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# **Troubleshooting Audio**

- Audio from computer speakers breaking up?
- Audio suddenly stop?



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# **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**





### Navigating EHR Reports for CY 2018 Hospital eCQM Reporting

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# Purpose

This presentation will provide electronic clinical quality measure (eCQM) data submitters with greater insight into select electronic health record (EHR) report details to review and troubleshoot Quality Reporting Document Architecture (QRDA) Category I files to improve data quality and support successful submission activities.

# **Objectives**

At the conclusion of this presentation, participants will be able to:

- More easily locate the reports needed to address specific concerns regarding submitted EHR data.
- More easily interpret and apply feedback from the EHR hospital reports to improve data quality and successfully submit data.
- More easily locate and utilize tools and reference materials to assist with data submission activities.

Navigating EHR Reports for CY 2018 Hospital eCQM Reporting

### Background

# **Creating QRDA I Files**

- Work with your vendor to create QRDA Category I files (Test and Production) from a certified EHR
- Place the files into batches and zip files for submission
- Utilize the Pre-submission Validation Application to test the QRDA patient-file format (encouraged, not required)
  - Files either accepted (indicating proper file format) or rejected for revision and resubmission

# **Submitting QRDA I Files**

- Accepted QRDA I Files Submitted
  - Either directly into CMS Data Receiving System or via Presubmission Validation Application (PSVA)
- Received 1st Confirmation Email
  - Notifying you the batch file was successfully uploaded
- Received 2<sup>nd</sup> Confirmation Email within 24 Hours\*
  - Notification of the number of submitted files, accepted or rejected uploaded files, the batch number and time of submission

**NOTE**: Receipt of both emails means the QRDA I files were received by the CMS data receiving system. This <u>does not</u> define successful submission; generate the eCQM Submission Status Report to determine current submission status.

\* If 2<sup>nd</sup> confirmation email is not received, contact the *QualityNet* Help Desk

### Visit QualityNet to Run the EHR Reports

<ul> <li>Feedback Category</li> </ul>	Submission Category			
Report ProgramReport CategoryIQRIQREHR Hospital Reporting	Report Program     Report Category       IQR     IQR   EHR Hospital Reporting - Submission Reports			
⊳ Search Report	⊳ Search Report			
REPORT NAME	REPORT NAME			
EHR Hospital Reporting - eCQM Performance Summary Report	EHR Hospital Reporting - eCQM Performance Summary Report			
EHR Hospital Reporting - eCQM Submission Status Report	EHR Hospital Reporting - eCQM Submission and Performance Feedback Report			
EHR Hospital Reporting - Submission Detail Report	EHR Hospital Reporting - eCQM Submission Status Report Only available			
EHR Hospital Reporting - Submission Summary Report	EHR Hospital Reporting - Submission Detail Report			
Hospital Reporting - Vendors Authorized to Upload Data	EHR Hospital Reporting - Submission Summary Report category Hospital Reporting - Vendors Authorized to Upload Data			

### Differences Between Feedback and Submission Report Categories

### Feedback Category

- Primarily used by hospitals
- Data should be the same in the feedback or the submission categories

### **Submission Category**

- Primarily used by vendors, but can be accessed by hospitals
- Hospitals authorize vendors to access these reports
- Able to pull up numerous hospitals at once and analyze data
  - Additional data fields not available for the feedback category (i.e., upload start/end date, batch ID)

