Inpatient Quality Reporting (IQR) Program

CY 2016:
Aligning Hospital IQR and Medicare EHR Incentive Programs through eCQMs

Presentation Transcript

Moderator/Speaker:

Debra Price, PhD, MSPH, MEd
Education Coordinator
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

Speaker:

Stephanie Wilson, MBL
Electronic Clinical Quality Measure (eCQM) Team Lead
Hospital Inpatient VIQR
Outreach and Education SC

Subject Matter Experts:

Artrina Sturges, Ed.D
Interim eCQM Team Lead
Hospital Inpatient VIQR
Outreach and Education SC

Veronica Dunlap, BSN, RN, CCM
Project Manager
Hospital Inpatient VIQR
Outreach and Education SC

February 16, 2016
2 p.m. ET

Anthony Seabrook: Good afternoon and welcome. I'm Anthony Seabrook, and I'm going to be your host for today's event. I'm going to start off by covering a few introductory and housekeeping points. The first is, audio for this event is being achieved via ReadyTalk® internet streaming, which means, in a perfect world, you're going to be using your computer speakers or your headphones because no phone line is required. Now, we do understand that things happen, your computer speakers may not work, or you know

you're going to need a dial in. Please send us that request via the chat message; and, if you don't know where that is, I'll show you here in a minute. Send that and we'll make one of those lines available to you. Again, we have a limited number of dial in lines, but we will make one available to you in the event you need one. As always, this event is being recorded.

Now, invariably when we have webinars, technical issues can crop up. We've identified two fairly common issues that may occur. The first is, if your audio becomes spotty or intermittent or just all of a sudden stops, you can remedy that by simply pressing your F5 key, which is at the top of your keyboard; or, as we're showing you here, click the refresh icon. Just note that, if you're using IE, like we're showing you here, that refresh icon is on the right side of the address bar. And, if you're using Firefox, I think it's located in the same place; but, if you're using Chrome, that refresh icon is going to be on the left. So, once you press F5, or the refresh icon, that will solve that issue.

The next or the second issue that may occur is an echo. And as we're showing you here, we've identified that typically, when you get an echo during one of our webinar events, it's typically because you have two windows open for the same event. So, as I'm showing here, what you would do is simply click the right close button, which is the X icon on one of those tabs, and that should clear up the echo.

Now finally, submitting questions: all lines are in the mute or in the listen only mode. But, you have to submit one, that requests for a limited dial in number or two, if you have to submit a question or concern, do that via the chat window, the chat message box, as I'm showing you here, the bottom left corner of the screen. Type in your question or whatever it is, and then simply click the send button, and one of the panelists will respond accordingly. That concludes my part of the webinar. And now, I would now turn it over to the presenters.

Stephanie Wilson: Hello everyone, thank you for joining us today for our webinar entitled, Calendar Year 2016: Aligning Hospital Inpatient Quality Reporting and Medicare EHR Incentive Program through eCQMs.

Slide six covers the purpose of today's call. And, the purpose of today's webinar is to provide a summary of the Calendar Year 2016, eCQM reporting requirements for the Hospital IQR Program and the Medicare EHR Incentive Program.

At the conclusion of this presentation, participants will be able to: understand that calendar year 2016, eCQM reporting requirements, identify the alignment of eCQM submission across the IQR and Medicare EHR Incentive Programs, recognize required standards for eCQM reporting, and know where to locate the resources associated to those standards. We will also cover some websites and resources to help at understanding and meeting the eCQM reporting requirement.

So, let's get started. And, we're going to start with some background and learn how eCQMs spread into the Hospital Inpatient Reporting Program. Just as a clarification, all of the information covered today will focus on hospital eCQM data submission.

On slide nine, we're going to talk about the mandatory data submission requirements for IQR. One of the things that we wanted to highlight here is, though we are specifically talking about eCQMs today, the Hospital Inpatient Quality Reporting Program has several components, which are mandatory in order to fulfill program requirements and assess payments. And, those requirements include at the most basic level, validation, clinical and healthcare associated infection submissions, population and sampling submission, HCAHPS submissions, structural measures, and also, web based measures. Now, this is not a complete list of all the requirements of IQR Program participation. And, if you take a look at the link here on this slide, it will lead you to our resources page, which will give you the critical deadlines for IQR that are available on the *QualityNet* website.

Focusing on the clinical and HAI component of Hospital IQR, data for these measures are submitted in different ways, and it depends on the mode of collection. We have chart extracted measures; web based measures, which are sometimes also referred to as structural measures; and claim based measures, which of course are comprised of the claim that you submit; and, we also have our newest mode of collection, which is electronic Clinical Quality Measures. Electronic Clinical Quality Measures are derived from your EHR, and we're going to get into the details of how to submit that data moving forward. A list of all the measures can be found on the *QualityNet* website following the link provided at the bottom of this page.

