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Troubleshooting Audio

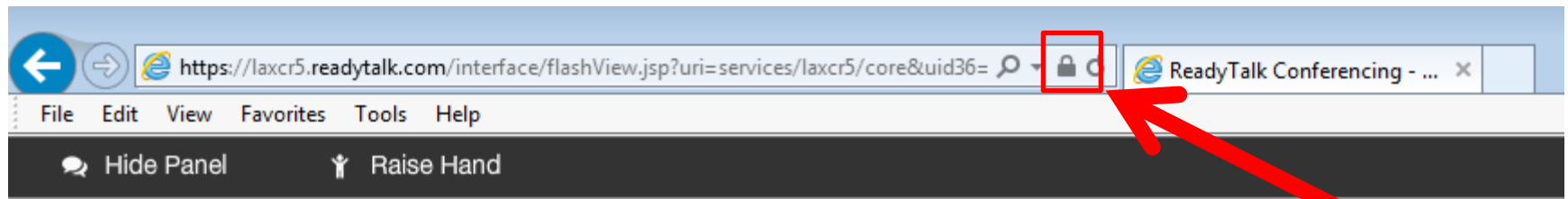**Audio from computer speakers breaking up?**

Audio suddenly stop?
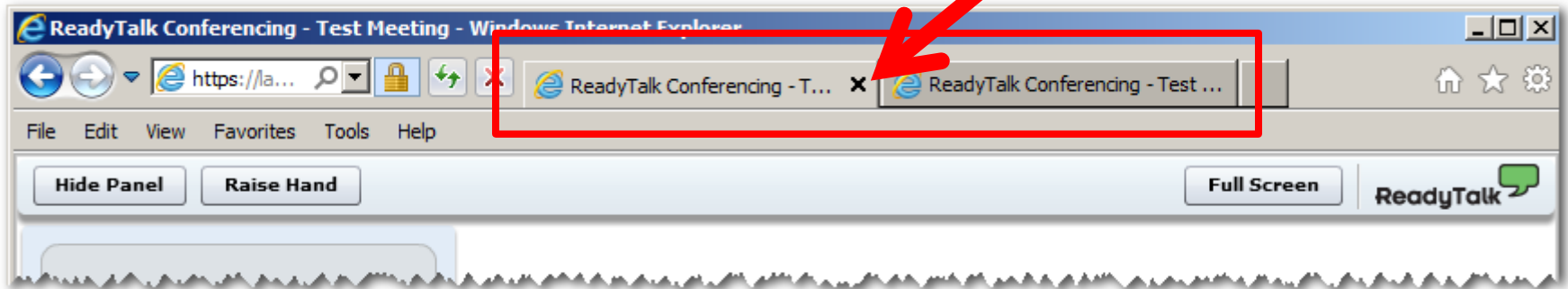
Click Refresh icon
-or-
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F5 Key
Top row of keyboard

https://laxcr5.readytalk.com/interface/flashView.jsp?uri=services/laxcr5/core&uid36=

