Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

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

Presentation Transcript

Moderator/Speaker

Veronica Dunlap, BSN, RN, CCM
Project Manager II
Hospital IQR-Electronic Health Record (EHR) Incentive Program Alignment
Hospital Inpatient Value, Incentive, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)

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Veronica Dunlap: Hello, and welcome, everyone, to today's presentation. I would like to first start off by thanking everyone for taking the time out of their busy day to join us. I would like to remind everyone that today's presentation is being recorded and the slide presentation recording, as well as the questions and answers, will all be posted to *QualityNet* at a later date. The presentation slides have been posted to the *QualityReportingCenter.com* website and are available now for download. Today, we will present on the *Calendar Year 2017 eCQM Reporting Tips and Tools for the Hospital IQR and Medicare EHR Incentive Programs*. My name is Veronica Dunlap, and I am a registered nurse, and work closely on the eCQM team as a project manager for the Hospital IQR-EHR Alignment for the hospital support contractor.

Today's purpose is to provide an overview of helpful tips that will assist hospitals and vendors achieve successful eCQM submission in preparation for the upcoming deadline of February 28, 2018. In addition, I would like to point out some great tools that are available to help guide you through the submission process.

It is our intent that you will have a better understanding of the current calendar year 2017 eCQM reporting requirements, use the tips to troubleshoot error messages to support successful QRDA Category file submission, and more easily locate self-directed tools and resources.

We will start with an overview on some helpful tips, and review the current electronic reporting requirements.

Our first question directs data submitters on where to find the measure information for calendar year 2017. For example, our first question here. "Where can I go to locate a list of CQMs that are available for my hospital to submit?"

The answer is, both the *QualityNet* and *Quality Reporting Center* websites provide a list of the available CQMs for 2017 reporting. Further technical information, such as defining the initial patient population, or IPP; or what a denominator exclusion is; and when a hospital can declare a zero

denominator, as well as any applicable addenda are all available on the Electronic Clinical Quality Improvement, or what's referred to as the eCQI Resource Center.

As you can see on this slide is a table of the calendar year 2017 available CQMs. The name of the measure, including the short name and the CMS eCQM identifier, which includes the version number, are all included on this table for easy reference.

We talked a few moments ago about the eCQI Resource Center. This slide shows you where to locate the calendar year 2017 eCQM specification details with reference to the 2017 addendum. An important tip is to make sure you select the correct reporting year on the left-hand side. Once the year is selected from the drop-down box, click Apply.

Here we are presented with our next question. "What is the difference between a case threshold exemption and a zero denominator declaration? Will they count towards one of the four measures that are required to be submitted? What if we are a small hospital and only have a small amount of cases? What do we select and where do we enter this data?" Let's see what the answer is on the next slide.

Let's take a closer look and talk about the similarities and differences between the case threshold exemption and zero denominator. Both are applicable to the IQR and the EHR Incentive Programs to achieve successful reporting. Whether your hospital selects the case threshold exemption or is able to report a zero denominator, it is required that your EHR system is certified to report that particular measure. As you see here on the left-hand side, a case threshold exemption can be used when there are five or fewer discharges applicable to an eCQM during that relevant discharge quarter. If a case threshold is applicable, a hospital does not have to use a case threshold exemption; they may opt to submit the few QRDA Category I files instead. As we see on the right-hand side, a zero denominator can be used when a hospital does not have any patients that meet the denominator criteria for a particular CQM. In both cases, case threshold exemptions and zero denominator declarations are manually

entered on the Denominator Declaration screen within the *QualityNet Secure Portal*.

I wanted to walk through the steps on how and where to enter your zero denominator and/or case threshold exemptions. Remember, this data is manually entered into the *QualityNet Secure Portal* by the Hospital and is not submitted through QRDA Category I files. Once you log into the *QualityNet Secure Portal*, click on Quality Programs up top in the yellow header. From there, the My Tasks screen will display. Select the box called Denominator Declaration/QRDA File Deletion. A quick tip: if you do not see this box under the My Tasks screen, please contact the *QualityNet* Help Desk, and request to have the EHR Upload Data Role added to your *QualityNet* account. As you can see on this slide is a snapshot of the denominator screen that lists each available eCQM. If you do not have any patients for that measure, you would check the box under the column labeled Zero Denominator. If you have five or fewer patients and have decided to not submit QRDA files, manually enter a number from zero to five under the column labeled Case Threshold Exemption.

