Welcome

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

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- **Computer speakers or headphones are necessary to listen to streaming audio.**

- **Limited dial-in lines are available. Please send a chat message if needed.**

- **This event is being recorded.**

Troubleshooting Audio

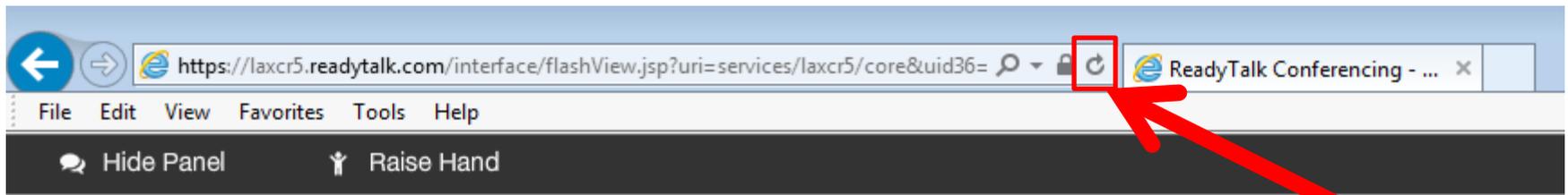**Audio from computer speakers breaking up?**

Audio suddenly stop?

Click <u>Refresh</u> icon
-or-
Click F5

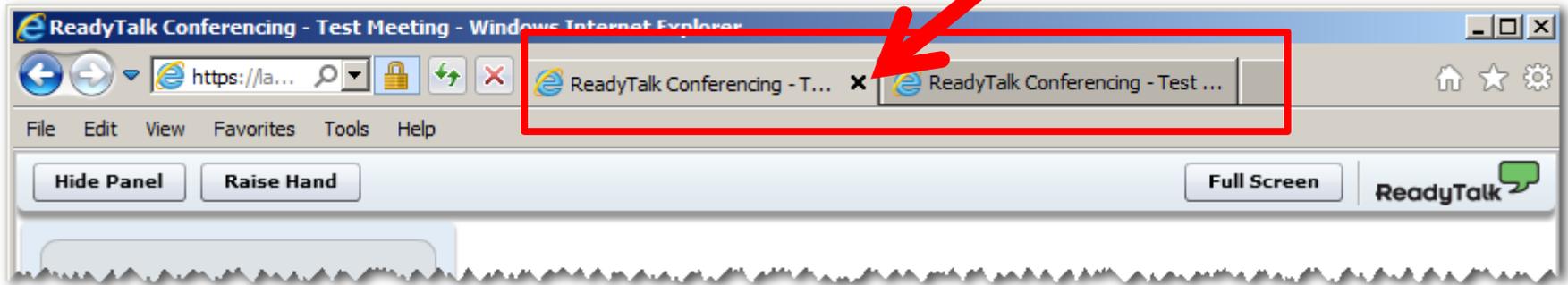F5 Key
Top row of keyboard

Location of Buttons

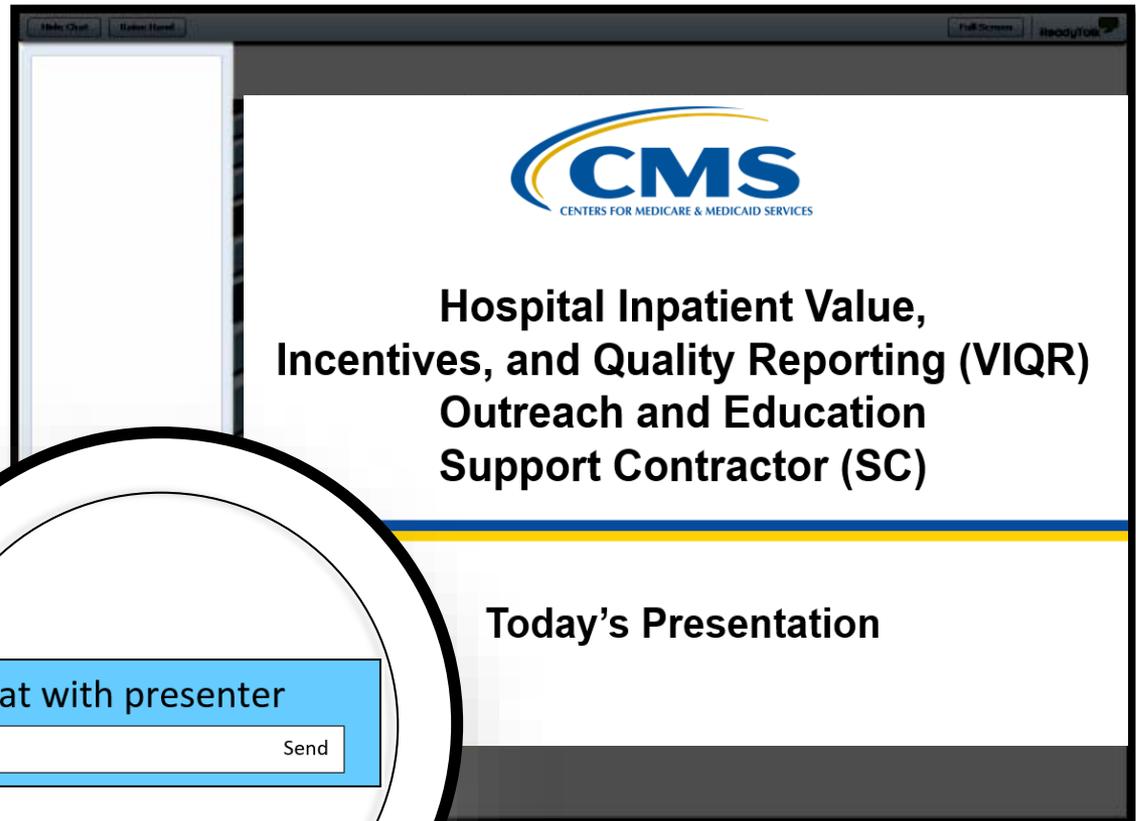Refresh

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.

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

Today's Presentation

Chat with presenter

Send

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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Project Manager II, Hospital Inpatient VIQR Outreach and Education SC

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.

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
QualityNet Account Required	*QualityNet* 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 *QualityNet Secure Portal* 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 *QualityNet Secure Portal* 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	☐	**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.	☐
	☐	**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.	