Navigating EHR Reports for CY 2018 Hospital eCQM Reporting

### **Breakdown of the Five EHR Hospital Reports**

### **EHR Reports Overview Document**

Frequently Asked Questions	Report Name	Report Purpose	Report File Type
Which report displays how the Quality Reporting Document Architecture (QRDA) Category I files were processed at the file level for electronic health record (EHR) reporting?	EHR Hospital Reporting – Submission Detail Report (R529)	File-level validation shows the conformance or error statements within rejected files.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report provides a summary of the total individual files (submitted within a batch file) that were accepted, deleted, or rejected?	EHR Hospital Reporting – Submission Summary Report (R528)	This is a summary report; therefore, the counts display every accepted, rejected, and deleted file submitted for the selected quarter. This count includes files that have been submitted more than once. <b>NOTE:</b> This report only evaluates if the measure template is in the file and should not be utilized to determine reporting success.	Generate for test and production QRDA Category I files through the feedback and submission report categories.
Which report can provide a summary level of measure performance calculations?	EHR Hospital Reporting – eCQM Performance Summary Report (R547)	Performance calculations (such as denominator and numerator populations), continuous variable observations, etc.	Generate for production QRDA Category I files through the feedback or submission report categories.
Which report tells me if our hospital's production file submissions are meeting the CMS definition of successful electronic clinical quality measure (eCQM) reporting for the Hospital Inpatient Quality Reporting (IQR) Program and Promoting Interoperability (PI) Program for Hospitals?	EHR Hospital Reporting – eCQM Submission Status Report (R530)	The PI Program for Hospitals and Successful IQR- EHR Submission fields in this report indicate successful submission of eCQM reporting when a Y, for Yes, is displayed for each field. <b>NOTE:</b> The definition of successful submission is a combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions reported via the <i>QualityNet Secure</i> <i>Portal</i> by the reporting deadline.	Generate for production QRDA Category I files only the feedback and submission report categories. NOTE: This is a snapshot in time. If the reporting changes in any way, re-generate the report for the most current status of the PI Program for Hospitals and IQR-EHR submission categories.
Which report is available to review measure calculations at the patient level, measure level, and for each episode of care?	EHR Hospital Reporting – eCQM Submission and Performance Feedback Report (R546)	The aforementioned measure calculations are available on accepted files and can be tracked by discharge quarter.	Generate for test and production QRDA Category I files (only available through the submission report category).

# **Q: QRDA I File Rejections**

**Q:** I need to determine if any QRDA I files were rejected. Which report tells me which QRDA Category I files were rejected and why, so I can fix those files and resubmit them via the PSVA Tool or the *QualityNet* Secure Portal?

# Submission Detail Report (R529)

**Why/Purpose:** File-level validation – shows the error statements/conformance errors within rejected files

**File Type:** Test and production file submissions **Report Category:** Generate through the feedback and submission report categories

### Submission Detail Report (R529) (Screenshot)

#### Accepted QRDA I File Example



#### **Rejected QRDA 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			050-700-049-5 vm	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

### Most Common Types of Error Messages

HQR Validation Message	HL7 CDA QRDA Category I Error		
<ul> <li>A HQR validation message performed in custom Java code</li> <li>CONF: CMS_xxxx (ex. CONF: CMS_0075)</li> <li>List of HQR resources on slide # 19</li> </ul>	<ul> <li>This is a Health Level Seven (HL7) Clinical Document Architecture (CDA) QRDA Category I Error</li> <li>CONF: xxxx-xxxxx (ex. CONF:1098-6394)</li> <li>HL7 Error-specific reference material:</li> <li>Visit the HL7 website to obtain the HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: QRDA Category I, Release I, Standard for Trial Use, Release 4 – US Realm</li> </ul>		

### Resources to Troubleshoot Rejected Files – HQR Validation and HL7 CDA QRDA Category I Errors

#### Resources available on eCQI Resource Center

- <u>CMS 2018 QRDA I Implementation Guide for HQR</u>
- <u>Conformance Statement Resource</u> An interactive resource intended to assist data submitters to troubleshoot the most commonly occurring errors by providing detailed information to resolve the errors causing the file to reject. The 2017 version is posted, a new version will be published later this year.
- <u>CMS Receiving System Edits Document</u> Provides specific conformance error ID, the associated error message, <u>the template ID or template name where the error occurred</u>, and the condition or content expected within the QRDA I file to address the conformance error. The 2017 version is posted, a new version will be published later this year.

#### Resource available on the <u>HL7.org</u> website

 Visit the HL7 website to obtain the <u>HL7 Implementation Guide for Clinical Document</u> <u>Architecture (CDA) Release 2: QRDA Category I, Release I, Standard for Trial Use,</u> <u>Release 4 – US Realm</u>

**NOTE:** The HL7 website requires a HL7 account to be created in order to download the Implementation Guide (IG).

# **Q: File Submission Details**

Q: Which report provides a summary of the total individual files (submitted within a batch file) that were accepted, deleted, or rejected?

## Submission Summary Report (R528)

**Why/Purpose:** The counts display <u>every</u> accepted, rejected, and deleted file submitted for the selected quarter. This count includes files that have been submitted more than once.