In Calendar Year 2016, eCQMs did not eliminate the requirement to submit data for the chart abstracted and web-based measures. All claims based measures don't require any submission on your part; those happen through your billing, and can be used to build a portion of the chart abstracted measure requirements. The chart abstracted data will still need to be submitted. The goal of the Hospital Quality Reporting Alignment is to simplify reporting to our Hospital Quality Reporting Programs, sidelining measures and minimizing the reporting burden imposed on hospitals. The initial focus for this effort has been aligning the Hospital Inpatient Quality Reporting Program and the Medicare Electronic Health Record, or EHR Incentive Program for eligible hospitals and Critical Access Hospitals. We have further alignment of quality reporting programs planned in the future.

Hospitals will be required to submit these eight listed chart abstracted measures to meet IQR requirements. This data will be submitted for a full year, and it will follow the program requirements and deadlines that are included in the calendar year 2016, fiscal year 2018 Final Rule.

For 2016, hospitals must submit to CMS quarterly aggregate population and sample size counts for Medicare and non-Medicare discharges for all measures in the topic areas for which chart abstracted data must be submitted. In accordance with this policy, hospitals that have not treated patients in the specific topic area must still submit the quarterly population

and sample size count. CMS finalized the policy that hospitals will be required to submit population and sample size data only for those measures that a hospital submits as chart-abstracted measures under the hospital IQR Program.

CMS does recognize that there may be special circumstances that prevent a hospital from reporting electronic Clinical Quality Measures. As such, they finalize the policy that allows hospitals to utilize the existing, Extraordinary Circumstances Extension/Exceptions form to request an exemption from the hospital IQR Program electronic Clinical Quality Measure 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, such as insufficient internet access; or, unseen circumstances, such as vendor issues outside of the hospital's to control. In addition, hospitals newly participating in the Hospital IQR Program may also be considered undergoing hardship and apply for an exception. We have received many questions on applying for hardship via the extraordinary circumstances form. In January, we hosted a webinar covering the applicable waivers and explained further information for submitting those waivers. The link on this slide will take you to a page where the recording of that webinar is posted for you to review.

In previous years, CMS had said that measures reported via electronic Clinical Quality Measure would be marked with a footnote on hospital compare. CMS finalized for calendar year 2016 that any data submitted as an eCQM will not be posted on the *Hospital Compare* website. Public reporting of eCQM data will be addressed in future rule making.

OK. So, now we talked about how eCQM's been into the Inpatient Quality Reporting Program. And, now we're going to start talking about how eCQM data submission is aligned for the IQR Program and the Medicare EHR Incentive Program.

For Calendar Year 2016, hospitals are required to report a minimum of four of the 28 available eCQMs for the IQR Program. CMS believes that

requiring a hospital to report a minimum of four is reasonable because it significantly reduced burden for hospitals from the 16 needed for the Calendar Year 2015 voluntary reporting options. That still allows for the collection of data derived from EHRs to further plan for electronic data collection and validation. Hospitals are required to report the four eCQMs for only one quarter. Facilities can choose to submit for either third quarter or fourth quarter of Calendar Year 2016. The four eCQMs must be submitted for only one quarter, but facilities can choose either of the two available reporting quarters to submit data for. And, the submission deadline is February 28th of 2017. In addition, instead of requiring the hospitals to select and report electronic Clinical Quality Measures across the three NQS domains, CMS finalized policy that will not require any of the four eCQMs fall under any particular NQS domain. So, that requirement has been removed. And, here is where the alignment between the two programs really begins. Meeting this IQR Program requirement also satisfies that Clinical Quality Measure requirement of the Medicare EHR Incentive Program for hospitals.

For calendar year 2016, hospitals have two options to meet the Clinical Quality Measure requirement of the Medicare EHR Incentive Program for hospitals. And, we just walked through the first option in the previous slides. This is the alignment with the IQR, where facilities can submit data for four eCQMs for one quarter, and as we walk through the rest of the requirements for meeting with option, we'll talk about that more in the rest of the slides. And, in the second option for the Medicare EHR Incentive Program to meet that Clinical Quality Measure requirement is to submit aggregate data for 16 eCQMs for a full year to the CMS registration and attestation system. Now, this option applies only to the Medicare EHR Incentive Program. So, attestation of Clinical Quality Measured data will not meet the IQR Program eCQM requirement. Now, please remember that there are other requirements beyond the Clinical Quality Measure requirement to completely fulfill the Medicare EHR Incentive Program. And we've included the link to the CMS website to review all of the program requirements for the program.

