

Welcome!

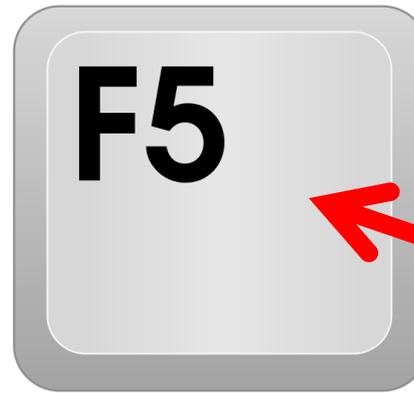
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
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Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

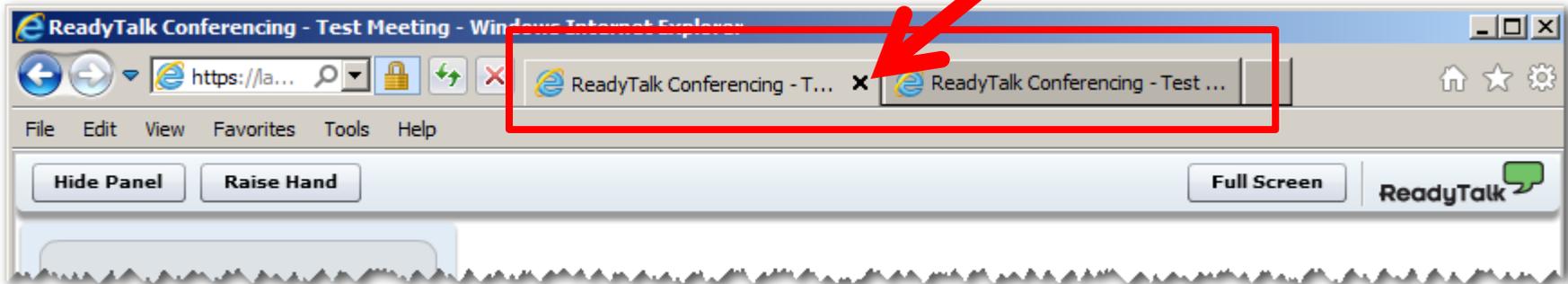


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



The screenshot shows a web interface for a CMS event. On the left, there is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. A yellow arrow points to this input field. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) at the top, followed by the text "Welcome to Today's Event" in a large, bold font. Below this, a horizontal line separates the header from a message that reads: "Thank you for joining us today! Our event will start shortly."



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

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eCQM Team Lead

**Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor (SC)**

February 16, 2016

Purpose

Provide participants with an overview of the Calendar Year (CY) 2016 electronic Clinical Quality Measure (eCQM) requirements for the Hospital Inpatient Quality Reporting (IQR) Program and its alignment with the Medicare Electronic Health Record (EHR) Incentive Program clinical quality measure requirement

Objectives

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

- Cite the CY 2016 eCQM reporting requirements
- Identify the alignment of eCQMs across the IQR and Medicare EHR Incentive Programs
- Recognize the required standards for eCQM submission
- Utilize the resources that are available to assist with eCQM data submission

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

eCQMS IN IQR

Mandatory Data Submission Requirements for IQR

- Data Submission for:
 - Clinical and Healthcare-Associated Infections (HAIs)
 - Population and Sampling
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
 - Structural Measures
 - Web-Based Measures

Notes: Each component has its own submission requirements and deadlines. More information on the requirements for each of these can be found on the *QualityNet* website at:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129

Clinical and HAI Measures

- Data is submitted differently depending on whether the measure is:
 - Chart-abstracted
 - Web-based
 - Claims-based
 - eCQM
 - Structural
- A list of all measures can be found on the *QualityNet* website at:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1138900298473

Important Notes Regarding Clinical and HAI Measures and eCQMs

eCQMs:

- **Do not** eliminate the requirement to submit data for the chart-abstracted, web-based, and claims-based measures
- **Are required** for the CY 2016 IQR Program
 - Chart-abstracted data will still need to be submitted for required measures

