. She just keeps us updated. So I know if you're interested, please e-mail. You can feel free to e-mail me to let me know your interest because we're always looking for folks to participate.

And I also want to say that in QualityNet right now, we're accepting Production files for the submission period that ends November 30th (But note on November 24, 2014, CMS extended this submission deadline to December 31, 2014). We'll accept test files, and we welcome test files at any time. We've received a number of files from hospitals. And we get back to those folks letting them know what the errors are and trying to help them so that they can successfully submit files and get them passed through the Schematron validation as well as the measures engine checking. So please feel free to contact us. We have lots of folks ready and willing to help with this file submission.

Kit Cooper: Thank you, Debbie. I have one minute left, so I believe – well, actually, you know what, it just turned over that we're out of time. Debra Price, would you like to take the presentation back?

Debra Price: Yes, thank you. This concludes our program for today. But I would like to reiterate that the slides are posted already. They are on the www.qualityreportingcenter.com website. That's www.qualityreportingcenter.com. And the transcript and also the actual recording of today's event if you want to re-listen to Rick's entire presentation, that will be posted also at www.qualityreportingcenter.com. And everything from today's event will be posted on QualityNet at a later date. It usually takes about one to two weeks.

We hope you've heard something useful that you can help in your own program today. If we did not get to your questions, please contact us, and we'll have a subject matter expert answer you. Thank you, and enjoy the rest of your day.

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