On this slide, we included a shot of the Clinical Quality Measures page from the registration and attestation user guide. You can see on the page, the facility will have the option to select either option one or option two to meet the Clinical Quality Measure requirement of this program. Option one states, I have submitted my Clinical Quality Measure data electronically to the Hospital Inpatient Quality Reporting Program. The hospitals that participate in IQR and fulfilled the data submission option of four eCQMs to the *QualityNet Secure Portal*, you will also have met this requirement for the Medicare EHR Incentive Program. When you go to your attestations, you'll need to select this option and that means that you have fulfilled this portion of the program requirement. As I had stated on the previous slide, there are other requirements for the Medicare EHR Incentive Programs, and you have to fulfill the rest of those in the registration and attestation system. For option two, it states, I will submit my Clinical Quality Measure data right now through online attestation. This option is for facilities that do not participate in IQR or are not ready to submit their Clinical Quality Measure data utilizing the align submission method. So, hospitals that select this method will continue through the registration and attestation system, submitting aggregate data for at least 16 of the measures. Just as a note, if there are hospitals that do not participate in IQR, but still want to submit their eCQM data utilizing that align submission method, they are able to do that– any program requirements that way.

On slide 20, we've looked at the 29 available electronic Clinical Quality Measures. And, these measures are available for both the hospital IQR Program and the Medicare EHR Incentive Program with one exception. And you'll see there's an asterisk next to ED3. ED3 is an outpatient measure; and, therefore, it is not applicable for IQR. So, to meet the IQR Program requirements, you need to select the four measures that you want to submit for. You will not be able to include ED3 in that selection because that data submission does not count for IQR. If you're submitting data to only meet the Medicare EHR Incentive Program, you can select ED3 and submit data for that measure to meet that program's requirement because it is applicable to the Medicare EHR Incentive Program.

Eligible hospitals and critical access hospitals that seek to report Clinical Quality Measures electronically under the Medicare EHR Incentive or the IQR Program, must use specific standards to submit that data in the program requirement. The first is that a hospital must be using an EHR systems certified to either the 2014 or the 2015 Office of National Coordinator, or ONC, standards. The second is that the most recent specifications of the eCQMs must be utilized for submission to the *QualityNet Secure Portal*. And, for 2016 reporting, a hospital will need to use the June 2015 version of the eCQM specification. And then, the final one we have listed here is a 2016 CMS QRDA Implementation Guide for Eligible Professionals and Hospital Quality Reporting. This implementation guide provides a required formatting of the Quality Reporting Document Architecture, or QRDA category one files must meet to be accepted into the CMS receiving system. The most recent eCQM specification and the QRDA Implementation Guide can be found on the ECQM library page of the CMS website, and the link to that site is located on the bottom of this slide. This is a note: hospitals can work with their vendors to confirm if their systems are certified for the required standard.

Hospitals are able to submit data files directly to the CMS hospital eCQM receiving system through the *QualityNet Secure Portal*, utilizing that certified EHR technology. Hospitals will need to make sure that they have the EHR data role – data upload role assigned to their *QualityNet Secure Portal* account to be able to submit data for this requirement or to authorize a vendor to submit data for them.

Vendors that are planning to submit eCQM data on behalf of a hospital or vendors that like – would like, to test their QRDA file structure will need to have a *QualityNet Secure Portal* account and have the EHR data upload role added to their account. To submit data on behalf of a hospital, the hospital would need to log in to the *QualityNet Secure Portal* and authorize the vendor in the vendor authorization screen. Hospitals have the opportunity to authorize their vendor via measure set, data transmission start and end date, or discharge quarter start and end date. There are three options for meeting eCQM data submission requirements.

Successful submission of eCQM data include submission of QRDA category one files with patients meeting the initial patient population of the applicable measure, utilization of zero based denominator declarations and or use of case threshold exemptions for at least four of the available eCQMs.

There is an aligned policy that we have for both the EHR Incentive Program and the hospital IQR Program. A zero denominator can be used when both the hospital's EHR system is certified to submit data for an eCQM, but the hospital does not have patients that meet the denominator criteria of that measure. Submitting a zero denominator does count as a successful submission for the eCQM under both programs.

Case threshold exemptions are also applicable for both programs. A case threshold exemption can be used when both the hospital's EHR is certified to report the data for the eCQM and that the five or fewer discharges during the relevant EHR reporting quarter. If an EHR qualifies for an exemption for the eCQM, that eCQM does count towards meeting the program requirements for both IQR and the Medicare EHR Incentive Program. And also, as a note on this one, hospitals do not have to utilize the case threshold exemption. If they prefer to submit the applicable QRDA files for that measure, the submission of those data files even when the threshold is met is an allowable option. They have two options there. You can either utilize the Case Threshold Exemption or you can choose to submit the applicable QRDA files for that measure.

