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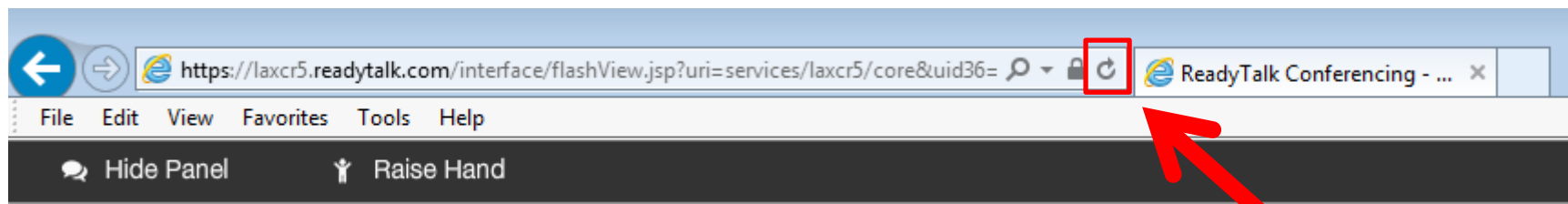
Click the Refresh icon

– or –

Click F5



F5 Key  
Top Row of Keyboard

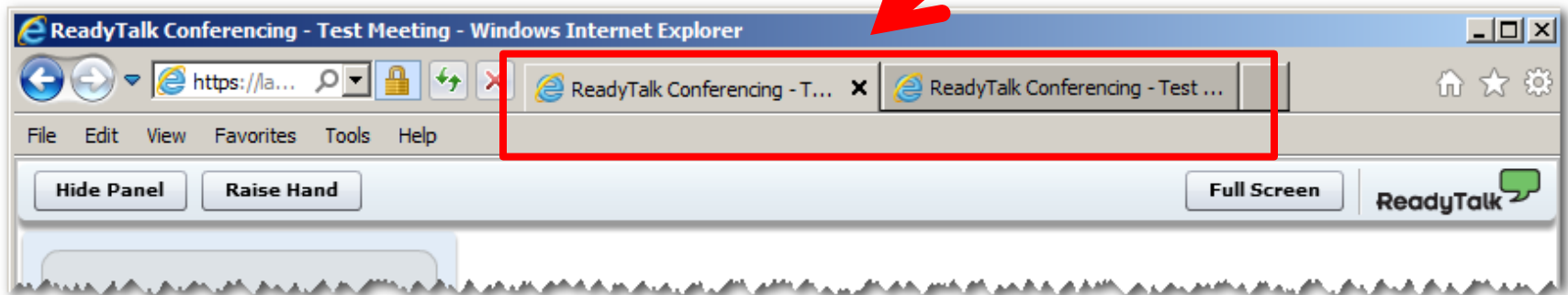


Location of Buttons

Refresh

# Troubleshooting Echo

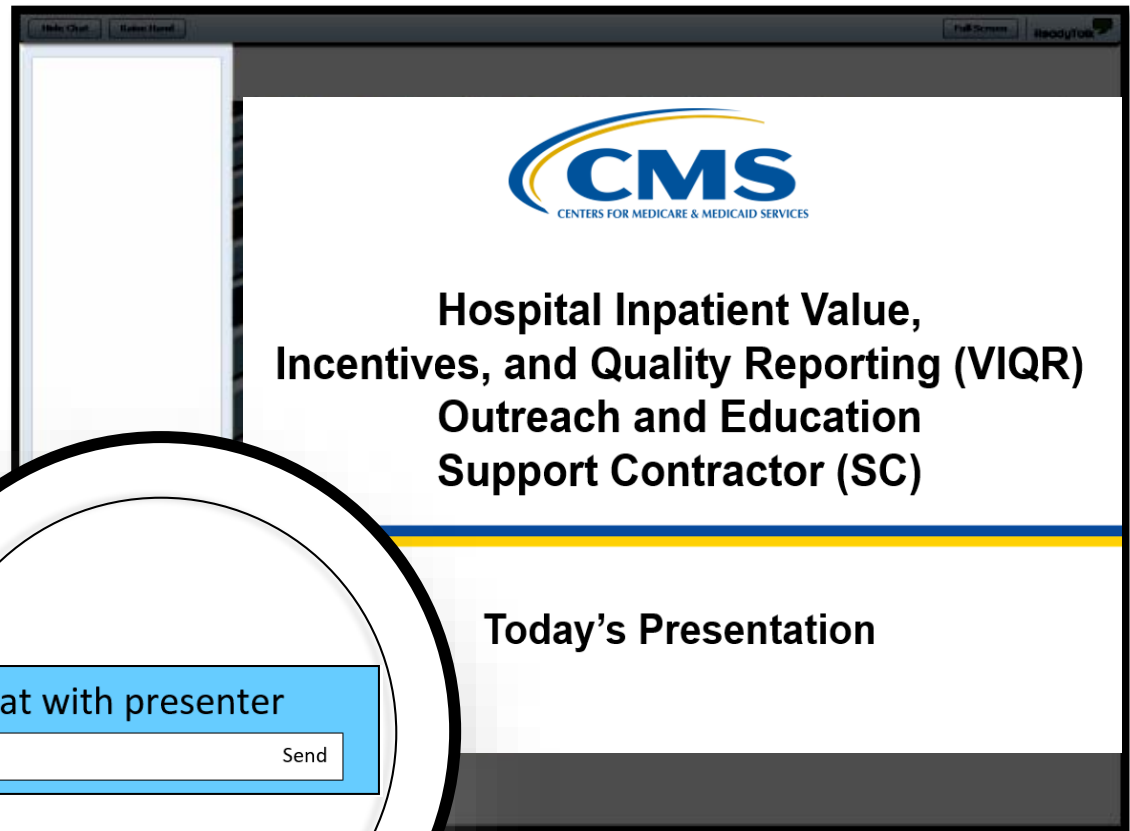
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# **CMS QRDA Category I Implementation Guide Changes for CY 2018 for Hospital Quality Reporting**