	☐	**Contact** the *QualityNet Help Desk* to obtain a *QualityNet Secure Portal* account and the Electronic Health Record (EHR) Data Upload Role.	
	☐	**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.	
	☐	**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.	
		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 submitted per ZIP file.	
System opens mid-Sept.		**Submit Test File(s) either via the PSVA tool or directly to the *QualityNet Secure Portal*.** For questions, contact the *QualityNet* Help Desk.	☐
	☐	A. **Use the PSVA tool**	

CY 2018 Hospital IQR – Promoting Interoperability Program Alignment Preparation Checklist for eCQM Reporting – QRDA Category I Production File(s) Instructions

Due		Task	✓
NOW	☐	**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.	☐
	☐	**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.	
	☐	**Contact** the *QualityNet Help Desk* to obtain a *QualityNet Secure Portal* account and the Electronic Health Record (EHR) Data Upload Role.	
	☐	**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.	
	☐	**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.	
		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 submitted per ZIP file.	
System opens mid-Sept.		**Submit Production File(s) either via the PSVA tool or directly to the *QualityNet Secure Portal*.** For questions, contact the *QualityNet* Help Desk.	☐
	☐	A. **Use the PSVA tool** (The CMS data receiving system performs additional checks since the PSVA tool only validates the file structure.)	