Submission of eCQM data will be done through the *QualityNet Secure Portal*. Hospitals are able to submit test files and production files through the *QualityNet Secure Portal*. The system is expected to be ready to begin receiving test file submission in May of 2016. And, submission of test files to the system is very beneficial to hospitals prior to submission of production files because it allows hospitals to determine if their files are meeting the requirements that are detailed in the 2016 CMS QRDA Implementation Guide. If the file does contain any errors and is not able to be accepted by the system, the submission of test files provides the hospital a time to resolve the errors that are contained in the file and make

sure that the file structure is corrected and ready to be submitted. Once all errors have been resolved, then hospitals are able to begin submission of production files. And a note here, test file submissions does not count towards meeting program requirements. Those production files will have to be submitted. In December of 2015, CMS hosted a webinar entitled, *2016 CMS Implementation Guide Changes for Eligible Hospitals/Critical Access Hospitals*. And, this webinar provided an overview of the changes in the CMS implementation guides from 2015 to 2016, and it also covered changes that occurred in the base standard moving from QRDA category one release two to QRDA category one release three. And, we also covered some information, such as some of the most frequent errors that we were seeing on QRDA files submitted in 2015. So, that webinar was recorded, and it is available for you to review at the link that we've included on this slide.

The system is expected to begin receiving submission of production files in October of 2016. Role system functionality will be available at this time and this will allow facilities the ability to submit test and production files, also to utilize the denominator declaration screens to submit zero denominator declarations and or Case Threshold Exemptions. And you'll also be able to get all the measured calculations and complete feedback on your file submissions. So, the submission period for production files for calendar year 2016 will start October 2016, once the system is available, and will end on February 28th of 2017. Again, to meet program requirements, data must be submitted as production files. That test file submission does not count towards meeting program requirements. It's very, very important to make sure that your file structure is correct and that your files are ready to be submitted once the system opens to accept those production files.

We've talked through how eCQM fit into the IQR program and we've discussed how they align across the IQR and the Medicare EHR Incentive Program. We've talked about the submission requirements and the required standards to support those data submission process and we've also talked about when the receiving system will be open and available to

accept test file submissions and production file submissions. So, now we're going to move on, and we're going to cover some resources that may be helpful to you as you work to submit your eCQM data.

The first resource that I want to cover is the Pre-Submission Validation Application, also known as PSVA. As I've stated, CMS really does urge facilities to begin testing their QRDA files as soon as they're ready. And so, CMS has developed a pre-submission validation application in response to requests from the hospital quality reporting community to make the testing process easier and faster. So, PSVA is a downloadable tool that operates on the user's system. This tool allows facilities to upload and validate their QRDA files to determine if there are any errors contained in the files. The tool provides almost immediate feedback on what those errors are. Those errors can be corrected, the files can immediately be re-uploaded in the system and re-enter the validation checks again. So, this application is located in the secure file transfer section of the *QualityNet Secure Portal*.

As I said, PSVA is currently available on the secure portal and it is ready to test against the Calendar Year 2016 data submission requirement. A user must have a *QualityNet Secure Portal* account to download the tool. And then, to actually upload and validate files with the tool, the user will need to have a *QualityNet Secure Portal* account with the EHR data upload role assigned. We did provide a webinar entitled, *Pre-Submission Validation Application Overview for eCQM Data Submission in CY 2016* in January of this year. And this, webinar really breaks down the process of downloading and installing PSVA. We also talked through any technical requirements, and we provide answers to many frequently asked questions related to the tool. Again, this webinar was recorded and is available for review on the link provided in the slide. This is a great tool, a great way to start testing your QRDA files prior to the eCQM receiving system being available in the *QualityNet Secure Portal*. And, we do hope that you could utilize this tool and test the files and get them ready for submission and work through any errors that you may find in them currently.

This next resource, that I wanted to point out, is the eCQM pages on the *QualityNet*'s website. So, there is program information provided on these pages along with information about the ECE waiver and links to the eCQM specifications in the QRDA Implementation Guide. The one thing that I really wanted to point out is that anyone that's interested in receiving information about eCQMs, being notified about these webinars that we try to host monthly, if there's any other training opportunities that come out, any information about the system changes, or when the system becomes available to test files, we'll send out a notification through our hospital reporting ListServe. So, if you follow the link on this page and go to the link on this slide and go to this page, you'll see the box that says, "Hospital Reporting EHR notifications" with "ListServe registration." And, you click on that link, and it'll take you to where you can sign up for our ListServe to receive this information.

And on slide 33, I've shown you the page where you can sign up. So, you'll need to fill in your name, email, and a password, and then check the box next to the "Hospital Reporting EHR" option to make sure that you're receiving the eCQM related information. And like I said, we try to send out any information related to the system, training opportunities if there's any, you know, resources available, anything like that that's really related to eCQM that we feel is important. For those of you who are signed up for this, we'll certainly try to send all that information out that way. So, this is a good way to stay informed and up to date on everything that's going on with eCQM submissions.

