Inpatient Quality Reporting Program

Support Contractor

CY 2014 Vendors and Impending Submitters of QRDA-I

Presentation Transcript

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September 30, 2014
2:00 p.m. ET

Operator: Good afternoon ladies and gentlemen, and thank you for waiting. Welcome to the FMQAI monthly conference call. All lines have been placed on listen-only mode, and the floor will be open for your questions and comments following the presentation. Without further ado, it is my pleasure to turn the floor over to your host, Ms. Deb Price. Ms. Price, the floor is yours.

Deb Price: Hello, and thank you, Wes. Welcome everyone to the webinar titled "Most Common eCQM Submission Errors for Hospital QRDA Category I Files." My name is Deb Price, and I am the Education Coordinator for today's event. The slide that you see in front of you shows you how to use our Q&A feature for today's event. The first thing you do is you take your mouse and move it over to the top WebEx navigation slide. There's a green panel at the top. Click the Q&A icon. The Q&A panel will display on your screen. Then you click the down arrow next to "Ask" in that box that you see in the lower right-hand corner. Type the question where you see, "Type questions here," and then click the "Send" button. Your question will be viewed and addressed by a subject matter expert.

Next slide please.

If you have not yet downloaded today's slides, please call us at 844-472-4477. That number again is 844-472-4477. We will send the slides to you. And now, I'd like to introduce you to today's speaker, Jennifer Seeman. She's the Program Manager for Hospitals Electronically Specified Clinical Quality Measures, or eCQM collection. Jen has been working with the Hospital Reporting program since January. As a clinical analyst, she focused primarily on eCQM and also quality reporting data architecture file structure. Moving into the Program Manager role in June, Jen focused on submissions and program alignment with Inpatient Quality Reporting (IQR). Prior to her experience with IQR, she worked with PQRS as a clinical analyst. Jen, I'm going to pass the ball to you, now.

Jennifer Seeman: Thanks, Deb. I want to welcome everybody to the QRDA Submission Work Group. We're very glad you're able to participate today and hope that you'll find the information provided helpful. To give a little background: In the past few months, we've been closely monitoring QRDA submissions. What we've seen in this data is that nearly all of the QRDA files submitted contained critical errors, causing the files to be rejected. So, in an effort to improve the number of successful submissions, we've scheduled this call to review common errors and provide assistance in correcting them.

We've invited you to meet with us as you have either submitted files that have gotten rejected by CMS systems, or have completed the Intent to Submit eCQMs for IQR program credit. Today, we have technical experts and CMS representatives available to answer questions. If you have received an error that we do not cover during the presentation, please feel free to ask during the Q&A session. If we cannot provide an immediate answer, we will collect your contact information and follow up with you offline.

So we can start with the next slide. This kind of covers our objectives. Basically, we're going to go through the errors. What we want to do is provide you assistance in getting successful submissions into CMS.

The first error that we're going to cover is that the file doesn't match the QRDA schema. The error that you see there, "The document does not conform to QRDA document formats except by CMS," is an error that we are seeing a lot. We need everybody to understand that to submit eCQMs, those files are required to be in a QRDA I format. IQR files are not acceptable in the HighTech system. We can accept XML in QRDA format and zip files.

And a related error is also "Data submitted is not a well-formed QRDA XML," which means that somewhere in the file the QRDA structure is not followed appropriately. We also are seeing several errors around the CCN in the file. Some possible causes of the error that we see is that there is no CCN appearing in the appropriate location within the file. This can be the cause of either the absence of or a null value. The null value is not acceptable. There must be a six-digit CCN number in the file.

The next most common error is that the CCN number cannot be validated, which means it may be a situation where the CCN does not pass the check, or it's not on a list of valid CCNs with the HQR program. What we'd like people to use for test submissions is the number 00890. If you are a vendor that doesn't currently have authority to submit for a hospital with a national CCN, you can use this number to submit test submissions.

