

Welcome

- **Audio for this event is available via ReadyTalk® Internet streaming.**
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- **This event is being recorded.**



Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

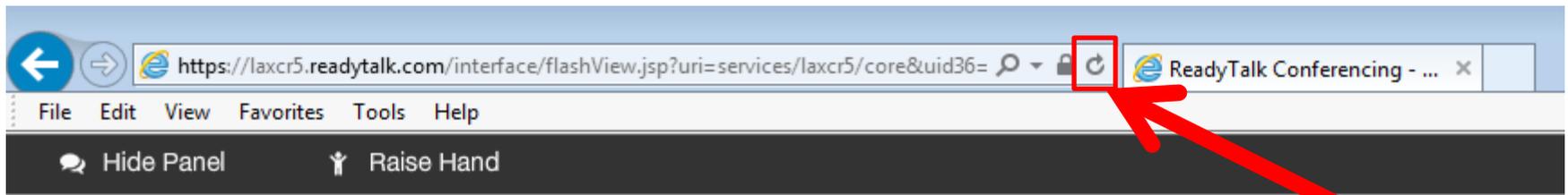
Click Refresh icon

-or-

Click F5



F5 Key
Top row of keyboard

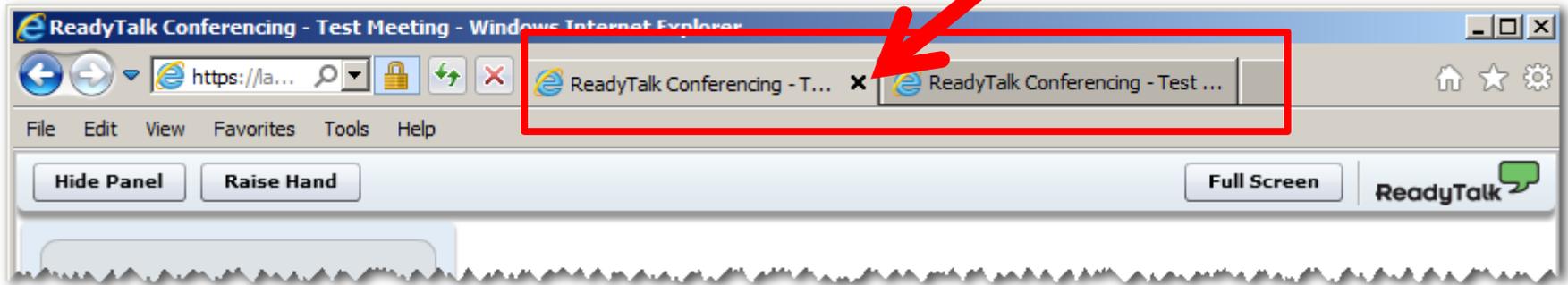


Location of Buttons

Refresh

Troubleshooting Echo

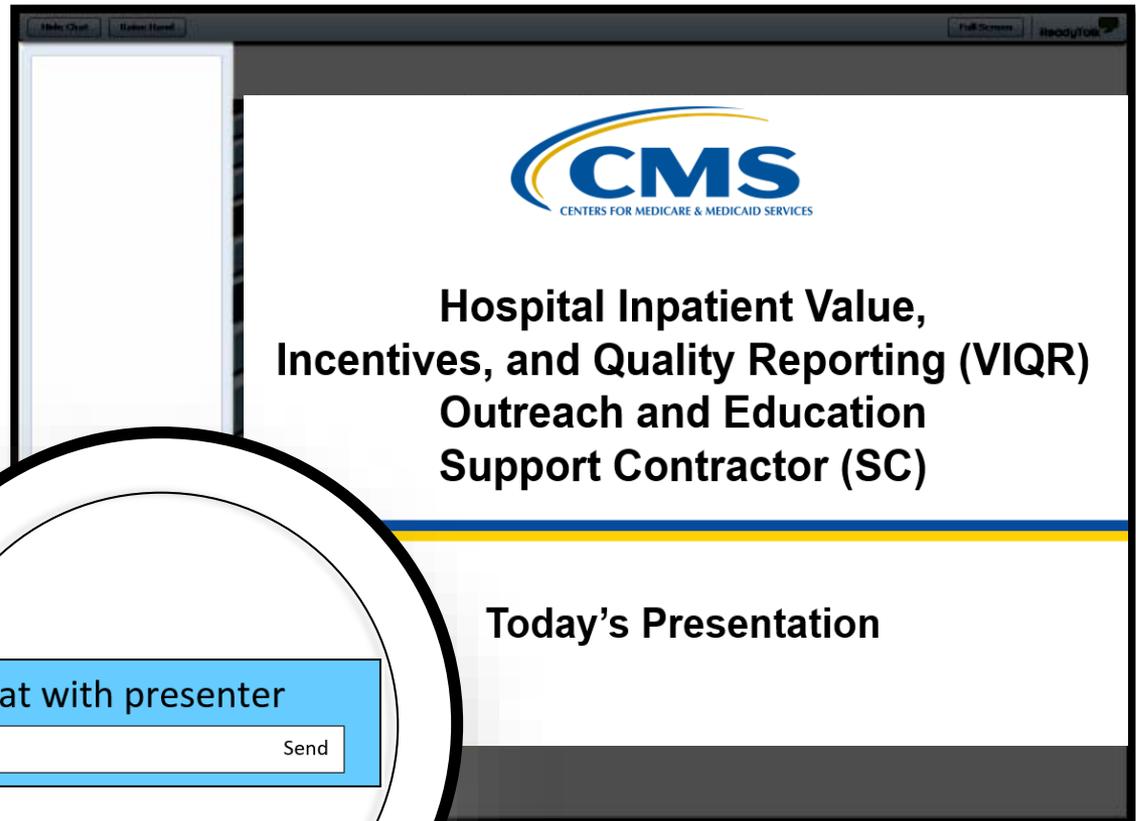
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of two browser tabs open to same event

Submitting Questions

Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





Walking Through the Steps to Successful eCQM Submission for CY 2018 Hospital Reporting

Artrina Sturges, EdD

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

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October 24, 2018

Purpose

The demonstration will walk data submitters through the steps to electronically report electronic clinical quality measure (eCQM) data via the *QualityNet Secure Portal*.

The steps include uploading Quality Reporting Document Architecture (QRDA) Category I files, as well as entering zero denominator declarations and case threshold exemptions to successfully meet the eCQM portion of the Hospital Inpatient Quality Reporting (IQR) and Promoting Interoperability Program* requirements for Calendar Year (CY) 2018 hospital reporting.

*Previously known as the Electronic Health Record (EHR) Incentive Program

Objectives

Upon the conclusion of the demonstration and reviewing helpful tips regarding the eCQM data submission process, data submitters will:

- Develop a greater understanding of the steps needed to achieve successful electronic reporting of eCQMs for the CY 2018 reporting period.
- Increase their comfort level with the data-submission process, including how to upload a QRDA Category I file and manually enter a zero denominator/case threshold exemption within the *QualityNet Secure Portal*.
- Understand how to use the feedback provided by EHR hospital reports to improve data quality and verify that the eCQM reporting requirement has been met.

Target Audience

This presentation is geared toward hospital staff and vendors with limited knowledge of the eCQM data submission process and those who would like a refresher demonstration specific to CY 2018 reporting.

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

Steps for eCQM Data Submission: QRDA Category I Files

Before You Start . . .

Contact *QualityNet* Help Desk to Obtain the EHR Data Upload Role:
Qnetsupport@hcqis.org

EHR Data Upload Role	EHR Vendor Authorization
<i>QualityNet</i> Account Required	<i>QualityNet</i> Account Required
Required for hospitals and their vendors to upload data	Vendor must have EHR Data Upload Role to upload data on hospital's behalf
Required for hospitals and their vendors to run EHR reports	Hospital must authorize vendor to upload EHR data on their behalf
Allows access to the Secure File Transfer within the <i>QualityNet Secure Portal</i> to upload EHR data (QRDA Category I files)	Vendor System Administrator can assign roles to multiple users that work for vendor (no limit)
Allows access to the MyTasks Screen within the <i>QualityNet Secure Portal</i> to enter zero denominator declarations/case threshold exemptions and QRDA Category I file deletion.	Vendor authorizations do not require end date
	Hospitals can have more than one vendor to submit EHR data (unable to edit at the measure level)

Tip: PSVA Tool Recommended

For information on the Pre-Submission Validation Application (PSVA) tool, the August 8, 2018 webinar *PSVA Overview for eCQM Data Submission in CY 2018* and associated materials are available.