QualityNet Secure Portal Login

www.QualityNet.org

Select the *QualityNet* Destination

Select the *QualityNet* Destination

QualityNet Login

QualityNet Secure Portal
Home Page

Select DataUpload Folder
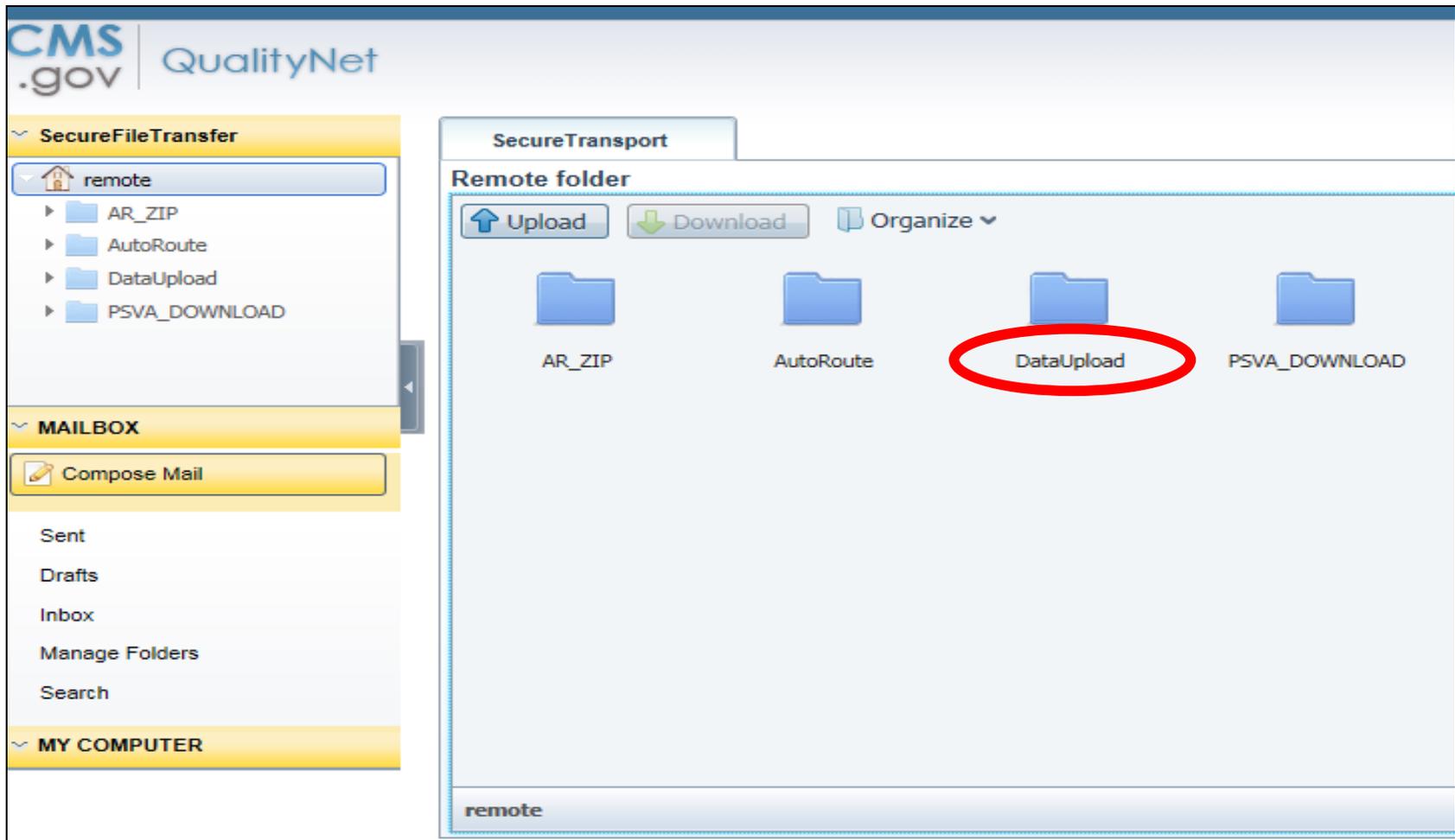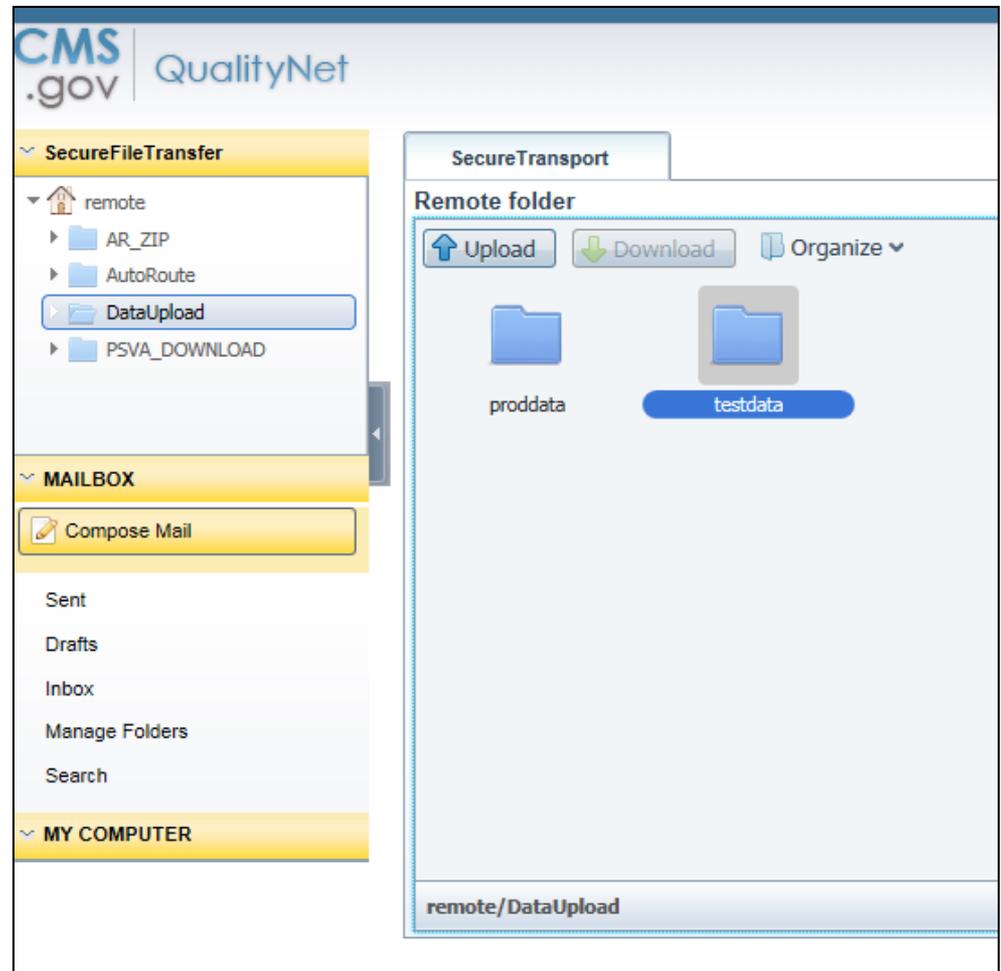
Select Test or Production Folder