Note: Measure Exception forms are available for facilities that do not have an Emergency Department (ED) and/or an Obstetrics Unit

Required Chart-Abstracted Measures for CY 2016 Reporting

Measure ID	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
SEP-1	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)
STK-04	Thrombolytic Therapy
VTE-5	Venous Thromboembolism Discharge Instructions
VTE-6	Incidence of Potentially Preventable Venous Thromboembolism
PC-01	Elective Delivery (Collected in aggregate and submitted via Web-based tool)

Population and Sampling Requirement

Hospitals will be required to submit population and sample size data **only for those measures submitted as chart-abstracted** under the Hospital IQR Program.

Extraordinary Circumstances Extensions or Exemptions

There is a new exemption for Inpatient Prospective Payment System (IPPS) hospitals that demonstrate hardship in reporting eCQMs effective with the FY 2018 payment determination.

Note: A webinar entitled *IQR-IPPS Measure Waivers and Extraordinary Circumstance Exemption* was presented on January 19, 2016.

A recording of this webinar can be located at

<http://www.qualityreportingcenter.com/inpatient/iqr/events/>.

Public Reporting of eCQMs

- For CY 2016/Fiscal Year (FY) 2018 reporting, any data submitted as an eCQM **will not be posted** on the *Hospital Compare* website.
- Public Reporting of eCQM data will be addressed in future rule making.

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

ALIGNMENT

eCQM Reporting Requirement Specifications

- For the IQR Program for CY 2016 reporting, a hospital will be required to:
 - Report a minimum of 4 of the 28 available eCQMs
 - Report for only one quarter (Q3 or Q4) of CY 2016
 - Submit between October 2016 and February 2017
 - All data must be submitted by **February 28, 2017**
- Important Notes:
 - Success with CY 2016 reporting will apply to FY 2018 payment determinations for IPPS hospitals
 - National Quality Strategy Domain distribution will not be required
 - Meeting this requirement also satisfies the Clinical Quality Measure (CQM) electronic reporting option requirement of the Medicare EHR Incentive Program

Submission Methods for the Medicare EHR Incentive Program

Option 1: Electronic submission of data for four eCQMs through the *QualityNet Secure Portal*

- Satisfies the CQM requirement of the Medicare EHR Incentive Program and aligns with IQR Program requirements

Option 2: Aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System

- Available for facilities that do not participate in the Hospital IQR program
- Satisfies the CQM requirement of the Medicare EHR Incentive Program

Notes: Aggregate CQM data can be attested, but doing so does not align with the Hospital IQR Program. There will be no resulting aligned credit.

All other EHR incentive program requirements, including core and menu set measures, will need to be reported through attestation for complete program fulfillment.

Refer to the 2016 Program Requirements page of the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html> for a complete program requirement listing.

Hospitals who are also eligible to participate in the Medicaid Incentive Program will need to refer to their State Program requirements.

Submission Methods for the Medicare EHR Incentive Program

For CY 2016, the *Eligible Hospital Attestation User Guide Modified Stage 2 2015–2017* shows the options that are available to meet the CQM requirement.

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The page title is "Clinical Quality Measures" and the sub-section is "Reporting Clinical Quality Measures". The user is prompted to "Please select one of the options below:" and is presented with two radio button options:

- Option 1: I have submitted my clinical quality measure data electronically through Hospital Inpatient Quality Reporting Program(IQR).
- Option 2: I will submit my clinical quality measure data right now through online attestation.

Additional information displayed includes a "Tax Identifier:" field with values for NPI, CCN, and Program Year: 2015. The page also includes navigation tabs for Home, Registration, Attestation, and Status, and a "Welcome" message in the top right corner.

Option 1 aligns with the Hospital IQR eCQM data submission requirement. Utilizing Option 1 allows a hospital to meet the reporting CQM requirement for the Medicare EHR Incentive Program and the eCQM data submission for IQR with one submission.

