Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

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Veronica Dunlap: Hello, and welcome, everyone. Today, we'll be taking a journey by walking through the steps to successful eCQM data submission for calendar year 2018 hospital reporting, which is related to this upcoming deadline of February 28, 2019. My name is Veronica Dunlap, and I'm a Registered Nurse and work as the clinical subject-matter expert alongside with Dr. Artrina Sturges, who is the Alignment of eCQMs Lead for the Hospital Support Contractor.

I wanted to take a moment to remind everyone that this presentation is being recorded; and the slides, recording, and transcript will be posted to the *QualityNet* and *Quality Reporting Center* websites at a later date. Today's slides are currently available and have been posted to the *QualityReportingCenter.com* website.

Today, I'd like to walk our eCQM data submitters through a step-by-step on how to actually upload a QRDA Category I file, or a batch of files, as we refer them to, directly to the *QualityNet Secure Portal*. For those hospitals who don't have patients that meet the denominator criteria or even may have five or fewer discharges for a particular measure, we also would like to take a moment to do a refresher on how to enter and declare those zero denominators or select a case threshold exemption, also done manually within the *QualityNet Secure Portal*.

After today's presentation, we are hopeful that you'll be confident with this eCQM data-submission process, the requirements, and are able to verify that your hospital has indeed successfully met the submission of four eCQMs from one discharge quarter of data by the February 28, 2019 deadline.

For this step-by-step webinar, we'd like to point out that our target audience today is geared for those beginning staff who are new to the electronic reporting of eCQMs and for those needing a refresher specific to this year's calendar year 2018 reporting. It can be used as a helpful reference during the orientation process as your hospital acquires new staff and as we understand that hospitals do experience staff transitions, etc.

Let's get started with the most common level of electronic reporting, which are the Quality Reporting Document Architecture Category I files, which are uploaded directly to the *QualityNet Secure Portal*. Before you start, I would like to just take some time and review this slide as a refresher for those who are new. A hospital or a vendor who uploads QRDA Category I files, which again, are patient-level files, there's just a few things to keep in mind. If you take a look here on the left side of the table, in order to be able to upload eCQM data directly through the portal, or even by going through the PSVA tool to the portal, the EHR Data Upload Role is a must. This role is attained by contacting the *QualityNet* Help Desk and, of course, the hospital and/or vendor must already maintain a current *QualityNet* account. This EHR Data Upload Role allows access to the Secure File Transfer in order to upload the file and run pertinent reports. It also allows access to the My Tasks screen, specifically where submitters can manually enter their zero denominators and/or case threshold exemptions, as applicable. Once appropriate access and roles have been attained, a hospital must authorize their EHR vendor. Although not likely, hospitals may authorize more than one EHR vendor to submit eCQMs on their behalf. But unfortunately, at this time, the hospital will risk the overwriting of their QRDA files. If the four key fields match within that file, such as the CCN number, CMS program name, the patient ID, and the reporting period, those files could be overwritten. And also, finally, to point out the vendor auth isn't measure-specific, and there's no end date required. The vendor System Administrator also has the ability to assign roles to multiple users.

Just another reminder before you start uploading the QRDA Category I files is a big shout-out for the highly recommended use of the Pre-Submission Validation Application tool, or PSVA. Although today's demonstration will not involve the uploading of files from the PSVA tool to the portal, I do invite you and your staff to review the PSVA step-by-step demonstration that was presented back on August 8, 2018. As you see here, on this slide is a link to this webinar and all the associated materials have been provided for you.

Whether you're uploading test files or production files, we hope your team and staff will review and utilize the calendar year 2018 preparation checklist that are for eCQM reporting of QRDA files. Each checklist outlines the step-by-step approach for the data submitters to follow whether they're transmitting their files to the portal, through the PSVA, or they have just opted to upload them directly to the portal. These checklists can be located on both the *QualityNet* and *Quality Reporting Center* websites. At this time we would like to take a moment and focus on our audience with our first polling question. On a scale from one to five, please rate your current confidence level on the uploading of the QRDA Category I files and the submission of eCQM data within the portal. Your choices are number one, not confident at all; two, a little confident; number three, somewhat confident; four, mostly confident; and please select five if you're very confident. We're just going to go ahead and allow our attendees to select one of the options here on the screen.