Production QRDA Category I data submissions (proddata):

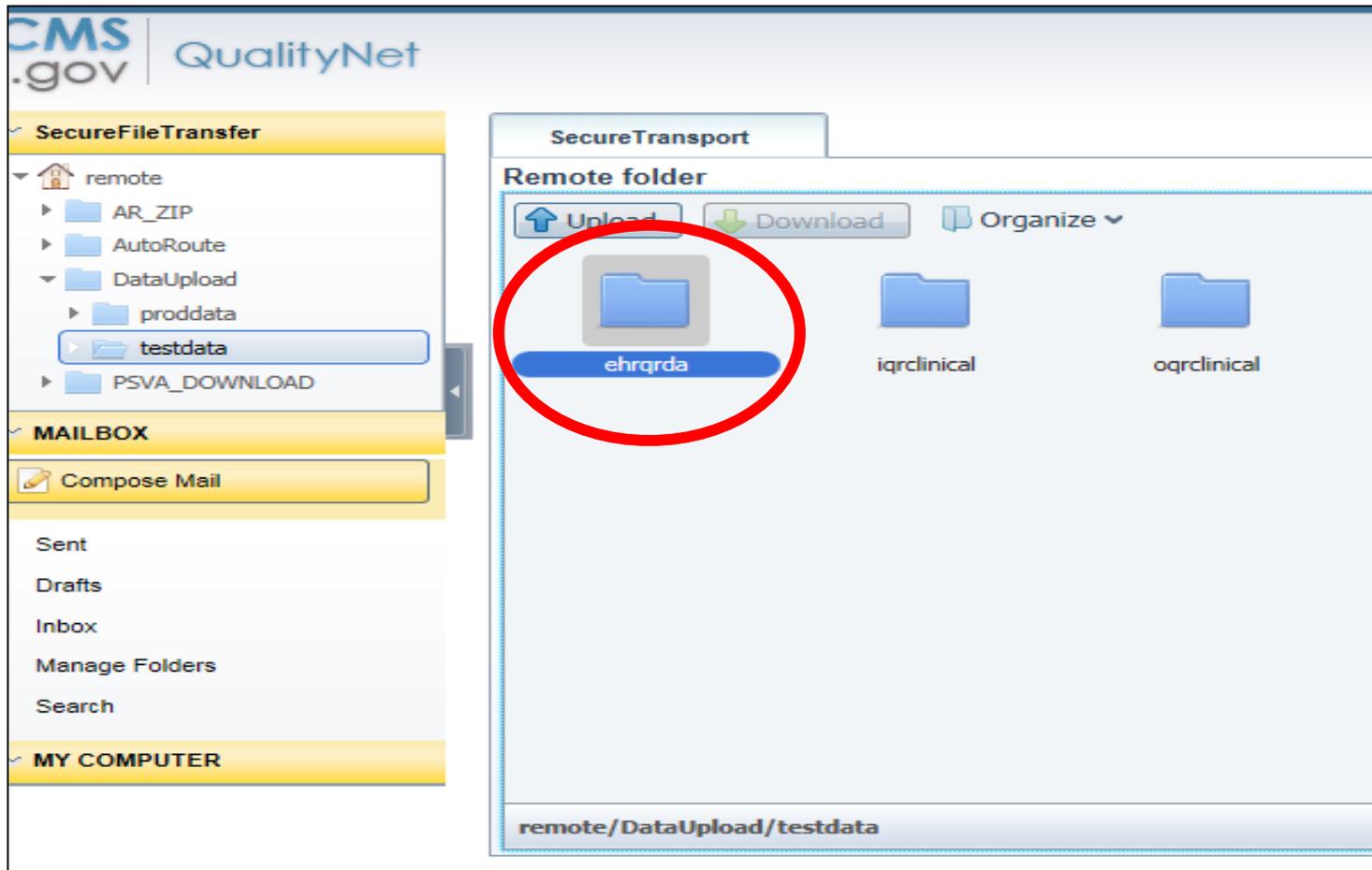- Provided by hospitals or health information technology (IT) vendors on the hospital's behalf