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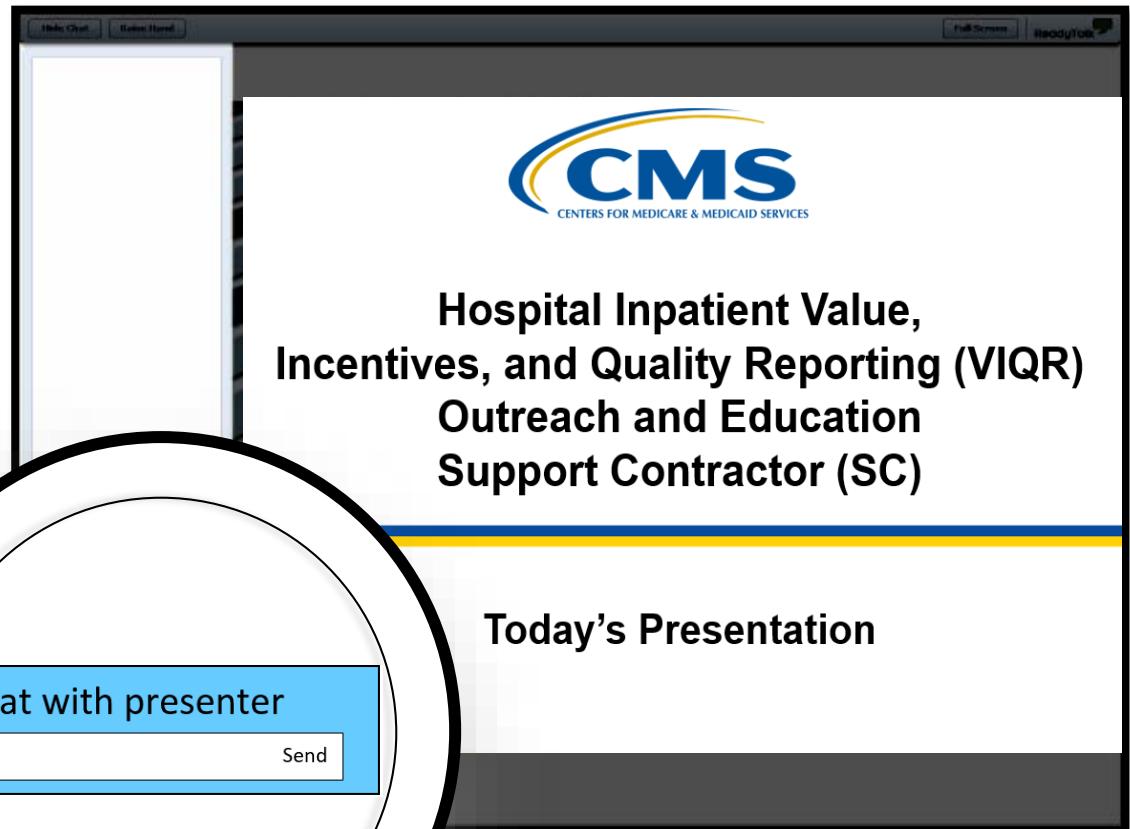Refresh

Troubleshooting Echo

- **Hear a bad echo on the call?**

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Example of two browser tabs open to same event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

CY 2017 eCQM Reporting
Tips and Tools for the Hospital IQR and Medicare EHR Incentive Programs

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Hospital Inpatient Quality Reporting (IQR)–Electronic Health Record (EHR)
Incentive Program Alignment
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

February 6, 2018

Purpose

This presentation will provide an overview of helpful tips and available tools for successful electronic submission of clinical quality measure (CQM) data for the Hospital IQR and Medicare EHR Incentive Programs.

Objectives

Participants will be able to perform the following:

- Utilize the information presented in a question-and-answer format to address the most commonly asked questions regarding calendar year (CY) 2017 electronic clinical quality measure (eCQM) reporting
- Implement the guidance provided for Quality Reporting Document Architecture (QRDA) Category I file submissions and use tips to troubleshoot error messages
- Locate self-directed tools and resources to ensure successful eCQM reporting

CY 2017 eCQM Reporting Tips and Tools for the
Hospital IQR and Medicare EHR Incentive Programs

Hospital IQR and Medicare EHR Incentive Programs Tips

Q: **Locating CY 2017 CQM Measure Information**

Q: Where can I locate the clinical quality measures (CQMs) available for electronic reporting for the Hospital IQR and EHR Incentive Programs for CY 2017?

A: The *QualityNet* and *QualityReportingCenter* websites provide a list of the available CQMs. Greater technical information regarding the CQMs (definition of initial patient population [IPP], denominator exclusions, addenda, etc.) can be obtained from the Electronic Clinical Quality Improvement (eCQI) Resource Center.

Posted List of CQMs

List of CQMs available on the
QualityNet and *Quality Reporting Center* websites

eCQM Specifications

eCQM specification details on [eCQI Resource Center](#)

Q: Difference Between Case Threshold and Zero Denominator

Q: We understand that using case threshold exemptions and/or zero denominator declarations will count toward the successful submission of eCQMs for CY 2017 reporting. What is the criteria of what to use if we're not submitting QRDA I files for a measure? If we have a small number of cases, how do we know if we can use case threshold or have to report QRDA I files? And where do we enter the data?

A: We have a breakdown for you on the next slide.

Case Threshold Exemption vs. Zero Denominator Declaration

Case Threshold Exemption

Applicable to Hospital IQR and EHR Incentive Programs

Criteria

- A hospital's EHR system is certified to report the eCQM.

  AND

- Five or fewer discharges applicable to an eCQM have occurred during the relevant EHR reporting quarter.