(Pause)

Okay. We're going to go ahead and give it another few seconds here. Looks like our responses have slowed down. Okay. Rachel, let's go ahead and close our poll. As you can see on our screen here, we do have over 48 percent that are showing a little confidence or no confidence at all. We do have a few folks who feel confident, but I think that as we move on during this webinar, and we show our slides, and as well as be performing a demonstration, we are hoping that your confidence level does increase by the end of the presentation. Thank you for participating, and we'll move on to the next slide.

I'm sure most of you are familiar with the *QualityNet* website. If you are not, this is the primary CMS-approved website for the quality reporting program. In order to log into the *QualityNet Secure Portal* you must first access *www.QualityNet.org* and locate the log-in access points that are referred to here on this slide.

Depending on which quality reporting program your hospital or vendor is accessing, it is important to select the appropriate one. For today's

presentation, we'll be selecting the Inpatient Hospital Quality Reporting Program, as shown here. And, this will be your *QualityNet* destination in order to be able to submit your eCQM data and run reports.

Select Let's Go to start logging in your credentials.

Once the *QualityNet* Help Desk has granted and provided you a *QualityNet* account, you will be able to enter your user ID and password here on the log-in screen. You will require also VIP access that has your assigned credential ID. Once this application is opened onto your computer or from your device, you will be prompted to enter the security code within the allotted time frame. You would copy that, and put that into the security code field, and then click Submit.

To upload the QRDA Category I files, you would then select the Secure File Transfer at the top of the screen shown here.

Then select the DataUpload folder, as shown here.

After double clicking on the DataUpload folder, you will be able then to select from two additional folders. If you're uploading test files, such as the testdata folder will be selected. Please keep in mind that these files don't count towards program credit and are considered practice files. Production files are the final data submissions intended to fulfill the eCQM reporting requirements. However, I did want to point out that submitters may delete, add, or resubmit QRDA production files up until the submission window closes, and again, that will be February 28, 2019. But it is important to note that your file with those four key elements may be overwritten.

For today's purposes, we'll be selecting the testdata folder. And then, from here, you'll select the ehrqrda folder to upload your eCQM data for the Hospital IQR and the Promoting Interoperability Programs, as shown here.

Then, click the Upload folder. This will open a location off of your computer system, or wherever you're currently working at, where your files are stored for export. You would then highlight the file and choose

Open. Please submit only one ZIP file at a time. And, just to note that the maximum individual file size has been increased this year from five to ten megabytes compared to last year. But the maximum files per ZIP file still remains at 15,000 files.

The selected files that you selected from your desktop and that were sent will display in this main window shown here and will display the file with a dot antivirus dot scanning added to the file name.

Once those files are uploaded, data submitters should then expect two email notifications per upload. Once the file has been sent for data upload processing and moved to the Sent folder, this first email notification signals to the submitter that the file was actually uploaded successfully. Your inbox will display that the first email is from subject noreply@hcqis.org, as shown here.

Then, you should see the second email notification, which should be received within 24 hours. If you've not received the second email within 24 hours, please go ahead and reach out to the *QualityNet* Help Desk. This email will show up in your inbox with the subject from qnetsupport@hcqis.org. This email is important because it'll provide a summary of your submitted files, how many files were rejected or accepted. It will include the batch number and the time of submission. As shown under the EHR Submission Summary here, for this example, as you can see, there were a total of five files in the batch number 432604. Only three of those five files were accepted. The rejected files are displayed below. I wanted to stress the importance that although the second email denotes that the three files were accepted, the accepted files don't actually indicate that the intent of the measure or measures were met or even that the eCQM reporting requirements were met.

Given that your file errors or files have been rejected, the next step is to determine which measures, which files were rejected. The report to run here would be the Submission Summary Report, which actually will show the total files submitted, accepted, deleted, and rejected; and it breaks it down per measure name. This actually will check the measure template to make

sure that your template is in the appropriate format. Again, this report does not determine reporting success. This report is also available for test and production files in order to troubleshoot and check your measure template.