This is, again, related to the use of the CCN. Only vendors can use the dummy CCN, and it cannot be used for production submissions.

Since we've seen a lot of issues with the CCN in the files, we've provided an example and that is on the screen now. And, just as an update, we have made a change to our current HQR 6.0 system that will also look for the CCN in the service event area. That production change was made on the 16th of September.

The admit and discharge time for the Encounter Performed is required to be precise to the seconds. The system uses the Encounter Performed template effective time values to evaluate admit and discharge times for inpatient encounters. This is to

ensure the accuracy of the calculations where timing is utilized, and the time values must be precise to the second. And, on our next slide, we have an example of what that should look like for the Encounter Performed.

The next slide will show an error that we're seeing in relation to Encounter Performed dates. And this error is generated when the data integrity check fails. This checks that the patient was discharged after they were admitted, which should be logical, but we are seeing this [error] in some files.

The next slide is about the discharge date not being within the fiscal year. Make sure that when you are putting data together, the dates make sense for the timeframe that we're looking at. The encounter effective time must be within the fiscal year.

If there's not a submitter ID, or if the submitter ID is not validated or authorized to submit for a provider, that will generate an error, and the file will be rejected. We need to make sure that you're using the correct numbers and have the proper authorization.

The eCQM ID not valid for hospitals: The system is going to check the eCQM IDs contained within the file and if it does not have a eCQM ID that's valid for hospital reporting, then that file will be rejected. So you need to make sure that we're using the version-specific identifier for just the 29 eCQMs that are available for EHR reporting.

One of the things that we wanted to cover, also related to calculation of the eCQMs, is the way that we'll need to have the time in the QRDA for the facility arrival date and time. These times are used for the ED measures. The system is specifically looking for that location, arrival, and departure time, as opposed to the effective time for the encounter. As you see in the example, the time difference above is from the ED3 measure: the median time from ED arrival to ED departure and discharge patients and the exact observation criteria is highlighted in green. This information is taken from the facility location template as it's seen in the

example below. This will be important as we move forward once we get successful submissions in, and it will then go to the calculation portion of the system.

A few other errors that we've seen that are CMS requirements are related to race, gender, payer, and ethnic code. These are all CMS-required attributes and must be contained within the file. And the next slide will show you specifically where to look for the examples and information in the Implementation Guide for these attributes for that patient.

Our next slide is just a slide showing resources related to eCQM reporting. Additional resources, contact information for the QualityNet Help Desk, and for the JIRA ONC Tracking Project are on the next slide.

Those were all of the errors I had to cover today. I will hand it back over to Deb to address questions.

Deb Price: Hi, again. We now have time available to answer your questions until the top of the hour. The phone lines are open, and Wes, would you give us some instructions on how to call in our questions?

Operator: [Instructions Provided]

Deb Price: Okay, while we wait for our first question, I'd like to remind everyone that we have our online Q&A feature open to take your written questions at the same time people are asking verbal questions. Also, all the questions, either the phone-in ones or the written ones, will be posted at QualityNet at a later date. Wes, are we ready for our first question?

Question 1: I'm sorry. I missed the beginning of the call. I just wanted to ask a general question. Would you be able to tell me how many facilities have made successful submissions so far?

Answer 1: We have had one submitter who has submitted a file that passed Schematron. It has not made it to the Measures Engine yet. Those files have been rejected at that point, then.

Question 2: Okay. And can I ask one other question? I know part of … We're starting to prepare a submission. If we need special help, there is more intensive support available at this time still, right?

Answer 2: I would say that you should contact the QualityNet Help Desk so that any specific questions that you have, we can address on an individual basis that way and be able to track them that way. If we have further webinars or calls, we can cover things that are most commonly seen as issues.

Deb Price: Okay. I'd like to ask our subject-matter experts that have been answering questions online if they'd like to share any questions that have been written in with our audience. Estelle?