On slide 34, I cover another website that I'd like to make sure that everyone is aware of. And it's called the eCQI Resource Center. This is a newer website and it's been developed to be a one stop shop for everything related to electronic Clinical Quality Improvement. So, there's resources about the different standards. There's tools that are on that website, anything related to electronic Clinical Quality Measures and the standards and the quality improvement process is really listed on this website. The one thing that I really like about it, is not only that it provides the resources for all aspects of electronic Critical Quality Improvement, but

that it's labeled those resources for a beginner, intermediate, or expert levels. So, for example, if you want to learn more about QRDA, like you're very new to that reporting standard, you can do a search for QRDA in the search box, and it'll provide you with a list of all the resources and information related to QRDA on the website. On the right side of that page, there'll be options for you to design your search, and you can choose beginner as a refinement, and then you can review and look at tools and resources that are available at kind of a beginner level to kind of introduce you to what QRDA is, how it works, why it's part of the process for eCQM data submission. And then, you can continue to move through the levels, so you'd get a better understanding of those standards and want to learn more, or fill any knowledge you have to have. So again, this website is a really great place to learn more about how to implement these strategies in your facility. There's the opportunity to join with your groups and talk with others that are working through the same process. There's a lot of information on this website and that really can be a great way to help get you started or to help advance where you are with this electronic Clinical Quality Improvement process.

Slide 35 contains– or included information about the eCQM issue tracker, which some of you may know as Jira. And this is a great resource for anyone that has questions about eCQM specifications. So, this site is monitored by the people that develop and implement the eCQM specifications, and they're able to review your questions and provide answers about anything specific contained in those measure stacks. Another really great thing about this tool is that, if you have a question about a specific measure or specific data element, you can press the key words and see all other questions that have been asked on the same topic. So, someone else may have already asked you a question and your answer is contained there in this website, ready for you to use and apply. There's a lot of discussion that goes on in this site and there's some really great questions asked here. So, it is a really good resource to find information in there, but if you search and can't find any answer to your question, you can post a question there and get an answer. And, the one thing that's also is really about this site is, if you do that search to your question and you

find questions related here but they don't – but the one that you opened up maybe doesn't answer it completely, there are links to other related questions within the answers to the question that you've looked at. And so, you can go directly to those other questions that are related without hopping to redo your search or go back. For anyone who may not have used this site previously, or if you're new to this site, there is a user guide and it'll walk you through the steps of how to search for information, how to ask a question and all the other important aspects of navigating through this guide and getting the information that you need from it. Everyone that does the eCQM easy tracker will need to have an account. Setting up the account, it's free, it's very, very, quick and easy. But, once you have that account and you have access to all the information that's contained in the site, and you can search and find answers to any questions; or, like I said, ask new questions that you may not be able to find an answer to.

On slide 36, we talked about the eCQM library. And, I've included this because it's actually a site that I visit numerous times daily. This is where the eCQM specifications and the QRDA implementation guide are located. So, that you can download those and have access to the specs and the necessary formatting options for your QRDA files. This page also provides you with links to the Medicare EHR Incentives Program and different aspects about the program. And, actually on this page itself, it actually has some really good additional resources. There's a guide located on there entitled, *Guide to reading eCQMs*. And, it's a little bit older, from when eCQMs first came out, but it breaks down how to read through those eCQM specifications and really get an understanding for what you're looking at, and what's contained there to help you make more sense of those eCQM specifications. So, great page has a lot of great information; information that's very important to be able to submit your eCQM successfully.

Slide 37, I've also included the link to the CMS.gov registration and attestation page. Again, lots of information about the Medicare EHR Incentive Programs, it includes the user manuals and guides to make sure that you're ready to meet program requirements for the EHR Incentive

Program and that you can actually go and begin your register to be part of the program or attest to those EHR Incentive Program requirements.

And then on slide 38, we've just provided a link to the associated rules that impact eCQM data submissions and the programs that are part of that. So, we have the IPPS Final Rule for Calendar Year 2016, Fiscal Year 2018. The 2015, which is the latest release of the health IT Certification Criteria, Final Rule. And then, we've also included the most recent Medicare and Medicaid program EHR Incentive Program Final Rule. So, all those links are there so that you can find those rules easily and make sure that you're ready to meet the requirements and that your software is up to date with what your needs are.