Option 2 allows for facilities to attest to meet the reporting CQM requirement.

Available eCQMs

ED-1	STK-5	AMI-8a	VTE-5	SCIP-INF-2a
ED-2	STK-6	AMI-10	VTE-6	SCIP-INF-9
ED-3*	STK-8	VTE-1	PC-01	EHDI-1a
STK-2	STK-10	VTE-2	PC-05	HTN
STK-3	AMI-2	VTE-3	CAC-3	PN-6
STK-4	AMI-7a	VTE-4	SCIP-INF-1a	

*ED-3 is an outpatient measure and not applicable for IQR.

eCQM Reporting Standards for CY 2016 Reporting

- Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) that seek to report eCQMs electronically must use:
 - An EHR system certified to either the 2014 or 2015 Office of the National Coordinator for Health Information Technology (ONC) standards
 - The *June 2015 Update for eReporting for the 2016 Reporting Year* version of the electronic specifications for the CQMs
 - The *2016 Centers for Medicare & Medicaid Services (CMS) Quality Reporting Data Architecture (QRDA) Implementation Guide for Eligible Professionals and Hospital Quality Reporting*
- eCQM and QRDA file specifications can be located on the eCQM Library page of the CMS website at:
https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

eCQM Submission: Hospitals

In order for a hospital to submit data files to the CMS hospital eCQM receiving system through the *QualityNet Secure Portal*, they must:

- Register for a *QualityNet* account (new users only)
- Have the EHR Data Upload Role assigned to the *QualityNet* account

eCQM Submission: Vendors

- Hospitals may authorize their certified EHR vendor to submit data files on their behalf by:
 - Logging in to the *QualityNet Secure Portal* and authorizing the vendor by
 - Measure set
 - Data transmission start/end date
 - Discharge quarter start/end date
- Vendors need to:
 - Register for a *QualityNet* account
 - Request the EHR Data Upload role

Successful eCQM Submission

Successful submission is defined as submission of at least four eCQMs which can be reported as any combination of:

- Accepted QRDA files with patients meeting the Initial Patient Population of the applicable measures
- Zero denominator declarations
- Case threshold exemptions

Zero Denominator Declaration Clarification

For the EHR Incentive and Hospital IQR Programs:

- A zero denominator can be used when both:
 - A hospital's EHR system is certified for an eCQM; and
 - A hospital does not have patients that meet the denominator criteria of that CQM
- Submitting a zero denominator counts as a successful submission for that eCQM for both the Medicare EHR Incentive Program and the Hospital IQR program

Case Threshold Exemption Clarification

- For the EHR Incentive and Hospital IQR Programs, the Case Threshold Exemption can be used when both:
 - A hospital's EHR system is certified to report data
 - There are five or fewer discharges during the relevant EHR reporting quarter
- If an EH or CAH qualifies for an exemption for the eCQM, that eCQM counts toward meeting the program requirement
- Hospitals do **NOT** have to utilize the Case Threshold Exemption
 - They can submit applicable QRDA files if they choose

Hospital eCQM Receiving System: Test files

- Submission of test files to the hospital eCQM receiving system allows users to:
 - Test QRDA Category I file submissions and validate against 2016 CMS QRDA constraints
 - Validate file structure against the CMS receiving system
- Reports are available to help users identify errors
 - Allows for corrections prior to production data file submission
- Receiving system functionality to receive test files is expected May 2016
- Test file submissions **do not count** toward program requirements

Note: In December 2015, CMS hosted a webinar entitled 2016 CMS Implementation Guide Changes for Eligible Hospitals/Critical Access Hospitals. This provided an overview of the QRDA I standard updates and changes necessary for successful reporting in CY 2016. A recording of this webinar can be found at

<http://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>.

Hospital eCQM Receiving System: Production Files

- Submission period for production QRDA files begins **October 2016** and runs through **February 28, 2017**.
- Data must be submitted as production files to meet program data submission requirements with patients meeting the Initial Patient Population of the applicable measures.
- Test file submissions do not count toward program requirements.

