Hospital Inpatient Quality Reporting (IQR) Program

Common Errors for QRDA Category I Test Files – Session 1

Questions and Answers

Moderator:

Deb Price, PhD, MEd, MSPH
Education Director, Hospital Inpatient Quality Reporting (IQR)
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Support Contractor (SC)

Speakers:

Jennifer Seeman
Hospital Quality Reporting (HQR) Electronic Health Record (EHR) Program Manager
Portfolio, Program, and Project Management (PM3) SC

Artrina Sturges, EdD
Project Lead, Medicare IQR-EHR Incentive Program Alignment
Hospital Inpatient VIQR Outreach and Education SC

July 25, 2016
1 p.m. ET

Question 1: **When is it mandatory that we submit Quality Reporting Document Architecture (QRDA) I files? What if our Electronic Health Record (EHR) vendor is not able to submit the QRDA data?**

Hospitals are required to submit QRDA Category I files for reporting electronic clinical quality measure (eCQM) data as part of the IQR program for the calendar year (CY) 2016 reporting period. Hospitals are required to submit a minimum of four eCQMs of either third quarter or fourth quarter 2016 discharge data by February 28, 2017. If the hospital is unsure of the level of readiness of their EHR vendor, the suggestion is to work directly with your vendor to meet those reporting requirements. Hospitals unable to meet the Hospital IQR program requirements are at risk for failing their Annual Payment Update (APU).

Question 2: **So, when submitting test files, either the admit date or discharge date can fall within the report date range?**

The discharge date is specified within the eCQM for the applicable reporting quarter.

Question 3: **I have a question about the error on slide 20, effective time in the medication activity (V2) template, is the null value OK or not OK on this slide?**

Example error number four, effective time (CONF:1098-7508) demonstrates a null value is acceptable in the medication activity template.

Question 4: **For the error Medication Order (V2) Requires Author, is the author the clinician that entered the order?**

Correct, the author is the clinician that entered the medication order.

Question 5: **Is there another tool or a different way to access the PSVA tool because of the JAVA issue? We have also been told by our vendor to submit data directly through the portal and not use the PSVA tool. They claim that there is more functionality if you use the portal and little benefit using the PSVA tool. What is the CMS recommendation for submission?**

The JAVA issues with the PSVA tool have been resolved. Please contact the QualityNet *Help Desk if a submitter continues to experience JAVA issues, at* qnetsupport@hcqis.org *or by calling 1.866.288.8912.*

The CMS data receiving system in the QualityNet Secure Portal performs verifications mostly related to submission dates and authorizations to submit, which PSVA does not perform. CMS recommends utilizing the submission process which best meets the needs of facilities. There are a number of benefits to using the PSVA tool for testing. Using the PSVA tool allows submitters to quickly identify and correct QRDA Category I formatting errors prior to data submission to CMS. Use of the PSVA tool also provides validation feedback within the submitter's system.

Question 6: **If we upload a test file to the CMS data receiving system in the *QualityNet Secure Portal*, will the information you are reviewing tell us what we are missing in our report? Also, how long is the feedback process for testing files?**

Generally, the processing of test files submitted to the CMS data receiving system within the QualityNet Secure Portal (QSP*) occurs within 24 hours. CMS processes the file and an initial email is sent to indicate the file has been uploaded. A second email will indicate the processing is complete. When the second email arrives, the user can log back into* QualityNet, *visit the report section under IQR reporting, and run the Submission Detail Report or the Submission and Performance Feedback Report. The Submission Detail Report will show errors related to that file, which will help you start pinpointing why your files were rejected. It will also provide indications where to look for those errors. If the second email does not arrive indicating the file has been processed, please contact the* QualityNet *Help Desk for assistance:* qnetsupport@hcqis.org *or call 1.866.288.8912.*

Question 7: **What is the expectation of what we need to do for warning messages received when processing test files?**

At this time, warnings do not stop file processing. There are generally templates that may be included within the QRDA, but are not required for processing or for measure outcome. If a submitter wants to resolve warnings, the same process would be applied. Search for the CONF number in one of two sources: The [QRDA Supplementary Implementation Guide for 2016](#) and the [QRDA Appendix](#); and the secondary location for reviewing conformance errors is in the Health Level Seven International [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm)](#) available on the HL7 website.