Download webinar materials from the *Quality Reporting Center* website at this direct link:

<https://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>

Tip: Download Test and Production QRDA Category I File Submission Checklists

CY 2018 versions posted on QualityNet.org and QualityReportingCenter.com

CY 2018 Hospital IQR – Promoting Interoperability Program Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Test File(s) Instructions		
Due	Task	
NOW	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least four (4) of the 15 available electronic clinical quality measures (eCQMs) for one self-selected quarter of 2018 data (Q1, Q2, Q3, or Q4) during the same reporting period. <input type="checkbox"/> Confirm Health Information Technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2014 Edition, 2015 Edition, or a combination of both. Visit the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a QualityNet Secure Portal account and the Electronic Health Record (EHR) Data Upload Role. <input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the 2018 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) for Hospital Quality Reporting and 2018 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting under the Eligible Hospital/Critical Access Hospital (CAH) tab of the eCQI Resource Center. <input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the user manual from the Secure File Transfer of the QualityNet Secure Portal to validate the QRDA Category I file(s) for submission. <p>NOTE: CMS is expecting one QRDA Category I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per ZIP file.</p>	<input type="checkbox"/>
System opens mid-Sept.	<p>Submit Test File(s) either via the PSVA tool or directly to the QualityNet Secure Portal.</p> <p>For questions, contact the QualityNet Help Desk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Use the PSVA tool 	<input type="checkbox"/>

CY 2018 Hospital IQR – Promoting Interoperability Program Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Production File(s) Instructions		
Due	Task	
NOW	<ul style="list-style-type: none"> <input type="checkbox"/> Select at least four (4) of the 15 available electronic clinical quality measures (eCQMs) for one self-selected quarter of 2018 data (Q1, Q2, Q3, or Q4) during the same reporting period. <input type="checkbox"/> Confirm Health Information Technology (Health IT) is certified to the Office of the National Coordinator of Health IT (ONC) 2014 Edition, 2015 Edition, or a combination of both. Visit the Certified Health IT Product List (CHPL) website to ensure the edition is certified to report all eCQMs. <input type="checkbox"/> Contact the QualityNet Help Desk to obtain a QualityNet Secure Portal account and the Electronic Health Record (EHR) Data Upload Role. <input type="checkbox"/> Confirm the Quality Reporting Document Architecture (QRDA) Category I file(s) are constructed per the 2018 Centers for Medicare & Medicaid Services (CMS) Implementation Guide (IG) for QRDA Category I Hospital Quality Reporting and 2018 CMS QRDA I Schematrons and Sample Files for Hospital Quality Reporting, available under the Eligible Hospital/Critical Access Hospital (CAH) tab of the eCQI Resource Center. <input type="checkbox"/> Download the most recent version of the Pre-Submission Validation Application (PSVA) tool and the user manual from the Secure File Transfer of the QualityNet Secure Portal to validate the QRDA Category I file(s) for submission. <p>NOTE: CMS is expecting one QRDA Category I file per patient, per quarter, which includes all episodes of care and applicable measures associated with that reporting period. Maximum individual file size is 5 MB. A maximum of 15,000 files can be submitted per ZIP file.</p>	<input type="checkbox"/>
System opens mid-Sept.	<p>Submit Production File(s) either via the PSVA tool or directly to the QualityNet Secure Portal.</p> <p>For questions, contact the QualityNet Help Desk.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Use the PSVA tool (The CMS data receiving system performs additional checks since the PSVA tool only validates the file structure.) 	<input type="checkbox"/>

QualityNet Secure Portal Login

www.QualityNet.org

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a navigation bar with a search box and a link that says "Log in to QualityNet Secure Portal (formerly MyQualityNet) Log In", which is circled in red. Below this is a horizontal menu with tabs for "Home", "My QualityNet", and "Help". Under "My QualityNet", there are several dropdown menus for different facility types: "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement".

The main content area is divided into several sections. On the left, there are three vertical boxes: "QualityNet Registration" with a list of facility types, "Getting Started with QualityNet" with a list of links like "Registration" and "Sign-In Instructions", and "Join Listserves" with a sign-up prompt. The central section is titled "QualityNet News" and features a news article about CMS releasing HSRs for the FY 2019 Readmissions Reduction Program. Below the article are "Headlines" with several links. On the right side, there is a sidebar titled "Log in to QualityNet Secure Portal" which is circled in red. It contains a "Login" section with a list of links: "Download Symantec ID (required for login)", "Portal Resources", "Secure File Transfer Resources", and "Secure Portal Enrollment Training, WMV". Below this is a "Questions & Answers" section with a list of topics.

Select the *QualityNet* Destination

CMS.gov | QualityNet

Select Your QualityNet Destination

Secure File Transfer

CMS Data Element Library

End-Stage Renal Disease Quality Reporting System

Ambulatory Surgical Center Quality Reporting Program

PPS-Exempt Cancer Hospital Quality Reporting Program

Inpatient Hospital Quality Reporting Program

Inpatient Psychiatric Facility Quality Reporting Program

Outpatient Hospital Quality Reporting Program

Quality Improvement Organizations

QIES Business Intelligence Center

HQR Next Generation

Select the *QualityNet* Destination

Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Inpatient Hospital Quality Reporting Program

Let's Go

Cancel

QualityNet Login

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Log In to QualityNet * Required Field

Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

CANCEL SUBMIT

Help

- [Start/Complete New User Enrollment](#)
- [Forgot your password?](#)
- [Trouble with your Security Code?](#)
- [Need to register for a QualityNet account?](#)

VIP Access

Credential ID

Security Code 26

Symantec Validation & ID Protection

QualityNet Secure Portal Home Page

Secure File Transfer User Profile Log Out

Search QualityNe

Improvement news, communications and End Stage Renal Disease (ESRD)