For the next report you would be looking at, is in order to determine your error messages that you received on those rejected files. We recommend that you run the Submission Detail Report to go ahead and troubleshoot those rejected files. As you see here on the example, this is an example of an accepted file, and then, the rejected file. It does provide certain error messages, such as CMS_0066 and CMS_0075. These error messages are located in the Health Level Seven guide, as well as the implementation guide.

Finally, the main report—once you have determined and troubleshooted your error messages and CONF errors, and so forth, and then fixed those rejected files—you want to go ahead and run the eCQM Submission Status Report. This is your primary report for hospitals and/or vendors to run and verify that the hospital has successfully reported on those four eCQMs from that one discharge quarter. Obviously, this report is just for production files because those are the files warranted for program credit. Another important note here is, as files are submitted and/or deleted from the production folder, it's always important to rerun this report to make sure that the intent for those four measures have been met. As we know, files are overwritten, and your status may change. If a hospital edits the Zero Denominator screen, or a vendor resubmits files, your status can change from Yes to No, which is circled here in red. In order to make sure your requirements have been met, make sure you're looking under the program year successful eCQM data submission. Remember, this report is only a snapshot in time and always allow up to 24 hours for this report to generate. If you need any assistance with reports, please contact the *QualityNet* Help Desk.

The EHR reports and resources slide here, we wanted to provide you a link to our helpful webinar that we did, walking through each specific EHR report that was performed on June 27, 2018. This link to this webinar, related materials, are located here on the link provided on the

slide. And, each report, there are specific examples and troubleshooting in order to further troubleshoot and fix those rejected files. Additional educational materials are also available for download. They're located on these links below, the *QualityNet* website, as well as the *Quality Reporting Center* website. And finally, we wanted to just take a minute and do a quick demonstration for those visual learners in order to show you the steps that we just reviewed to upload QRDA Category I files directly to the portal. Here we go.

As the user enters in *QualityNet.org,* they'll bring up the *QualityNet* website. And, there's two selections to log in. The user then will select the *QualityNet* destination for the Hospital Inpatient Quality Reporting Program. The user then will select Let's Go. And that will bring in, you, to the log-in page that you would enter your user ID and password, as well as your security code. Once the user is logged into the portal, you would go ahead and select Secure File Transfer, which is located up top in the blue. And, this is where you'll be uploading your QRDA files. You would then select the DataUpload folder and either select the testdata or proddata folder. Today, we'll be showing you the testdata folder. And then, you would select the ehrqrda folder. And then, you would click Upload, which would open up to the desktop for where you would select your files and/or ZIP files. And then, you would click Open to upload those files, which will be shown in the Sent remote folder. As you see on the bottom right, the first email notification was already received. And then, you would see again your second email notification, which actually demonstrates the files that have been uploaded and how many have been accepted and/or rejected. Again, if there's any questions regarding your file uploading, or rejections, or error messages, you would need to contact the *QualityNet* Help Desk, as shown here.

Now, we would like to just take a minute here for those hospitals who don't have patients that meet the denominator or who have to enter, or have zero [to] five patients. They can opt to do the case threshold exemption. We wanted to show a few screenshots here to remind those folks on the process in order to enter this data into the portal.

Once you log into the portal, you will select from the yellow header under the Quality Programs. You'll select Hospital Quality Reporting.

Then, the My Tasks screen will open up. Your screen might not look like my screen with all the different boxes and options. However, you will go ahead and locate the EHR Incentive Program Hospital eCQM Reporting box, shown here.

Then, you would select Denominator Declaration.

A zero denominator declaration can be used when a hospital does not have patients that meet the denominator criteria for a specific eCQM. If a facility has five or fewer discharges occurring during a reporting quarter, a facility does have the option to utilize the case threshold exemption. They don't have to be used, but facilities can report those individual cases, five or less, in the form of a QRDA Category I file, if they'd like. Just a very important reminder that in both cases, a facility has to use an EHR that's certified to report those particular measures if they're opting to use the [zero] denominator [declaration] or case threshold exemption. As shown here on this slide, make sure you're entering the correct discharge quarter from 2018. The column on the far right is where you would enter a number, depending on the number of patients, from zero to five. And then, if you are selecting Zero Denominator, under that column, you would just go ahead and check that box. Now that we took some time today to review the screenshots on how to upload the QRDA Category I files in the portal and to enter the zero denominators, and showing you the video, we'd like to now regroup and take some time to do a follow-up polling question regarding your confidence level on the eCQM data-submission process.