Question 8: **When stating that submission to the Medicare EHR Incentive Program (A.K.A. Meaningful Use (MU) program) is met with the four electronic Clinical Quality Measures, does that meet all of the MU requirements?**

The eCQM data submissions are only a portion of program requirements, for each of the Hospital IQR and Medicare EHR Incentive Programs. Please visit the [QualityNet.org](#) *website to review Hospital IQR Program requirements and the [CMS.gov](#) website for Medicare EHR Incentive*

Program information to ensure all reporting requirements have been met.

Question 9: **If we currently don't participate in the asthma measures, are we required to report it as an eCQM measure?**

Facilities are required to report a minimum of four of the 28 eCQMs applicable to the Hospital IQR program or 29 measures for the Medicare EHR Incentive Program. CMS asks facilities to choose measures reflective of their patient population, and for which their system is certified to report.

Question 10: **In IQR, we are only required to submit the patient's postal code. If we do not include the patient's full address and phone number in the QRDA file, will this file reject? What is the minimum data required for the patient's address?**

IQR QRDA Category I validation rules are different from IQR Extensible Markup Language (XML) validation. Please refer to the QRDA Supplementary Implementation Guide for 2016 and the QRDA Appendix and the HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm) available on the HL7 website. These aforementioned materials can assist you to determine which components of the patient's contact information are required (identified in the conformance statements with the keyword 'SHALL').

In summary, for QRDA Category I file acceptance, the following address components are required. If the specific component is not included in the test file, the associated CONF # for the error messages are indicated in the table below:

Patient Contact Information Component	Associated CONF # in ERROR Message
No address ('addr') tag **US Realm Address** addr (identifier: urn:oid:2.16.840.1.113883.10.20.22.5.2)	CONF:1098-5271
No 'streetAddressLine' tag	CONF:81-7291
No 'city' tag	CONF:81-7292
No 'state' tag	CONF:81-10024 State is required if the

	country is US. If country is not specified, it's assumed to be US.
No 'postalCode' tag	CONF:81-10025 Postal Code is required if the country is US. If country is not specified, it's assumed to be US.
No 'country' tag	Passed without any Error If country is not specified, it's assumed to be US.
No 'telecom' tag	CONF:1198-5280

Question 11: **If we are using an ORYX vendor to submit data to CMS and The Joint Commission (TJC) as well as IQR, do we need to submit anything via the QSP?**

All file submissions for the Hospital IQR Program must be submitted through the CMS data receiving system within the QSP. The Joint Commission has a separate receiving system for file submission.

Question 12: **When can we start submitting test files?**

The production system has been available to receive test files since the end of May 2016 and will be open until at least the end of the production file submission period ending February 28, 2017.

Question 13: **Can a facility report on a measure that has a very low or sometimes, zero denominator?**

You cannot report QRDA I files for zero denominators. If your system is certified to report that measure and there are no patients who meet the criteria for the measure, data submitters have the option to enter a zero on the denominator declaration screen. If your facility has five or fewer patients in a quarter that meet the criteria, facilities can report QRDA Category I files for those patients or utilize the case threshold exemption. It is the choice of the facility whether or not to utilize the case threshold exemption. Please revisit slides 39 and 40 from this webinar to review the criteria. For additional questions, please contact the Hospital Inpatient VIQR Outreach

and Education Support Team at https://cms-ip.custhelp.com or
1.844.472.4477.

Question 14: **Is there another way to submit to the *QualityNet Secure Portal* without using the PSVA tool or is the PSVA tool that preferred process?**

Data submitters can submit either test or production (for this fall) QRDA Category I files through the PSVA tool or through the QualityNet Secure Portal. *It is the choice of the facility which process to utilize. CMS highly recommends the use of the PSVA tool to validate file structure.*

Question 15: **And, you might have touched on this before but can you please clarify the difference between an error and a warning and a PSVA test feedback file?**

An error will result in your file being rejected. At this time, warnings do not stop file processing. A warning may be identified in the template as a "MAY" or "SHOULD" statement. Warning messages are not required to be addressed for the file to be processed by the CMS data receiving system in the QualityNet Secure Portal. *The PSVA test feedback file is automatically generated by the PSVA tool.*

Question 16: **Has there been or will there be a live demonstration showing how this QRDA Category I upload to *QualityNet* actually works?**

The archived webinar presentation from June 9, 2016, provides screenshots of the QRDA Category I upload process. The request for a live demonstration of the QRDA Category I data submission process will be presented to CMS for consideration.

