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Important Dates:

February 15 (Deadline Extended)

- 3Q 2016 Population and Sampling Data Due for IQR-Eligible Hospitals

February 24 (Extended from 2/15)

- 3Q 2016 Clinical and PC-01 Data Due for IQR Acute Care Hospitals
- 2Q 2016 Colon Cancer and Breast Cancer Data Due for PCHs
- 4Q 2015 Adjuvant Hormonal Therapy Data Due for PCHs

March 13 (Extended from 2/28)

- 3Q 2016 or 4Q 2016 eCQM Data Due for IQR Acute Care Hospitals
- CY 2016 Medicare EHR Incentive Program Attestation Due

March 15 (Extended from 2/15)

- 3Q 2016 HAI Data Due for IQR Acute Care Hospitals and PCHs

eCQM Deadline Extended to March 13

CMS has extended the deadline for eCQM reporting for the Hospital IQR Program from February 28 to March 13, 2017.

Hospitals and vendors will want to submit Production Files now for the Hospital IQR and Medicare EHR Incentive Programs. Submissions should be in the QRDA Category I file format and uploaded through the Secure File Transfer in the *QualityNet Secure Portal*.

To assist with Production File submissions, check out our handy [CY 2016 IQR-EHR Alignment Preparation Checklist for eCQM Reporting – QRDA I File Production Instructions](#).

Hospitals and vendors can also continue to submit Test Files through the newly extended March 13, 2017, deadline. But remember: Test data submissions are just for practice and cannot be used to fulfill IQR or the EHR Incentive Program requirements.

Are you using the PSVA Tool before submitting test and production files? It's easy and provides a way for submitters to catch and correct errors prior to their CMS data submission and gives validation feedback of submitted files. This allows submitters to separate out the files without format problems and submit those while they identify errors on the ones that still have trouble getting through. Download the PSVA Tool from the Secure File Transfer in the *QualityNet Secure Portal*.

What are the CY 2016 reporting requirements for the FY 2018 payment determination for IQR-eligible hospitals?

- Self-select at least four of the 28 [CY 2016 \(FY 2018\) Available eCQMs](#) from which to report
- Choose one calendar quarter of discharge data from either 3Q 2016 or 4Q 2016.
- Submit by March 13, 2017, at 11:59 p.m. PT.

Bonus: A successful submission meets the eCQM requirements for both the Hospital IQR Program and the Medicare EHR Incentive Program (additional requirements apply).

How do I successfully submit?

Data must be submitted through the *QualityNet Secure Portal* in any combination of the three reporting formats:

- **QRDA Category I Files** – used with patients meeting the Initial Patient Population of the applicable measure(s)
- **Zero Denominator Declarations** – used when a facility does not have patients who meet the denominator criteria for a specific eCQM. EHR must be certified to report the specific measure(s) in question.
- **Case Threshold Exemptions** – used when a facility has five or fewer discharges for a specific eCQM during a reporting quarter. This exemption is optional. The facility may choose to submit these cases as QRDA I files. EHR must be certified to report the specific measures(s) in question.

The **Zero Denominator Declaration** and **Case Threshold Exemption** screen is located in the *QualityNet Secure Portal* on the “My Tasks” screen, under the box labeled “EHR Incentive Program Hospital eCQM Reporting.”

Need more information? Check out the [CY 2016 eCQM Overview](#) document.

What eCQM reporting resources are available?

eCQM Specifications

Please see the following for information on eCQM specifications:

- <http://ecqi.healthit.gov/eh>
- https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Value Sets (code lists) for eCQMs Available at VSAC

Visit the VSAC at <https://vsac.nlm.nih.gov/>. To access the value sets, you must first obtain a free Unified Medical Language System License to use the website, <https://uts.nlm.nih.gov/license.html>

eCQM Questions

- Submit questions about eCQM data element definitions, intent of measures, and measure logic at <https://oncprojecttracking.healthit.gov/>.

Go to “Create an Issue Ticket” to submit your question. Be sure to include the CMS eCQM ID when you create your issue.

Here is a link to the instructions for the ONC Issue Tracking System/JIRA: <https://www.healthit.gov/sites/default/files/Jira-COMFS-Instructions.pdf>.

- Submit questions about IQR eCQM Program requirements at <https://cms-ip.custhelp.com/>.

Click on **Ask a Question**. After logging in, select the “Product” **Inpatient Quality Reporting (IQR)**, and then select the “Topic” **eCQMs** from the drop-down list.

And, last but not least, make sure you are signed up to receive the [EHR ListServes](#) regarding all things eCQM!

Attest to 2016 EHR Incentive Program Requirements by March 13 to Avoid a 2018 Payment Adjustment

CMS has extended the attestation deadline for providers participating in the Medicare EHR Incentive Program to Monday, March 13, 2017, at 11:59 p.m. ET.

Providers participating in the Medicare EHR Incentive Program must attest to the [2016 program requirements](#) by March 13, 2017, to avoid a 2018 payment adjustment.

If you are participating in the Medicaid EHR Incentive Program, please refer to your [state's deadlines](#) for attestation information.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the Medicare payment adjustment. You may demonstrate meaningful use under either Medicare or Medicaid. If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the Medicare payment adjustment. You may demonstrate meaningful use under either Medicare or Medicaid.