And in the last slide, we do – we truly do encourage all facilities to be working on eCQM data submission as soon as possible. We realize this may be new for many of you, and we want to be able to provide you with the support that we can to have this be a successful process for you. There are several different ways to get involved. Again, facilities can download and utilize the PSVA tool to do that initial testing of your QRDA files. To start doing that right away, make sure that your files are formatted correctly and are ready to submit to CMS. Once the CMS receiving system is open, which is again scheduled in May of 2016, we really urge facilities to go and have them submit their test files to the *QualityNet Secure Portal*. This will make sure that they truly pass all of the validation checks that CMS has put in place. And, you can also get an opportunity to see some of your major calculations and your major results once those files pass through the system and those major results are able to be calculated. So, good place to make sure that you're all ready to go for production by submissions. And the last is that, we also ask facilities to sign up for the hospital reporting EHR ListServe, and I walked through that on the *QualityNet*.org website of how to get to that ListServe and how to sign up. That will make sure you're really up to date on everything related to eCQM and that you have information about training opportunities or system availability or anything really related to what's going on with eCQM data submission. And, this will end my portion of

the presentation. I will now turn the presentation over to allow for some quick information sharing on the Continuing Education process just to makes sure that you're able to get credit for your time here today, if that's applicable for you. And then, once that information is shared, we'll use any remaining time to answer questions that you have posted to this chat window, thank you.

Debra Price: Well, thank you very much. Today's webinar has been approved for one Continuing Education credit by the boards listed on this slide. We are now a nationally accredited nursing provider. And as such, all nurses report their own credits to their boards using the national provider number 16578. It is your responsibility to submit this number to your own accrediting body for your credits.

We now have an online CE certificate process. You can receive your CE certificate two ways. First way is if you registered for the webinar through ReadyTalk®, a survey will automatically pop up when the webinar closes. The survey will allow you to get your certificate. We will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to the event that are not registered in ReadyTalk®, please pass the survey to them. After completion of the survey, you'll notice at the bottom-right hand corner a little gray box that says "Done." You will click the done box, and then another page opens up. That separate page will allow you to register on our learning management center. This is a completely separate registration from the one that you did in ReadyTalk®. Please use your personal email for this separate registration so you can receive your certificate. Healthcare facilities have firewalls that seem to be blocking our certificates from entering your computer.

If you do not immediately receive a response to the email that you signed up with the learning management center, that means you have a firewall up that's blocking the link into your computer. Please go back to the new user link and register a personal email account. Personal emails do not have firewalls up. If you can't get back to your new user link, just wait 48

hours because remember, you're going to be getting another link and another survey sent to you within 48 hours.

OK. This is what the survey will look like. It will pop up at the end of the event and will be sent to all attendees within 48 hours, click done at the bottom of the page when you are finished.

This is what pops up after you clicked done on the survey. If you have already attended our webinar and received CEs, click existing user. However, if this is your first webinar for credit, click new user.

This is what the new user screen looks like. Please register a personal email like Yahoo or Gmail or ATT, since these accounts are typically not blocked by hospital firewalls. Remember your password however, since you will be using it for all of our events. You notice you have a first name, a last name, and the personal e-mail, and we're asking for a phone number, in case we have some kind of back side issues that we need to get in contact with you.

This is what the existing user slide looks like. Use your complete email address as your user ID and of course the password you registered with. Again, the user ID is the complete email address including what is after the @ sign.

OK. Now I'm going to pass the ball back to your team lead to end the webinar and to go over any questions that came in. Thank you for taking the time spent with me.

Artrina Sturges: Thank you. Veronica would you mind reading the first question that we have please?

Veronica Dunlap: Sure Artrina. Hi, this Veronica. We've received a lot of great questions. So, thank you everyone. We're going to go through them right now. The first one, which is a pretty common one, "Are the chart abstracted versions of a measure required if the eCQM version of that same measure is submitted for the required eCQM?"

Artrina Sturges: Thank for the question. There are eight chart abstracted measures and they are required to be submitted for a full year. Now, keep in mind this is regardless of which measures a facility chooses to submit, in order to meet a minimum of the four required eCQMs. And, I know of course, some folks, you may not have the slide deck directly in front of you, but please make note that, if you have any questions regarding the chart abstracted measures, that's going to be on slide 12 of this presentation.

Veronica Dunlap: Great. Another one we have here, "Will the four eCQM measures for IQR reporting also meet the meaningful use and our EHR Incentive Program reporting requirements?"

Artrina Sturges: Thank you for that. Yes, successful submission of data for the four eCQMs will meet the Clinical Quality Measure reporting requirement for the EHR Incentive Program which you've commonly heard referenced to as a the Meaningful Use Program; so, just keep that connection. And again, more details on that can be found on slide number 17, if that helps.

Veronica Dunlap: Great. Another one we have here, "Will hospitalized –" I'm sorry, "Will hospitals utilize the intent to submit screen in the *QualityNet Secure Portal* to signal to CMS which measures they plan to submit as eCQMs in calendar year 2016?"

Artrina Sturges: Another very good question. From what we understand, it does not appear that CMS will make the intent to submit screen available when the *QualityNet Secure Portal* begins to receive the test files and I will spell it out, Quality Reporting Document Architecture, or you hear it called QRDA files, into the Hospital Quality Reporting System, or HQR, in May or June. So, any details regarding the HQR System functionality will be shared with users as the system becomes available. So, I know we received some other questions about that. So, just stay in touch with us, so we can make sure we get that information to you because we will have presentations.

