



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

CY 2018 eCQM Self-Directed Tools and Resources for the Hospital IQR and Promoting Interoperability Programs

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: **Is measure CMS31V5-EHDI_1a (Hearing Screening Prior to Hospital Discharge) applicable to hospitals where the patient was born or where the patient was discharged?**

This is a great opportunity to note the value of the information available on the [eCQI Resource Center](#) (eCQI) because the page outlines the specification and tells you all the definitions of everything associated with that measure. In this case, visit eCQI and pull up the measure. Also make sure that you have the right version. Version 5 is from 2017 reporting. Make sure you have version 6 for 2018 reporting for this specific measure. For that definition of Initial Patient Population (IPP), it states that live birth encounters at a hospital or a birthing facility where the newborn was discharged with hospital stays less than or equivalent to 120 days but is during the measurement period. Any questions that you have about the measures, please visit eCQI for additional details. If the details on eCQI lead to additional questions, that's a great opportunity to visit the JIRA website to see if someone else has a question like yours or if you need to open a new issue for something specific to your facility. Again, contact information for JIRA is on slide 30.

Question 2: **For those new to eCQMs, is there a place to go for introductory information/training?**

The *QualityNet* web page is the best place for introductory information/training because it provides a high-level overview. In addition, there are resources for understanding how eCQMs fit within the Hospital Inpatient Quality Reporting (IQR) Program and the eCQM relationship to the Promoting Interoperability Program. It also gives you documentation, the resources that connect to the eCQI Resource Center, and a good amount of information to get you started. Again, that information is on slide 15 that Veronica mentioned earlier.

Question 3: **What if hospitals and/or critical access hospitals (CAHs) cannot submit CQMs electronically for the Promoting Interoperability/ Electronic Health Record (EHR) Incentive Program? What are the accepted special circumstances and/or supporting documentation if it**



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is not feasible to report electronically? Is that the extraordinary circumstances on the *QualityNet* site?

As Veronica indicated earlier, when we were looking at that Promoting Interoperability page, the Promoting Interoperability Program has its own hardship process. They have a document to download that lists what the specific supporting documentation should be, if that's needed, for the particular program. I encourage you again to take a look at the slide deck that we provided. I think it is slide 29. You should be able to go there and access the information that you need. As we indicated, it is different from the extraordinary circumstances documentation that we use for the Hospital IQR Program.

This is Veronica. I wanted to add that, for the Hospital IQR Program, it is mandatory to report four eCQMs from one quarter. However, if you are a CAH, it is only encouraged. It is not mandatory. However, for the EHR Incentive Program, it is a mandatory requirement that CAHs report their measures. If you have any questions regarding the EHR Incentive Program or the Promoting Interoperability Program, we direct you to contact the *QualityNet* Help Desk for those questions.

Question 4: **On slide 20, the checklist indicated selecting eight eCQMs. I thought only four were required for this reporting period.**

The screenshots are Calendar Year (CY) 2017. Checklists that were available last year before the reporting changes were made in the inpatient prospective payment system (IPPS) final rule. As these are updated, new versions of the checklists will be posted to *QualityNet* and *Quality Reporting Center* websites this summer. These will reflect the four eCQMs from one quarter, so that requirement has not changed.

Question 5: **Is there a charge for a Unified Medical Language System (UMLS) account?**

There is no charge for creating an UMLS account.

Question 6: **Do you know when the new measures for the Promoting Interoperability Program for 2019 will be available?**

The 2019 measures that are shared between the Hospital IQR Program



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and the Promoting Interoperability Program are already posted. Again, this is why we felt it was important to direct folks to the [eCQI Resource Center](#); that is the source of truth for CMS. All of that information, as it's published, is posted out there on the website. A good portion of this information was posted in February and May, so please visit the site to locate information.

Question 7: **Is there a good reference for reading the algorithms?**

The [eCQI Resource Center](#) has a wealth of information. We suggest you look at the [eCQM Measure Logic Guidance, version 1.13](#), for 2018.

Question 8: **Did I hear CAHs are not required to submit eCQMs for the Hospital IQR Program in 2018? Is this a change?**

Yes, that's accurate. Actually, to my knowledge, CAHs have never been required to participate in the Hospital IQR Program. As Veronica mentioned, just keep in mind, it is a requirement for the Promoting Interoperability Program, but not for IQR-eligible for CAHs.