- The eCQM for which there is a valid case threshold exemption will count as submission of one of the required eCQMs for both the Medicare EHR Incentive Program and the Hospital IQR Program.
- Hospitals do not have to utilize the case threshold exemption; they can submit the applicable QRDA Category I files (five or fewer), if they choose.
- Case threshold exemptions are entered on the Denominator Declaration screen within the *QualityNet Secure Portal.*

Zero Denominator

Applicable to Hospital IQR and EHR Incentive Programs

Criteria

- A hospital's EHR system is certified to report the eCQM.

  AND

- A hospital does not have any patients that meet the denominator criteria of that CQM.

- The eCQM for which there is a valid zero denominator will count as submission of one of the required eCQMs for both the Medicare EHR Incentive Program and the Hospital IQR Program.
- Zero denominator declarations are entered on the Denominator Declaration screen within the *QualityNet Secure Portal.*

Denominator Declaration Screen within *QualityNet Secure Portal*

- **Log** in to *QualityNet Secure Portal*
- **Click** on *Quality Programs* and **Select** [Hospital Quality Reporting]
- **Select** [Denominator Declaration/ QRDA File Deletion] located in the EHR Incentive Program Hospital eCQM Reporting box on the My Tasks screen
- **Click** [Denominator Declaration]
- **Manually** enter data under the appropriate column(s)
- **Scro**ll down on screen and **Click** [Submit]

eCQM	Domain	Zero Denominator **	Case Threshold Exemption ***
AMI-8a	Clinical Process/Effectiveness	☐	
CAC-3	Patient and Family Engagement	☐	
ED-1	Patient and Family Engagement	☐	
ED-2	Patient and Family Engagement	☐	
ED-3*	Care Coordination	☐	
EHDI-1a	Clinical Process/Effectiveness	☐	
PC-01	Clinical Process/Effectiveness	☐	
PC-05	Clinical Process/Effectiveness	☐	
STK-2	Clinical Process/Effectiveness	☐	
STK-3	Clinical Process/Effectiveness	☐	
STK-5	Clinical Process/Effectiveness	☐	
STK-6	Clinical Process/Effectiveness	☐	
STK-8	Patient and Family Engagement	☐	
STK-10	Care Coordination	☐	
VTE-1	Patient Safety	☐	
VTE-2	Patient Safety	☐	

* Indicates eCQM is not applicable for the Hospital IQR Program.

** Select if there was no denominator patient population for the certified measure for the selected date range. The Case Threshold field will be disabled if Zero Denominator is selected.

*** Enter 0–5 for quarter selection. Leave blank if eCQM is to be submitted. eCQM data must all be within the same single discharge quarter.

The IQR-EHR submission deadline is **February 28, 2018**.

Q: Locating QRDA Category I File Format Information

Q: Where can I find the QRDA-related information to tell me how the patient files should be formatted? How do I figure out which data elements are required?

A: Greater details regarding file format are located on slide 44. Users are encouraged to locate the *2017 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, associated schematron, and sample files that are posted on the eCQI Resource Center. The 2017 CMS QRDA I IG identifies mandatory data elements.

The Health Level Seven (HL7) International Base Standard is also available for download from the HL7 website.

- HL7 login required to access
- *HL7 Clinical Document Architecture® (CDA) R2 IG: QRDA I, Release 1, Draft Standard for Trial Use (STU) Release 3.1 – US Realm (April 2016)*