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**March 19, 2018**

# Purpose

- This presentation will provide an overview of the changes to the 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting (HQR), including changes made from Calendar Year (CY) 2017 to CY 2018.
- It will also provide a high-level overview of updates to the Health Level Seven International (HL7) base standard QRDA Category I IG and a review of available resources.

# Objectives

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

- Identify changes and updates to the 2018 CMS QRDA Category I IG for HQR.
- Recognize high level changes to the HL7 base standard QRDA Category I IG.
- Locate resources related to the IGs.

CMS QRDA Category I IG Changes for CY 2018 for HQR

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## **Changes and Updates to the 2018 CMS QRDA Category I IG for HQR**



# Background

- The 2018 CMS QRDA Category I IG for HQR was published on July 14, 2017.
  - Available at the [eCQI Resource Center](https://ecqi.healthit.gov/system/files/eCQM_2018_QRDA_HQR_CMS_IG.pdf) at:  
[https://ecqi.healthit.gov/system/files/eCQM\\_2018\\_QRDA\\_HQR\\_CMS\\_IG.pdf](https://ecqi.healthit.gov/system/files/eCQM_2018_QRDA_HQR_CMS_IG.pdf)
- 2018 CMS QRDA Category I Schematrons and sample files
  - Updated January 2018 with Schematron file (v1.1)
  - [https://ecqi.healthit.gov/system/files/eCQM\\_2018\\_SchematronsSampleFilesHospital\\_1\\_0.zip](https://ecqi.healthit.gov/system/files/eCQM_2018_SchematronsSampleFilesHospital_1_0.zip)

# Comparison of 2018 to 2017 IGs

	2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Reporting Period	<b>2018</b> reporting period	<b>2017</b> reporting period
eCQM Specifications	<p>To be used with eCQM specifications for eligible hospitals (EHs)/critical access hospitals (CAHs) published <b>May 2017 and any applicable addenda</b></p> <ul style="list-style-type: none"> <li>September 2017 eCQM Value Sets Addendum</li> <li><a href="https://ecqi.healthit.gov/system/files/ecqm/2017/EH/eCQM_EH_CAH_May2017.zip">https://ecqi.healthit.gov/system/files/ecqm/2017/EH/eCQM_EH_CAH_May2017.zip</a></li> </ul>	<p>Used with eCQM specifications for EHs/CAHs published April 2016</p> <ul style="list-style-type: none"> <li>January 2017 eCQM Value Sets Addendum</li> </ul>
Value Sets	<p>May 2017 Release eCQM Value Sets <b>cannot</b> be used for eReporting. This is superseded by eCQM Value Sets Addendum:</p> <ul style="list-style-type: none"> <li>eCQM Value Sets for EHs/CAHs published September 29, 2017 (for use Q1–Q4 2018)</li> </ul>	<ul style="list-style-type: none"> <li>January 2017 eCQM Value Sets Addendum (for use Q1–Q3 2017)</li> <li>September 2017 eCQM Value Sets Addendum (for use Q4 2017)</li> </ul>

# Comparison of 2018 to 2017 IGs (Cont'd)

	2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Base HL7 Standard	HL7 IG for Clinical Document Architecture (CDA) Release 2: <b>QRDA Category I</b> , Release 1, <b>Standard for Trial Use (STU) Release 4</b> , US Realm, January 2017 <a href="http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_S4_2017JAN.zip">http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_S4_2017JAN.zip</a> (HL7 login required to access standard)	HL7 IG for CDA R2: QRDA I, Release 1, STU Release 3.1, US Realm (April 2016)
Quality Data Model (QDM)	Supports QDM version 4.3 <a href="https://ecqi.healthit.gov/system/files/qdm_4_3_508_compliant.pdf">https://ecqi.healthit.gov/system/files/qdm_4_3_508_compliant.pdf</a>	Supports QDM version 4.2

# 2018 IG Updates: CMS Program Names

2018 CMS QRDA I IG for HQR		2017 IG
HQR_EHR	Hospital Quality Reporting for the Electronic Health Record (EHR) Incentive Program	HQR_EHR
HQR_IQR	Hospital Quality Reporting for the Inpatient Quality Reporting (IQR) Program	HQR_IQR
HQR_EHR_IQR	Hospital Quality Reporting for the EHR Incentive Program and the IQR Program	HQR_EHR_IQR
CDAC_HQR_EHR	(for Clinical Data Abstraction Center [CDAC] users)	CDAC_HQR_EHR
HQR_IQR_VOL	Hospital Quality Reporting for IQR Program voluntary submissions	n/a
HQR_EPM_VOL	Hospital Quality Reporting for Episode Payment Model voluntary submissions	n/a

\*Specified in ClinicalDocument/informationRecipient

# 2018 IG Updates: Patient Identifiers

	2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Patient Identification Number	Required <ul style="list-style-type: none"> <li>Same as 2017</li> </ul>	Required
Medicare Health Insurance Claim (HIC) Number	Not required, but should be submitted if the payer is Medicare and the patient has an HIC number assigned <ul style="list-style-type: none"> <li>Same as 2017</li> </ul>	Not required, but should be submitted if the payer is Medicare and the patient has an HIC number assigned
Medicare Beneficiary Identifier (MBI)	MBI is a new data element to the 2018 IG <ul style="list-style-type: none"> <li>Not required, but should be submitted if the payer is Medicare and the patient has an MBI number assigned</li> <li>Object Identifier (OID) for MBI: 2.16.840.1.113883.4.927</li> </ul>	n/a

\*Specified in ClinicalDocument/recordTarget

# 2018 IG Updates:

## Document-Level Template

The document-level template has a new version.  
The correct template versions must be used.