Estelle Noone: Yes, hi, this is Estelle. We have not had any questions. We've got a quiet group here. So please submit your questions. No, the only one that came in was asking whether they could use the dummy CCN, the 800890 for test submissions, but then the clarity was that if you have a CCN, you can use that for your test submissions. It would only be for vendors that were not authorized to submit for hospitals. But that's the only question we've had so far.

Deb Price: Hi, yeah, I think there are a few more questions coming in. I think people are just kind of …

Cindy Tourison: Oh, good. Let's give everybody some time. I know you guys have questions, so you're not fooling anybody. We're certain that there are lots of questions out there because we know that a lot of you have been really trying to get these files submitted to CMS and we want to be able to answer as many questions as we can. Beyond that, I also wanted to announce that we have Dr. Julia Skapik on the line with us. I know that some of you had submitted some questions about RxNorm and some updates on where we stand with some of those issues that are being tracked in JIRA. So I

wanted to give Julia an opportunity to kind of give us an update on some of those issues that we have out in JIRA and sort of our progress on them. Julia?

Julia Skapik: Sure, thanks so much, Cindy, for inviting me to participate today. I'm happy to answer questions about RxNorm, and really, if you need general terminology questions, I can probably address those as well. I don't actually know exactly what the specific RxNorm issue I was brought in to address. I could kind of try to go over them, but why don't we open the line to questions about that, if there are any immediate burning terminology questions, and then I can sort of gloss over some of the things that we've seen in JIRA. Give people one second.

Julia Skapik: Cindy, if you want to read off any specific issues that you all have in e-mail?

Cindy Tourison: So I don't think that we have any in the Q&A tool at this moment, so let's ask the operator if we have anybody queued up to ask our subject-matter experts questions.

Julia Skapik: I have a couple [of issues] that I can just kind of go over as we answer questions. So, go ahead.

Operator: There are no questions at this time, but as a reminder, for a question or comment, please press *, 1, and record your first and last name when prompted.

Julie Skapik: All right, so I'm going to be guessing as to what some issues people might be asking about. One issue is CQM 855, from the CQM issue tracker at JIRA.ONCprojecttracking.org. This question is about including brand level drugs and generic level drugs, including multiple term types, in the medication value sets.

As you know, in the first iteration of the 2012 measures, we chose to limit the RX term codes specifically to generic-specific clinical drugs. And, as a result, we ran afoul of areas in which we needed to classify drugs as groups or classes, specifically, a medication

negation and a medication allergy. And so, in subsequent updates, we expanded drugs to include the drug class for medication allergies and for medication negations. A number of people have asked about the inclusion of brand drugs, and, at the current time, the agencies have opted not to include brand drugs as explicitly called out codes in the value sets of the quality measures. This is for a couple of reasons: One, you know, it's part of HHS's overall move to try to use generic drug names and terms whenever possible. There are a number of reasons related to cost, but also, just the ability to be more flexible in the way that we use drugs as providers; and two, that's going to add, actually, a lot of complexity to the value sets.

So if your system has a lot of branded drug codes, what should you do? You should remap your brand codes to the appropriate generics. As of right now, we don't provide a formal and gold-standard level mapping tool. However, reasonable clinical judgment should prevail when you're using a brand to map to a generic that's the same drug ingredient, etc. We will continue to consider whether or not it's appropriate to make those expansions versus whether or not we should just provide official mappings for those items. Those two topics are still under consideration at ONC and CMS.

In terms of expanding to additional layers of term types, in a lot of the measures there are specific requirements for how do site measure criteria. A lot of times it's actually intentional when we limit people to prescribable medication terms in specific doses that would be considered therapeutic for the measures. There are definitely places in the measures in which that alignment hasn't been perfected. I encourage everyone who finds an area where they think that the specificity or granularity of the drug code provided is too much or not enough [to contact us] so that as we go into the 2015 annual update cycle, we can review all of those tickets, and if needed, come back to you to ask for clarification or suggestions as to the solutions you propose. if you did search through RxNorm (inaudible) you find many, many tickets, some of which are closed, already having been resolved.