Locating CY 2017 CMS QRDA I IG, Schematron, and Sample Files

https://ecqi.healthit.gov/qrda

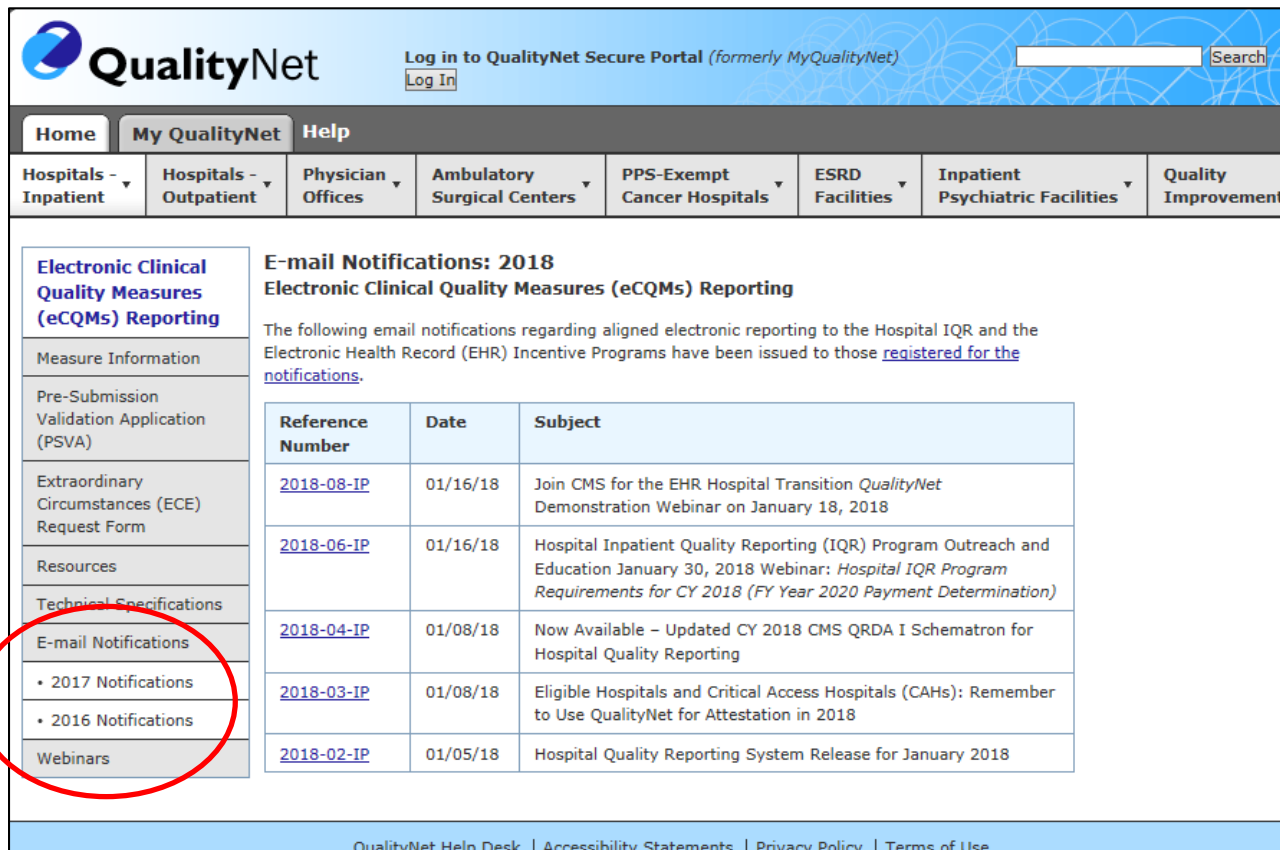# Q: Locating CMS Technical Guidance for QRDA Category I File Creation and System Updates

Q: What technical guidance has CMS released regarding the development of QRDA Category I files for CY 2017 eCQM Reporting? Where are system updates monitored to update data submitters?

A: CMS released three ListServes regarding technical guidance (available on the eCQM E-Mail Notifications web page on *QualityNet.org*) and one regularly updated Known Issues document is available for download.

ListServe	Date
CMS Issues Technical Instructions for QRDA Category I Submissions for eCQM Reporting to the Hospital IQR and the Medicare EHR Incentive Programs (Act Wrapper Guidance)	June 13, 2017
CMS Issues Technical Guidance for Valid Reporting of Custodian ID Using CMS Certification Numbers in QRDA Category I Files for Hospital Quality Reporting Programs	August 8, 2017
Now Available: Electronic Clinical Quality Measure (eCQM) Value Set Addendum for the 4th Quarter 2017 Reporting Period for Hospital Quality Reporting Programs	September 15, 2017

Locating eCQM E-mail Notifications Web Page

Available on *QualityNet*

Locating EHR Incentive Program Known Issues Document

Known Issues Document on *QualityNet*

Q: How to Utilize the EHR Reports

Q: Our CY 2017 eCQM data has been submitted and now I'd like to use the EHR reports to check for errors, view which files have been rejected and accepted, and determine if we've met successful submission. Where do I start?

A: CMS has published an EHR Reports Overview document that provides the name, purpose, and availability for test and/or production QRDA Category I file submissions (screenshot on next slide). CMS has also provided an EHR HQR Program Reports online document available for download within the *QualityNet Secure Portal* (screenshots on upcoming slides).