**File Type:** Test and production file submissions **Report Category:** Generate through the feedback and submission report categories

**Interesting Fact:** This report only evaluates if the measure template is in the file and <u>should not</u> be utilized to determine reporting success. Users would generate the eCQM Submission Status Report (R530) to obtain current standing.

## Submission Summary Report (R528)

	EHR Hospital Reporting - Submission Summary Report Provider Submitter: All Domain: All Measure Set: All File Status: ACCEPTED, REJECTED Test Case Indicator: All						
Submitter	Measure Name	Domain	File Status	Measure Count			
Total Files Submitted: 1024 Total Files Accepted: 10243 Total Files Deleted: 0 Total Files Rejected: 4 Provider:							
Measu	re 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			
Measu	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.

# **Q: Measure Performance**

Q: Which report can provide a summary of measure performance calculations?

## eCQM Performance Summary Report (R547)

**Why/Purpose:** To determine the summary level of measure performance calculations (such as denominator and numerator populations, continuous variable observations, etc).

File Type: Production files only

**Report Category:** Generate through the feedback and submission report categories

## eCQM Performance Summary Report (R547)

Provider ID: Submitter ID									
	Measure ID	Version #	IPP	Denominator Population	Numerator Population	Denominator Exclusion	Denominator Exception	Continuous Variable	Performance Score
Measure Set: STK									$\frown$
	STK-2	5	140	112	85	15	0		87.628866 %
	STK-6	5	140	112	73	34	1		94.8051948 %
Measure Set: VTE									
	VTE-1	5	3067	3067	1797	1076			90.2561527 %
	VTE-2	5	3067	617	549	48	4		97.1681416 %

†Notes: Measure outcomes are not being calculated for this measure version.

\*Defined as an Inverse Measure for which better quality is associated with a lower performance score.

\*\*Performance Rate calculation is defined as Rate = Numerator/((Denominator - Denominator Exclusion) - Denominator Exception).

\*\*\*For Continuous Variable eCQMs the report will display the Measure Population totals under the Denominator Population column.

### Q: Determining Successful Submission

Q: Which report tells me if our hospital's production file submissions met the CMS definition of successful eCQM reporting for the IQR and Promoting Interoperability Program for Hospitals?

## eCQM Submission Status Report (R530)

**Why/Purpose:** Determine if achieved CMS definition of successful CY 2018 eCQM reporting for both programs by locating a Y for Yes in the following two fields:

- EHR Incentive Program\*
- IQR-EHR Submission

File Type: Production files only

**Report Category:** Generate through the feedback and submission report categories

**Interesting Fact:** This report is a snapshot in time – if the reporting changes in any way (submit new QRDA I files for the same timeframe, delete and resubmit files, etc.), re-generate the report to obtain the most current status

**Note**: The definition of successful submission is a combination of QRDA Category I files, zero denominator declarations, and/or case threshold exemptions reported via the *QualityNet Secure Portal* by the reporting deadline.

\*The EHR Incentive Program is now being referred to as the Promoting Interoperability Program and this field may change. 06/27/2018

### eCQM Submission Status Report (R530)

Discharge Quarter eCQM Count: EHR Incentive Program : 4 IQR-EHR: 4

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

Note: The EHR Incentive Program is now being referred to as the Promoting Interoperability Program and this screenshot may change.

## **Q: Measure Calculations**

Q: Is there a report which provides measure calculations?

### eCQM Submission and Performance Feedback Report (R546)

- **Why/Purpose:** To review measure calculations at the patient-level, measure-level, and for each episode of care
- File Type: Test and production files
- **Report Category:** Only available to generate through the submission report category
- **Interesting Fact:** The measure calculations can be tracked by discharge quarter