Our next question. "Where can I find QRDA-related information on how my files should be formatted and which data elements to use?" Well, users are encouraged to locate the 2017 Implementation Guide or what is referred to as the IG for Hospital Quality Reporting. This guide, associated schematron, and sample files are all posted on the eCQI Resource Center. Also included in this link is to the Health Level 7 Base Standards on the HL7 website, referenced here.

This a screenshot of where to locate the 2017 QRDA IG for Hospital Quality Reporting, schematrons, and sample files; again, located on the eCQI Resource Center. The link has been provided at the top of the slide.

Here on slide 17 is a question. "What technical guidance has CMS released regarding the development of QRDA Category I files for calendar year 2017 reporting? Where can we review these updates?" The updates were released in the form of a ListServe and were distributed on the dates shown here. Technical instructions on the Act Wrapper guidance, the

custodian ID, and value set addendum for fourth quarter were all publicly announced to assist data submitters with their QRDA I file. A quick tip: the Known Issues document is a useful document that tracks eCQM data-submission issues and any report issues within the *QualityNet Secure Portal*. A description of the issue and a workaround is provided to assist data submitters. You can locate this document from the *QualityNet* Home page.

Previous ListServes described as email notifications that have been released are all located on *QualityNet*. ListServes specific to eCQM reporting are specified under the eCQM Reporting tab under the Hospital IQR Program.

Here is the location of the Known Issues document I was discussing earlier. Please note, there are various Known Issue documents related for any given program. For known issues regarding the EHR Incentive Program and electronic reporting, please make sure you select the EHR Incentive Program Known Issues document.

Our next question relates to how utilize the EHR reports on data that has been submitted to the *QualityNet Secure Portal*. "Our calendar year 2017 eCQM data has been submitted. How do we check our errors and determine which files have been rejected and/or accepted? Which report do we run to check that we have met the eCQM reporting requirement?" CMS has published a one-page, quick-use document called the EHR Reports Overview. This explains the purpose and use for each report. For more detailed information, data submitters are welcome to use the HQR Program Reports Online Manual, which is located once you log in to the *QualityNet Secure Portal*. We will review these documents on the next few slides. A quick tip: for assistance with running or troubleshooting data on your report, please contact the *QualityNet* Help Desk.

Posted on both the *QualityNet* and *Quality Reporting Center* websites is a calendar year 2017 EHR Report Overview document. Let's take a closer look. For example, which report displays how the QRDA Category I files were processed? As we see on this slide, the provider should run the Submission Detail Report, or R529, to show the conformance or error

statements within the rejected file. Another question. "Which report tells me if our hospital has met the eCQM reporting requirement?" Here, it indicates to run the eCQM Submission Status Report, or R530, and to confirm the word, Yes, is denoted under each program listed up at the top. A quick tip to keep in mind: as files are deleted and/or resubmitted, it is very important that you rerun this report and reverify that your requirements have been met.

As mentioned before, the other manual is the HQR Reports Manual, which provides information on accessing and generating *QualityNet* reports, and provides report details on all quality programs for HQR.

Specifically, for eCQM reporting, I would like to direct you to the EHR HQR Program Reports section, which provides further information on eCQM data submitted to the CMS data receiving system. This reviews the difference between the Submission and Feedback Report categories. Also included in the set of EHR reports is the Vendor Authorization Report, which displays vendors that have been authorized to view the EHR reports.

Another question. "I have submitted the QRDA Category I files and see there are errors in the files. What resources are available to help interpret these errors so I can correct them?" Well, CMS has provided two documents to help with the troubleshooting errors. These include the Conformance Statement Resource and the Receiving System Edits document, which are both located on the eCQI Resource Center.

On slide 25, it asks, "What if our hospital submitted a file in error and wants to delete the batch of files?" Well, the EHR Batch/File Deletion instructions are located in the HQR Online Help Manual once you are logged into the *QualityNet Secure Portal*. A quick tip: files can be overwritten. Please check out page 5 in the 2017 QRDA Implementation Guide to read more about succession management.

So, our next question. "We are preparing to attest for the EHR Incentive Program by the February 28 deadline. Were there any changes and where can find more information?" CMS began communicating back in October

that eligible hospitals and critical access hospitals were required to enter their attestations in the *QualityNet Secure Portal* instead of the CMS Registration & Attestation System as of January 2, 2018. Many communications and demonstrations have been shared to those participating in the EHR Incentive Program. Please visit the links made available on this slide to check out the user guides and materials. A quick tip: the *QualityNet* Help Desk is available to address questions on attestation in the portal, as well as all related questions concerning the EHR Incentive Program.