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

EHR Hospital Reports Overview Document

Full version of document available on *QualityNet.org* and *QualityReportingCenter.com*

EHR Hospital Reports Available in the *QualityNet* Secure Portal
Calendar Year 2017 eCQM Reporting

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?	**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)**	Summary validation report, including the number of files accepted, deleted, or rejected within a batch submission. **NOTE:** 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 variables, etc.	Generate for production QRDA Category I files only 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	**EHR Hospital Reporting – eCQM Submission Status Report (R530)**	The following fields in this report indicate successful submission of eCQM reporting: Successful Meaningful Use (MU) Submission and Successful IQR-EHR	Generate for production QRDA Category I files only through the feedback and submission report categories.

Locating the Reports Online Help

Locating the Reports Online Help EHR HQR Program Reports

Q: Resources for Troubleshooting Conformance Errors in QRDA Category I Files

Q: I have submitted the QRDA Category I files for our patient population. I generated the Submission Detail Report from the *QualityNet Secure Portal* and see we have errors. What resources are available to help interpret the errors in order to be able to fix them?

A: Two resources are available:

- CY 2017 QRDA I Conformance Statement Resource
  - o Displays most common conformance errors
  - o Download from eCQI Resource Center
- CY 2017 Receiving System Edits Document
  - o Includes all program edits (1,000+) and HQR validation checks
  - o Download from *QualityNet.org* and eCQI Resource Center

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

Q: **Resources for Deleting a Batch of QRDA Category I Files from *QualityNet***

Q: What if our hospital submitted a file in error and wants to delete a batch of QRDA Category I files?

A: Instructions regarding the EHR Batch/File deletion process are located in the HQR Online Help Manual and are available when logging into the *QualityNet Secure Portal.* Hospitals can also reference the succession management details (p. 5) within the 2017 CMS QRDA I IG to resubmit a batch of QRDA Category I files.

Questions? Contact the *QualityNet* Help Desk for additional guidance at qnetsupport@hcqis.org; (866) 288-8912.

Q: Educational Materials for EHR Incentive Program Attestation Activities via *QualityNet Secure Portal*

Q: We're preparing to attest for the EHR Incentive Program before the February 28, 2018 deadline. Were there any changes for CY 2017 and where can I find information?

A: CMS began communicating October 30, 2017, that beginning January 2, 2018, eligible hospitals (EHs) and critical access hospital (CAHs) attesting to CMS are required to submit 2017 meaningful use (MU) attestations through the *QualityNet Secure Portal.*

- Several documents are posted on the [CMS EHR Incentive Program Eligible Hospital Information](#) web page to assist with attestation activities, which include:
    - *QualityNet Secure Portal Enrollment and Login User Guide*
    - *QualityNet Secure Portal User Role Management Guide*

- Visit the CMS [EHR Incentive Programs](#) web page at CMS.gov for more details, webinar materials, etc.

- Submit questions to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](#); (866) 288-8912