Please go ahead and take your time and rate your current confidence level for uploading eCQM data, as shown here after the demonstration. We'll give us a few seconds here so everyone can select their option. Again, number one is not confident, two is a little confident, three is somewhat confident, four is mostly confident, and five is very confident.

(Pause)

Okay, it looks like our responses have slowed down. Okay. Thank you and Rachel will go ahead and close out our poll. Fantastic. It looks like now we have about 50 percent, over 50 percent, that have, feel mostly confident or very confident, given that the current demonstration has been shown. We do encourage you to share this slide deck with your new staff. And, it will be posted to *Quality Reporting Center*, as well as the questions and answers. Thanks again, for participating in our poll today.

At this time, I would like to hand it over to Dr. Artrina Sturges, who will review our frequently asked questions and provide some additional resources.

Artrina Sturges: At this time, we'd like to take a few moments to address a few of the most commonly asked questions. We were asked, what is the difference in functionality between using the Pre-Submission Validation Application tool, or the PSVA tool, to validate QRDA I files versus the test portion of the *QualityNet Secure Portal*? Although the PSVA tool performs file format validation, the CMS data receiving system within the *QualityNet Secure Portal* performs additional checks, which include but are not limited to, reviewing and providing feedback on the Clinical Document Architect[ure] schema and measure outcome information. Use of the PSVA tool is optional, but it is a good starting point for initial file format validation. You can access the PSVA tool and the accompanying user guide by logging into the *QualityNet Secure Portal*. For more details regarding the PSVA tool itself, visit the Archived Events page on the *QualityReportingCenter.com* website to download webinar materials from the August 8 call entitled, *Pre-Submission Validation Application Overview for eCQM Data Submission in Calendar Year 2018*.

An additional question that we receive quite often is regarding the CMS EHR Certification ID number. The EHR Certification ID number is required to be included for each QRDA patient-level file submitted for eCQM reporting. If you need additional details, this is the EH, or Eligible Hospital, and Critical Access Hospital eCQM tab on the eCQI Resource Center and download the 2018 CMS QRDA I Implementation Guide for Hospital Quality Reporting for additional details.

The ONC definition of certified EHR technology is applicable to the EHR system used to perform eCQM reporting for the Hospital IQR and the Promoting Interoperability Programs. As you can see here, the definition includes the base EHR and quality reporting criteria, which include the ability to capture and export, calculate, and report data. If you have questions about what defines the base EHR definition, that information is posted on the ONC website. And, we'll be sure to provide a link to the information in the question-and-answer document that's posted at a later date. Some examples of what you'll find when you're doing the certification criteria for satisfying the base EHR technology definition is that the system includes patient demographics and clinical health information, such as medical history and problem list; and also, has the capacity to exchange electronic health information with, and integrate information from, other sources.

Another frequent question is, when are eligible hospitals required to have CEHRT in place to electronically report eCQM data for the Hospital IQR and the Promoting Interoperability Programs? So, as it states here, eligible hospitals are required to have the entire CEHRT definition, which we just reviewed on the prior slide, applicable for their program participation by the close of the calendar year in which the eCQM reporting period occurs. For example, for calendar year 2018 reporting, hospitals would need to have the CEHRT definition in place by December 31, 2018.

Another common question is where to locate information on the objectives and measures that have to be reported for attestation as part of the Promoting Interoperability Program. Submitters can locate the user guide, which is titled *QualityNet Hospital Objectives in Clinical Quality Measures* on the CMS.gov website. You'll see that we have the link available for you here. And of course, if you have any questions associated with attestation activities for the Promoting Interoperability Program, please contact the *QualityNet* Help Desk.

We also received questions about the types of exceptions that are in place for hospitals who are unable to successfully submit eCQM data. This is just a reminder that there are two different application processes, criteria,

and requirements for the Hospital IQR and the Promoting Interoperability Programs. We just wanted to give you a little bit more of a breakdown and provide the direct links for you. The information regarding the hardship application relative to the Promoting Interoperability Program is posted on the CMS.gov website; and as we indicated, the links are made available on this slide. The Hospital IQR Program has an extraordinary circumstances exception application process. The overview information, ECE application itself, and policy clarification documents are all posted and available on the *QualityNet.org* website.