Question 9: **For 2017 meaningful use (Promoting Interoperability Program) attestation, when will we know if we submitted meaningful data and if our payments are going to be penalized?**

I refer you to the *QualityNet* Support Team. They may be able to look specifically at your situation to give you additional details.

Question 10: **We have applied for exemption from eCQM submission because the current EHR was decertified. Do we also need to submit an application for exemption to the Promoting Interoperability Program?**

If you submitted this exemption request based on an ECE (Extraordinary Circumstances Extension/Exception) that's associated with the Hospital IQR Program, you are correct. As we indicated before, they are two different programs, even though some areas overlap. However, anything that's related to the Promoting Interoperability Program has a separate hardship process. Slide 29 provides the link to that data to determine if that's applicable for your situation and the dates and deadlines for the application. Veronica, I don't know if you have any more to add.



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Yes. Just a follow-up point, the hardship exemption process is different because it's from a different program. They have a different submission deadline for their hardship forms. I think that this previous year they were due by July 1. The ECE process for eCQM reporting is very similar to the hardship process for the Hospital IQR Program. Our ECE applications for the current reporting period are not due until two months after the deadline. For CY 2018 eCQM data submission, if you find that your hospital is unable to report your eCQMs, then we recommend you submit an extraordinary circumstances exemption application, or what's called an ECE form. That information can be found on both *QualityNet* and the *Quality Reporting Center* website. You may also contact us here at the Support Contractor for assistance in finding out more about the ECE process.

Question 11: Where can I find the Promoting Interoperability Program data submission requirements for behavioral health hospitals?

Unfortunately, this webinar is not related to behavioral health hospitals in the Promoting Interoperability Program. I suggest visiting *CMS.gov* and doing a search there. Also, reach out to the *QualityNet* Help Desk to see if they can get you to the right place.

Question 12: Can you please repeat the specifications version for CY 2018?

Because the versioning for the measures may be different based on their activation date and changes, I suggest you go to the [eCQI Resource Center](#). Select **EH/CAH eCQMs**. Scroll down and select the correct reporting period (2018). Hit the **Apply** button. This will provide a list of all the measures and eCQM materials associated with 2018 reporting.

Question 13: Are all technical measure specifications in the Hospital IQR Program on *QualityNet*?

Specifically speaking about eCQMs, the link on *QualityNet* will always take you to the [eCQI Resource Center](#). You can go directly to the [eCQI Resource Center](#) to obtain them or, if you're in *QualityNet* and you want to view them, it will take you to the same place.



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Question 14: I understand the eCQM versions are updated on the [eCOI Resource Center](#). Will the 15 eCQMs for the Hospital IQR Program be the same ones as last year (just with updated versions)?

That's a very good question. Yes, that is correct.

Question 15: Has CMS selected the hospitals for 2017 eCQM validation yet? I cannot find a list posted on *QualityNet*.

That is also a very good question. In terms of 2017 data validation, the list of hospitals will be posted on *QualityNet* once that list is published. A ListServe will also go out to let the community know the list is available for download and for access on *QualityNet*. It may be a couple of weeks. Hang in there with CMS. CMS should have it shortly.

Question 16: Are the reported values of eCQMs published publicly or evaluated in any CMS program?

In terms of the reported values, that information is not viewable. None of the information that has been submitted for eCQMs is publicly reported on *Hospital Compare* or anywhere else. In terms of CMS performing analysis on that data, that is correct. That activity will start with the CY 2017 eCQM data outcomes for randomly selected hospitals. Also, any outcomes regarding that data will only be shared with that hospital for quality improvement activities.

Question 17: Do you know when *QualityNet* will begin accepting files for CY 2018 submission?

CMS has not stated when the system will start receiving data for test or production. As soon as that information is available, CMS will release a ListServe to the community and post the information on *QualityNet*.

Question 18: When does *QualityNet* expect to be ready for hospitals to submit eCQM test file submissions to the Pre-Submission Validation Application (PSVA) tool?