NOTE: Medicaid EHs should contact their [state Medicaid agencies](#) for specific information on how to attest.
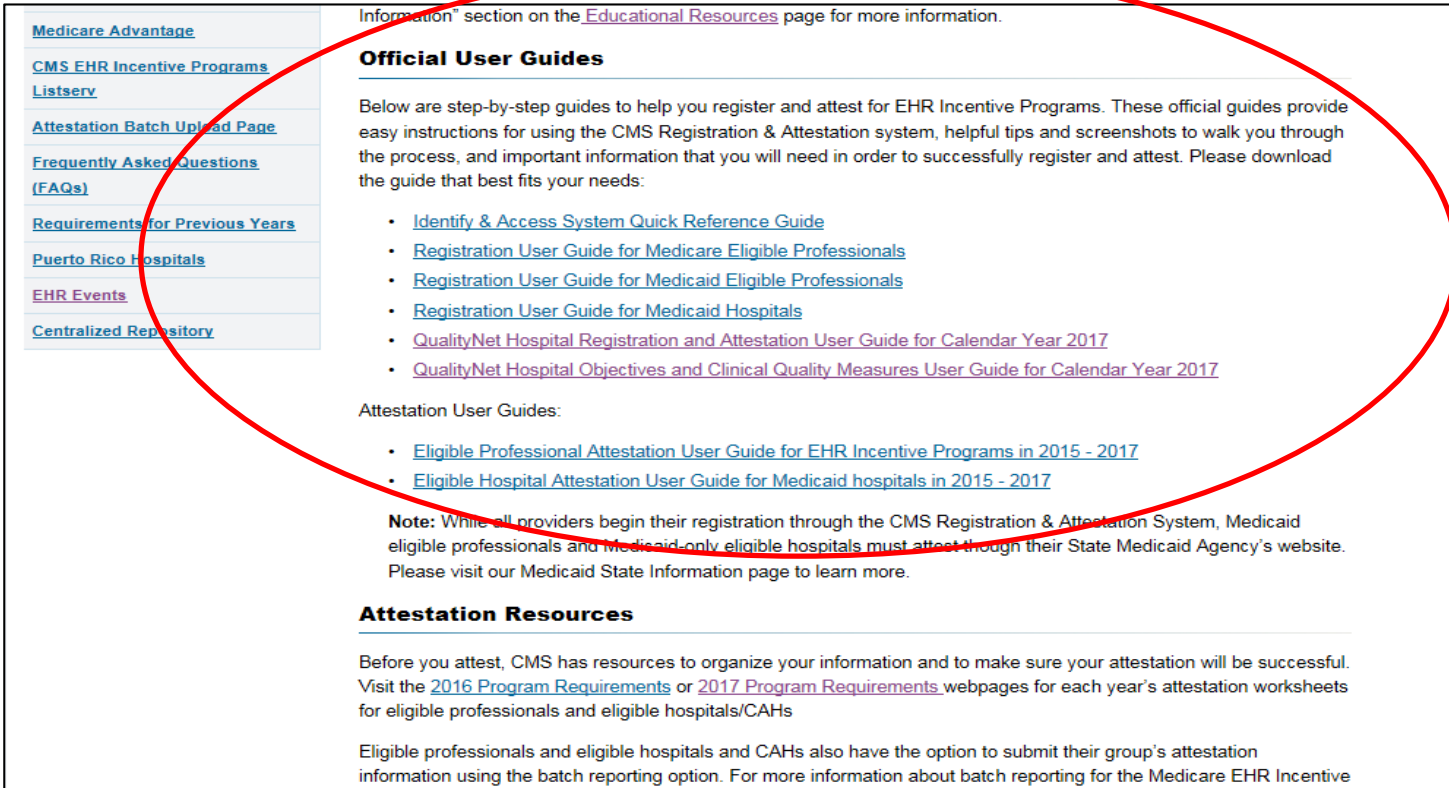
Q: Attestation Requirements – Objectives

Q: Where can I locate information on the objectives and measures that have to be reported for attestation to the Medicare EHR Incentive Programs?

A: The CMS.gov EHR Incentive Program Eligible Hospital Information web page provides a user guide, *QualityNet Hospital Objectives and Clinical Quality Measures*.

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

EHR Incentive Program Attestation User Guides

User guides available on [CMS.gov](CMS.gov)

Q: Hospital Has Not Successfully Met eCQM Requirement

Q: Our Quality Director received a phone call and a targeted email that our hospital has not successfully submitted at least four eCQMs for one quarter of 2017 data. If all of our submitted files were accepted and none were rejected, why are we being contacted?

A: Even though the CMS data receiving system accepted the files with no rejections, when the measures were calculated, the files may have not met the IPP because the required diagnosis was not present in the QRDA Category I file. Once all files have been submitted, hospitals must run their eCQM Submission Status Report within the *QualityNet Secure Portal* to confirm eCQM requirements have been met.

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

Q: Validation of CY 2017 eCQM Reporting for the FY 2020 Payment Determination

Q: We know CY 2017 eCQM data will be validated in spring 2018 for the fiscal year (FY) 2020 payment determination. What are the exclusion criteria?

A: Exclusion criteria are as follows:

- Hospitals chosen for chart-abstracted data validation CY 2017 **will not** be chosen for eCQM data validation.

- Any hospital that does not have at least five discharges for at least one reported eCQM

- Episodes of care that are longer than 120 days

- Cases with a zero denominator for each measure

- Hospitals with an **approved** eCQM Extraordinary Circumstances Exception (ECE) for the CY 2017 reporting period

NOTE: Criteria will be applied **before** the random selection of 200 hospitals for eCQM data validation, meaning the hospitals meeting any one of the aforementioned criteria are not eligible for selection.