Veronica Dunlap: Great. And I do know we have a lot of questions in here about how to sign up for these ListServes to make sure that they receive updated

communications, and I can answer that question Artrina, is that – if you go to the home page of *QualityNet*.org and on the far left, about half way down, you should see in a blue box, it says, "Join ListServes." And here, this is where you can sign up for notifications and discussions and select the programs that you would like to receive messages, communications about when test files will be open as well as deadline, date, reminders, and so forth. So, this is a good place to start getting those communications coming in and anyone may sign up for a ListServe.

All right, let's see here. Looks like we have something here about the zero denominator exclusion, "I would like to know more about the zero denominator exclusion. We have a 21 bed state-run Acute Care Hospital on a campus of a state-run psychiatric hospital. We would have zero cases most quarters that would fit the eCQM."

Artrina Sturges: OK, very good. OK, so in this case, keep in mind, zero denominator declarations, are accepted for eCQM data submissions. And, CMS encourages the selection of eCQMs that best represent your patient population. However, if the four most relevant measures have a zero denominator, then that would fulfill the eCQM requirement. And again, if you have more questions about zero denominators in this presentation, please reference slide 25.

Veronica Dunlap: Great. As a Critical Access Hospital, we are not required to participate in the IQR Program. "My question is, what are the reporting requirements for Critical Access Hospitals to participate in the EHR Incentive Program, or what's also called meaningful use, for calendar year 2016?"

Artrina Sturges: Thank you. Great question, I know that has come through several times this afternoon. So again, I'll refer you to slide 18 and 19 to clarify that piece. Critical Access Hospitals have two options in order to meet the Clinical Quality Measure requirements. So, as was presented earlier, we have an option, which is to submit the data for four of the available eCQMs utilizing the *QualityNet Secure Portal*. And then, another option is to submit aggregate data for 16 of the 29 available eCQMs, utilizing the CMS registration and attestation system.

So, as you can see on the screen, just as we discussed earlier – and keep in mind it's an option, it's either or, it's not both. So, I know we have someone else who asked that question, which was also good.

Veronica Dunlap: Great.

Artrina Sturges: OK.

Veronica Dunlap: "Is there a site which talks about quality improvement activities related to learning more on what is needed to successfully submit an eCQM?"

Artrina Sturges: Yes. Actually, we've mentioned earlier about the availability of the eCQI or the electronic Clinical Quality Improvement Resource Center website. We discussed this a little bit earlier, and we have some additional details for use of that. And, also keep in mind, when you receive the transcript, we'll have everything in there in terms of the website information and everything along those lines to help you out.

So, in addition to providing the most current resources, which we mentioned earlier, everything from updates on quality measures, for eligible hospitals, technical release notes, but there's also what they call – and I think this will be helpful for some folks– so, take a couple seconds if you can and jot this down, it's called the eCQI Implementers Corner. And I'll repeat that, so it's the eCQI Implementers Corner. And what they do there is they give you links to all different types of tools and different information that you can use in order to make sure that the information that you're creating for reporting is the spec, is to specifications of CMS requirements. So, we just want to make sure that you know that that's available for you to use. They have the implementation guides out there, there's a lot of information out there that will be really helpful to a lot of the providers and the vendors.

Veronica Dunlap: That's helpful, thank you. "Can you repeat what the required chart abstracted measures are for the IQR Program?"

Artrina Sturges: Yes, let's do that. Because we took a look at the slides and we didn't specifically spell them out. So, if we look on slide 12 of our presentation,

the list of the eight measures includes ED-1, ED-2, IMM-2, Sepsis-1, Stroke-4, VTE-5, VTE-6 and PC-01. OK. So, just as a reminder, they're submitted for a full year for the IQR Program and they will still – because they are chart abstracted measures, will require aggregate population and sampling data for Medicare and non – or excuse me – Medicare and non-Medicare discharges for all the measures; so, these eight that we're speaking of here. And then, there is the IQR tab on the *QualityNet* website for additional program details. So, please don't hesitate to use those resources that are available for you.

Veronica Dunlap: That leads me into the next question, "is Population and Sampling required for data that's submitted as an eCQM?"

I think I could probably answer that one. Population and Sampling is not required for those measures that are submitted as eCQMs. However, Population and Sampling is required for those chart abstracted measures, and if you don't have any patients in that population, you still need to go in and enter zeros for those chart abstracted measures for the population and sampling deadline.

Artrina Sturges: Very good, thank you Veronica.

Veronica Dunlap: "Since eCQM reporting from most hospitals are not due to be submitted until February 28, 2017, when would be the deadline for submitting what's called an Extraordinary Circumstances Exceptions form, which is also referred to as an ECE? When would that form need to be sent in for the hospital IQR Program?"