Question 17: **When I attempt to validate our QRDA I file in the PSVA tool, they get an error message regarding validation, JAVA language argument exception. I am unable to locate this error message in the user manual. What does this mean and how do I correct it?**

This error occurs when the submitter is attempting to pre-validate a zip file that contains a subdirectory. The most likely scenario occurs when the submitter places the QRDA files into a file folder and then zips the folder. To remedy this error, we suggest removing the files from the zip and re-zip the QRDA files without the file folder. If you have other questions, please contact

the QualityNet *HelpDesk:* *qnetsupport@hcqis.org or by calling 1.866.288.8912.*

Question 18: **Who should be assigned to the EHR Data Upload Role?**

The EHR Data Upload Role should be assigned to the individuals within that facility and/or the vendor personnel who intends to upload the QRDA Category I files for reporting on behalf of your facility. Please contact the QualityNet *Help Desk for additional information: qnetsupport@hcqis.org or by calling 1.866.288.8912.*

Question 19: **I'm having an issue visualizing the submission file. I am trying to gauge workflow and how long it might take to submit files for one hospital for one quarter. How do we submit the file, zip it?**

Data submitters are required to zip files prior to submission. They can contain up to 15,000 files without an index. So, when you zip it and it creates an index folder, you may see issues with that; however, you can zip 14,999 files, each file no larger than 5 MB, and send those through to the CMS data receiving system within the QualityNet Secure Portal. *Processing time varies based on the number of files within the zip file. Workflow is determined by a number of factors within a particular facility, so we are unable to speak to that process.*

Question 20: **If we have a file rejected, should we only re-submit those rejected files?**

Yes, accepted files do not need to be re-submitted. We recommend resolving the issues that caused the system to reject the file and then resubmitting those specific files. Reviewing the conformance errors specific to CMS reporting can be found in the [QRDA Supplementary Implementation Guide for 2016](#) and the [QRDA Appendix](#) and is a good place to start. The secondary location for reviewing conformance errors is in the [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm)](#) available on the HL7 website.

Question 21: **Do we use the same PSVA tool for submitting both test files as well as production files?**

Yes, the PSVA tool can be used to submit test and production files to the CMS data receiving system in the QualityNet Secure Portal.

Question 22: **When will the Final Rule for FY 2017 be released?**

On August 2, 2016, CMS issued a final rule to update fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). On August 22, 2016, this final rule was published in the Federal Register (81 FR 56761) at https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf. If you are not already on the EHR ListServe, you can register through QualityNet.*org*. *We also have a presentation on the Final Rule scheduled for August 29, 2016.*

Question 23: **How can we verify accuracy of data when the eCQM numbers may be different than other abstracted information for our other regulatory agency, such as the state border DPH?**

In regards to CMS reporting, if you expect specific outcomes from a measure, submit test files in small numbers and review the outcomes of those measures. In addition, the EHR certification process helps to ensure reliable outcomes when reporting eCQMs. However, at this time, we can't speak specifically regarding other reporting agencies.

Question 24: **If I am not the person submitting the QRDA Category I files to the *QualityNet Secure Portal* but have an administrator [role] and have portal access, will I be able to run the test file report?**

Yes. Security Administrators are able to run test file reports without having the EHR Data Upload Role. However, the EHR Data Upload Role is required for data submission.

Question 25: **Is there a tool that will return content result? For example, provide feedback on numerator and denominator exclusion exception?**

The eCQM performance and submission feedback reports will provide detailed information on measure outcomes for accepted files. The reports can be accessed within the QualityNet Secure Portal *under the Run Reports header.*

Question 26: **Does the reporting requirement of a minimum of four eCQMs include Critical Access Hospitals (CAHs)?**

CAHs that voluntarily submit data to the IQR program do not have to submit eCQMs, although CMS encourages CAHs to do so. If a CAH intends to submit eCQMs for the EHR Incentive Program, then yes, it is required to submit data on 4 eCQMs by the submission deadline. There are different options regarding how to submit QRDA files: either utilize the Registration and Attestation System or submit via the QSP. Please visit the [CMS website](#) to learn more about the Registration and Attestation System. CMS has provided a tip sheet and worksheet regarding reporting requirements. Please review slide 32 within this presentation more details and helpful links.