QualityNet News

- No items to display

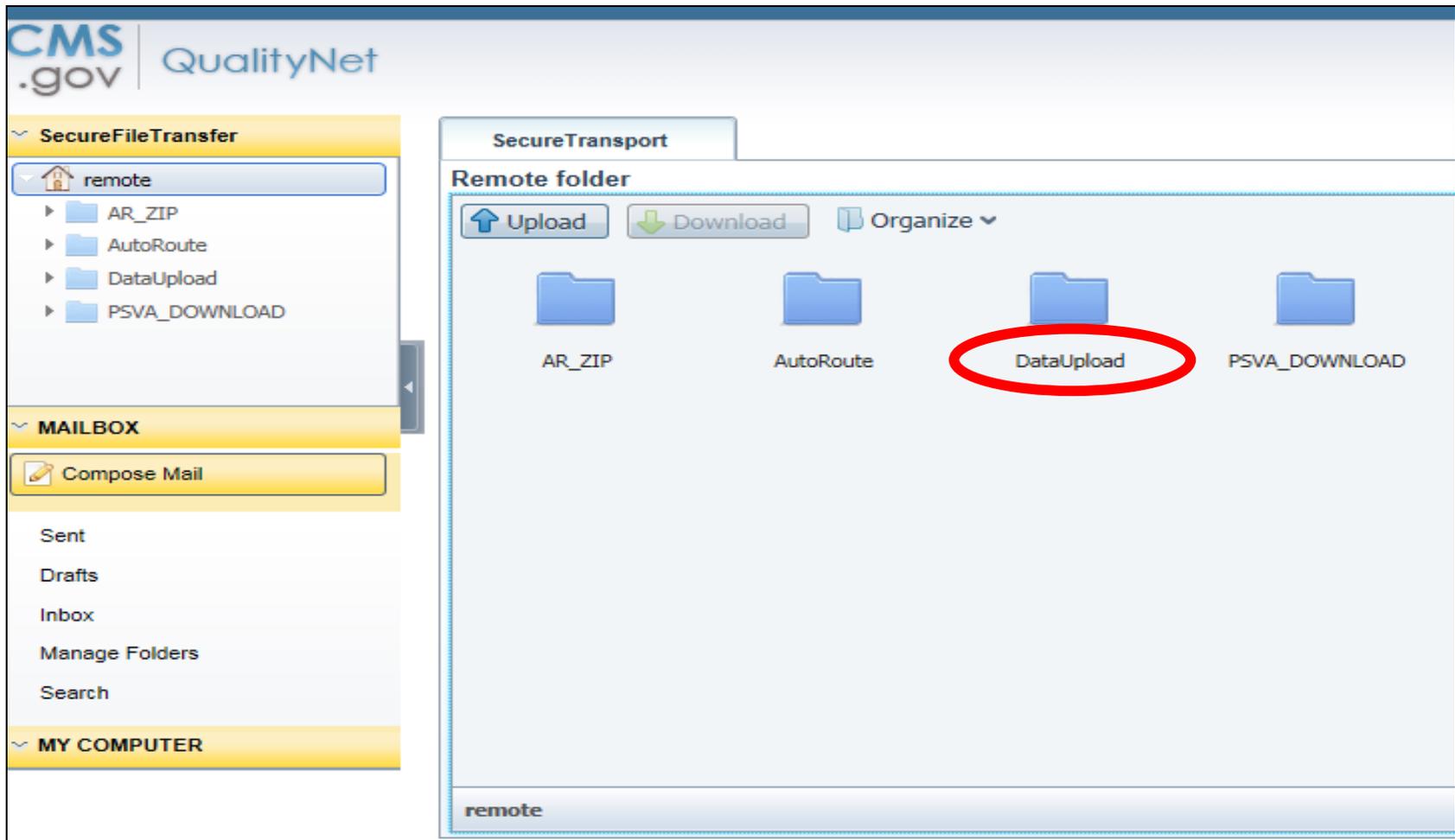
Announcements from QualityNet Team

- No items to display

QualityNet Events

The QualityNet Event Center provides a schedule of upcoming (live) training sessions, as well as trainings hosted by QIOs for healthcare providers in their respective states. Also listed are details, including date, time, duration of the event, and

Select DataUpload Folder



Select Test or Production Folder

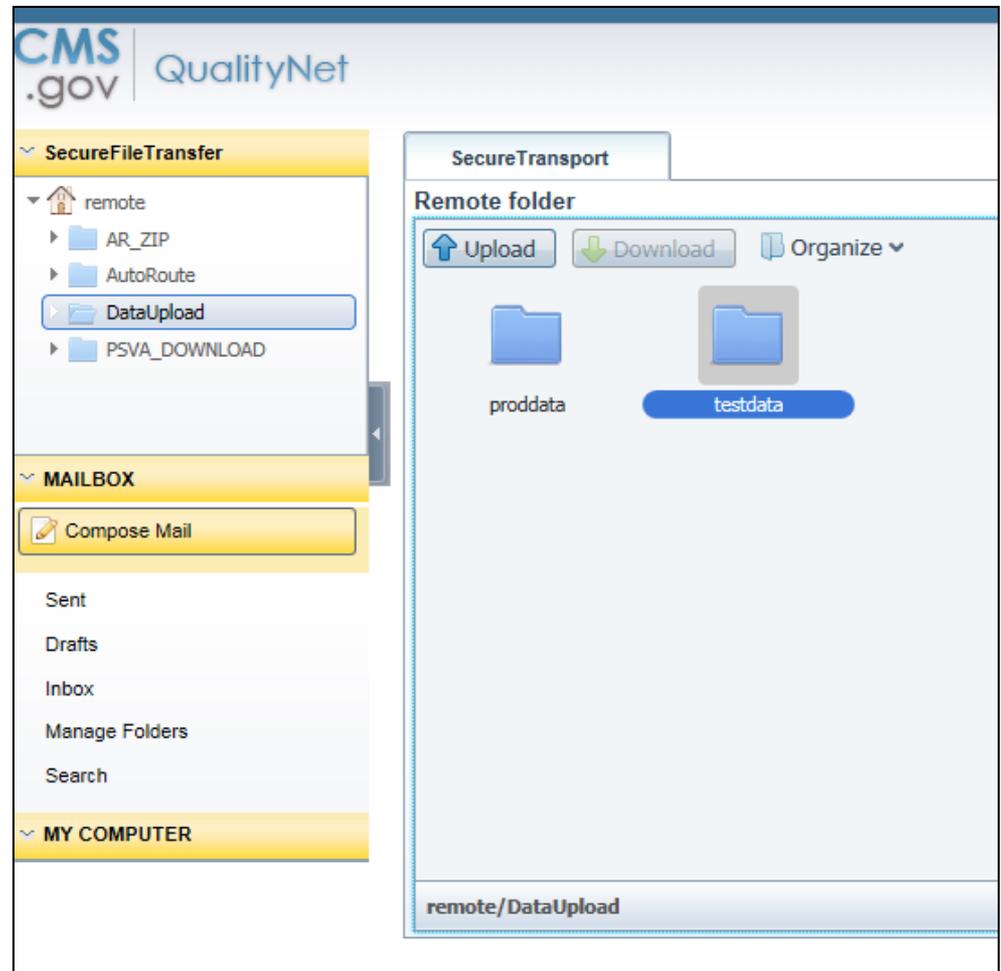
Production QRDA Category I data submissions (proddata):

- Provided by hospitals or health information technology (IT) vendors on the hospital's behalf

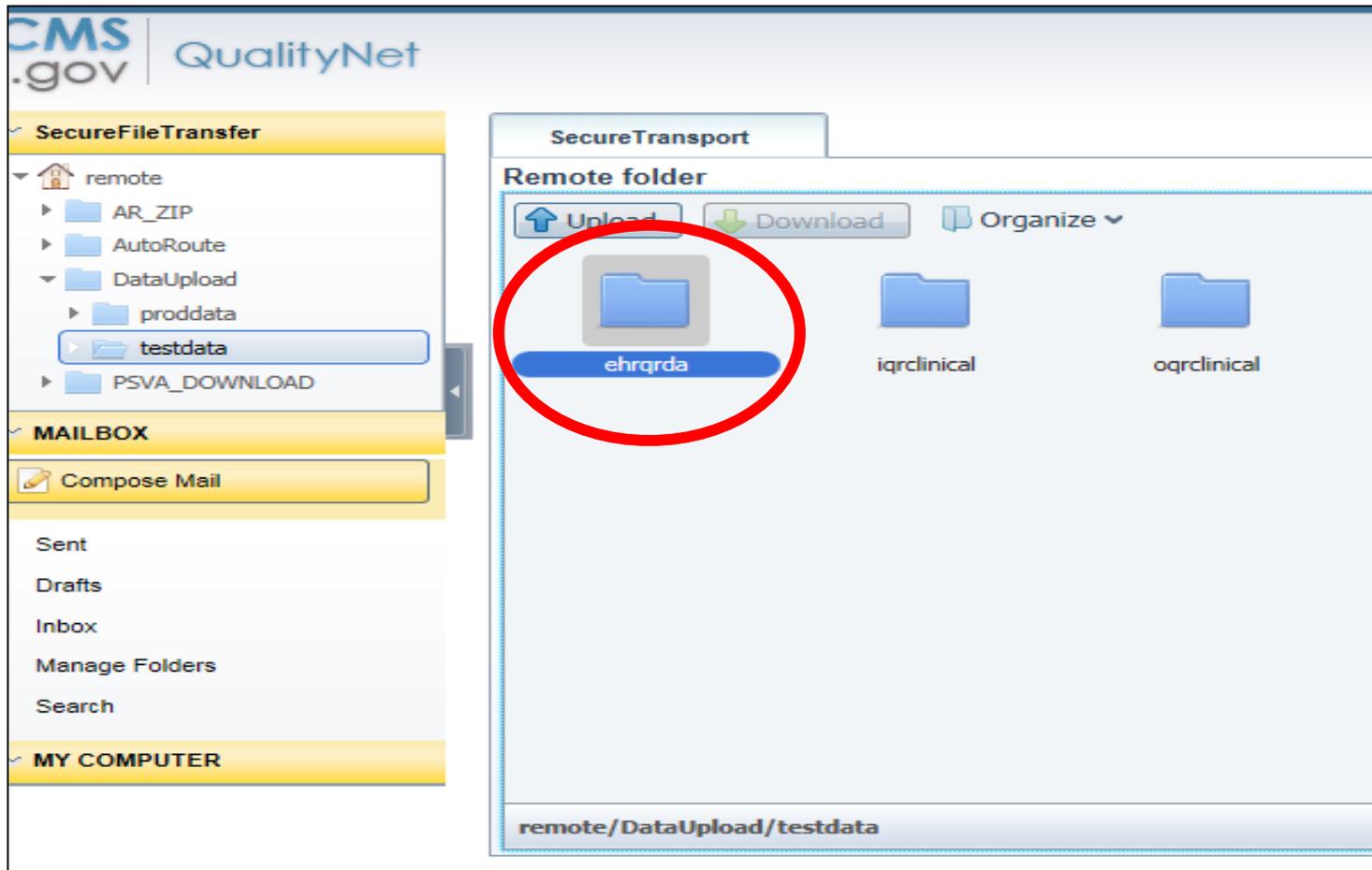
The final data submissions are intended to fulfill the electronic eCQM reporting requirement for the Hospital IQR and the Promoting Interoperability Programs.

