



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Navigating EHR Reports for CY 2018 Hospital eCQM Reporting

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers may have been edited for grammar.

Question 1: **In case this does not get answered during today’s presentation, is *QualityNet* ready to receive 2018 Promoting Interoperability/Meaningful Use eCQM test files? Per case 225549, [which the hospital] LAH opened on June 4, *QualityNet* is not ready.**

At this time, CMS has not communicated when the receiving system will be ready for test and production files. As soon as that is prepared, we’ll be sure to distribute that to ListServes through webinars and other outlets. Just to give you a time frame, we’re anticipating late summer, early fall, and, like I said, if that changes, we’ll be sure to make sure that direct communication is distributed.

Question 2: **Are the specifications available for the 2018 eCQM Quality Reporting Document Architecture (QRDA) files?**

If you Google or search for the eCQI Resource Center (that is CMS’s place where they publish and produce everything that you need in terms of eCQM reporting). It’s aside from *QualityNet* because it extends out a little bit more and looks more at quality improvement and process improvement activities, just to give you a heads-up for that.

But, if you visit the eCQI Resource Center, there is a tab for EH (eligible hospital) and CAH (critical access hospital) eCQMs, so eligible hospital and critical access hospital eCQMs, and, on that specific tab, you can locate some other resources, as well as the QRDA I Schematrons and the sample files. So, everything is already posted for you.

Question 3: **What does test case indication [mean] and what should you be selecting when requesting the report?**

So, the test field indicator, when you select that as a parameter for a report, will limit the data that’s brought back to test submission only. So, you can use that if you want to. For example, look at a Submission Detail Report and only review test submissions or production submissions. You can use that indicator to filter the data that’s returned.



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Question 4: **Is the Submission and Performance Feedback Report available for test files now? Initially, it was only available for cases submitted to production only. My question was for the R546 report, not the R547.**

So, the 547 report is the Submission Summary Report, right, Performance Summary Report. We are evaluating being able to provide that data in the four test submissions. We just have not been able to do that at this time, but it's not new feedback, and we are planning to implement that at some point.

Question 5: **Do you know when the hospitals selected for eCQM validation will be released? I thought it was to be by end of May, but it is still not on the eCQM validation page on *QualityNet*.**

I believe that is in the works. So, it should be coming soon, although I don't have a specific date.

Question 6: **You only have to report four measures. Do you have to build all the eligible hospital eCQMs in the EHR (electronic health record)?**

I believe that would be a facility decision. Obviously, you would want to select a system based on the certification requirements by the IQR Meaningful Use Programs, but I think, as far as implementation of those eCQMs within your system, which would be a facility decision.

Question 7: **Will the PSVA (Pre-Submission Validation Application) tool be available earlier than late summer/early fall?**

At this time, that's the information that we have, and again, as we do with everything, in terms of when the receiving system is available, when the PSVA tool will be available, all of that will be communicated by CMS as soon as it's available.

Question 8: **Can CAHs be selected for eCQM validation?**

I believe the validation requirements are based on IQR-participating facilities. So, they should be excluded from the validation process is my understanding.



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If there are additional questions about that, it is posted on the QualityNet.org website. On that specific page, it talks about eCQM validation. They do give the specific criteria of who can be chosen and all the other exclusions and other aspects that go with that. So, please visit the QualityNet.org webpage for additional details.

This is Veronica. I just wanted to add, if you go to our resources slide that was towards the end of the presentation here, it is a good reference to print out and keep handy and it does give you two options to contact the validation support contractor. They do have an email support address as well as they do have access to the question-and-answer tool as well.

Question 9: Where do we find all the reports?

I believe in the presentation, the first slide that mentions where the reports are is slide 11. Now where that kind of jumps is, you need to log into the secure side of the *QualityNet Secure Portal*, select Reports and then Run Reports. Those are a couple of the tabs in those first few screens, but those reports are all located within *QualityNet*.

Question 10: Is there work being done aligning the CMS eCQM submission platform and TJC's (The Joint Commission's) submission platform, which I do know are different?

Yes. So, in fact, we are working with The Joint Commission to align in as many ways as possible. However, there are some items that are just different regarding, for example, the security or Personally [Identifiable] Information (PII)/Protected Health Information (PHI) data that CMS brings in. The Joint Commission doesn't, but we are aligning. We have questions regarding closing the gap with measure outcomes and validation rules. So, yes, we are working on aligning further.

Subject-matter experts researched and answered the following questions after the live webinar. This content may have been edited.

Question 11: What is the escalation process of an issue we encounter when submitting the QRDA [I] file?

Those having issues submitting QRDA I files should contact the *QualityNet* Help Desk by phone at 866-288-8912 or email at qnetupport@hcqis.org.



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Question 12: Can you submit [a QRDA I] file for any three months or does it have to be quarterly based?

The eCQM reporting requirement for the Hospital IQR and the Promoting Interoperability Programs is aligned and requires reporting on at least one quarter of data self-selected by the hospital before the submission deadline.

Question 13: Could you provide a slide of guidance on “how” to acquire access to the *QualityNet Secure Portal* for data submission?

Due to the nature of your question, it is best to contact the *QualityNet* Help Desk by email at qnetssupport@hcqis.org or by phone at (866) 288-8912 for additional assistance.

Question 14: Have you corrected the issues we experienced last year, such as not receiving emails?

Any corrections made to the CMS data receiving system are captured in the Known Issues document posted on the *QualityNet.org* website. On the main page of the website, look for the Known Issues – Hospital Reporting section. The document specific to eCQM reporting is currently titled EHR Incentive Program. We anticipate the name of the document may change to reflect the transition to the Promoting Interoperability Program. CMS will notify the submitter community when this occurs.

Question 15: Is there a disadvantage to submitting all possible eCQMs?

Hospitals are encouraged to report on at least four eCQMs for one reporting period. Hospitals gain additional practice when they report on a larger volume of measures reflective of their patient population. In cases where a measure is not a fit for their population, but their EHR is certified to report the measure, they have the option to utilize the zero denominator declaration by entering a zero on the denominator declaration screen within the *QualityNet Secure Portal*.

Question 16: It would be most helpful if the test portal would be available earlier. Also, we would love information regarding the section line at the XML



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(Extensible Markup Language) file that caused the error and a reference to the implementation guide to help us troubleshoot. We also prefer that changes in value sets not change mid-year. Thank you for considering the above.

This information will be shared with CMS leadership for consideration.

Question 17: What time frame can we run right now to see how we are doing, January 1, 2017, to March 31, 2017?

At this time, the CMS data receiving system is not open for test or production data submission and report generation. Once the system opens, data submitters will be able to generate reports based on test and production submissions for CY (Calendar Year) 2018 reporting. At this time, users cannot generate reports from prior years of eCQM data submissions.

Question 18: Will a zero denominator declaration still be acceptable in 2018, and, if so, where can comprehensive zero denominator declaration submission steps be located?

The definition of successful submission for eCQM reporting has not changed from CY 2017 to CY 2018. Zero denominator declarations, case threshold exemptions, and QRDA Category I files remain part of the definition when reporting on at least four eCQMs for one self-selected quarter. Once the CMS data receiving system is open, a webinar will be hosted this fall. In the meantime, greater details regarding the denominator declaration screen and how to enter the data can be located on the QualityReportingCenter.com website. Visit the [eCQM Archived Events](#) page, locate the February 6, 2018 *CY 2017 eCQM Reporting Tips and Tools for the Hospital IQR and Medicare EHR Incentive Programs* webinar, and review slide 14.