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

RESOURCES

Pre-Submission Validation Application

The Pre-Submission Validation Application (PSVA) was developed in response to interest and demand from the HQR community to validate QRDA Category I files. It:

- Is a downloadable tool that operates on a User's system
- Tests QRDA Category I file submissions and validates against 2016 CMS QRDA constraints at any time
- Allows submitters to catch and correct errors prior to data submission to CMS
- Provides validation feedback within a User's system
- Allows valid files to be separated and submitted while invalid files are identified for error correction

PSVA

Availability and Acquisition

- The PSVA is currently available for download in the Secure File Transfer (SFT) section of qualitynet.org.
- Users must have the EHR Data Upload role assigned to their *QualityNet* Account in order to utilize the PSVA.

Note: CMS provided a webinar entitled *Pre-Submission Validation Application Overview for eCQM Data Submission in CY 2016* on January 20, 2016. The recording of that webinar is available for review at <http://www.qualityreportingcenter.com/inpatient/ecqm-archived-events/>.

QualityNet eCQM Pages

Access the *QualityNet* eCQM Pages at:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716>

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) Search

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities Quality Improvement

Electronically Specified Clinical Quality Measures (eCQMs) Reporting

- Measure Information
- Resources
- Technical Specifications
- Webinars/Calls
- Frequently Asked Questions

Electronically Specified Clinical Quality Measures (eCQMs) Programs Overview

Beginning in Calendar Year (CY) 2011, hospitals were provided the opportunity to submit data for electronically specified clinical quality measures (eCQMs). These quality measures were developed specifically to allow an electronic health record (EHR) system certified to Office of National Coordinator (ONC) standards to calculate, export, and submit the measure data.

There are currently 29 available eCQMs, 28 of which are applicable for the Hospital Inpatient Quality Reporting (IQR) Program. Hospitals will need to successfully submit data for at least 16 of the eCQMs to meet program requirements for either the Medicare EHR Incentive Program or the Hospital IQR Program. A hospital that submits eCQM data for 16 eCQMs can fulfill a portion of the IQR program reporting requirements and fulfill the Medicare EHR Incentive program clinical quality measures submission requirements with a single submission.

(Note: There are additional program requirements for the EHR Incentive Program and the Hospital IQR Program. Further information for the EHR Incentive Program requirements can be found on the [EHR Incentive Program](#) page of the CMS website.)

Hospitals must report on 16 of the 29 eCQMs that have been developed for the Medicare Electronic Health Records (EHR) Incentive Program. A table listing the 29 available eCQMs can be found on the [CMS website](#).

Submission options

Hospital Reporting EHR Notifications

- ListServe Registration

Sign up to receive emails and notifications related to eCQMs

QualityNet eCQM Pages: ListServe Notifications

QualityNet Log in to QualityNet Secure Portal (formerly MyQualityNet) [Log In](#)

Home My QualityNet Help

Hospitals - Inpatient Hospitals - Outpatient Physician Offices Ambulatory Surgical Centers PPS-Exempt Cancer Hospitals ESRD Facilities Inpatient Psychiatric

Resources

- How do I subscribe?
- What lists am I subscribed to?
- ListServe Etiquette

ListServe Registration
Provide the required user information below. Then, select the Notifications you wish to receive or Discussion group you wish to join.

User Information

Your Name: (required)
E-mail: (required)
Verify E-mail: (required)
Password: (required)
Verify Password: (required)

*Passwords must be a minimum of 8 characters long and contain at least:

- one uppercase letter [A-Z]
- one lowercase letter [a-z]
- one numeric character [0-9]
- one special character (e.g., ! @ # % ^)

Program Notifications
Select the appropriate list(s) below to subscribe to e-mail notifications about related QualityNet enhancements, new releases, timeline or process/policy changes, and application or initiative alerts.