For More Information

For questions about the Registration and Attestation System, contact the EHR Information Center at (888) 734-6433 (press option 1). The EHR Information Center is open Monday through Friday from 6:30 a.m. to 5:30 p.m. ET, except federal holidays.

Tips for Reporting HCP Influenza Vaccination Data

The 2016/2017 flu season is upon us. Although the deadline for reporting the HCP Influenza Vaccination data is not until May 15, 2017, here is some helpful information and reminders to help you get started.

New to HCP Influenza Vaccination Reporting? Activate the HPS Component.

The HCP Influenza Vaccination reporting is entered via the HPS Component in NHSN. The NHSN Facility Administrator must activate the HPS Component before a facility can report their influenza data.

1. On the Home page, select **Facility** and then **Add/Edit Component**.
2. Under Components Followed, check the box next to "Healthcare Personnel Safety."
3. Add the HPS Component Primary Contact by entering the contact type, name, phone and email address for the primary contact.

The Facility Administrator must ensure that at least one HPS Component user has administrative rights.

NOTE: IPF units located within acute care/critical access facilities must be added as a unit within the already enrolled acute care/critical access hospital. Instructions for this may be found at the following link: <https://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf>.

Create a Monthly Reporting Plan in the HPS Component

The CDC will only send data to CMS that have been included in the HPS Component monthly reporting plan. To enter a monthly reporting plan, on the HPS Component Home Page:

1. Click **Reporting Plan** and then **Add** in navigation bar on the left-hand side.
2. Select the correct month and year from the drop-down menus.
3. For hospitals with IPF units, check the appropriate box next to "Influenza Vaccination Summary for Inpatient Psychiatric Facility Unit(s)." For all other facilities, check the box next to "Influenza Vaccination Summary for Hospital."
4. Click **Save** when finished.

You only need to enter a single monthly reporting plan for the entire influenza season for each reporting program. When one month is selected on the reporting plan, the information is auto-filled on all the reporting plans for the entire influenza season.

Enter HCP Influenza Vaccination Summary Data for the Entire Influenza Season

The HCP Influenza Vaccination Summary Form must be completed by each season’s reporting deadline, which is May 15, 2017, for the IQR, PPS-Exempt Cancer Hospital Quality Reporting, and IPFQR Programs. Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.

Collect data for the 2016/2017 influenza season according to the HCP Influenza Vaccination Summary Protocol. Report HCP influenza vaccination summary data by selecting **Flu Summary** and then **Add** in the in navigation bar on the left-hand side; then, click **Continue**. Select **2016/2017** in the drop-down box labeled “Flu Season” when the summary form appears. Hospitals with IPF units only will be required to select “IPF Units(s)” in the Location field. All other facilities will choose “Hospital.” Enter your data, and click **Save**. Make sure to report data to NHSN on or before May 15, 2017.

If you have questions about HCP influenza vaccination reporting, please contact the NHSN Help Desk at nhsn@cdc.gov and please include “HCP Flu Summary” in the subject line.

What’s New for CY 2017?

Goodbye to Two Chart-Abstracted Measures

Beginning with January 1, 2017, discharges, the following two chart-abstracted measures have been removed from the Hospital IQR Program:

Short Name	Measure Name
STK-4	Thrombolytic Therapy
VTE-5	Venous Thromboembolism Discharge Instructions

The following chart-abstracted measures remain in the Hospital IQR Program for CY 2017:

Short Name	Measure Name
ED-1*	Median Time from ED Arrival to ED Departure for Admitted ED Patients
ED-2*	Admit Decision Time to ED Departure Time for Admitted Patients
IMM-2	Influenza Immunization (Cases must be submitted for all four quarters of the year)
Sepsis	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism
PC-01*	Elective Delivery

*An [IPPS Measure Exception Form](#) may be submitted in lieu of data submission for hospitals that do not have an emergency department and/or do not deliver babies.

Curious about other program changes? Please see [Hospital Inpatient Quality Reporting Program Changes: Fiscal Year 2019 Payment Determination \(Calendar Year 2017 Reporting Period\)](#).

Want to see all required measures? Check out our [Hospital Inpatient Quality Reporting Program Measures for the FY 2019 Payment Update](#).

Acronyms

CDC	Centers for Disease Control and Prevention	IPPS	Inpatient Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting
CY	Calendar Year	NHSN	National Healthcare Safety Network
eCQM	Electronic Clinical Quality Measures	PC	Perinatal Care
ED	Emergency Department	PCH	PPS-Exempt Cancer Hospitals
EHR	Electronic Health Record	PSVA	Pre-Submission Validation Application
FY	Fiscal Year	Q	Quarter
HAI	Healthcare-Associated Infection	QR	Quality Reporting
HCP	Healthcare Personnel	QRDA	Quality Reporting Document Architecture
HPS	Healthcare Personnel Safety	STK	Stroke
IMM	Immunization	VSAC	Value Set Authority Center
IPF	Inpatient Psychiatric Facilities	VTE	Venous Thromboembolism