We've provided a table of resources categorized based on the topic, who to contact for assistance, and the method for reaching out or locating information. Next slide, please.

And at this time, Veronica will join us to begin the question-and-answer session.

Veronica Dunlap: Great. Thank you, Artrina. I'd like to start with our first question. Can we use the same CHPL number, or C-H-P-L number, used for our PI objective attestation for our eCQM QRDA file even if some of the CEHRT used for the objective doesn't contribute to the quality measures?

Artrina Sturges: Hello, Veronica. This is Artrina. For CMS, hospitals can use two different numbers if the CEHRT number submitted for each applicable program meets the CEHRT requirements and is applicable to that data capture and reporting period.

Veronica Dunlap: Great. Thank you. Our next question. We used a vendor last year, but we will directly submit QRDA files to CMS this year as a hospital. Do we need to change our Data Upload Role or authorization under *QualityNet*?

Amy Asche: Hi, this is Amy with PM3. You would just need to make sure you do have that upload role and the authorization is there for you to be able to upload. After you have that permission, you should be just fine to be able to submit those files.

Veronica Dunlap: Sounds good. Thank you. Is this method of submission applicable to both Medicare and Medicaid?

Jen Seeman: This is Jen with PM3. The eCQM submission, if you participate in the Promoting Interoperability Program and the IQR Programs both, will apply to both program credit. If the Promoting Interoperability submissions are made, then that data is passed along to Medicaid payment contractors.

Veronica Dunlap: Great. Thank you. If we're not using a vendor, how do we submit our production files to *QualityNet*?

Jen Seeman: So, this is Jen, again. I think the facility would work with their vendors or their EHR system to understand how to export the QRDA format that can be submitted.

Veronica Dunlap: Okay. Thank you. Do you have a required naming convention for the ZIP file that's submitted?

Amy Asche: This is Amy with PM3. No. There is no required naming. You can name a file so you can track it yourself; so, there's no required format for it.

Veronica Dunlap: Thank you. Next question. When a vendor submits QRDA files, can the hospital run the Submission Detail Report?

Amy Asche: This is Amy, again, with PM3. Yes. As soon as the vendor has submitted stuff, and it has gone through, the hospital can run that Submission Detail Report themselves to see the status of the file.

Veronica Dunlap: Thank you. What type of validation will be completed on the 2018 QRDA files?

Artrina Sturges: This is Artrina. To our understanding, the same process that they're utilizing for 2017 validation activities should be the same as what's being utilized for 2018.

Veronica Dunlap: Thank you. If a hospital has five or less patients in the denominator of their QRDA eCQM submissions, do they need to submit a case threshold exemption, as well?

Amy Asche: Hi, this is Amy; PM3, again. So, that was covered in one of the slides of having the five or less. So, if you do not meet that criteria, then yes, you would have to submit a case threshold to meet that exemption for that hospital.

Veronica Dunlap: Okay. Our next question. Can a designated eligible hospital employee submit the QRDA files? During today's presentation, it does sound like the EHR vendor has to submit them.

Jen Seeman: This is Jen. Hospitals are able to submit on their own behalf if they have the appropriate roles in place.

Veronica Dunlap: Great. Next question. Do we still have the option to manually submit Promoting Interoperability Program data?

Jen Seeman: I think there are certain scenarios where a facility can still attest to CQMs, if that is the question. I'm not sure from the detail given if that's the appropriate response or not, to be honest.

Veronica Dunlap: Okay. Thank you. Do the files that are uploaded still need to be on a ZIP drive?

Jen Seeman: Yes. They should be packaged in a ZIP file.

Veronica Dunlap: Next question. Can you still submit final files through the PSVA tool, or should we be using the Secure File Transfer for the final files?

Jen Seeman: The files that come in that are submitted through PSVA will go through the same system evaluation with CMS whether you submit through the portal or whether you submit through PSVA. So, they can be submitted either way.