"Where can I locate information on the objectives and measures that have to be reported for attestation for the EHR Incentive Program?" Well, submitters can locate the user guide called the *QualityNet Hospital Objectives and Clinical Quality Measures* on the CMS.gov website. Again, please reach out to the *QualityNet* Help Desk for any questions on the EHR Incentive Program.

Here is a snapshot of the official user guides to assist with attestation for the EHR Incentive Program.

Next question. "Our quality director received a phone call and a targeted email that our hospital has not successfully submitted four eCQMs. If all of our files were accepted and none were rejected, why are we being contacted? Did we meet submission requirements?" Well, it is important to note that although the receiving system may have accepted all of your hospital's files, the files may have not met the initial patient population, or IPP, because of the required diagnosis was not present within the QRDA Category I file. Quick tip: hospitals must take it one step forward and run their eCQM Submission Status Report, and verify the intent of at least four measures have been successfully submitted.

Question. "We know calendar year 2017 eCQM data will be validated in spring of 2018 for the fiscal year 2020 payment determination, so what are the exclusion criteria?" Here, the exclusion criteria for eCQM validation is listed. Hospitals selected for chart-abstracted data validation will not be selected for eCQM data validation. If they do not have at least five

discharges or they have cases with a zero denominator, they will not be selected. Finally, those hospitals that have sent in an eCQM ECE form and have been approved by CMS, are also exempt from being selected for eCQM validation.

Additional details concerning eCQM data validation of calendar year 2017 data has been made available on the *QualityNet.org* website. There is a page specific to eCQM data validation; and questions may be directed to the Validation Support Contractor noted on the slide. Stay tuned for an upcoming webinar on eCQM data validation coming this summer.

Now, it's time to review some helpful tools and resources. Let's get started.

The Pre-Submission Validation [Application] tool, or PSVA tool, is available to submitters to install on their system from the Secure File Transfer in the portal. Files can be submitted directly to this tool in order to check the file structure. Please keep in mind that it only validates the file structure; and the portal performs additional checks, including the Clinical Document Architecture schema, submission and period dates, and vendor authorizations.

The eCQI Resource Center has posted an eCQM Implementation Checklist, dated May 2017, for both hospitals and physician practices to utilize for calendar year 2017 reporting. This two-page implementation checklist points out the necessary technical steps IT developers and organizations must take to update their systems with the eCQM Annual Update for the current reporting period. It walks them through how to view and download eCQM value sets by accessing the Value Set Authority Center [VSAC], pronounced *VEE-sac*; where to search and pose questions regarding eCQM implementation by signing up for a JIRA account; and helps ensure that your system is using the most up-to-date technical standards.

We have received a lot of positive feedback on the use of checklists to aid hospitals and vendors to check that their data has been successfully reported and program requirements have been met. For calendar year 2017

eCQM reporting, there are two checklists available. One is for test file submission and the other one is for production file submission. Both of these checklists can be found on the *QualityNet* and the *Quality Reporting Center* websites. The top section of each checklist reviews the mandatory steps to be taking in preparation for the annual deadline of February 28, 2018. The lower portion of the checklist walks the submitters through the actual submission of files via two different submission methods: either through the PSVA tool, which is highly recommended or directly through the Secure File Transfer in the *QualityNet Secure Portal*. Hyperlinks to important documents and helpful contacts are provided throughout the checklists. And, it's always recommended to use the online version, as they are the most current version available.

Questions about eCQM specifications and the intent of a particular measure, such as how certain data elements are defined, should be submitted to the ONC JIRA tracking system. These questions will be addressed by the measure developers. In addition, you may search for a response to a question that may be similar to yours and may have already been posted by the team. It is important to point out that JIRA has different issue trackers used for a variety of topics. Most likely, you will submit your questions to either the QRDA Issue Tracker or the eCQM Issue Tracker. Lastly, I would like to briefly review some helpful slides available to use as reference, which are located here in the Appendix.

Here is a recap of the Hospital IQR Program requirements for calendar year 2017. Remember, hospitals that successfully meet four measures will meet the electronic reporting requirement for both the Hospital IQR Program and the EHR Incentive Program.

Here, it shows the reporting requirements for those hospitals participating only in the EHR Incentive Program. It is important to note that ED-3 is an outpatient measure. It will not count towards program credit.