Test QRDA Category I data submissions (testdata):

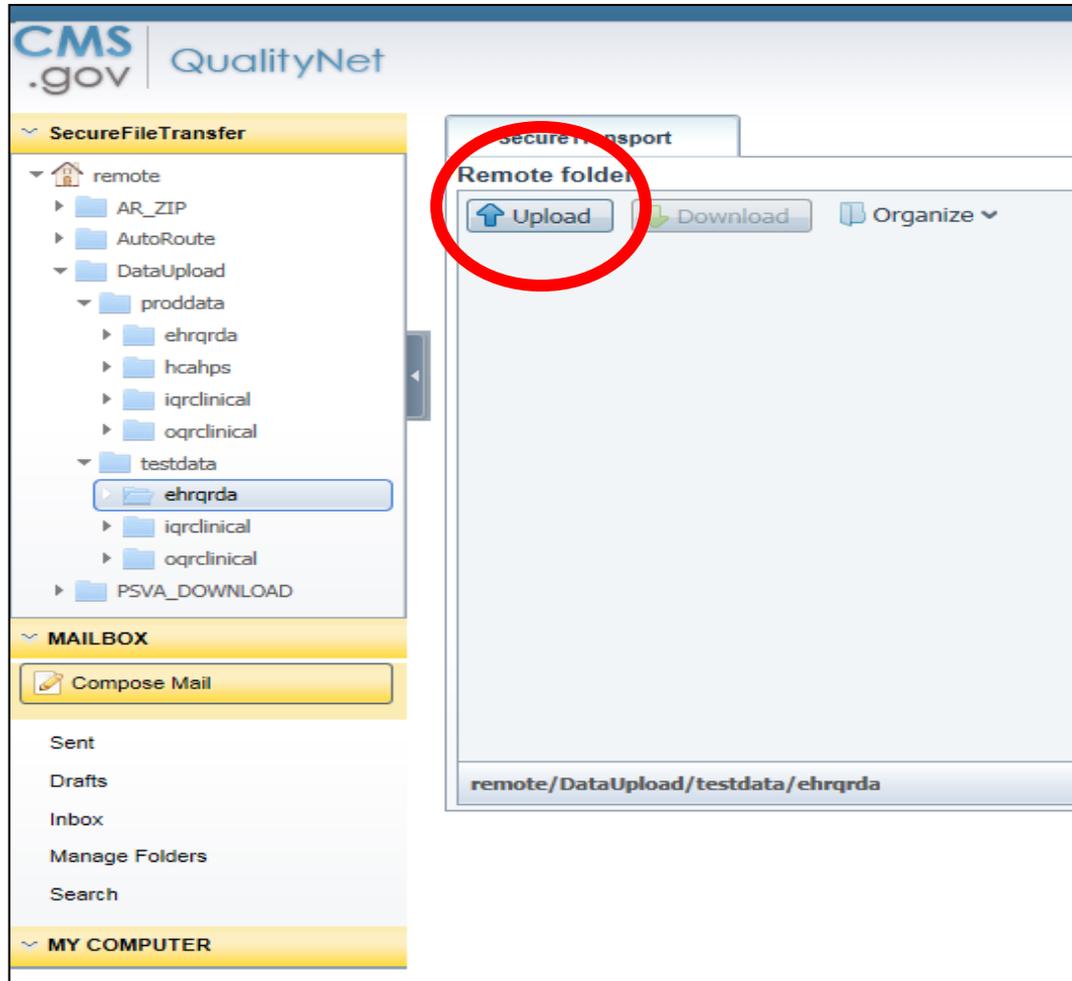
- Considered practice and do not count towards CMS program credit