Artrina Sturges: OK, excellent question. OK. So, the deadline would be within 30 days of the time that the events occurred. So, let's give an example. If an event occurred and let's say it happened February 28, 2016; OK, so here in a couple weeks. Then, the deadline would be 30 days from that event or March 29, 2016. OK. Again, this information is captured on slide 14 and also offers the details regarding that January 19th webinar that was specific to the ECE criteria for the IQR Program. The other thing is too – is we wanted to mention one other piece because my natural inclination is

that there are going to be questions about, is there a hardship exception for specific to the EHR Incentive Program, and there is. So, any information that you need about that particular process, please visit the cms.gov website. They have all the information there and search for EHR Incentive Programs, payment adjustments and hardship information because remember, since you're really dealing with two different programs, so keep that in mind. And, they also have what they call an EHR information center, which is a great place for you to be able to go to ask any questions that you have regarding the Medicare EHR Incentive Program, or what we call Meaningful Use sometimes. It's a great resource for you to be able to discuss anything with them in terms of data submission, specifically for the EHR Program. Again, this information will be in the transcript but in case you have pen and paper, it's 1-888-734-6433, and I will repeat that, 888-734-6433. And, they're available Monday through Friday, from 7:30 a.m. to 6:30 p.m. Central Time. OK. So, we'd want to mention that you have additional resources available to you.

Veronica Dunlap: Great. Deb, do we have more time for any more questions?

Debra Price: Yes, we have about seven minutes left.

Veronica Dunlap: OK. Let's see here. "Which quarters are applicable for the submission of eCQM for calendar year 2016?"

Artrina Sturges: Thank you Veronica. So, that's going to be Quarter 3, which is July 1 to September 30, 2016, and then Quarter 4, October 1 to December 31, 2016. And, keep in mind that we do have that submission deadline of February 28 of 2017.

Veronica Dunlap: Great. "When will test files be allowed to be sent into the system?"

Artrina Sturges: OK. As we mentioned earlier in the presentation, test files should be available to submit into the *QualityNet Secure Portal* around June. OK. Now, anybody who wants to do the test files before that, just to make sure that the format for the submission of the QRDA file is correct, that's when you can use the pre-submission validation tool. OK? And this, is another

note on that in terms of that pre-submission validation tool: we will have more information for you on that. We have already done some presentations, and we're planning on doing another presentation probably in March. So, you know, just stay tuned with us, we'll make sure we get the information to you.

Veronica Dunlap: Great. And, "will the eCQM data for the four eCQMs that are required for calendar year 2016, will that data be publicly reported on *Hospital Compare*?"

Artrina Sturges: Great question. If we remember, one of the earlier slides talked about *Hospital Compare,* and there were some changes made in the Final Rule where that any data for eCQM is not going to be recorded on *Hospital Compare* at this time. Any changes they made to that will be published in the Final Rule, and we'll make sure that when we provide education for all of you and for your vendors, we'll make sure to cover that information as it becomes available for CMS.

Veronica: Great. "And in order to be able to – who can submit files via the *QualityNet Secure Portal*? Is it just hospitals? And if not, how do the vendors obtain access to submit those files on the hospital's behalf?"

Artrina Sturges: Veronica, do you have additional details for that one?

Veronica Dunlap: I hope I can answer some of that question. I do know that hospitals and or vendors may submit their files through the secure portal, however, it is required that both the hospital and the vendor obtain the EHR data upload role. And, this role is required to be able to submit data for the eCQM and for additional information on how to get that role assigned to your *QualityNet* Security Administrator account, you would need to contact the *QualityNet* Help Desk, and they could obtain that role for you.

Artrina Sturges: OK. Perfect. And if someone doesn't have the phone number right off hand, we have that for you. It's 866-288-8912, and I will repeat it, 866-288-8912.

Veronica Dunlap: Probably have about one more here. This applies to everyone. "Where is the best place for me to submit my questions on eCQMs involved with the hospital IQR Program?"

And, I could answer that Artrina. The best way at this time for you to submit questions, anything you have regarding the eCQMs and hospital IQR Program, we do recommend that you submit them to the question and answer tool. This is located also on the home page of www.qualitynet.org on the far right and then you would select the subject for eCQM. Here, we do respond to that measure Q-box within one to two business days, and you would receive a reference ID number to follow your answer in black and white. So, we do recommend submitting your questions through the Q&A tool or you also can contact the hospital support contractor at 844-472-4477.

Debra Price: And Veronica, that's all the questions we have time for today.

Veronica Dunlap: Thank you.

Artrina Sturges: OK. Well, thank you very much, everyone, for joining us today. We'll have all of the information posted on the Quality Reporting Center in the coming weeks to give you all the support information that you need. And on that note, have a wonderful afternoon. Thank you.

END