### Submission and Performance Feedback Report (R546)

Submitter ID: Provider ID				• **	
Test Case Indicator: No					Upload Date: 02/05/2018
Admission Date 02/08/2017	Discharge Date 02/15/2017	Measure ID VTE-1	Version # [V5]	<b>Title/Description</b> Venous Thromboembolism Prophylaxis	Message 20160017 EXCLUDED: Patient encounter does not meet specified criteria.
03/21/2017	03/24/2017	VTE-1	[\/5]	Venous Thromboembolism Prophylaxis	20160017 EXCLUDED: Patient encounter does not meet specified criteria.
01/09/2017	01/12/2017	VTE-1	[V5]	Venous Thromboembolism Prophylaxis	90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.
03/03/2017	03/06/2017	VTE-1	[\/5]	Venous Thromboembolism Prophylaxis	90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.
03/03/2017	03/06/2017	VTE-2	[\/5]	Intensive Care Unit Venous Thromboembolism Prophylaxis	90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.
02/08/2017	02/15/2017	VTE-2	[\/5]	Intensive Care Unit Venous Thromboembolism Prophylaxis	90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.
01/09/2017	01/12/2017	VTE-2	[\/5]	Intensive Care Unit Venous Thromboembolism Prophylaxis	90005 DENOMINATOR NOT MET: Patient does not meet criteria for inclusion in measure denominator.
03/21/2017	03/24/2017	VTE-2	[\/5]	Intensive Care Unit Venous Thromboembolism Prophylaxis	90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.
Measure Count: 2					
03/03/2017 02/08/2017 01/09/2017 03/21/2017 Measure Count: 2	03/06/2017 02/15/2017 01/12/2017 03/24/2017	VTE-2 VTE-2 VTE-2 VTE-2	[V5] [V5] [V5]	Intensive Care Unit Venous Thromboembolism Prophylaxis Intensive Care Unit Venous Thromboembolism Prophylaxis Intensive Care Unit Venous Thromboembolism Prophylaxis Intensive Care Unit Venous Thromboembolism Prophylaxis	<ul> <li>90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.</li> <li>90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.</li> <li>90005 DENOMINATOR NOT MET: Patient does not meet criteria for inclusion in measure denominator.</li> <li>90001 NUMERATOR MET: Patient meets the criteria for inclusion in the numerator population.</li> </ul>

\*Note: The Measure Count field displays the total number of eCQMs that were processed by the system.

Navigating EHR Reports for CY 2018 Hospital eCQM Reporting



Q: Sometimes Data in Vendor Reports Differ from Hospital Reports

**Q:** If the hospitals and vendors have access to the same five EHR reports, why is the report data different between what the vendor generates versus the hospital staff (ex. eCQM Submission Status report)?

A: Due to parameter modifications (ex. upload start/end date, batch ID), hospitals and vendors who are generating reports through the feedback and submitter categories can reproduce different types of data.

# Q: Where to Locate EHR Report Issues

**Q:** Where does CMS provide guidance when there are report generation issues?

A: The Known Issues – Hospital Reporting Document specific to the Promoting Interoperability Program (previously known as the EHR Incentive Program) is published on the QualityNet.org website <a href="https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=112">https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=112</a> O143435363. In addition to any report generation issues and resolutions, the document also provides updates regarding the CMS data receiving system.

# **Q: How to Utilize the EHR Reports**

**Q:** Are there other resources out there aside from the EHR Reports Overview document that tells us more about available reports for hospital reporting?

**A:** In addition to the CY 2018/FY 2020 EHR Reports Overview, CMS has also provided an EHR HQR Program Reports online document available for download within the *QualityNet Secure Portal*.

Questions? Contact the *QualityNet* Help Desk at <u>qnetsupport@hcqis.org</u>; (866) 288-8912.

### Locating the Reports Online Help Manual and EHR HQR Program Reports



# **Support Resources**

Торіс	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 (previously known as the EHR Incentive Program) (objectives, attestation, and policy)	Q <i>ualityNet</i> Help Desk	(866) 288-8912 <u>qnetsupport@hcqis.org</u>
<ul> <li>eCQM Specifications (code sets, measure logic, and measure intent)</li> <li>QRDA-related questions (CMS Implementation Guide, Sample Files and Schematrons)</li> </ul>	ONC JIRA Issue Trackers	eCQM Issue Tracker https://oncprojectracking.healthit.g ov/support/projects/CQM/summary QRDA Issue Tracker https://oncprojectracking.healthit.g ov/support/projects/QRDA/issues/ QRDA-313?filter=allopenissues
<i>QualityNet</i> Secure Portal (reports, PSVA tool, uploading data, and troubleshooting file errors	QualityNet Help Desk	(866) 288-8912 <u>qnetsupport@hcqis.org</u>
eCQM Data Validation	Validation Support Team	Validation@hcqis.org or https://cms-ip.custhelp.com

Navigating EHR Reports for CY 2018 Hospital eCQM Reporting

### **Question and Answer Session**

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