Select ehrqda Folder



Click on Upload Folder



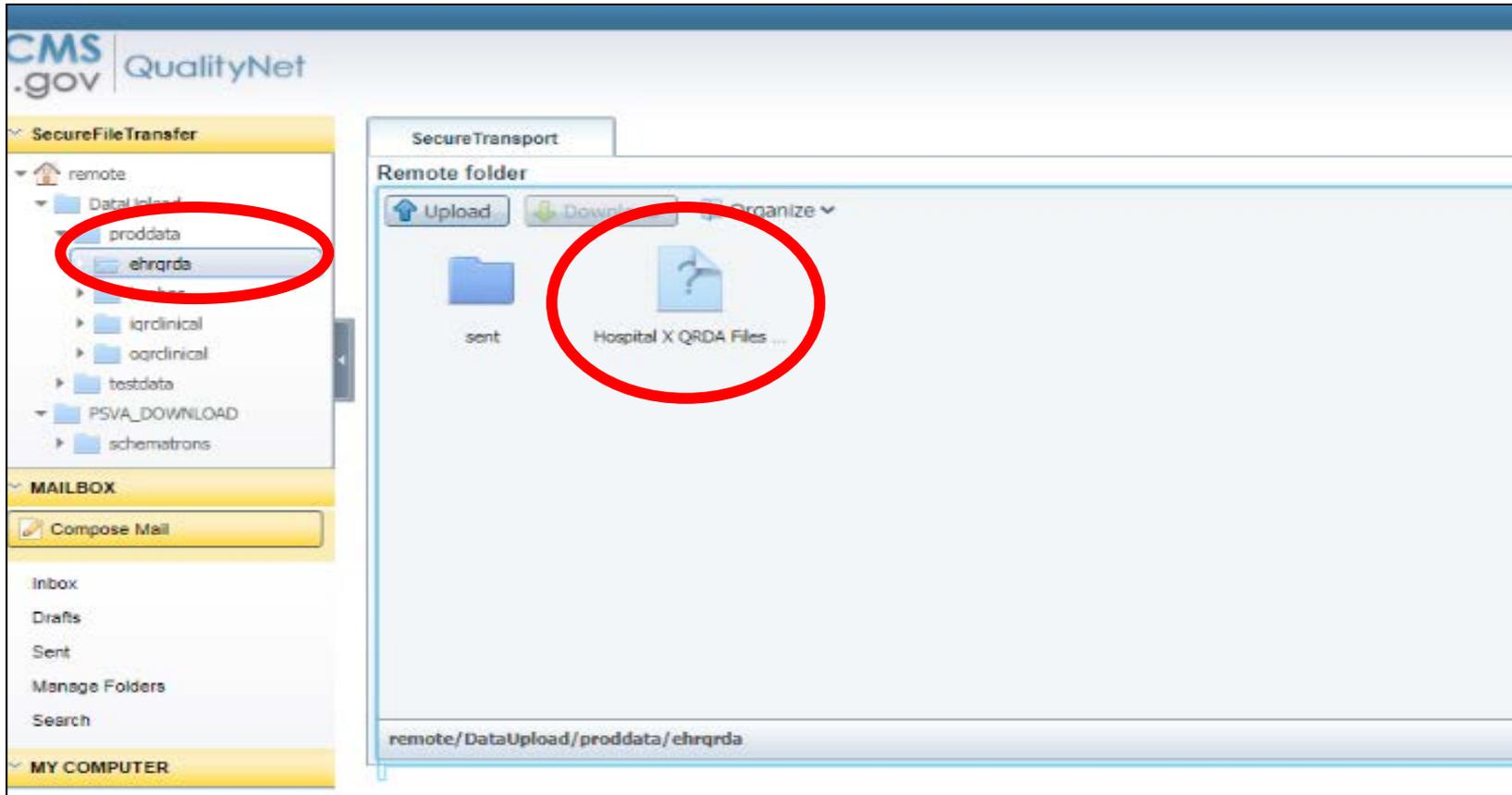
Choose File(s) to Upload

The image shows a web application interface for file upload and a Windows file explorer window. The web application is titled "CMS QualityNet" and has a "SecureFileTransfer" section. The "Remote folder" is "remote/DataUpload/proddata/ehrqrda". The "Upload" button is circled in red. A tooltip for the "Upload Screenshot 2.PNG" file is visible, showing "Type: PNG image", "Size: 283 KB", and "Dimension: 1918 x 1079 pixels".

The Windows file explorer window is open to the Desktop and shows a list of files and folders. The "Hospital X QRDA Files Quarter 3" folder is circled in red. A red arrow points to this folder with the text "Select Zip File".

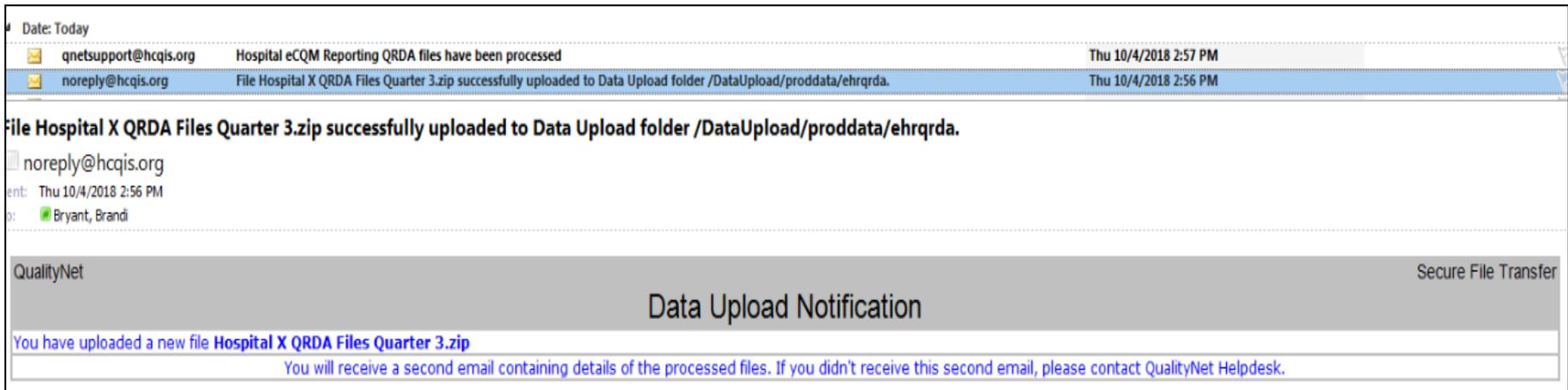
Name	Size	Type	Date modified
Libraries		File folder	10/4/2018 2:54 PM
Computer		File folder	10/4/2018 2:45 PM
Network		File folder	
Documents		File folder	
Hospital X QRDA Files Quarter 3		File folder	
Hospital X QRDA Files Quarter 3	27 KB	PKZIP File	10/4/2018 2:46 PM
SecureZIP	0 KB	SecureZIP	12/11/2012 10:01 ...
Acrobat Reader DC	2 KB	Shortcut	7/28/2018 1:16 AM
Configuration Manager	1 KB	Shortcut	5/25/2018 10:19 AM
CRIS	1 KB	Shortcut	6/14/2013 4:23 PM
GoldMine	2 KB	Shortcut	12/10/2014 10:37 ...
Google Chrome	3 KB	Shortcut	9/19/2018 8:33 AM
SpectraGuard SAFE	3 KB	Shortcut	1/3/2014 10:00 PM
VIP Access	3 KB	Shortcut	6/14/2013 10:50 AM
VMware Horizon Client	2 KB	Shortcut	7/11/2016 8:24 AM

QRDA Category I File(s) Uploaded



First Email: QRDA Category I File(s) Uploaded

The first of two email notifications will be sent to notify the data submitter that the file was uploaded successfully.



Second Email: QRDA Category I File(s) Accepted vs. Rejected

Date: Today
qnetsupport@hcqis.org Hospital eCQM Reporting QRDA files have been processed Thu 10/4/2018 2:57 PM
noreply@hcqis.org File Hospital X QRDA Files Quarter 3.zip successfully uploaded to Data Upload folder /DataUpload/proddata/ehrqrda. Thu 10/4/2018 2:56 PM

Hospital eCQM Reporting QRDA files have been processed
qnetsupport@hcqis.org
If there are problems with how this message is displayed, click here to view it in a web browser.
Sent: Thu 10/4/2018 2:57 PM

EHR Submission Summary

The QRDA file(s) uploaded for Hospital eCQM Reporting have finished processing. A summary of the rejected files for the batch ID and CCN(s) is below.

To view details of the uploaded files, please sign in to your QualityNet Secure Portal account to run the individual reports. Specific reasons for file rejection and eCQM submission status are in the reports.

Batch #: 432604
File Name: Hospital X QRDA Files Quarter 3.zip
Uploaded: 10/04/18 @ 2:56PM

Total Uploaded: 5 | Total Accepted: 3 | **Total Rejected: 2**

CCN	Facility	Rejected / Submitted
Error*	Unknown Provider(s)	1 / 1
CCN	Provider	1 / 4

*This value is returned when one or more CCN is invalid or not contractually affiliated. Please check your QRDA files and resubmit.

Need Help?
If you have any questions, please contact the QualityNet Help Desk:

Run Submission Summary Report/Check Measure Template

EHR Hospital Reporting - Submission Summary Report

Provider:

Submitter: All

Domain: All

Measure Set: All

File Status: ACCEPTED, REJECTED

Test Case Indicator: All

Discharge Quarter:

Submitter	Measure Name	Domain	File Status	Measure Count
Total Files Submitted: 10247				
Total Files Accepted: 10243				
Total Files Deleted: 0				
Total Files Rejected: 4				
Provider:				
Submitter:				
Measure Set: ED				
	ED-1	Patient and Family Engagement	ACCEPTED	10243
	ED-1	Patient and Family Engagement	REJECTED	4
	ED-3	Care Coordination	ACCEPTED	12528
	ED-3	Care Coordination	REJECTED	6
Measure Set: VTE				
	VTE-1	Patient Safety	ACCEPTED	10268
	VTE-1	Patient Safety	REJECTED	4
	VTE-2	Patient Safety	ACCEPTED	10268
	VTE-2	Patient Safety	REJECTED	4

*Note: The File Counts are counts of the total number of files submitted, accepted, deleted and rejected.

*Note: The Measure Counts are counts of individual measure records within a file that were accepted, deleted and rejected.

Run Submission Detail Report/Troubleshoot Rejected Files (Error Messages)

Accepted QRDA Category I File Example

Discharge Quarter: 10/01/2016 - 12/31/2016

Provider ID	Submitter ID	EHR Certification Number	File Name	Batch ID	Upload Date	File Status	Feedback Message	Test Case Indicator
				862710	03/06/2017 11:21	ACCEPTED	INFO: QRDA file accepted.	NO

Rejected QRDA Category I File Example

Discharge Quarter: 10/01/2016 - 12/31/2016

Provider ID	Submitter ID	EHR Certification Number	File Name	Batch ID	Upload Date	File Status	Feedback Message	Test Case Indicator
UNKNOWN				848889	03/06/2017 11:51	REJECTED	ERROR: Admission Date is not properly formatted (CONF:CMS_0075).	NO
UNKNOWN				848889	03/06/2017 11:51	REJECTED	ERROR: CCN (NULL) cannot be validated (CONF:CMS_0066).	NO
UNKNOWN				848889	03/06/2017 11:51	REJECTED	ERROR: CCN SHALL be six to ten characters in length (CONF:CMS_0035).	NO
UNKNOWN				848889	03/06/2017 11:51	REJECTED	ERROR: Discharge Date is not properly formatted (CONF:CMS_0076).	NO

Run eCQM Submission Status Report/Check Requirement Met

- This report is available for production file submissions **only**.
- This report provides a summary level view signaling successful submission of eCQMs via QRDA Category I files, zero denominator declarations, and case threshold exemptions.