2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
QRDA Category I Report – CMS (V4) urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2017-07-01	QRDA Category I Report – CMS (V3) urn:hl7ii:2.16.840.1.113883.10.20.24.1.3:2016-03-01
Conforms to QDM-Based QRDA (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2016-08-01).	Conforms to QDM-Based QRDA (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2016-02-01).

```

<realmCode code="US" />
<typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040" />
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01" />
<!-- QRDA Category I Framework (V3) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01" />
<!-- QDM-Based QRDA (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01" />
<!-- QRDA Category I Report - CMS (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01" />

```

# 2018 IG Updates: Section Templates

2018 CMS QRDA I IG for HQR	2017 CMS QRDA I IG for HQR
Measure Section QDM <ul style="list-style-type: none"> <li>• Same as 2017</li> </ul>	Measure Section QDM
Reporting Parameters Section – CMS <ul style="list-style-type: none"> <li>• Same as 2017</li> <li>• Must be one of the CY 2018 allowable discharge quarters</li> </ul>	Reporting Parameters Section – CMS
Patient Data Section QDM (V4) – CMS (2.16.840.1.113883.10.20.24.2.1.1:2017-07-01) <ul style="list-style-type: none"> <li>• Conforms to Patient Data Section QDM (V4) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2016-08-01)</li> <li>• Supports QDM v4.3</li> </ul>	Patient Data Section QDM (V3) – CMS (2.16.840.1.113883.10.20.24.2.1.1:2016-03-01) <ul style="list-style-type: none"> <li>• Conforms to Patient Data Section QDM (V3) template (identifier: urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2016-02-01)</li> <li>• Supports QDM v4.2</li> </ul>

# Additional 2018 IG Updates

## HQR Validations

- CMS\_0073
  - The error description was updated to validate that submitted QRDA I files must conform to the 2018 CMS QRDA I IG.

```
<realmCode code="US" />
<typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040" />
<!-- US Realm Header (V3) -->
<templateId root="2.16.840.1.113883.10.20.22.1.1" extension="2015-08-01" />
<!-- QRDA Category I Framework (V3) -->
<templateId root="2.16.840.1.113883.10.20.24.1.1" extension="2016-02-01" />
<!-- QDM-Based QRDA (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.2" extension="2016-08-01" />
<!-- QRDA Category I Report - CMS (V4) -->
<templateId root="2.16.840.1.113883.10.20.24.1.3" extension="2017-07-01" />
```

- CMS\_0074
  - The error description was updated to validate that each measure must reference the eCQM Version Specific Measure Identifier and that only the eCQM Specifications for EHs/CAHs for 2018 reporting period will be accepted.
- Validation rules for CDAC users removed from the 2018 IG.



# 2018 CMS QRDA I Schematrons

## EH CMS 2018 QRDA Category I.sch

- Version 1.1 (Updated January 2018)
- Changed from version 1.0 (previously released 7/14/2017)
  - Updated the assertion rule a-CMS\_0009-error to correctly test for the Medicare HIC number and the MBI

# 2018 CMS QRDA I Schematrons (Cont'd)

Announcement on January 3, 2018

## Now Available: Updated CY 2018 CMS QRDA I Schematron for Hospital Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) has published an updated schematron for the 2018 CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for Hospital Quality Reporting. **This guidance is for electronic clinical quality measure (eCQM) submissions for calendar year (CY) 2018 and QRDA Category I files only.** QRDA Category I file submissions are for the following:

- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Hospitals and Critical Access Hospitals

The updated schematron addresses an issue in the implementation of the QRDA I conformance statement CONF: CMS\_0009, which states that a patient identifier other than the Medicare Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) must be present in the *recordTarget* element. Prior to the schematron update, a file submitted without an additional patient identifier would not be flagged in error.

**This update ensures the presence of the additional patient identifier beyond HICN and MBI.**

CMS QRDA Category I IG Changes for CY 2018 for HQR

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## **High-Level Changes to the HL7 Base Standard QRDA Category I IG**

# Base HL7 QRDA Category I IG for CY 2018

HL7 IG for CDA Release 2: Quality Reporting  
Document Architecture Category I, Release 1,  
STU Release 4, US Realm, January 2017

- Direct link:  
[http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2\\_IG\\_QRDA\\_I\\_R1\\_S4\\_2017JAN.zip](http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_QRDA_I_R1_S4_2017JAN.zip)
- Main update was to align with QDM Version 4.3
- Addressed approved STU comments – minor updates
- Updated the Health Quality Measure Format (HQMF) QDM Datatype to QRDA template mapping tables

# Quality Data Model 4.3 Changes

## QDM 4.3 Appendix D: Change Log

### D.1 Changes in QDM 4.3

The Quality Data Model, Version 4.3 specification, contains the following changes from the Quality Data Model, Version 4.2 specification:

- Added *Assessment, Performed* datatype
- Added *Assessment, Recommended* datatype
- Removed *Risk Category Assessment* datatype
- Removed *Functional Status, Performed* datatype
- Removed *Functional Status, Recommended* datatype
- Removed *Functional Status, Ordered* datatype
- Added clarification of timing for datatypes with *Order* actions
- Added clarification of feasibility requirements for all datatypes with *Recommended* actions

# HL7 QRDA Category I IG

## STU R5 Changes

New templates

(new QDM data types in QDM 4.3):

- Assessment Performed  
(urn:oid:2.16.840.1.113883.10.20.24.3.144)
- Assessment Recommended  
(urn:oid:2.16.840.1.113883.10.20.24.3.145)

# HL7 QRDA Category I IG

## STU R5 Changes (Cont'd)

Removed templates

(QDM data types removed from QDM 4.3):

- Functional Status Order (V3)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.3.25:2016-02-01)
- Functional Status Performed (V3)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.3.26:2016-02-01)
- Functional Status Recommended (V3)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.3.27:2016-02-01)
- Risk Category Assessment (V3)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.3.69:2016-02-01)

# HL7 QRDA Category I IG

## STU R5 Changes (Cont'd)

### Document template

- No change to US Realm Header (V3) template
- No change to QRDA Category I Framework (V3) template
- QDM-Based QRDA (V4)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.1.2:2016-08-01)
  - Now references the updated Patient Data Section QDM (V4) template, which supports QDM v4.3



# HL7 QRDA Category I IG

## STU R5 Changes (Cont'd)

### Section template

- No change to Measure Section QDM template
- No change to Reporting Parameter Section template
- Patient Data Section QDM (V4)  
(urn:hl7ii:2.16.840.1.113883.10.20.24.2.1:2016-08-01)
  - Updated to support QDM 4.3 changes
    - Added references to new templates for new QDM data types (Assessment Performed, Assessment Recommended)
    - Removed references to templates for the removed QDM data type templates (e.g., Functional Status Performed)

# HL7 QRDA Category I IG

## STU R5 Changes (Cont'd)

### Change logs

- Volume 1, Appendix B – High Level Change Log summarizes changes in both Volume 1 and Volume 2
- Volume 2, Chapter 9 – Changes from Previous Version
  - Patient Data Section QDM (V4)
  - Diagnosis Concern Act (V2)
  - Symptom Concern Act (V2)
  - Fulfills (V2)

CMS QRDA Category I IG Changes for CY 2018 for HQR

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## **Resources Related to the Implementation Guides**

# Resources

- 2018 CMS QRDA Category I IG for HQR (7/14/2017)
  - Direct link to IG from [eCQI Resource Center](https://ecqi.healthit.gov/system/files/eCQM_2018_QRDA_HQR_CMS_IG.pdf):  
[https://ecqi.healthit.gov/system/files/eCQM\\_2018\\_QRDA\\_HQR\\_CMS\\_IG.pdf](https://ecqi.healthit.gov/system/files/eCQM_2018_QRDA_HQR_CMS_IG.pdf)
- Accompanying Schematrons and sample files (updated January 2018)
  - Direct link to download from [eCQI Resource Center](https://ecqi.healthit.gov/system/files/eCQM_2018_SchematronsSampleFilesHospital_1_0.zip):  
[https://ecqi.healthit.gov/system/files/eCQM\\_2018\\_SchematronsSampleFilesHospital\\_1\\_0.zip](https://ecqi.healthit.gov/system/files/eCQM_2018_SchematronsSampleFilesHospital_1_0.zip)

# Resources (Cont'd)

- [Additional QRDA-related resources](#) can be found on the eCQI Resource Center:
  - Current and past IGs
  - QRDA educational resources  
<https://ecqi.healthit.gov/qrda/qrda-educational-resources>
  - QRDA Conformance Statement Resource  
<https://ecqi.healthit.gov/system/files/cms-qrda-i-conformance-statement-resource.pdf>
- Value Set Authority Center (VSAC)
  - <https://vsac.nlm.nih.gov>
  - <https://vsac.nlm.nih.gov/download/ecqm?rel=2018>

# Resources (Cont'd)

## QRDA Conformance Statement Resource

- Provides detailed information on how to resolve a list of common errors seen during submissions
- Content will be updated for CY 2018
- Example list of conformation statements included in the QRDA Conformance Statement Resource for CY 2017