Q: **Where to Find eCQM Data Validation Information**

Q: Where can I locate more details regarding eCQM data validation of CY 2017 (FY 2020) data?

A: The *QualityNet.org* website has a page specific to eCQM data validation updates and information.

- A webinar on eCQM data validation is tentatively scheduled for June 2018.
- Questions regarding eCQM validation will be addressed by the Validation SC at validation@hcqis.org or via the *QualityNet* Hospital Inpatient Questions and Answers tool at https://cms-ip.custhelp.com.

CY 2017 eCQM Reporting Tips and Tools for the
Hospital IQR and Medicare EHR Incentive Programs

Self-Directed Tools and Resources

Pre-Submission Validation Application (PSVA) Tool

- Allows submitters to locate and correct QRDA Category I file formatting errors prior to data submission to CMS

  NOTE: The CMS data receiving system performs additional checks, including the Clinical Document Architecture (CDA) schema, submission-period dates, and authorization for a vendor to submit on a hospital's behalf.

- Serves as a voluntary tool (CMS recommends hospitals and vendors to test early and often)

- Installs on your system – PSVA downloadable from the Secure File Transfer in the *QualityNet Secure Portal*

Please contact the *QualityNet* Help Desk for additional information at qnetsupport@hcqis.org; (866) 288-8912, 7 a.m. to 7 p.m. CT, Monday through Friday.

eCQM Implementation Checklist

To review the pre-check and checklist activities:
https://ecqi.healthit.gov/ecqm-implementation-checklist

Test and Production QRDA Category I File Submission Checklists

Available on *QualityNet.org* and *QualityReportingCenter.com*

JIRA: QRDA and eCQM Issue Trackers

https://oncprojectracking.healthit.gov/support/secure/Dashboard.jspa

QRDA Issue Tracker

The QRDA Issue Tracker is a tool for:

- Tracking and providing feedback on the CMS QRDA I IGs, sample files, and schematrons
- Users to enter issues/questions related to the CMS QRDA to be answered by an expert

eCQM Issue Tracker

The eCQM Issue Tracker is a tool for:

- Tracking and providing feedback on eCQMs
- Users to enter issues/questions related to eCQMs to be answered by an expert

NOTE: Users can search all previously entered issues for responses within each JIRA Issue Tracker.

CY 2017 eCQM Reporting Tips and Tools for the
Hospital IQR and Medicare EHR Incentive Programs

Appendix

Hospital IQR Program – CY 2017 eCQM Reporting Requirements

Hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs
- Report **one** self-selected calendar quarter in CY 2017 (Q1, Q2, Q3, or Q4)
- Submission deadline: <u>February 28, 2018</u>

NOTE: Meeting the Hospital IQR Program eCQM requirement also satisfies the CQM electronic reporting requirement for the Medicare EHR Incentive Program for EHs and CAHs.

EHR Incentive Programs – CY 2017 CQM Electronic Reporting Requirements

EHs and CAHs reporting **electronically** and either:

- Only participating in the EHR Incentive Program

  - OR –

- Participating in both the Hospital IQR Program and the EHR Incentive Program
  - Report on **at least four** (self-selected) of the available CQMs
  - Report **one** self-selected quarter of CQM data in CY 2017
  - Medicare EHR Incentive Program: submission deadline remains **February 28, 2018**

NOTE: CQM requirement fulfillment for the EHR Incentive Program also satisfies the eCQM reporting requirement for the Hospital IQR Program for all measures **except outpatient measure ED-3, National Quality Forum (NQF) #0496.**

EHR Incentive Programs – CY 2017 CQM Reporting via Attestation

Attestation option for EHs and CAHs participating in the Medicare EHR Incentive Program only:

- Any continuous **90-day period** within CY 2017 if demonstrating MU for the first time in 2017

- Full CY 2017, consisting of **four quarterly** data reporting periods, if demonstrated MU in any year prior to 2017

- Report on all **16** available CQMs via the *QualityNet Secure Portal*

- Submission deadline: **February 28, 2018**

CY 2017 Certification and Specification Policies

Technical Requirements

- Use EHR technology certified to the 2014 Edition, 2015 Edition, or combination (Office of the National Coordinator for Health Information Technology [ONC] standards)

- Use eCQM specifications published in the 2016 eCQM annual update for CY 2017 reporting and applicable addenda, available on the eCQI Resource Center website at https://ecqi.healthit.gov/eh

- Use the 2017 CMS QRDA I IG, available at https://ecqi.healthit.gov/qrda

Defining Successful eCQM Submission for CY 2017 eCQM Reporting

To successfully submit the required eCQMs based on program year for the Hospital IQR and the Medicare EHR Incentive Programs, report them as any combination of the following:

- Accepted QRDA Category I files with patients meeting the IPP of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Defining Successful eCQM Submission for CY 2017 eCQM Reporting – Additional Details

Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the EHR Incentive Programs.