Page 1 of 3

Report Run Date: 09/11/2018
 EHR Hospital Reporting – eCQM Submission Status Report
 Submitter:
 Provider: -----
 Discharge Quarter: Q4 2018, Q3 2018, Q2 2018, Q1 2018

Data As Of: 09/11/2018
 Submitter:
 Provider:
 Discharge Quarter: Jan 01 - Mar 31, 2018

Discharge Quarter eCQM Count:
 EHR Incentive Program : 7
 IQR-EHR: 7

Program Year Successful eCQM Data Submission:
 EHR Incentive Program : Yes
 IQR-EHR: Yes

Measure ID	Domain	Submission Status ²	Last Submission Date/Time
AMI-8a	Clinical Process/Effectiveness	Zero Denominator Declaration	09/07/2018 09:57
CAC-3	Patient and Family Engagement	Not Submitted	N/A
ED-1	Patient and Family Engagement	Not Submitted	N/A
ED-2	Patient and Family Engagement	Zero Denominator Declaration	09/07/2018 09:57
ED-3*	Care Coordination	Not Submitted	N/A
EHDI-1a	Clinical Process/Effectiveness	Zero Denominator Declaration	09/07/2018 09:57
PC-01	Clinical Process/Effectiveness	Submitted	09/11/2018 09:54
PC-05	Clinical Process/Effectiveness	Not Submitted	N/A
STK-2	Clinical Process/Effectiveness	Not Submitted	N/A
STK-3	Clinical Process/Effectiveness	Not Submitted	N/A
STK-5	Clinical Process/Effectiveness	Submitted	09/04/2018 14:04
STK-6	Clinical Process/Effectiveness	Submitted	09/05/2018 14:48
STK-8	Patient and Family Engagement	Zero Denominator Declaration	09/07/2018 09:57
STK-10	Care Coordination	Not Submitted	N/A

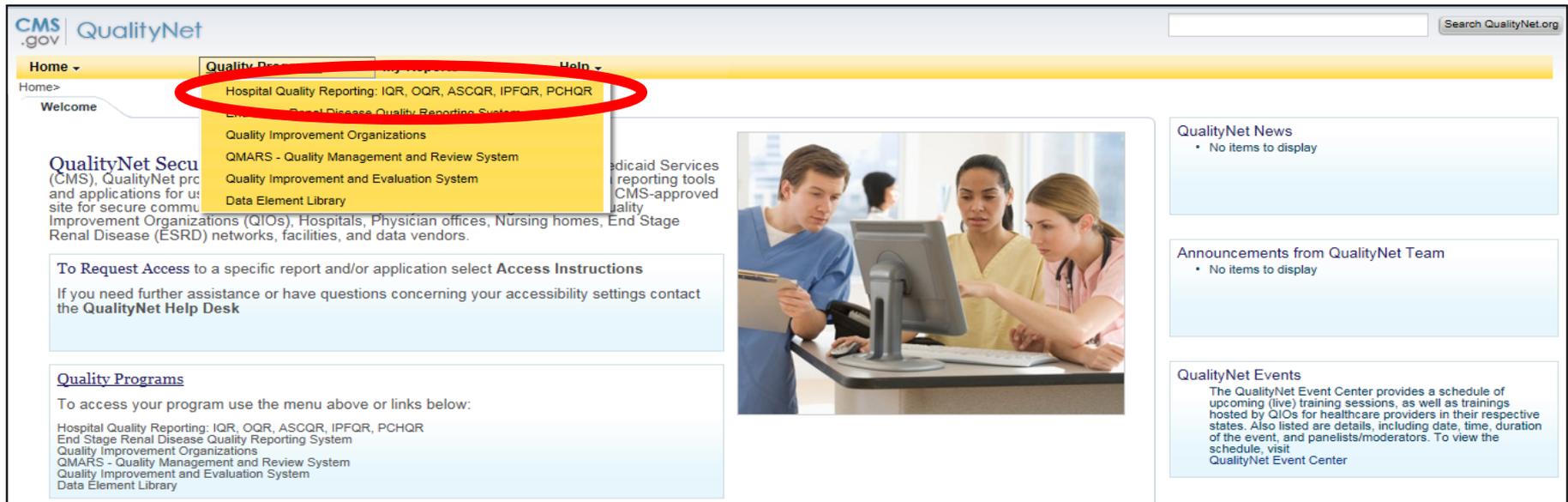
EHR Reports and Resources

- *Navigating EHR Reports for CY 2018 Hospital eCQM Reporting* (June 27, 2018) webinar and related materials are available for download on the *Quality Reporting Center* website:
<https://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>
- Other online educational materials are available for download on *Quality Reporting Center* and *QualityNet* websites:
 - *QualityNet*:
file:///C:/Users/asturges/AppData/Local/Microsoft/Windows/INetCache/IE/F3WQ5T54/QNet_EHR_RptOverview_2018.pdf
 - *Quality Reporting Center*:
https://www.qualityreportingcenter.com/wp-content/uploads/2018/06/QNet-EHR-Report-Overview-CY-2018_vFINAL.508.pdf
- Video Demonstration: “Uploading QRDA Category I Files in the *QualityNet Secure Portal*”

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

**Steps for eCQM Data Submission:
Zero Denominator Declaration/
Case Threshold Exemption**

Select Quality Programs



The screenshot shows the CMS QualityNet website interface. At the top left, the logo reads "CMS .gov QualityNet". A search bar is located at the top right with the text "Search QualityNet.org". Below the logo, there is a navigation bar with "Home" and "Help" dropdown menus. A yellow dropdown menu is open under "Quality Programs", listing several options: "Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR", "End Stage Renal Disease Quality Reporting System", "Quality Improvement Organizations", "QMARS - Quality Management and Review System", "Quality Improvement and Evaluation System", and "Data Element Library". The first option is circled in red. Below the navigation bar, there is a "Welcome" section and a "QualityNet Security" section. To the right, there is a photograph of three healthcare professionals (two women and one man) looking at a computer monitor. Further right, there are three informational boxes: "QualityNet News" (No items to display), "Announcements from QualityNet Team" (No items to display), and "QualityNet Events" (The QualityNet Event Center provides a schedule of upcoming (live) training sessions, as well as trainings hosted by QIOs for healthcare providers in their respective states. Also listed are details, including date, time, duration of the event, and panelists/moderators. To view the schedule, visit QualityNet Event Center).

My Tasks Screen

CMS .gov QualityNet

[Home](#) [Quality Programs](#) [My Reports](#) [Help](#)

Home > Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR

Quality Reporting System: My Tasks

Hospital Reporting Inpatient / Outpatient View / Edit Population and Sampling	Manage Measures View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)	Manage Security Manage Multifactor Credentials My Account
Manage Notice of Participation View/Edit Notice of Participation, Contacts, Campuses	Vendor Authorization Authorize Vendors to Submit Data	Hospital Reporting Inpatient View / Edit Measure Designation
EHR Incentive Program Hospital eCQM Reporting Denominator Declaration/QRDA File Deletion		

Select Denominator Declaration

The screenshot displays the CMS QualityNet web application interface. At the top left, the logo reads "CMS .gov | QualityNet". A search bar is located in the top right corner. Below the logo, a yellow navigation bar contains the following menu items: "Home", "Quality Programs", "My Reports", and "Help", each with a downward-pointing arrow. Underneath the navigation bar, a breadcrumb trail reads: "Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>EHR Incentive Program Hospital eCQM Reporting>Denominator Declaration/QRDA File Deletion". The main content area features the text "EHR Incentive Program Hospital eCQM Reporting" on the left and a blue link labeled "Denominator Declaration" on the right. This link is highlighted with a red oval.