<a href="#">CONF: CMS_0006</a> – Data Validation: Missing or Multiple CMS EHR IDs	<a href="#">CONF: CMS_0035</a> – CCN length
<a href="#">CONF: CMS_0008</a> – Data Validation: Improper Extension for CMS EHR ID	<a href="#">CONF: CMS_0060</a> – Encounter Performed Discharge Date Null
<a href="#">CONF: CMS_0026</a> – Improper Extension for intendedRecipient ID	<a href="#">CONF: CMS_0062</a> – Encounter Performed Admission Date
<a href="#">CONF: CMS_0061</a> – Encounter Performed Discharge Date Error	<a href="#">CONF: CMS_0063</a> – Encounter Performed Discharge Date
<a href="#">CONF: CMS_0067</a> – Submitter Not Authorized to Submit	<a href="#">CONF: CMS_0066</a> – CCN cannot be validated
<a href="#">CONF: CMS_0071</a> – Data Validation: Not Well-Formed QRDA XML	<a href="#">CONF: CMS_0068</a> – Dummy CCN
<a href="#">CONF: CMS_0115</a> – Data Validation: NPI Should Have 10 Digits	<a href="#">CONF: CMS_0072</a> – QRDA Document Format Error
<a href="#">CONF: CMS_0117</a> – Data Validation: NPI Should Have Correct Checksum	<a href="#">CONF: CMS_0073</a> – QRDA Document Format Error
<a href="#">CONF: CMS_0121</a> – Inconsistent Use of UTC Offset	<a href="#">CONF: CMS_0074</a> – Version Specific Measure Identifier
<a href="#">CONF: 67-13372</a> – Missing or Multiple participantRole Elements	<a href="#">CONF: CMS_0075</a> – Admission Date [Effective Time / low value]
<a href="#">CONF: 1098-31880</a> – Encounter Order Status Code	<a href="#">CONF: CMS_0076</a> – Discharge Date [Effective Time / high value]
<a href="#">CONF: 1198-5524</a> – Missing Custodian Organization Name	<a href="#">CONF: CMS_0079</a> – Reporting Period Effective Date Range
<a href="#">CONF: 2228-14431</a> – Missing Patient Characteristic Payer	<a href="#">CONF: 67-12978</a> – Measure Section QDM Entry
<a href="#">CONF: 2228-27343</a> – Intervention Order Author Participation	<a href="#">CONF: 67-13193</a> – eMeasure Reference QDM
<a href="#">CONF: 2228-28472</a> – Encounter Order Act Missing ID	<a href="#">CONF: 81-7291</a> – Patient Contact Information City
<a href="#">CONF: 2228-28480</a> – Encounter Performed Act Missing ID	<a href="#">CONF: 81-7292</a> – Patient Contact Information Street Address Line
	<a href="#">CONF: 81-9371</a> – Conformant Patient Name

# Resources (Cont'd)

## Example from the QRDA Conformance Statement Resource for CY 2017:

### CONF: CMS\_0062

#### Encounter Performed Admission Date (1 of 2)

**ERROR:** The system SHALL reject QRDA I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value).

#### Meaning:

Possible conditions resulting in this error are:

- Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value)
- Admission Date or Discharge Date values are null or have an invalid format

### CONF: CMS\_0062

#### Encounter Performed Admission Date (2 of 2)

#### ERROR:

**Admission Date is after the Discharge Date**

<low value="20170131090000"/>

<high value="20170129103000"/>

```
<entry typeCode="DRIV">
  <!-- Encounter Performed: Inpatient Encounter using "Encounter Inpatient
    SNOMEDCT Value Set (2.16.840.1.113883.3.666.5.307)" -->
  <encounter classCode="ENC" moodCode="EVN">
    <templateId root="2.16.840.1.113883.10.20.22.4.49" extension="2015-08-01" />
    <templateId root="2.16.840.1.113883.10.20.24.3.23" extension="2016-02-01" />
    <id root="1024977d-e6f6-4f50-9897-a6e1c90ba14c" />
    <code code="32485007" displayName="Hospital admission (procedure)"
      codeSystem="2.16.840.1.113883.6.96"
      codeSystemName="SNOMEDCT" sdct:valueSet="2.16.840.1.113883.3.666.5.307"/>
    <text>Encounter, Performed: Inpatient Encounter</text>
    <statusCode code="completed" />
    <effectiveTime>
      <!-- Attribute: admission datetime (or encounter start) -->
      <low value="20170129103000"/>
      <!-- Attribute: discharge datetime (or encounter end) -->
      <high value="20170131090000"/>
    </effectiveTime>
  </encounter>
</entry>
```

How to fix (example):

# Resources (Cont'd)

Topic	Who to Contact?	How to Contact?
Hospital IQR Program and Policy	Hospital Inpatient Support Team	(844) 472-4477 <a href="https://cms-ip.custhelp.com">https://cms-ip.custhelp.com</a>
EHR Incentive Program (meaningful use objectives, attestation, and policy)	<i>QualityNet</i> Help Desk	(866) 288-8912 <a href="mailto:gnetSupport@hcqis.org">gnetSupport@hcqis.org</a>
eCQM specifications (code value sets, measure logic, measure intent)	ONC Jira Issue Tracker	eCQM Issue Tracker ( <a href="https://oncprojecttracking.healthit.gov/support/projects/CQM/summary">https://oncprojecttracking.healthit.gov/support/projects/CQM/summary</a> )
<i>QualityNet Secure Portal</i>	<i>QualityNet</i> Help Desk	(866) 288-8912 <a href="mailto:gnetSupport@hcqis.org">gnetSupport@hcqis.org</a>
Validation (eCQM and chart- abstracted)	Validation Support Team	<a href="mailto:Validation@hcqis.org">Validation@hcqis.org</a> or <a href="https://cms-ip.custhelp.com">https://cms-ip.custhelp.com</a>



CMS QRDA Category I IG Changes for CY 2018 for HQR

## **Q&A Session**

CMS QRDA Category I IG Changes for CY 2018 for HQR

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## **Appendix – CY 2018 eCQM Reporting Requirements for Hospital IQR Program**

# CY 2018 CQMs for Electronic Reporting to the Hospital IQR and Medicare EHR Incentive Programs

Document Available for Download from the [QualityReportingCenter.com](http://QualityReportingCenter.com) website