Veronica Dunlap: Next question. Is it required to do the case threshold exemption, or is it optional? I think we already touched base on that question. It is an optional feature. It is up to the hospital in order to go ahead and submit those few cases a via QRDA files. Or, if they choose not to submit the QRDA files, they can go ahead into the portal and manually enter a number from zero to five on that, under the Case Threshold Exemption screen. Next question. How long do we have to normally wait for the

notification email to arrive in our inbox before we have to notify the *QualityNet* Help Desk?

Amy Asche: This is Amy. We recommend waiting 24 hours. And then, at the 24 hours, if you haven't received those emails, then reach out to the help desk.

Veronica Dunlap: Okay. Thank you, Amy. A critical access hospital can still have a vendor upload their QRDA files even if it's one patient in the population, correct?

Artrina Sturges: Hello, this is Artrina. Yes. That is still feasible. Again, with case threshold, it's not a requirement, it's just an option to utilize the exemption. But if you have the data, and you want to report the QRDA I files for those patients, then feel free to do so.

Veronica Dunlap: Thank you. Next question. We used a vendor last year but plan to submit ourselves for this year, calendar year 2018. Do we need to remove this prior vendor?

Jen Seeman: This is Jen. It is recommended that, if a vendor is no longer serving a hospital, that you would go into vendor authorization and make those updates.

Veronica Dunlap: Okay. And, this is another question, here. If you report on five or less patients, does that count as one of the four measures reported?

Amy Asche: Hi, this is Amy. If you're using that exemption, that that would be one of the measures going towards the measures meeting the outcomes.

Veronica Dunlap: Thank you. Is there a difference between the EHR Incentive Program hospital eCQM reporting versus the hospital eCQM reporting? And, I'm thinking this is in relation to the title of the box that's located on the My Tasks screen. So, again, your screen might look different than the screen shown here during today's demonstration, but hospital eCQM reporting is the same. When hospitals are participating in both the Hospital IQR Program and the Promoting Interoperability Program, the submission of their electronic data, their eCQMs, is the same. Next question. What

would be the benefit of uploading production files through the *QualityNet* Secure File Transfer versus uploading them through the PSVA tool?

Artrina Sturges: This is Artrina. I'm sorry, go ahead, Amy.

Amy Asche: I was just going to say, you can use the PSVA tool; that does the initial formatting of the file that way, but through the Secure File Transfer site, that it will do a little bit deeper on the schematron detections through that, so you'll be able to get a better report on if there is anything with your files that way, too.

Veronica Dunlap: Great. Next question. Can you please discuss the steps we need to take to address the files that are rejected?

Amy Asche: Hello, this is Amy. One step to be doing if your files are rejected, is to run the detail, Submission Detail Report and specifically see, even see from there, the error messages that are occurring in that file. And then, that will help you, direct you to the location and the area in the file that could be formatted wrong, or they're missing something in that area, to start there and look. That would be the first part to use in investigating what the—is going on with your rejections.

Veronica Dunlap: Great. Thank you. Our next question. Do zero denominator, I'm sorry, do zero denominators need to be entered if able to meet the four required eCQMs?

Artrina Sturges: This is Artrina. Actually, you have to think about the criteria that fits whether you're doing case threshold or zero denominator. They have two different sets of criteria that have to be met in order to be able to use one or the other. What we'll do is, we'll make sure that we break that information down for you within the question-and-answer document that's posted in the coming weeks.

Veronica Dunlap: Okay. Great. Our next question. When will there be information on what is required for the [Promoting] Interoperability Program? For example, what is required beyond the eCQM reporting portion of it? It looks like they're asking about what data elements will be required to be entered into

QualityNet and what would be the deadline. This is probably in relation to the objectives and measures for the Promoting Interoperability Program.

Jen Seeman: You know, Roni, I think this is one we'll have to follow up on and probably maybe be able to provide a link. So, there is information regarding the Promoting Interoperability Program available, but I don't know that it's something that we would go into detail here. We may be able to provide a link to some of those sites in the FAQ, or in the transcript, sorry.

Veronica Dunlap: Sure. That sounds good. Our next question relates to this, as well, probably. Or it may not. Which specification version should we be using for the submission of eCQMs in 2018? I'm assuming that's related to the eCQMs and not the objectives.