For those eligible hospitals and critical access hospitals not required to participate in the Hospital IQR Program have the option to attest. If demonstrating meaningful use for the first time, a continuous, 90-day

period is required. If you have demonstrated meaningful use prior to 2017, then four quarterly data-reporting periods are required. All 16 clinical quality measures are required. And remember, attestation now takes place within the *QualityNet Secure Portal* and is due by February 28, 2018.

Slide 41 references the technical requirements for calendar year 2017 reporting.

This reiterates the definition on what CMS considers as a successful submission. Hospitals can meet eCQM reporting requirements through any combination of accepted QRDA Category I files with patients meeting the initial patient population of the applicable measures, zero denominator declaration, and/or case threshold exemption.

A quick reminder, submission of eCQM does not fulfill all of the program requirements for the IQR or EHR Incentive Program. In regards to the IQR Program, hospitals are still responsible for data submission for all required chat-abstracted, web-based, structural, and claims-based measures. The EHR Incentive Program has additional program requirements, as well. Further information for both programs can be obtained through the support teams referenced on the slide.

There are no changes for calendar year 2017 reporting, though the file format expectations are as follows: one file per patient per quarter to include all episodes of care and associated measures, no more than 5 MB per file, and a maximum of 15,000 files per ZIP file.

Now, it's time to go over and review some questions we have received during this presentation.

Delana Vath: Thank you, Roni. Let's get started with our first question. "We are a surgical hospital; no OB, no ER, no admissions for heart, stroke, pneumonia. What should we be doing for eCQM submission?"

Veronica Dunlap: Thanks, Delana. This is Veronica. I can answer that question. For those small hospitals that don't have enough patients to meet the numerator inclusion criteria can opt to enter a case threshold exemption, should they

have five or fewer discharges in a quarter for any applicable measure. If they do not have any patients that meet the denominator criteria, they can enter a zero denominator. In both cases, the hospital has to have an EHR that is certified to report whatever the four eCQMs that they're selecting, and they would not need to submit QRDA files, if that's the case.

Delana Vath: Thank you. Next question. "If you submit the zero denominator declaration, will you receive a response that your declaration has been accepted or approved?"

Veronica Dunlap: Jen, I'm not sure if you know that answer or not.

Jennifer Seeman: So, yeah, this is Jen from PM3, sorry. There isn't a specific notification that goes out. But on the eCQM Submission Status Report, it will indicate that the eCQM portion of your reporting has been met. And, it will display in the column, and I apologize, I don't remember the exact language, but it will indicate if a denominator declaration has been entered for an eCQM.

Delana Vath: Thank you, both. Our next question. "Does the denominator declaration need to be done if we have a vendor submitting on our behalf?"

Veronica Dunlap: This is Veronica. So, that goes back to whichever four measures the hospital decides on submitting. So, if a hospital does have a vendor submitting files on their behalf, QRDA files, then that vendor would submit those files, and then the hospital could run the Submission Status Report accordingly. However, if the hospital is just selecting to enter a denominator declaration, that is manually entered in the *QualityNet Secure Portal*. And, as long as the hospital can enter that, and I think if the vendor is authorized, they could go into that screen and enter that manually for the hospital.

Delana Vath: Great. Thank you. "If I will be submitting data with low-threshold files through the PSVA tool, do I need to do anything in *QualityNet* at all, regarding the measures that have low thresholds?

Jennifer Seeman: This is Jen with PM3. So, the submission of a denominator declaration, again, as Veronica mentioned, does need to be done within the portal in

	QualityNet. So, there isn't a file to submit through PSVA that would indicate a low threshold for a measure.
Delana Vath:	Thank you, Jen. Next question. "If hospitals electronically submit QRDA data for four measures, will that action fulfill the requirements for the eCQM IQR submission requirement, as well as the eCQM meaningful use requirement, or should we do both?"
Veronica Dunlap:	Thank you, Delana. This is Veronica. In regards to meeting hospital requirements for electronic reporting, because of the IQR and EHR alignment with the Hospital IQR Program with the Medicare EHR Incentive Program, the submission of four measures, whether they are submitted via QRDA files, zero denominators, or case threshold exemptions, are all submitted and uploaded through the *QualityNet Secure Portal*, so that will meet the requirements for the Hospital IQR Program. And also, it will meet the CQM requirement for the EHR Incentive Program. So, one-time submission will meet both requirements for both programs.
Delana Vath:	Thank you. Next question. "CMS 55, ED Time from ED Arrival to ED Departure for Admitted Patients, if a QRDA file sent to CMS has a negative ED-1 time, will it be flagged as a rejected file?"
Jennifer Seeman:	This is Jen from PM3. So, at this time, those files will not be rejected. We have some communication drafted that will be coming out about that issue, though.
Delana Vath:	Okay. Great. Next question. "I would like to make a correction to my question. "If you submit an ECE request form, will you receive a notice of acceptance or approval of the ECE request?"
Veronica Dunlap:	Thank you. This is Veronica. For eCQM reporting, CMS has allowed hospitals to submit an Extraordinary Circumstances Exceptions Request Form on the behalf of being unable to submit your eCQM data. If hospitals are not able to submit their data by February 28, there is an ECE request form that is available on both *QualityNet* and the *Quality Reporting Center* websites, as well as a very helpful document that explains and clarifies the policy on your ECE request. Once that form is