<b>AMI-8a</b> CMS53v6 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i>	<b>CAC-3</b> CMS26v5 <i>Home Management Plan of Care Document Given to Patient/Caregiver</i>	<b>ED-1</b> CMS55v6 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i>	<b>ED-2</b> CMS111v6 <i>Median Admit Decision Time to ED Departure Time for Admitted Patients</i>	<b>ED-3*</b> CMS32v7 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i>	<b>PC-01</b> CMS113v6 <i>Elective Delivery</i>
<b>PC-05</b> CMS9v6 <i>Exclusive Breast Milk Feeding</i>	<b>STK-2</b> CMS104v6 <i>Discharged on Antithrombotic Therapy</i>	<b>STK-3</b> CMS71v7 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>	<b>STK-5</b> CMS72v6 <i>Antithrombotic Therapy By End of Hospital Day 2</i>	<b>STK-6</b> CMS105v6 <i>Discharged on Statin Medication</i>	<b>STK-8</b> CMS107v6 <i>Stroke Education</i>
<b>STK-10</b> CMS102v6 <i>Assessed for Rehabilitation</i>	<b>VTE-1</b> CMS108v6 <i>Venous Thromboembolism Prophylaxis</i>	<b>VTE-2</b> CMS190v6 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>	*ED-3 is an outpatient measure and is not applicable for Hospital IQR Program aligned credit.		

# CY 2018 eCQM Reporting Requirements

For hospitals participating in the Hospital IQR Program:

- Report on **four** of the 15 available eCQMs.
- Report **one** self-selected calendar quarter in CY 2018 (Q1, Q2, Q3, or Q4).
- Submission deadline is February 28, 2019.

**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 **except outpatient measure ED-3, NQF #0496.**

# CY 2018 Certification and Specification Policies

## Technical Requirements

- Use EHR technology certified to the 2014 Edition, 2015 Edition, or a combination of both editions (ONC standards) and certified to all available eCQMs.
- Use eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and applicable addenda, available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>.
- Use *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I Hospital Quality Reporting*, available at <https://ecqi.healthit.gov/qrda>.

# Defining Successful eCQM Submission for CY 2018 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 I files with patients meeting the initial patient population (IPP) of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

**Note:** Submission of eCQMs does **not** meet the complete program requirements for the Hospital IQR or the Medicare EHR Incentive Programs. Hospitals are still responsible for data submission for all required chart-abstracted, web-based, structural, and claims-based measures.

Questions regarding the complete program requirements for the Medicare EHR Incentive Program should be directed to the *QualityNet* Help Desk at [gnetsupport@hcqis.org](mailto:gnetsupport@hcqis.org) or (866) 288-8912.

# CY 2018 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 2018 Public Reporting of eCQM Data

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- Public display of eCQM data on *Hospital Compare* continues to be delayed in conjunction with the implementation of the eCQM data validation process.
- Public display of eCQM data will be addressed in a future CMS IPPS rule.



# CY 2018 eCQM Validation

## Selection of Hospitals

Up to 200 hospitals will be selected for eCQM validation via random sample. The following hospitals will be excluded:

- Any hospital selected for chart-abstracted measure validation
- Any hospital that has been granted a Hospital IQR Program Extraordinary Circumstances Extensions/Exemptions (ECE) for the applicable eCQM reporting period
- 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

**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.

# CY 2018 eCQM Validation

## Number of Cases and Scoring

- Hospitals selected for participation in eCQM data validation will be required to submit eight cases (eight cases x one quarter) from CY 2017 eCQM data (for the FY 2020 payment determination).
- The accuracy of eCQM data submitted for validation will not affect a hospital's validation score for FY 2020 payment determination.

**Note:** For more information, visit the [Data Validation – Chart-Abstracted and eCQMs](#) page on *QualityNet*.

# CY 2018 Voluntary Reporting on Hybrid HWR Measure

## Hybrid Hospital-Wide 30-Day Readmission (HWR) Measure

- CMS has access to the claims-based data.
- Hospitals would voluntarily submit the following data for at least 50 percent of these patients, utilizing a QRDA Category I file for submission via the *QualityNet Secure Portal*:
  - **13** core clinical data elements
    - **Six** vital signs (heart rate, respiratory rate, temperature, systolic blood pressure, oxygen saturation, weight)
    - **Seven** laboratory test results (hematocrit, white blood cell count, sodium, potassium, bicarbonate, creatinine, glucose)
  - **Six** linking variables to assist CMS to match the EHR data to the CMS claims data (CMS Certification Number, Health Insurance Claim Number or Medicare Beneficiary Identifier, date of birth, sex, admission date, discharge date)
- CMS merges the EHR data elements with the claims data and calculates the risk-standardized readmission rate.

# CY 2018 Voluntary Reporting on Hybrid HWR Measure

- Measurement period: January 1–June 30, 2018 (Q1 + Q2 of CY 2018)
- Submission period: Anticipated to be late summer through fall 2018
- Measure cohort: Medicare Fee-For-Service patients, aged 65 or older, discharged from non-federal acute care hospitals
- Confidential Hospital-Specific Reports (HSRs)
  - Detail submission results from the reporting period, including accuracy of the EHR data and the hybrid measure results

# CY 2018 Voluntary Reporting on Hybrid HWR Measure

- CY 2018 voluntary reporting on Hybrid HWR measure will not impact a hospital's APU determination.
- CY 2018 voluntary reporting on Hybrid HWR measure will not be publicly displayed on *Hospital Compare*.
- Outreach and Education webinars were held December 2017. Webinar-related materials, eMeasure specifications, measure methodology details, and contact information are posted on the [Voluntary Hybrid HWR Measure Overview](#) page on *QualityNet*.
- To register for upcoming webinars and locate archived IQR-EHR Incentive Program Alignment webinar materials, please visit [QualityReportingCenter.com](#).