Question 27: **If a patient with a non-U.S. zip code considered an eligible case for an eCQM population denominator?**

The presenters are not aware of any QRDA Category I file acceptance issues with patients being out of country. For further assistance, please contact the QualityNet *Help Desk at qnetsupport@hcqis.org or 1.866.288.8912.*

Question 28: **Do the results have to be accurate or just that we are able to submit the file?**

CMS continually evaluates data even though the content is not publically reported or validated against medical records at this time. Therefore, facilities should be continually working toward submitting accurate data.

Question 29: **Slide 14: If we receive error message CMS 0062 admission date after the discharge date on a live patient, would this need to be resolved in the medical record before we will be able to successfully submit the QRDA?**

Although comments cannot be made regarding specific hospital policies regarding data corrections, any issues with admission data should be resolved to ensure correct data are extracted from the system when the QRDA Category I file is generated.

Question 30: **Can you still manually extract the data for the same eCQMs that you are electronically submitting through the *QualityNet Secure Portal*?**

If a facility submits eCQMs for a particular measure that is also in the IQR Program as a chart abstracted measure, facilities are still required to submit the chart-abstracted measures per the IQR Program requirements.

Question 31: **When we submit our production eCQM files, do we submit all four at once? Or do we submit four separate files? And, if a patient has several visits within that reporting period, should only the first visit be reported?**

What CMS is expecting to see is all encounters for a patient within the quarter to be in one file. If a patient qualifies for multiple measures that your facility is reporting, those should all be within one file and reported within one quarter.

Question 32: **What happens with cases that are not final, final quoted by the time of submission? Is that case going to come back rejected?**

We are unclear on the final quoted aspect of the question. This response may be modified based on individual hospital policy. When considering fourth quarter discharges, facilities have until the February 28, 2017, deadline to report. That allows facilities the time required to ensure records are complete for the discharge data reported for either third or fourth quarter of CY 2016.

Question 33: **During validation using the PSVA tool we encountered an error regarding a missing data element for ED-1 does this refer to the author of the admission order?**

We cannot offer a definitive answer based on the question. If a CONF number is provided, reviewing the conformance errors specific to CMS reporting can be found in the [QRDA Supplementary Implementation Guide for 2016](#) and the [QRDA Appendix](#). The secondary location for reviewing conformance errors is in the [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm)](#) available on the HL7 website. If you do not have sufficient details to resolve the issue, please contact the QualityNet Help Desk: qnetsupport@hcqis.org *or 1.866.288.8912.*

Question 34: **Can we submit test files that are on production patients?**

The CMS data receiving system is within the QualityNet Secure Portal, *so you may submit live patient data through the test system.*

Question 35: **Do we need to register with *QualityNet* and complete the intention to submit screen for 2016 reporting?**

Data submitters are required to have a QualityNet *account and to obtain the EHR Data Upload Role, if the user plans to submit eCQMs on behalf of your facility. Facilities are not required to signal the measures for which they intend to submit data to CMS; therefore, this action is not applicable. The Intent to Submit screen will be deactivated in a future release of the CMS data receiving system.*

Question 36: **Our vendor has been certified, but the new company name is not showing up in the *QualityNet Secure Portal* as an eligible vendor. Who do I contact regarding this selection list to be updated?**

Please contact the QualityNet *Help Desk at qnetsupport@hcqis.org or 1.888.288.8912. They should be able to resolve the issue for you.*

Question 37: **Are we reporting on all inpatient files or a sample of inpatient files?**

For CY 2016 reporting, the files submitted for either third quarter or fourth quarter should be representative of your total inpatient patient population.

Question 38: **When do we need to update and authorize our vendor for eCQM in *Quality Net*?**

Facilities should contact the QualityNet *Help Desk (qnetsupport@hcqis.org or 1.888.288.8912) whenever a vendor change occurs to ensure the proper vendor is permitted to submit data on your behalf.*

Question 39: **Can a vendor outside the US submit QRDA on behalf of customers?**

There is nothing in the QRDA Category I validation rules that would prevent a vendor outside the US from submitting files. However, the vendor must be authorized by the QualityNet Secure Portal *to submit data for the provider. Please contact the* QualityNet *Help Desk for additional information: qnetsupport@hcqis.org or 1.888.288.8912.*

Question 40: **Do we have to submit an entire quarter of data in the test file or can we just submit a smaller timeframe of data?**

Providers should submit one file per quarter, per patient. If multiple files are submitted for a patient in the same quarter, it could result in data being impacted. For QRDA validation, the CMS data receiving system is looking for the Reporting Period Effective Date Range to exactly match one of the CMS allowable CY discharge quarters (see slide 13) and for there to be at least one patient encounter within that date range. So, if these conditions are met and the file is constructed correctly, a test file could provide a subset of data within a CY quarter just for testing purposes.