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

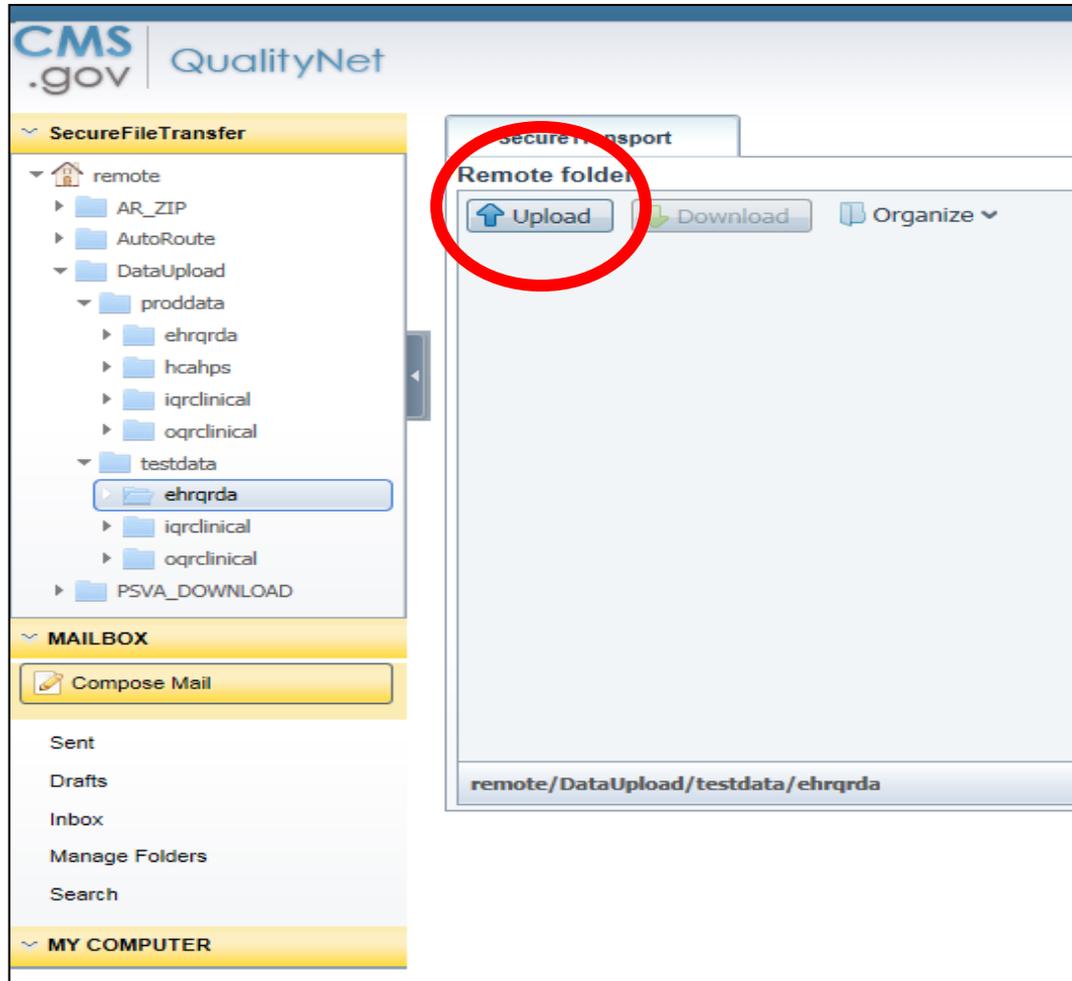**Test QRDA Category I data submissions (testdata):**