CMS QRDA Category I IG Changes for CY 2018 for HQR

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## **Appendix – CY 2018 eCQM Reporting Requirements for Medicare and Medicaid EHR Incentive Programs**

# Medicare EHR Incentive Program CQM Reporting Requirements for CY 2018

For EHs and CAHs reporting **electronically** for the Medicare EHR Incentive Program in CY 2018:

- The reporting period is **one** self-selected quarter of CQM if demonstrating meaningful use for the first time or demonstrated meaningful use any year prior to 2018.
- Report on **at least four** (self-selected) of the available CQMs.
- The Medicare EHR Incentive Program submission deadline is February 28, 2019 (two months following the close of the calendar year).

**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 **except outpatient measure ED-3, NQF #0496.**

# Medicare EHR Incentive Program CQM Reporting Requirements for CY 2018

Attestation is only an option available for EHs and CAHs in specific circumstances when electronic reporting is not feasible under the Medicare EHR Incentive Program:

- Full CY 2018, consisting of four quarterly data reporting periods
- Report on all 16 available CQMs via the *QualityNet Secure Portal*
- Submission deadline: February 28, 2019

**Note:** For EHs and CAHs demonstrating meaningful use for the first time under their state's Medicaid EHR Incentive Program, the reporting period is any continuous 90-day period within CY 2018. Visit the *CMS.gov* EHR Incentive Programs [Eligible Hospital Information](#) page for additional details.



# Medicare EHR Incentive Program Attestation via *QualityNet Secure Portal* for CY 2018

- On January 2, 2018, EHs and CAHs began submitting meaningful use attestations through the *QualityNet Secure Portal* for the CY 2017 reporting period.
- Visit the [CMS EHR Incentive Programs website](#) on *CMS.gov* for more details, updated reference guides, webinar presentation materials, etc.
- Submit questions to the *QualityNet* Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or (866) 288-8912.

# CQM Reporting Form and Manner for Hospital IQR and Medicare EHR Incentive Programs CY 2018

This requires:

- Use of QRDA Category I for CQM electronic submissions.
- EHR technology certified to the 2014 or 2015 Edition.
- EHR technology certified to all 16 available CQMs.
  - This **will not** require recertification each time updated to the most recent version of CQMs and continues to meet 2015 Edition certification criteria.
- Use of eCQM specifications published in the 2017 eCQM annual update for CY 2018 reporting and any applicable addenda (available on the eCQI Resource Center website at <https://ecqi.healthit.gov/eh>).
- The *2018 CMS Implementation Guide for Quality Reporting Document Architecture Category I for Hospital Quality Reporting* is available at <https://ecqi.healthit.gov/qrda>.

**Note:** QRDA Category I file specifications, Schematrons, sample files, and other helpful materials are located on the eCQI Resource Center website at <https://ecqi.healthit.gov/qrda>.

# CY 2018 Medicaid EHR Incentive Program

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- State Medicaid programs continue to be responsible for determining whether or how electronic reporting of CQMs would occur or if reporting through attestation is allowed.
- Visit the *CMS.gov* EHR Incentive Programs [Medicaid State Information](#) page for details.

# Continuing Education Approval

This program has been pre-approved for 1.0 continuing education (CE) unit for the following professional boards:

- **National**

- Board of Registered Nursing (Provider #16578)

- **Florida**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

**Please Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.

# CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

\*Please download your continuing education certificate for your records. HSAG retains attendance records for four years, not certificates.

# CE Credit Process: Survey

☐ No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by **SurveyMonkey**  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

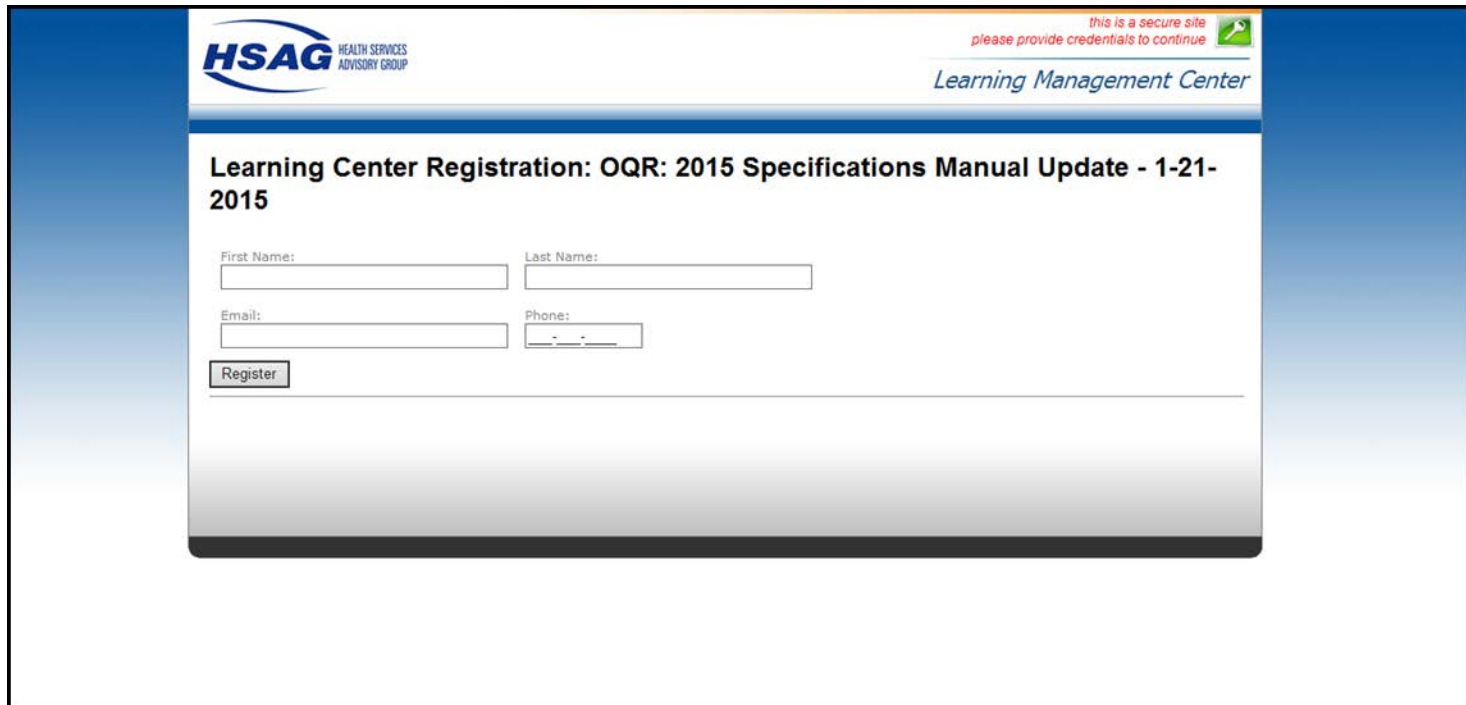
**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done