- **Hospital IQR Program:** Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures. For questions regarding the Hospital IQR Program, please contact the IQR SC at (844) 472-4477, (866) 800-8765, or https://cms-ip.custhelp.com.

- **EHR Incentive Programs:** For questions regarding the complete program requirements for the EHR Incentive Program, contact the *QualityNet* Help Desk at qnetsupport@hcqis.org; (866) 288-8912 or submit questions to ehrinquiries@cms.hhs.gov.

CY 2017 QRDA Category I File Format Expectations

- One file, per patient, per quarter
- Should include all the episodes of care and the measures associated with the patient file in that reporting period
- Maximum individual file size of 5 MB
- Files uploaded by ZIP file (.zip)
- Maximum submission of 15,000 files per ZIP file (If a hospital has more than 15,000 patient files per quarter, hospitals can submit additional ZIP files.)

CY 2017 eCQM Reporting Tips and Tools for the
Hospital IQR and Medicare EHR Incentive Programs

Questions

CY 2017 eCQM Reporting Tips and Tools for the
Hospital IQR and Medicare EHR Incentive Programs
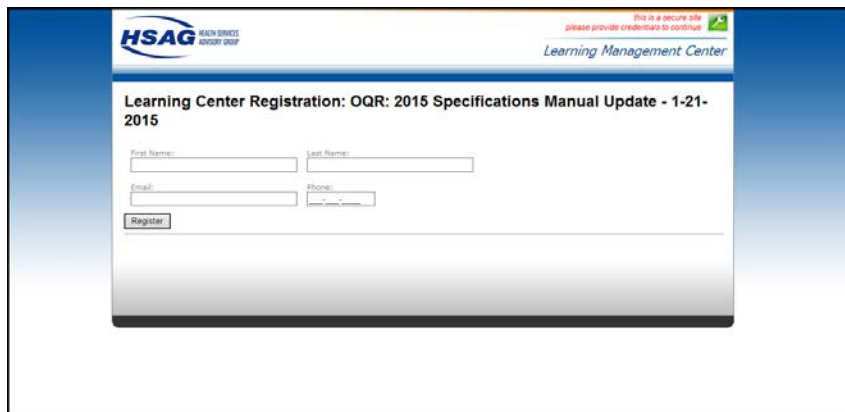
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Continuing Education

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- Report your credit to your own board.

- Complete the survey and register for credit.

- Registration is automatic and instantaneous.
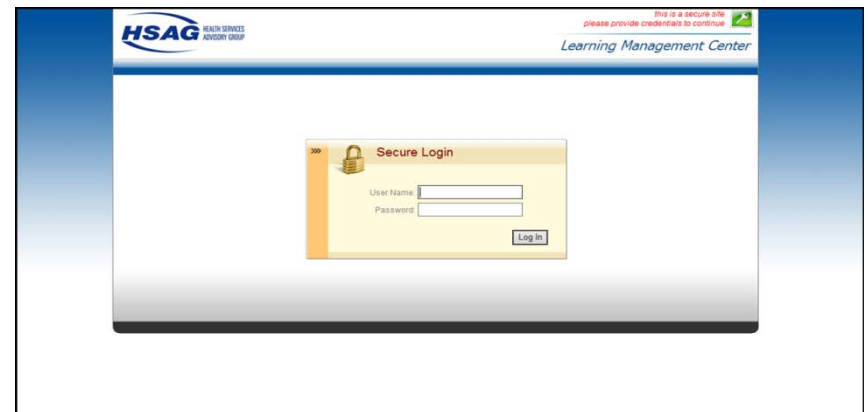
Register for Credit

New User

Use personal email and phone.

Go to email address; finish process.

Existing User

Entire email is your user name.

You can reset your password.

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