- Ambulatory Surgical Centers
- CART (CMS Abstraction & Reporting Tool)
- HDC (Hospital Data Collection)/Public Reporting
- Hospital IQR (Inpatient Quality Reporting) and Improvement
- Hospital Inpatient Value-Based Purchasing (HVBP) and Improvement
- Hospital OQR (Outpatient Quality Reporting)
- Hospital Reporting EHR (Electronic Health Record)
- Inpatient Psychiatric Facility Quality Reporting Program
- PPS-Exempt Cancer Hospitals Quality Reporting Program
- QIO Clinical Warehouse

[/ContentServer?pagename=QnetPublic/ListServe/RegisterHelp](#)

Sign up for the Hospital Reporting EHR ListServe to receive emails about important issues related to eCQM submission.

<http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

Fill out your contact information and check the box next to the Hospital Reporting EHR ListServe.

eCQI Resource Center

<https://ecqi.healthit.gov/>

The screenshot displays the eCQI Resource Center website. At the top left, the logo reads "eCQI Resource Center" with the tagline "The one-stop shop for the most current resources to support electronic clinical quality improvement." To the right is the CMS logo, "The Office of the National Coordinator for Health Information Technology". Navigation links for "About", "FAQ", "Glossary", and "Contact" are visible. A search bar and a "Login" button are also present. The main content area is titled "About" and contains the text: "About the eCQI Resource Center. The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC) are working to improve the health of our nation by transforming care from a volume-based, provider-centered system to a patient-centered, learning health system. The eCQI Resource Center is a joint effort to bring together stakeholders from across the eCQI community and provide a centralized location for news, information, tools and standards related to eCQI and electronic clinical quality measures (eCQMs). For more information about the eCQI Resource Center, please view frequently asked questions." Below this is a section titled "Interest Areas" with four columns: "eCQM" (Electronic Clinical Quality Measures), "QDM" (The Quality Data Model Standard), "eCQM Tools" (Authoring, Testing and Implementation Tools), and "eCQI Standards" (Electronic Clinical Quality Improvement Standards). Each column has a "Learn more" button.

- Resources for use at various stages of electronic clinical quality improvement (eCQI)
- Information about standards and tools to support eCQI
- Links to external resources related to eCQMs and data reporting:
 - ONC JIRA issue trackers
 - Measure Authoring Tool (MAT)
 - Value Set Authority Center (VSAC)
 - National Quality Strategy resources

CQM Issue Tracker

<https://jira.oncprojectracking.org/login.jsp>

The screenshot displays the Jira issue tracker interface. On the left, there is a 'FILTERS' sidebar with sections for 'My Open Issues', 'Reported by Me', 'Recently Viewed', 'All Issues', and 'FAVORITE FILTERS'. The main area shows a search bar and a list of filters. The selected filter is 'VPP-58 randomizer unavailable'. The right pane shows the details of this issue, including its type (Task), status (To Do), priority (Major), resolution (Unresolved), and labels (EHRRandomizer). The description reads: 'this website is totally useless. i've registered, but nothing is happening: list of providers not available, site is user unfriendly, probably invented for IT specialists. I do not understand anything here, and frankly, not interested. all i need is to be able to fulfill 'meaningful use' requirements. your system absolutely does not assist in this process.'

- The CQM Issue Tracker is a tool for:
 - Tracking and providing feedback on eCQMs
 - Users to enter issues/questions related to eCQMs to be answered by an expert
 - Users to search all previously entered issues for responses
- A User Guide is available for anyone new to using this application and can be found at:
 - http://www.healthit.gov/sites/default/files/jira_powerpoint_v7.1.pdf

eCQM Library

https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

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Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center **Regulations & Guidance** Research, Statistics, Data & Systems Outreach & Education