# CE Credit Process: New User



The screenshot displays the registration interface for a new user. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading for the registration is "Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015". The form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field includes a small icon for a telephone. A "Register" button is located below the "Email:" field. The entire form is set against a blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

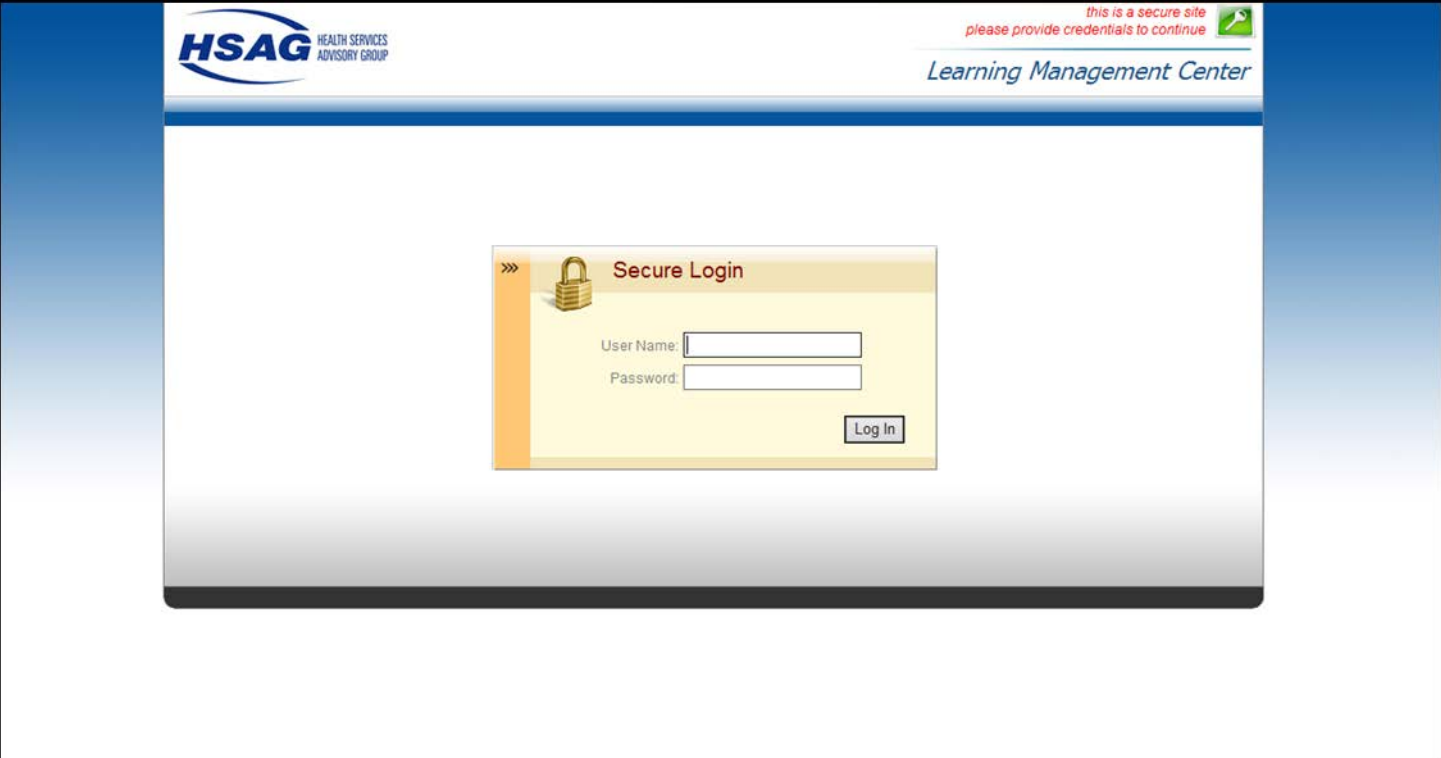
Learning Management Center

**Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning states "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and an orange border. Inside this box, there is a padlock icon, the title "Secure Login", and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

# Disclaimer

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