Artrina Sturges: Hi, this is Artrina. Yes. I agree. So, the best place, the best thing to do is to visit the eCQI Resource Center, and you'll see that there's a tab. And, we do talk about this during the webinar for EH and CAHs. And there, you can see the specifications and everything that's associated with 2018 reporting is specifically listed on a tab. So, that way, you can obtain a copy of the specifications, the IG, everything that's associated with the process. We do provide a link for you, also, in the slide deck, as well; and, we'll also call it out again in the QA document that we post.

Veronica Dunlap: Thanks. Next question. Are rejected files okay or do they have to be fixed and resubmitted?

Jen Seeman: This is Jen.

Amy Asche: This is Amy. Go ahead.

Jen Seeman: Go ahead, Amy.

Amy Asche: If you're getting rejected files to meet the outcome that you're wanting, you'll need to do, you need to do the corrections to your files, and then have the corrected files resubmitted and make sure that they are accepted without any rejection errors.

Veronica Dunlap: Thank you. Can we run a *QualityNet* report to find out what our calendar year 2017 eCQM scores were?

Jen Seeman: You would be able to run the Submission and Performance Feedback Report and review measure outcomes. However, the eCQM Submission Status Report is not available for multiple years.

Veronica Dunlap: Thank you, Jen. Next question. Can a hospital report on more than one quarter of data so they can capture more patients across the various eCQMs?

Jen Seeman: Multiple quarters can be reported. However, if you, if you report multiple quarters, the system is looking for consistency in eCQMs. You'll want to again—and I think this was emphasized in the presentation—if you submit multiple quarters, make sure to rerun your eCQM Submission Status Report to confirm your program requirements have been met.

Veronica Dunlap: Okay. Next question. Do we need a new CMS EHR Certification ID number each year for submission?

Artrina Sturges: Hi, this is Artrina. In terms of the CEHRT ID number, the only, honestly, the only reason why you would need to change it is if there are modules within your CEHRT ID that change. Like, for instance, if you were able to meet CEHRT […] at a certain point, and some aspect of that changes, then CMS does ask that you regenerate that CEHRT ID number with that new information included. And, just to give a heads up, there will be a FAQ document that will be coming out that will include all of these types of questions associated with the CMS CEHRT ID. So, we'll have some support for you there, in addition to what is printed in the QA document that's posted at a later date.

Veronica Dunlap: Okay. Next question. Do we have to include the MBI, which is the Medicare Beneficiary Number, as part of the QRDA Category I file?

Jen Seeman: For normal eCQM reporting, it's not required.

Veronica Dunlap: Thank you, Jen. Next question. Is there a report to show measure compliance for our test data?

Jen Seeman: At this time, the Performance Feedback Report is only available for production submissions. I think that's what they're referring to, is performance rates for measures and at this time through *QualityNet* is not available for test data.

Veronica Dunlap: Okay. Looks like we have time for just a few more questions. As long as we upload files from CART into *QualityNet*, are we still in compliance? We do not currently have a contract with a vendor.

Jen Seeman: So, CART is a chart-abstracted tool and doesn't export in a format acceptable for eCQM reporting.

Veronica Dunlap: Thank you. Next question. Where can I access the list of conformance error codes?

Artrina Sturges: Hi, this is Artrina. We are actually in the midst of preparing an updated list for this year. We do have one that is posted from 2017 and although some of those codes haven't changed, we want to make sure that we get you the most current codes to make troubleshooting as easy as possible. So, we will be releasing that list in the coming months. And, as soon as that information is available, we will make sure that we send out a ListServe to notify the community that it's available.

Veronica Dunlap: Great. Thank you, Artrina. Looks like that is about time for our questions. Whatever we didn't get to we will follow up and provide responses. And, we will pass it over to Deb to take us to the CE process. Thank you.

Deborah Price: Hello, everyone. Thanks for attending today's event. The presentation has been approved for continuing education credits by the boards that are listed on this slide. And, if your board isn't one of those boards listed, you can forward the certificate to your own board and see if they accept this certificate across state lines. Now, you can always reach out to me if you have issues.

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Finally, we would like to thank everyone for attending today's event. If we didn't get to your question, all submitted questions relating to this webinar will be posted to our *QualityReportingCenter.com* website at a later date. And now, we hope you learned something today. Thank you and enjoy the rest of your day. Goodbye, everyone.