Home > Regulations and Guidance > EHR Incentive Programs > eCQM Library

EHR Incentive Programs

- [2015 Program Requirements](#)
- [2016 Program Requirements](#)
- [2017 Program Requirements](#)
- [Educational Resources](#)
- [Payment Adjustments & Hardship Information](#)
- [Registration & Attestation](#)
- [Data and Program Reports](#)
- [Participating in EHR?](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Clinical Quality Measures Basics](#)
- eCQM Library**
- [2013 Clinical Quality Measures](#)
- [2014 Clinical Quality Measures](#)
- [2015 CQM Reporting Options](#)
- [Certified EHR Technology](#)

eCQM Library

Announcement

CMS & ONC Release Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs

The Centers for Medicare and Medicaid Services (CMS), in conjunction with the Office of the National Coordinator (ONC), published the *Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs*. It can be found on the [Federal Register](#). The RFI displayed in the Federal Register on December 30, 2015, and will publish on December 31, 2015.

As outlined in the RFI, CMS and ONC seek public comment on several items related to the certification of health information technology (IT), including Electronic health record (EHR) products used for reporting to the:

- EHR Incentive Programs; and
- Certain CMS quality reporting programs such as, but not limited to, the Hospital Inpatient Quality Reporting (IQR) Program and the Physician Quality Reporting System (PQRS).

CMS and ONC request feedback on how often to require recertification, the number of CQMs a certified Health IT Module should be required to certify to and ways to improve testing of certified Health IT Module(s). The feedback will inform CMS and ONC of elements that may need to be considered for future rules relating to the reporting of quality measures under CMS programs. This request for information is part of the effort of CMS to streamline/reduce Eligible Professional (EP), eligible hospital, critical access hospital (CAH), and health IT developer burden around government requirements.

The eCQM Library contains:

- eCQM specifications for Eligible Providers and Eligible Hospitals
- CMS QRDA Implementation Guides
- Additional resources such as a Guide to Reading eCQMs

CMS.gov

Registration and Attestation Page

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

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Home > Regulations and Guidance > EHR Incentive Programs > Registration & Attestation

EHR Incentive Programs

- [2015 Program Requirements](#)
- [2016 Program Requirements](#)
- [2017 Program Requirements](#)
- [Educational Resources](#)
- [Payment Adjustments & Hardship Information](#)
- Registration & Attestation**
- [Data and Program Reports](#)
- [Participating in EHR?](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Clinical Quality Measures Basics](#)
- [eCQM Library](#)

Registration & Attestation

[Click here to Register or Attest for the Medicare and/or Medicaid EHR Incentive Programs](#)

Note for Medicaid Eligible Professionals: Some states have not yet opened their Medicaid EHR Incentive Programs. Eligible Professionals will not be able to register for a Medicaid EHR Incentive Program until their state's program has launched and that state's site has opened. Information on when registration will be available for specific states is posted at [Medicaid State Information](#).

Note for Eligible Hospitals that register for "Both Medicare & Medicaid": You may pre-register for the Medicaid EHR Incentive Program before your state launches, but you will be placed in a "pending state validation" status for eligibility in the Medicaid EHR Incentive Program. You will not be able to complete the Medicaid program eligibility requirements or receive a Medicaid incentive payment until your state's program is launched. You may, however, continue with registration and attestation for the Medicare program. For a list of expected program launch dates, please visit the [Medicaid State Information](#) page.

Are you registering or attesting on behalf of an Eligible Professional?

CMS allows an eligible professional to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an eligible professional must have an Identity and Access Management System (I&A) web user

Related Rules

- CY 2016/FY 2018 IPPS Final Rule
<http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>
- 2015 Edition Health IT Certification Criteria Final Rule
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25597.pdf>
- Medicare and Medicaid Programs; EHR Incentive Program – Stage 2 and Modifications to MU in 2015 through 2017
<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>

Get Involved

CMS strongly encourages vendors and hospitals to work toward successful submission of eCQM data:

- Download and utilize the PSVA for testing of QRDA Category I files
- Submit test files through the Hospital eCQM receiving system (*QualityNet Secure Portal*) when it becomes available in May 2016
- Sign-up for the Hospital Reporting EHR ListServe (<http://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>)
- Participate in training opportunities