Question 41: **From Top Error #2, we received this error for visits with no discharge date. The visit was out of the range for the quarter. Should these visits be removed from the file?**

There must be at least one encounter with a discharge in the reporting quarter. Additional encounters with discharges outside the reporting quarter should not result in file rejection. If you have confirmed all dates in the file

are accurate and formatted correctly, please contact the QualityNet *Help Desk for additional assistance: qnetsupport@hcqis.org or 1.888.288.8912. Please be sure to submit the impacted files and any generated reports for their review.*

Question 42: **From the slides, do we have the ability to open the link i.e. CONF: CMS_0072? It is not allowing me to. Would you have any suggestion?**

The conformance statement number is highlighted to draw attention to the assigned number. There are no links embedded within the presentation. To research CMS-specific CONF numbers, please review the [CY 2016 CMS Implementation Guide posted on the eCQM Library.](#)

Question 43: **How do you report on a patient registered on the last days of a quarter but are discharged on the next quarter?**

The encounter should be reported for the quarter when the discharge date falls.

Question 44: **How often is the QRDA file submitted after the Feb 28 deadline?**

Once the February 28, 2017, deadline closes, additional QRDA Category I production files cannot be submitted for the CY 2016 reporting period. Facilities will be notified via ListServes and webinars when test and production files will be accepted for the CY 2017 reporting period through the CMS data receiving system.

Question 45: **If we already registered for CEUs for the PSVA presentation would we be considered an existing user?**

It appears you may have only registered for the webinar hosted by ReadyTalk®. You may be considered a new user for the Continuing Education Unit (CEU) site. You will need to register your personal email address and phone number. At times, healthcare facility firewalls block our links, so the use of a personal email for your certificate facilitates the communication of links and certificates to you.

Question 46: **If we have an ERROR that *QualityNet* has not provided a CONF#, but only has the following: (Rule: validate_ST), what is the suggested action? The error is: "ERROR: Data types of ST SHALL either not be empty or have @nullFlavor (Rule: validate_ST)**

There are several other Schematron data type validation rules similar to this that are not documented in the 2016 CMS Implementation Guide. However, the [CMS QRDA HQR 2017 Implementation Guide](), available on the CMS eCQM Library, provides a table in an appendix that lists the "Null Flavor Validation Rules for Data Types" with a little more information. However, to help you troubleshoot any data type validation error similar to this (e.g., Channel Definition (CD), Coded Element (CE), etc.), please contact the QualityNet Help Desk ([qnetsupport@hcqis.org]() *or 1.866.288.8912) and include the file submitted and any reports you may have run.*

Question 47: **Is the security for patient data documented somewhere so that we can convince our leaders that this is safe?**

Patient data is submitted through the QualityNet Secure Portal *which is HIPAA secure. For further information, please contact the* QualityNet *Help Desk at* [qnetsupport@hcqis.org]() *or 1.866.288.8912.*

Question 48: **Is there a reference of all the warnings so we can review and determine whether they are something we want to resolve?**

At this time, the document under development is focused on resolving errors which cause the QRDA Category I files to fail and unable to be processed. The request for a QRDA Category I warnings document will be presented to CMS for consideration.

Question 49: **It says we need to submit one file per patient per quarter. That means we could be submitting thousands of patient files per quarter?**

In regards to the CY 2016 reporting period, the requirement is to submit discharge data for one quarter - either third or fourth quarter. That is correct, in some cases, hospitals may have thousands of patient files to submit.