completed, and all additional supporting documentation has been submitted along with that request by April first, then CMS will receive each request and provide a response via a FedEx letter to the CEO or administrator indicated on the request form.

Delana Vath: Thank you, Veronica. Next question. "If we are submitting four eCQMs, we do not need to do anything with the zero denominator or case threshold exemption, correct?"

Jennifer Seeman: This is Jen from PM3. That is correct. You'll just want to confirm that your eCQMs submitted do meet the program requirements.

Delana Vath: Thank you. "Since the ED-3 is not eligible for electronic submission, does this measure still need to be reported if we are submitting eCQM QRDA Category I files?

Jennifer Seeman: So, this is Jen from PM3. To clarify, ED-3 can be submitted electronically via QRDA files. However, it only counts towards EHR Incentive Program requirements since it is not an inpatient measure. But it can be reported via, eCQ, via QRDA, sorry.

Delana Vath: Thank you. Next question. "What if we have a vendor to submit our QRDA files? What action is needed on the hospital's side?"

Jennifer Seeman: This is Jen with PM3, again. So, I think, really, it depends on the interaction between your facility and your vendor. If they're submitting your files and providing any feedback regarding performance, or outcomes, or status, then you would work with your vendor for that information. If they're not, then I would suggest running the eCQM Submission Status Report and potentially the Submission, or the, I'm sorry, the Performance Summary Reports to verify your facility status. Again, I think many vendors work with their clients to provide that information, so it's not really a straightforward answer. It depends on that relationship.

Delana Vath: Great. Thank you. Next question. "Regarding slide 21, which report lists the reasons for file rejection?"

Jennifer Seeman: This is Jen from PM3. So, the eCQM Submission Detail Report is the report that will tell you why files were rejected.

Delana Vath: Thank you. Next question. "For an EHR to be compliant and requirements to be met, all files need to be accepted, or few rejected will be okay?" So, I guess, they're just asking, is it okay if there are rejected files, if others are accepted.

Veronica Dunlap: This is Veronica. I can address that. So, CMS does expect the reporting of eCQMs to be representative of the entire patient population for the time frame in question. So, if you are submitting four eCQMs from, let's say, quarter three, all of those files that are submitted and indicated to be submitted into the portal should be evaluated for the total patient population. So, any errors that are received should be corrected and adjusted accordingly. And, if files are resubmitted, then it's highly recommended to rerun your eCQM Submission Status Report, as your status may have changed to not meeting the requirements, to Yes, or vice-a-versa. So, if you're unsure of your current status, the key takeaway is to make sure you're running your Submission Status Report to make sure there is a Yes under each program up on the top.

Delana Vath: Thank you. Next question. "Can we submit the attestation process objective measures for meaningful use prior to submitting QRDA files for eCQMs for IQR and meaningful use?"

Jennifer Seeman: This is Jen from PM3. Yes, you can enter that data into the portal prior to entering or submitting your QRDA files.

Delana Vath: Thank you. Next question. "Value sets have been revised twice in 2017 and once in January 2018; which of the value sets should we go by to validate our calendar year 2017 submission?"

Jennifer Seeman: This is Jen from PM3. So, my understanding is that the 2017 value sets were updated after the ICD-10 master code list update, so I don't believe that the January 2018 update would apply. But I would prefer that be confirmed, to be honest. So, we can follow up offline.