CY 2016: Aligning Hospital IQR and EHR Incentive Programs
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CONTINUING EDUCATION

Continuing Education Approval

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

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

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 HSAG’s 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 is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

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

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 shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

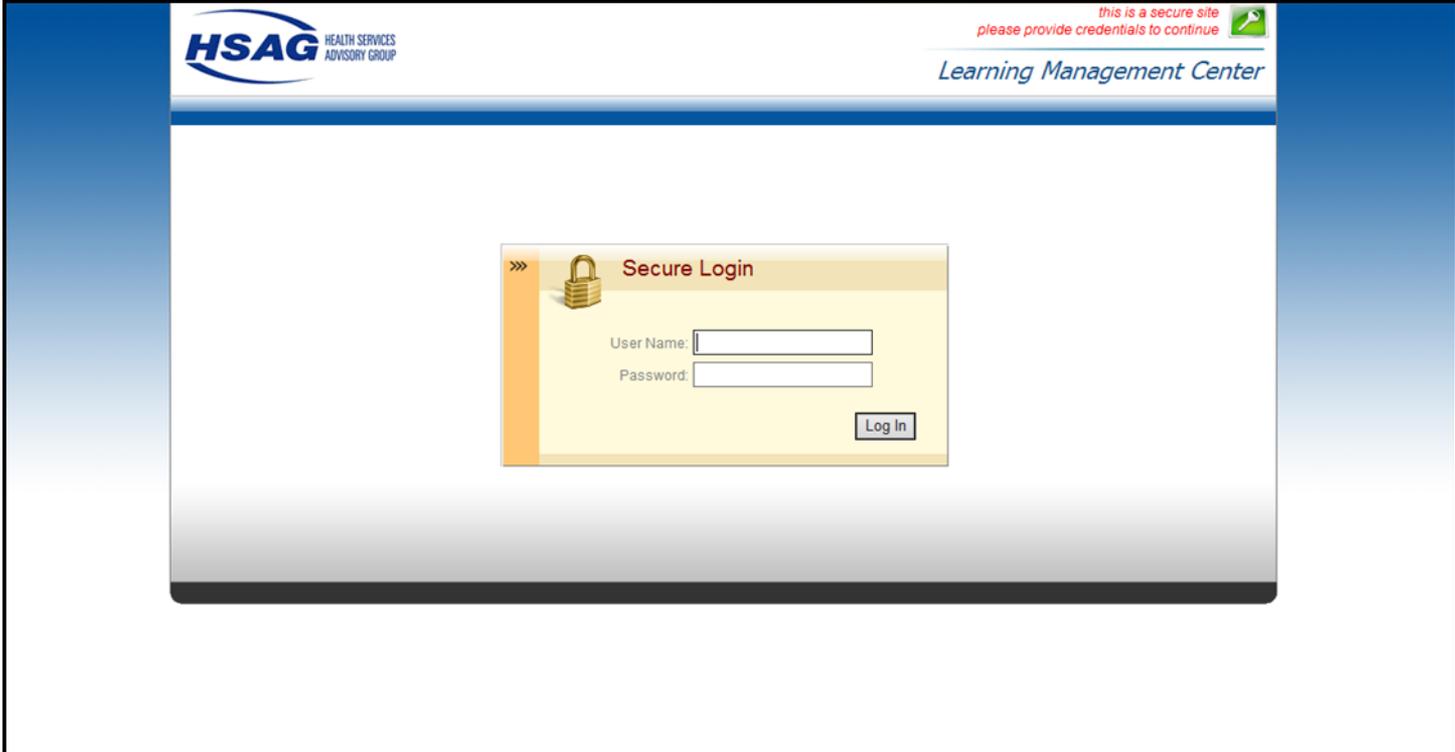
Learning Management Center

Learning Center Registration: OQR: 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 notice reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

QUESTIONS?