Denominator Declaration Screen

Home>Quality Programs>Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR>EHR Incentive Program Hospital eCQM Reporting>Denominator Declaration/QRDA File Deletion

EHR Incentive Program Hospital eCQM Reporting : Denominator Declaration

Denominator Declaration for eCQMs

* Enter 6-10 character Provider ID (CCN)

* Select Date Range Jan 1 - Mar 31, 2018
Apr 1 - Jun 30, 2018
Jul 1 - Sep 30, 2018
Oct 1 - Dec 31, 2018 Select Date Range

Select Discharge Quarter

eCQM	Domain	Zero Denominator **	Case Threshold Exemption ***
AMI-8a	Clinical Process/Effectiveness	<input type="checkbox"/>	
CAC-3	Patient and Family Engagement	<input type="checkbox"/>	
ED-1	Patient and Family Engagement	<input type="checkbox"/>	
ED-2	Patient and Family Engagement	<input type="checkbox"/>	
ED-3*	Care Coordination	<input type="checkbox"/>	
EHDI-1a	Clinical Process/Effectiveness	<input type="checkbox"/>	
PC-01	Clinical Process/Effectiveness	<input type="checkbox"/>	
PC-05	Clinical Process/Effectiveness	<input type="checkbox"/>	
STK-2	Clinical Process/Effectiveness	<input type="checkbox"/>	
STK-3	Clinical Process/Effectiveness	<input type="checkbox"/>	
STK-5	Clinical Process/Effectiveness	<input type="checkbox"/>	
STK-6	Clinical Process/Effectiveness	<input type="checkbox"/>	
STK-8	Patient and Family Engagement	<input type="checkbox"/>	
STK-10	Care Coordination	<input type="checkbox"/>	
VTE-1	Patient Safety	<input type="checkbox"/>	
VTE-2	Patient Safety	<input type="checkbox"/>	

Enter 0-5

Check Box

* Indicates eCQM is not applicable for the Hospital IQR Program
 ** Select if there was no denominator patient population for the certified measure for the selected date range. The Case Threshold field will be disabled if Zero Denominator is selected.
 *** Enter 0-5 for quarter selection. Leave blank if eCQM is to be submitted. eCQM data must all be within the same single discharge quarter.

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

Frequently Asked Questions

Q: PSVA Tool vs. *QualityNet* File Validation

Q: What is the difference between validating QRDA Category I files via the PSVA tool or validating the files through the *QualityNet Secure Portal*? Does one provide more useful feedback on errors?

A: There are some differences between validating QRDA Category I files through the PSVA tool and then validating the same files in the CMS data receiving system:

- The PSVA tool performs file format validation.
- The CMS data receiving system performs some additional checks beyond file format validation, such as the Clinical Document Architecture (CDA) schema, submission period dates, and authorization for a vendor to submit on a hospital's behalf.
- CMS also includes measure outcome information that a hospital may want to review prior to final file submissions.

The PSVA tool is a good starting point for initial validation and will help hospitals and their vendors work through many file format issues. Both validation methods provide value, but, ultimately, the hospital wants to ensure that files are accepted through the CMS data receiving system.

Q: CMS EHR Certification ID Number Requirement

Q: Are hospitals required to include the CMS EHR Certification Identification Number in each QRDA Category I file when electronically reporting eCQMs?

A: Yes, the CMS EHR Certification Identification Number is required in each QRDA Category I file submitted for eCQM reporting. Information regarding the specific field that should contain the CMS EHR Certification Identification Number is available in the *2018 CMS QRDA Category I Implementation Guide for Hospital Quality Reporting* under the EH/CAH eCQMs tab of the eCQI Resource Center at this direct link: <https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms>. Please be sure to download the correct document for the applicable reporting period.

Q: CEHRT Definition

Q: What is the definition of Certified Electronic Health Record Technology (CEHRT) according to the Office of the National Coordinator of Health Information Technology (ONC)?

A: The CEHRT definition must be applicable to the EHR utilized for eCQM reporting to the Hospital IQR and the Promoting Interoperability Programs and include the base EHR items and quality reporting criteria (c1 – capture and export; c2 – calculate; c3 – report). See 45 CFR 170 for the full CEHRT definition at this direct link:

https://www.ecfr.gov/cgi-bin/text-idx?SID=38d78412ec521aae806e97e1ca5d6547&mc=true&pl=/ecfrbrowse/Title45/45cfr170_main_02.tpl.

Q: When is CEHRT Required

Q: When are eligible hospitals required to have CEHRT in place to electronically report eCQM data to the Hospital IQR and the Promoting Interoperability Programs?

A: Eligible hospitals are required to have the entire CEHRT definition applicable for their program participation by the close of the calendar year in which the eCQM reporting period occurs. For example, for the Calendar Year (CY) 2018 reporting period, hospitals would need to have the CEHRT definition in place by December 31, 2018.

Q: Attestation Requirements – Objectives and Measures

Q: Where can I locate information on the objectives and measures that have to be reported for attestation to the Promoting Interoperability Programs?

A: The *CMS.gov* Promoting Interoperability Program [Eligible Hospital Information](#) web page provides checklists, worksheets, and the user guide: [QualityNet Hospital Objectives and Clinical Quality Measures](#).

Questions?

Contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Q: IQR eCQM ECE vs. Hardship Exception

Q: If I submit an Extraordinary Circumstances Exception (ECE) request for eCQM reporting for the Hospital IQR Program, does this also translate to an exception or hardship for the Medicare Promoting Interoperability Program?

A: There is an application process specific to each program that have different criteria and requirements.

Q: IQR eCQM ECE vs. Hardship Exception (cont.)

- For the Promoting Interoperability Program:
 - There is a separate hardship request process specific to the Medicare Promoting Interoperability Program reporting requirements. Review the information posted on the *CMS.gov* website specific to the hardship application process based on the reporting year. The direct link is: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html.
- For the Hospital IQR Program:
 - Please visit *QualityNet.org* and review the ECE criteria posted specifically for reporting eCQMs to the Hospital IQR Program. The ECE Policy applies to circumstances that the hospital encounters that are unforeseen and beyond their control. Circumstances vary based on the needs of each hospital; therefore, it is best to review the ECE information on the *QualityNet* website to determine if the criteria apply to your hospital's situation for the current year's reporting. The direct link is: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775554109>.

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* (objectives, attestation, and policy)	QualityNet Help Desk	(866) 288-8912 qnetsupport@hcqis.org
eCQM specifications (code sets, measure logic, and measure intent)	Office of the National Coordinator for Health Information Technology (ONC) JIRA Issue Trackers	eCQM Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/CQM/summary
QRDA-related questions (CMS IG, sample files and Schematrons)		QRDA Issue Tracker https://oncprojecttracking.healthit.gov/support/projects/QRDA/issues/QRDA-313?filter=allopenissues
QualityNet Secure Portal (reports, PSVA tool, uploading data, 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

*Previously known as the EHR Incentive Program

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

Question and Answer Session

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

Appendix

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

CY 2018 eCQM Reporting Requirements for the Hospital IQR Program

CY 2018 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2018 (Q1, Q2, Q3, or Q4).
- Submission deadline is February 28, 2019.

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs), **except outpatient measure ED-3, NQF #0496.**

CY 2018 Certification and Specification Policies

Technical Requirements

- Use EHR technology certified to the 2014 Edition, 2015 Edition, or a combination of both (ONC standards) and certified to all available eCQMs.
- Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>.
- Use *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>.

Defining Successful eCQM Submission for CY 2018 eCQM Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Promoting Interoperability Programs, report them as any combination of the following:

- Accepted QRDA Category I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Note: Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Promoting Interoperability Programs.

Questions regarding the complete program requirements for the Promoting Interoperability Program should be directed to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CY 2018 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 10 MB
- Files uploaded by ZIP file (.zip)
- Maximum submission of 15,000 files per ZIP file
(If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional ZIP files.)