- Considered practice and do not count towards CMS program credit
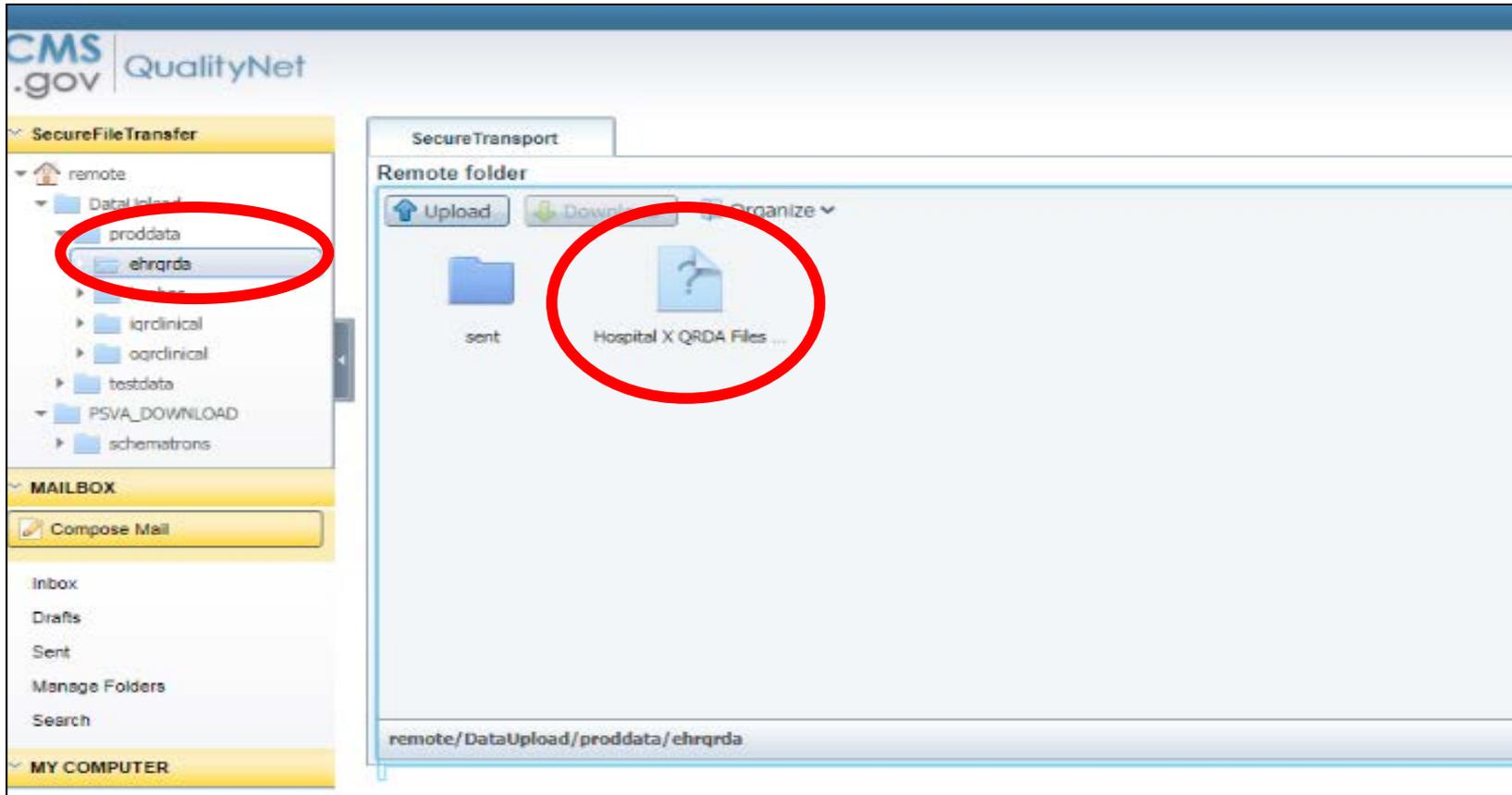
Select ehrqrda Folder

Click on Upload Folder

Choose File(s) to Upload

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.