I will pause there for a moment and see if there are any questions in the queue.

Question 3: My question was in regards to once a file has been submitted. Are there any known issues of getting any feedback on those once they've been submitted? I submitted two files, one last Friday and one the Friday before, and have not received anything stating that they were submitted. So, I was wondering if there were any issues with anyone else's facility.

Answer 3: Yeah, so we haven't had issues with not getting notifications. When you submit a file, you should get two separate e-mail notifications: one saying it's been actually submitted to the system and then another one as to its status, whether it was accepted or rejected. So I think that if …

Question 3: I did. Excuse me. I have been submitting files. I've, like, submitted a total of one-thousand-and-something files and they were all rejected up until I think around September 16. I was receiving e-mails stating that they had been rejected. And then when we got our file, all the kinks worked out, you know, we did have one of the issues of a CCN number and some of the other errors that you were referring to in your phone call.

Question 3: So I've submitted one just say, the corrected file, and that was submitted, like, on the 19th, and I did not get a confirmation on it. So, I resubmitted it again on the 26th and I still haven't received anything. I do have a number into QualityNet. I was just wondering if you had any other knowledge of why that might be happening, or maybe we're not the only facility that's happening to, or …

Answer 3: At this point, I'm not aware of any other facilities who are not receiving that notification, so I will follow up with that ticket number with QualityNet. Sometimes, what's helpful is if you can maybe send in through the chat window to Jennifer at the Help Desk Ticket Number. It'll help us track it a little more closely.

Cindy Tourison: And Julia, we just recently sent you an e-mail. I think you've addressed it, but you might want to take a peek in you inbox at the e-mail from Debbie Krauss on the RxNorm questions that we had. And then, operator, can you check to see if we have further questions?

I think you know Debbie Krauss. I'm not sure if you want to cover these questions or not, Debbie. We had quite a number of questions that came in through the Q&A tool about attestation. Did you want to address those?

Debbie Krauss: I have not seen the attestation questions. However, generally the attestation questions are handled by the EHR Incentive Program Information Center because they're usually under the auspices of the OESS division who leads meaningful use. So …

Cindy Tourison: Debbie, maybe I could read these for you. So the first one says, do we have to successfully submit eCQMs to meet meaningful use, second year, stage one?

Debbie Krauss: No, I believe you're still able to attest but I would verify that with the EHR Information Center.

Estelle Noone: Okay, this is Estelle. There is one more question here about submission deadlines. The question is whether eCQMs need to be submitted in one month. We look at discharge quarters for each quarter. You have up until November 30 to submit eCQM data.

Jennifer Seeman: That's correct, so the submission period is open October 1 through November 30, 2014 for the eCQMs. And just one other note … I would encourage test file submission as you're working towards the eCQM submission for production. Please, even if you just have one measure worth of files, no amount is too small to verify your formatting and if there are problems or questions that you have about that submission, please use the QualityNet Help Desk to submit the issue and they do a great job of funneling the issue to the appropriate technical support experts who can help you with your submission, who can give you that extra time. Certainly earlier

is better rather than waiting 'til the end of November. So get some test files lined up, and submit them so we can help avert any problems with your production files.

Cindy Tourison: And we have another question that I do want to answer regarding whether or not the November 30 deadline is voluntary this year or required now? So, just to clarify, eCQM submissions under IQR remain voluntary in calendar year 2014 and calendar year 2015. eCQMs are a requirement under meaningful use. However, the results may be attested, or you may submit eCQM data for the calendar year 2015 and also for the FY 2014.

Deb Price: Okay, we're going to leave our Q&A online feature open for the next 30 minutes in case you have some questions that occur to you after the call ends. If there are no more questions and our subject matter experts are done going over items, we will conclude our program today. I'd like to thank our speaker and all of the participants for the valuable information you shared with us. Thank you, again, and enjoy the rest of your day.

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This material was prepared by the Hospital Inpatient Value Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-10302014-01