Question 50:   **Our current EHR vendor has communicated to us that they need to release a hotfix in order to allow QRDA 1 files to be generated from the system. As of this date, we have not received this update. We are also in the process of moving to another EHR, which is due to go live 12/1/2016. Since there will only be 1 quarter (Q3) fully on 1 EHR system and we are still not able to generate files due to the vendor, is there any way to file for an exception for the reporting this year? We still intend to do everything we can to submit the files for Q3 2016, but there is a huge amount of risk based on the delays we have experienced.**

On the QualityNet.*org* *website, there is information regarding the Extraordinary Circumstances Exemption (ECE) process specific to the submission of eCQMs for the IQR program for CY 2016. Hospitals may utilize the ECE form to request an exemption from the Hospital IQR Program's eCQM reporting requirement for the applicable program year based on hardships preventing hospitals from electronically reporting. Such hardships could include but are not limited to: infrastructure challenges (a hospital is in an area without sufficient Internet access) or unforeseen circumstances, such as vendor issues outside of the hospital's control (including a vendor product losing certification).*

Additionally, hospitals newly participating in the Hospital IQR Program, that are required to begin data submission under Hospital IQR Program procedural requirements at 42 CFR 412.140(c)(1), which describes submission and validation of Hospital IQR Program data, may also be considered undergoing hardship and can apply for an exemption.

Question 51:   **Previously, IQR said they are not publishing results for CY 2016 eCQM submissions because we're all testing the process. Is this also protected from Freedom of Information requests?**

The Freedom of Information criteria is very specific. We recommend visiting the www.FOIA.gov *website for additional information.*

Question 52: **PSVA: If you have run PSVA tool on an XML and it was submitted successfully, will that also mean that your files should go in successfully when actually submitting those?**

The CMS system performs verifications beyond what is assessed by the PSVA tool to include verification of submission dates and authorizations to submit. If you have additional questions, please contact the QualityNet *Help Desk for assistance: qnetsupport@hcqis.org or by calling 1.866.288.8912.*

Question 53: **Reports for EHR submission detail is not populating with detail on "rejected' cases.**

Please contact the QualityNet *Help Desk for assistance (qnetsupport@hcqis.org or by 1.866.288.8912) and provide example files and generated reports.*

Question 54: **The OPPS proposed rule released 1 week ago talks about hospitals being able to either attest or submit eCQMs for MU reporting. If a hospital chooses to attest to CQMs as part of MU in 2016, do they also need to report the 4 eCQMs for Q3 or Q4?**

When seeking to meet the meaningful use requirements for the Medicare EHR Incentive Program, eligible hospitals have two options. They can electronically submit at least four eCQMs through the QSP, which aligns with IQR electronic reporting requirements. Or, they can perform aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System. Attestation does not meet Hospital IQR Program requirements.

Question 55: **The PSVA tool to validate the QRDA files states that it requires 250 GB Disk drive, with 175 GB free space. Do you recommend having a dedicated machine for this?**

The PSVA was created and tested against the requirements outlined in the PSVA User Guide. The system requirements are suggestions for maximum performance. Although the tool will function with reduced system capabilities, performance may be impacted.

Question 56: **Next year will be my first time to submit for QRDA Category I files. My question is exactly where do I go to submit the QRDA Category I files for next year for this year's IQR program and MU. I have a *QualityNet* account, have used the PSVA tool, but wasn't exactly sure where to submit the real files.**

A webinar entitled, Preparation Checklist for CY 2016 eCQM Reporting, *was presented on June 9, 2016. This presentation provided screenshots of how to submit QRDA Category I files through the PSVA tool or directly to the QSP. The slide deck and other presentation materials are posted on the QualityReportingCenter.com website under archived events.*

Question 57: **Does the CMS data receiving system accept test files only from vendors or just from hospitals?**

Test QRDA Category I files can be submitted to the CMS data receiving system by hospitals or by vendors on their behalf. In either case, the EHR Data Upload Role must be assigned through the QualityNet *Help Desk. Hospitals may submit their own QRDA Category I files by registering for a* QualityNet *account (new users only) and requesting the EHR Data Upload Role from the* QualityNet *Help Desk: qnetsupport@hcqis.org or 1.866.288.8912. Hospitals can authorize a vendor to submit on their behalf by logging in to the QSP, authorizing by measure set, data transmission start/end date, or discharge quarter start/end date.*

Question 58: **We are submitting 4 measures that are planned to meet both our IQR and EHR programs. Can we use PSVA and submit just once?**

The PSVA tool can be utilized to submit production QRDA Category I files to the CMS data receiving system within the QualityNet Secure Portal. *Please access the Preparation Checklist on the QualityReportingCenter.com website to obtain details regarding the submission process. At this time, only test files are being received, however, the same process will be utilized this fall when production files are accepted. There is aligned credit for four eCQMs successfully submitted for the IQR and EHR Incentive Program.*

Question 59: **We have been receiving the error "SHALL contain exactly one [1..1] text (CONF:67-3867).". Can you elaborate on what this might be?**

This error is from the Patient Data Section of the QRDA Category I. The HL7 specification is requiring the presence of a <text> element. However, no validation is performed on the actual content provided. The examples provided in the QRDA Supplementary Implementation Guide for 2016, the QRDA Appendix, and sample files describe how the table would be created with headings, rows, columns, and borders to be displayed.