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

File Hospital X QRDA Files Quarter 3.zip successfully uploaded to Data Upload folder /DataUpload/proddata/ehrqrda.

noreply@hcqis.org

ent: Thu 10/4/2018 2:56 PM

o: Bryant, Brandi

QualityNet	Secure File Transfer

Data Upload Notification

You have uploaded a new file **Hospital X QRDA Files Quarter 3.zip**

You will receive a second email containing details of the processed files. If you didn't receive this second email, please contact QualityNet Helpdesk.

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

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

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

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

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.

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*"

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

Select Quality Programs

My Tasks Screen

Select Denominator Declaration

Denominator Declaration Screen

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&tpl=/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)

QRDA-related questions (CMS IG, sample files and Schematrons) | Office of the National Coordinator for Health Information Technology (ONC) JIRA Issue Trackers | eCQM Issue Tracker https://oncprojectracking.healthit.gov/support/projects/CQM/summary

QRDA Issue Tracker https://oncprojectracking.healthit.gov/support/projects/QRDA/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

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.*

  o **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)

  o **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](#).*

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](#))

Continuing Education

Continuing Education Approval

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

- **National credit**
  - o Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Registered Nursing
  - o Board of Nursing Home Administrators
  - o Board of Dietetics and Nutrition Practice Council
  - o 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

[text box]

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

[text box]

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

[text box]

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.

[text box]

[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:

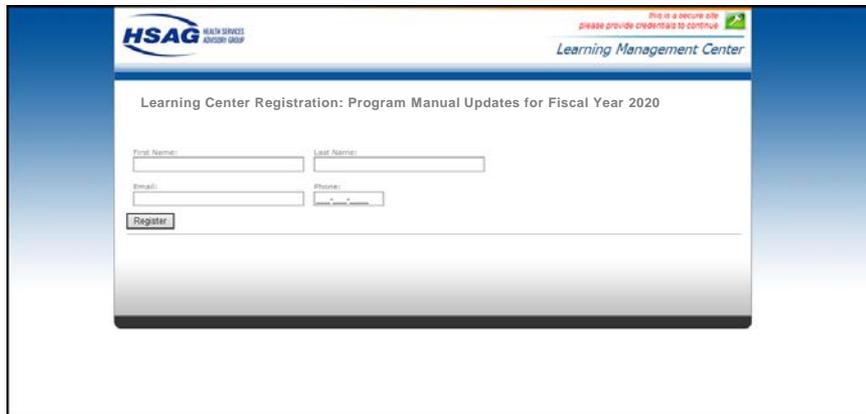https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

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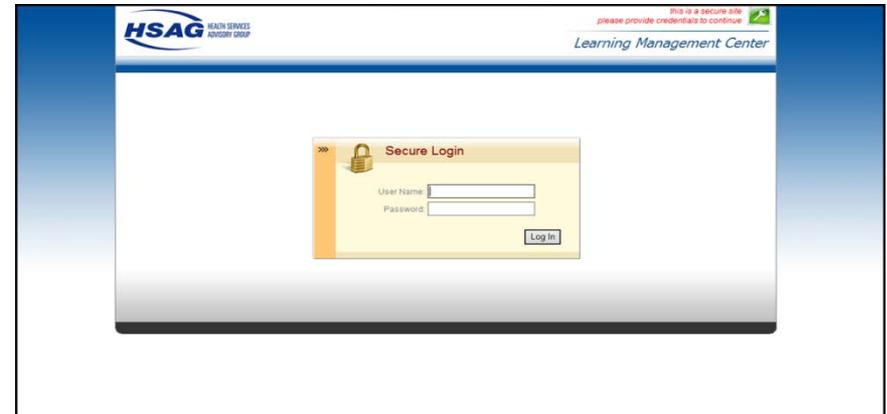
Done

Register for Credit

New User

Use personal email and phone.

Go to email address and finish process.

Existing User

Entire email is your User Name.

You can reset your password.

Thank You for Attending

Disciaimer

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