Delana Vath:	Okay, sounds good.
Yan Heras:	Yes. This is Yan, from, yes, Heras, from ESAC.
Delana Vath:	Okay.
Yan Heras:	Yes. So, the value set to be used would be the January 2017 addendum.
Delana Vath:	Great. Thank you. Next question. "In November, our vendor sent us a *QualityNet* screenshot of the eCQM Submission Status Report verifying successful submission of our eCQM files. When I run the eCQM Submission Status Report within *QualityNet* now, it states, 'No eCQM requirements have been met.' Can you give me some guidance why the discrepancy?"
Jennifer Seeman:	This is Jen with PM3. So, I think what you should do is confirm if any subsequent submissions have been made via QRDA, as there may have been an unintentional overwrite of your data. And, I think if you have any other questions, I'd probably recommend opening a *QualityNet* Help Desk ticket, so that we can look at details. But to answer this question, I think, initially, that would be my first recommendation to check.
Delana Vath:	Thank you. Next question. "On slide 35, the first item on the checklist says to select at least eight eCQMs. I thought we only had to select four eCQMs?"
Veronica Dunlap:	Thank you, Delana. This is Veronica. That is a good catch and that is an error on our part as the final rule did adjust from eight to four. But just to clarify, once more, the calendar year 2017 checklist, the current ones are located on both the *QualityNet* and *QualityReportingCenter.com* and it's highly advisable to make sure that you're using the online version. So again, the requirement is to submit at least four eCQMs from one quarter and that is from either quarter one, quarter two, or quarter three, or quarter four. So, thanks again.
Delana Vath:	Thank you, Roni. Next question. "Is there a detailed report I can run in *QualityNet* that shows the reasons for not meeting the numerator?"

Jennifer Seeman: This is Jen from PM3. So, at this time, the Submission and Performance Feedback Report does provide some limited guidance as to the outcome of a particular case for a patient. At this time, we don't have a report that will provide any more specific detail. It is something that we're looking at, but at this time, just not available yet.

Delana Vath: Thank you, Jen. Next question. "Why is there a test and production checklist? What is the difference or meaning of the two different submissions?"

Veronica Dunlap: This is Veronica. They're very, very similar and the only difference, truly, is which folder you're uploading those files to and the ones that you want counted towards submission. So, the test checklist is just that, for the test files that you're sending in and prior to the production; those will not be counted towards production. And, you can play around and upload them to the actual folder labeled "Test" within the *QualityNet Secure Portal*. And then, for those files that you are trying to get submitted for meeting requirements, those, you would follow the production checklist.

Delana Vath: Okay. Great. Thanks, Roni. Next question. "My EHR vendor has already accepted my eCQM reporting for third quarter 2017. Do I still need to report via *QualityNet*?"

Jennifer Seeman: This is Jen from PM3. So, I think you need to confirm with your vendor that they have submitted your files and that they've been accepted through *QualityNet*. If that's what they confirmed, then you should be good. But again, it comes back to confirming, you know, and understanding what your vendor has done for you as far as submissions go.

Delana Vath: Thank you. Next question. "How do we check to see what we need to report for 2017?"

Veronica Dunlap: This is Veronica. I'm not sure if this is referencing the requirements, but those were just reviewed. In addition, you would need to review the list of available CQMs. There is a table that has the 15 eCQMs available to report on. And then, you would follow the production checklist, which is located, again, on both *QualityNet* and *Quality Reporting* [*Center*] website.

Delana Vath:	Great. Thank you. Next question. "Do hospitals have to complete the zero denominator declaration for all of the measures in the *QualityNet Secure Portal* or just those that they are not submitting?"
Jennifer Seeman:	This is Jen from PM3.
Veronica Dunlap:	Go ahead.
Jennifer Seeman:	Oh, go ahead, Roni.
Veronica Dunlap:	Go ahead, you can take it.
Jennifer Seeman:	So, I think if you're submitting for four eCQMs, then you really don't need to utilize the denominator declaration. If you have selected four eCQMs that meet the denominator declaration, then those would be the only ones you would need to submit that status for. So, there's no need to indicate anything for eCQMs other than those you intend to report.
Delana Vath:	Okay. Thank you. I would like to conclude today's questions and answers for the webinar. And, I will now pass it over to Deb Price to review our continuing education process. Over to you, Deb.
Deb Price:	Thank you.

This event has been approved for one continuing education credit. You must report your own credit to your respective boards, complete the survey, and then register for your certificate. Registration is automatic and instantaneous. Therefore, if you do not get a response right away, there is a firewall blocking your link. You will need to register as a new user, using your personal email and phone number.

If you are a new user or have had any problems getting your credits, use the New User link. If you have not had any issues getting your credits, use the Existing User link. Thank you for joining us today.

We hope you learned something. All questions will be answered and posted on our *QualityReportingCenter.com* website at a later date. Enjoy the rest of your day. Good bye. |