For testing purposes, you could supply an empty tag, such as "<text></text>" to get through validation. For additional information, please reference the HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm) available on the HL7 website.

Question 60: **We understand that we must submit 3rd or 4th Q 2016 by Feb 28, 2017; is the requirement specific to the ability to submit the eCQMs through our vendor without data counting for or against the facility, or will the data affect our publically reported information?**

eCQM data from the CY 2016 reporting period will not be publically reported. When CMS intends to publically report eCQM data, it will be discussed in a future IPPS Proposed Rule.

Question 61: **What does this error mean? SHALL contain exactly one [1.1] author (CONF:1140-27745).**

The Medication Order template was updated from QRDA I, Release 2 to Release 3. Among other changes, "Author" has been added as a required element in Medication Order (V2). "Author" represents the clinician ordering the medication from a pharmacy for a patient. Please visit the HL7 website to obtain the HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm). Note that the HL7 website may require an HL7 account to be created in order to download the implementation guide.

Question 62: **What is the Base Standard IG that is being discussed?**

Please visit the HL7 website to obtain the [HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm)](). Note that the HL7 website may require an HL7 account to be created in order to download the implementation guide.

Question 63: **What is the definition of "legal authenticator" exactly? What exactly are they "attesting" to?**

The legal authenticator would be identified as the same person that has reviewed data for their organization, such as a quality nurse or Chief Information Officer (CIO). If you are referring to the need for the legal authenticator to be identified when an eligible professional uses a data submission vendor, please review the details on page 46 of the [QRDA Supplementary Implementation Guide for 2016.]()

Question 64: **Where is the best source to understand how to set up the file to send to test?**

The best resources to review are the [2016 CMS Implementation Guide and Appendix posted on the CMS eCQM Library](). There are also sample schematron and test files posted on the site to assist you. If you have additional questions, please contact the QualityNet *Help Desk for additional information: [Qnetsupport@hcqis.org]() or 1.866.288.8912.*

Question 65: **Where would I go to find screen shots for QRDA Category I files and QNET upload process? Thank you.**

A webinar entitled, Preparation Checklist for CY 2016 eCQM Reporting, *was presented June 9, 2016. The webinar provided screenshots of how to submit QRDA Category I files. The slide deck and other presentation materials are posted on the [QualityReportingCenter.com]() website under archived events.*

Question 66: **Who is the best contact to help us with solving errors, if we don't understand the coding shown on the handouts?**

The first recommendation is to review the QRDA Supplementary Implementation Guide for 2016, *the* QRDA Appendix, *posted on the CMS eCQM Library and the* HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I) DSTU Release 3 (US Realm) *on the HL7 website. The second recommendation is to contact the* QualityNet *Help Desk for additional information:* Qnetsupport@hcqis.org *or 1.866.288.8912.*

Question 67: **Will *QualityNet* provide us with an overview of our performance for the submitted electronic CQMs?**

When the second email arrives indicating file processing is complete, the user can log back into the QualityNet Secure Portal *and visit the report section under IQR reporting and run the Submission Detail Report or the Submission and Performance Feedback Report. The Submission Detail Report will show errors related to that file, as well as file level validation. The Submission and Performance Report will show patient level measure calculations.*

Question 68: **Will the PSVA Tool be used when we send production (not test) files?**

The PSVA tool can be utilized to submit production files to the CMS data receiving system within the QualityNet Secure Portal. *Data submitters can also submit production files directly to the CMS data receiving system.*

Question 69: **Will the Q&A's discussed today and most common FAQ's be posted anywhere for future reference?**

The questions and answers (Q&As) from our ongoing webinars are posted on the QualityReportingCenter.com website *under the Inpatient tab's eCQM Archived Events. Frequently asked questions (FAQs) for CY 2016 eCQM Reporting will be posted on the* QualityReportingCenter.com website *under the Hospital IQR Program Resources and Tools tab in the near future. A ListServe will be distributed to alert data submitters the resource document is available.*