CY 2018 Public Reporting of eCQM Data

- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.
- Public display of eCQM data will be addressed in a future CMS inpatient prospective payment system (IPPS) rule.

CY 2018 Voluntary Reporting on Hybrid HWR Measure

Hybrid Hospital-Wide 30-Day Readmission (HWR) Measure

- CMS has access to the claims-based data.
- Hospitals would voluntarily submit the following data for at least 50 percent of these patients, utilizing a QRDA Category I file for submission via the *QualityNet Secure Portal*.
 - **13** core clinical data elements
 - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
 - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
 - **Six** linking variables to assist CMS to match the EHR data to the CMS claims data (CMS Certification Number [CCN], Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)
- CMS merges the EHR data elements with the claims data and calculates the risk-standardized readmission rate.

CY 2018 Voluntary Reporting on Hybrid HWR Measure

- Measurement period: January 1–June 30, 2018 (Q1 + Q2 of CY 2018)
- Submission period: Now through December 14, 2018 at 11:59 pm ET
- Measure cohort: Medicare Fee-For-Service patients, aged 65 or older, discharged from non-federal acute care hospitals
- Confidential hospital-specific reports (HSRs)
 - Detail submission results from the reporting period, including accuracy of the EHR data and the hybrid measure results

CY 2018 Voluntary Reporting on Hybrid HWR Measure

- The Hybrid HWR measure:
 - Will not impact a hospital's annual payment update (APU) determination.
 - Will not be publicly displayed on *Hospital Compare*.
- Outreach and Education webinars on this measure were held in December 2017. Webinar-related materials, measure specifications, measure methodology details, and contact information are posted on the [QualityNet.org Voluntary Hybrid HWR Measure Overview](#) page.
- To register for upcoming webinars and locate archived IQR-Promoting Interoperability Program alignment webinar materials, please visit [QualityReportingCenter.com](#).

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

CY 2018 eCQM Reporting Requirements for the Promoting Interoperability Program

Promoting Interoperability Program CQM Reporting Requirements for CY 2018

For eligible hospitals and CAHs reporting **electronically** for the Promoting Interoperability Program in CY 2018:

- The reporting period is **one** self-selected quarter of eCQM data if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2018.
- Report on **at least four** (self-selected) of the available eCQMs.
- The Promoting Interoperability Program submission deadline is February 28, 2019 (two months following the close of the calendar year).

Note: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Promoting Interoperability Program for eligible hospitals and CAHs, **except outpatient measure ED-3, NQF #0496.**

Promoting Interoperability Programs CQM Reporting Requirements for CY 2018

Attestation is only an option available for eligible hospitals and CAHs in specific circumstances when electronic reporting is not feasible under the Promoting Interoperability Program.

- Full CY 2018, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: February 28, 2019

Note: For eligible hospitals and CAHs demonstrating meaningful use for the first time under their state's Medicaid Promoting Interoperability Program, the reporting period is any continuous 90-day period within CY 2018. Visit the *CMS.gov* Promoting Interoperability Programs [Eligible Hospital Information](#) page for additional details.

Promoting Interoperability Programs Attestation via *QualityNet Secure Portal* for CY 2018

- On January 2, 2018, eligible hospitals and CAHs began submitting meaningful use attestations through the *QualityNet Secure Portal* with the CY 2017 reporting period.
- Visit the *CMS.gov* [CMS Promoting Interoperability Programs website](#) for more information, including reference guides and webinar presentation materials.
- Submit questions to the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

CY 2018 Medicaid

Promoting Interoperability Program

- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of eCQMs would occur or if they wish to allow reporting through attestation.
- Visit the *CMS.gov* Promoting Interoperability Program [Medicaid State Information](#) page for details.

eCQM Reporting Tools and Tips

- [CY 2018 Available eCQMs for IQR and the EHR Incentive Program – QualityReportingCenter.com](#)
- [HL7 Implementation Guide for Clinical Document Architecture \(CDA\) Release 2: QRDA Category I, Release I, Standard for Trial Use, Release 4-US Realm – Health Level Seven[®] International](#)
- [2018 CMS QRDA Category I Schematrons and Sample Files for HQR – eCQI Resource Center](#)
- [Technical Guides – eCQI Resource Center](#)
- [Value Sets and Data Element Catalog – Value Set Authority Center \(VSAC\)](#)

Walking Through the Steps to Successful
eCQM Submission for CY 2018 Hospital Reporting

Continuing Education

Continuing Education Approval

This program has been approved for continuing education (CE) credit for the following boards:

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

NOTE: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

CE Credit Process: Three Steps

1. Complete the ReadyTalk[®] survey that will pop up after the webinar.
2. Register on the HSAG Learning Management Center for the certificate.
3. Print out your certificate.



NOTE: An additional survey will be sent to all registrants within the next 48 hours.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

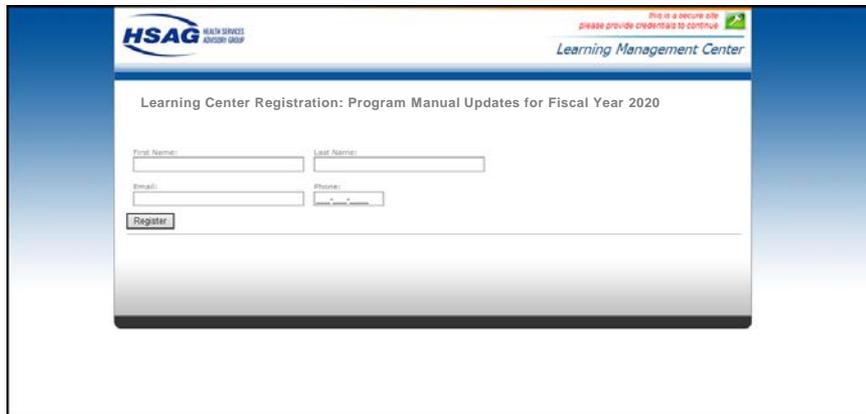
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

Register for Credit

New User

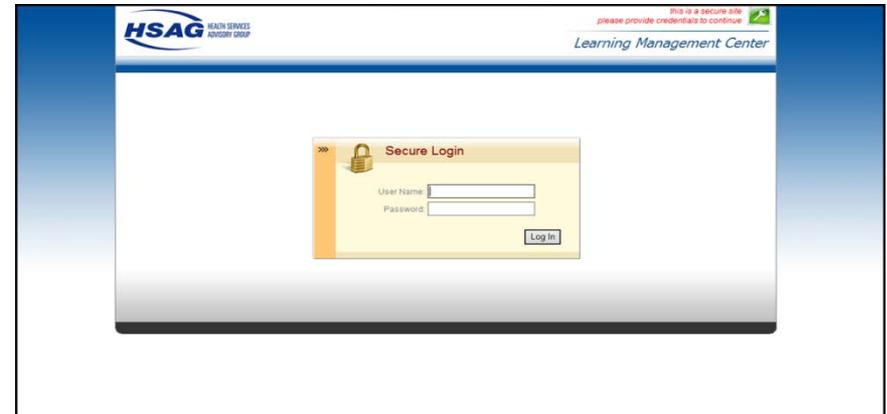
Use personal email and phone.
Go to email address and
finish process.



The screenshot shows the 'Learning Management Center' registration page. At the top, there is a blue header with the HSAG logo and the text 'HEALTH SERVICES DIVISION GROUP'. Below the header, the page title is 'Learning Center Registration: Program Manual Updates for Fiscal Year 2020'. The registration form includes fields for 'First Name', 'Last Name', 'Email', and 'Phone', along with a 'Register' button. A security warning at the top right reads 'This is a secure site. Please provide credentials to continue.' with a green lock icon.

Existing User

Entire email is your User Name.
You can reset your password.



The screenshot shows the 'Secure Login' page. At the top, there is a blue header with the HSAG logo and the text 'HEALTH SERVICES DIVISION GROUP'. Below the header, the page title is 'Learning Management Center'. The login form is titled 'Secure Login' and includes fields for 'User Name' and 'Password', along with a 'Log In' button. A security warning at the top right reads 'This is a secure site. Please provide credentials to continue.' with a green lock icon.

Thank You for Attending

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