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The PSVA was just updated for the 2018 reporting year and released July 20, 2018. The PSVA tool is available to test your Quality Reporting Document Architecture (QRDA) Category I files. Keep in mind, the CMS data receiving system is not open, so you can't do official submission from the PSVA tool to the CMS data receiving system.

Question 19: **Will CMS begin to publish results in the coming years?**

Any indication that CMS plans to start publishing any submitted data on *Hospital Compare* will be communicated in a future IPPS proposed rule. So, at this time, we can't give you a deadline or a timeframe for that. Please be assured CMS will signal if they intend to do that. CMS will also request feedback from the community to determine if that's an acceptable next step.

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

Question 20: **I have been trying to iron out my security access to the PSVA tool for many months now. The *QualityNet* Help Desk just closes my tickets without true resolution.**

We apologize for the inconvenience. We recommend contacting the *QualityNet* Help Desk, providing prior ticket information (if it is available), and requesting an escalation of your ticket for resolution.

Question 21: **Will CMS consider using The Joint Commission eCQM submission platform in the future? The Joint Commission platform is very user friendly, and it gives immediate feedback and detailed information on the QRDA files.**

CMS and The Joint Commission have been working together for several years to determine areas of alignment regarding eCQM reporting to both organizations. At this time, there are no discussions regarding a shared platform. However, modifications are being made to each organization's data submission processes to reduce the data submission burden for hospitals and their vendors.



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Question 22: Are there any new addenda for programming the 2018 eCQMs?

Information regarding addenda for CY 2018 eCQM reporting (e.g., value sets, technical release notes) is posted on the [eCQI Resource Center](https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2) page for Eligible Hospital and CAH eCQMs at https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2. Be sure to choose the correct reporting period before accessing the eCQM materials.

Question 23: Is there any plan for easier security access to the PSVA tool and eCQM submission to CMS? The current process is far too painful.

We recommend that you review the materials from the upcoming August 8, 2018 webinar *Pre-Submission Validation Application (PSVA) Overview for Electronic Clinical Quality Measure (eCQM) Data Submission in Calendar Year (CY) 2018*. If you still have questions, please contact the *QualityNet* Help Desk at qnetsupport@hcqis.org or (866) 288-8912.

Question 24: The Agency for Healthcare Research and Quality (AHRQ) had the United States Health Information Knowledgebase (USHIK) as the repository for eCQM logic; with AHRQ losing its funding, will there be a different website to access the eCQM specifications?

To our knowledge, the [eCQI Resource Center](https://ecqi.healthit.gov) will continue to serve as the source of truth for the publication of eCQM-reporting related items, including measure specifications. CMS would announce any changes to the submitter community.

Question 25: You stated the most recent specifications for 2018 were posted May 2017. Is it true there were ICD-10 code updates in October 2017? Is there one place where all 2018 current specifications are in one document?



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The Technical Release Notes Code System Updates are posted on the [eCQI Resource Center](#) as a zip file and as a PDF document. The documents are posted with the other eCQM materials associated with the 2018 reporting period under the [EH/CAH eCQMs tab](#).

Question 26: **Is there a resource that provides the eCQM specification changes from 2017 to 2018?**

The 2018 Technical Release Notes addendum is available as a pdf document and a zip file from the [eCQI Resource Center](#) list of eCQM materials under the [EH/CAH eCQMs tab](#) at this direct link: https://ecqi.healthit.gov/eligible-hospital-critical-access-hospital-ecqms?field_year_value=2.

Question 27: **Will the IPPS final rule affect 2019 eCQMs?**

The FY 2019 IPPS final rule will provide CMS guidance regarding the final decisions associated with the CY 2019 eCQM reporting requirements based on feedback from the public. CMS plans to have the FY 2019 IPPS final rule published in August 2018.

Question 28: **Where do you submit the data for the Promoting Interoperability Program if it differs from the Hospital IQR Program?**

The Promoting Interoperability Program and the Hospital IQR Program are aligned to receive data in the *QualityNet Secure Portal*. As indicated during the webinar, each program has specific reporting requirements, and we encourage you to visit the *QualityNet.org* website for Hospital IQR Program mandatory reporting details. The direct link is <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>.

Visit the *CMS.gov* [Promoting Interoperability Program webpage](#) to review reporting requirements specific to the program in question. The direct link is: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>.