CareDiscovery Electronic Quality Measures Real World Testing (RWT) – Results Report – Measurement Year 2022

January 2023

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General Information

1. **Plan Report ID Number**: [For ONC-Authorized Certification Body use only]:
2. **Developer Name**: Merative
3. **Product Name(s)**: CareDiscovery Electronic Quality Measures
4. **Version Number(s)**: 3.2
5. **Certified Health IT Product List (CHPL) ID**: 15.04.04.3001.Care.03.02.1.220906
6. **Developer Real World Testing Plan URL**: https://www.virtusa.com/solutions/clinical-quality-measures-reporting/carediscovery-electronic-quality-measures-cdeqm
7. **Developer Real World Testing Results Report Page URL [if different from above]:** Same as above

Changes to Original Plan

The original plan was updated by providing more specific details for each of the metrics.

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	Reason [Describe the reason this change occurred]	Impact [Describe what impact this change had on the execution of your Real World Testing activities]
The original plan was updated during the execution of the RWT by providing more specific details for each of the metrics.	To make the metrics more measurable.	The elaborated metrics facilitated the collection of appropriate and specific data which helped with the analysis for RWT.
RWT was performed on version 3.2 of the product instead of version 3.1. Version 3.1 was withdrawn after we certified v3.2 for Hybrid Measures.	The product was updated to version 3.2 (September 6, 2022) to incorporate Hybrid Measures. Being a web based product, only one version is available at any point in time.	There was no change to the eCQMs in version 3.2 certification and as such there was no impact on the execution of the RWT activities.

Withdrawn Products

In September of 2022 we certified Hybrid Measures within our product. This increased the version of the product from 3.1 to 3.2. As part of the updated certification version 3.2, no changes were made to the eCQMs for CY2022 reporting. Since ours is a web based product, we only have one version available at any one time. As such, we withdrew version 3.1 of our product after we certified version 3.2. RWT was conducted on version 3.2 of the product. Given that the eCQMs did not change in v 3.2, there was no impact on the execution of the RWT activities.

Product Name	CareDiscovery Electronic Quality Measures
Version Number	3.1
CHPL Product Number	15.04.04.3001.Care.03.01.1.210322
Date Withdrawn	October 21, 2022
Inclusion of Data In Results Report	Data for RWT was not captured on the withdrawn product

Summary of Testing Methods and Key Findings

Real World Testing was performed on an ongoing basis during the second half of 2022. We offered our client hospitals the opportunity to participate in two early submissions to CMS, the results of which would contribute to the RWT activities. This allowed us to conduct the various phases of RWT from import of real client data into the product to calculations of eCQMs to submission of exported files to CMS over multiple time periods.

As outlined in the metrics and outcomes section below, we were able to validate the effective functioning of the product using real patient data uploaded by the clients. We successfully imported, calculated, and submitted real patient data uploaded by the clients to CMS and verified the accuracy of the results between the product and the CMS system over multiple time periods.

We encountered some challenges in getting more clients to submit their real data earlier in the reporting cycle to participate in the early submissions. Towards this effort, we sent multiple communications to the clients reminding them and encouraging them to participate in the early submissions which would allow real world testing of the data in advance of the final CMS submission deadlines. We will continue to provide advance communications to the hospitals with the goal of encouraging more hospitals to participate in the early submissions.

Standard Updates (SVAP)

None were performed.

Care Setting (s)

The CareDiscovery Electronic Quality Measures supports eCQMs only in the inpatient hospital care settings. As such, the testing was performed for the eCQMs for the **inpatient care settings**.

Metrics and Outcomes

A total of 5 hospitals participated in the early submissions to CMS. Data was collected and analyzed for all 5 hospitals, and details are provided for these hospitals below.

The hospitals referenced are labeled as Hospital A, B, C, etc.

Measurement/Metric 1

Count the # of episodes uploaded by the client and the # of episodes recorded in the system.

This metric allows us to verify that data is being recorded as expected.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures - record and export.

Outcomes

Hospitals uploaded data to the product in the standardized file format provided by CMS/Merative for recording of data into the product.

Verified that 100% of the episodes/files uploaded by each of the hospitals was successfully recorded in the system. We reviewed any episodes/files that were rejected for data related errors and verified that all the rejections were as expected. All files not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Details of the data collected and analyzed for this metric are provided below.

Hospital A

Hospital A uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022) to the product.

41478 – total episodes uploaded.

45 - episodes rejected.

We reviewed the logs of the data uploads in the data quality reports for the types of errors causing rejections. We validated that the rejections were as expected based on the data submitted. Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable. The following were the categories of errors for the rejections -

- Start date after end date
- Invalid format for date

We verified in the logs and reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital B

Hospital B uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022) to the product.

39879 – total episodes uploaded.

0- episodes rejected.

Hospital B had no critical error causing episode rejections.

We verified in the logs and reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital C

Hospital C uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022) to the product.

37061 – total episodes uploaded.

2443 - episodes rejected.

We reviewed the data quality reports for the types of errors causing rejections and validated that the rejections were as expected based on the data uploaded in the data file. Clients have access to the data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable. The following were the categories of errors for the rejections -

- ED admission or discharge date/time provided without a valid ED encounter code.
- ED Admission date is after the ED discharge date.
- Problem with format of date.
- EOC must have exactly one principal diagnosis.

We verified in the logs and other reports, that all the episodes not rejected were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital D

Hospital D uploaded 3 quarters of data (Q1, Q2 and Q3, 2022) to the product.

4530 – total episodes uploaded.

0- episodes rejected.

Hospital D had no critical error causing episode rejections.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital E

Hospital E uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022).

6728 – total files/episodes uploaded.

0 – files/episodes rejected.

Hospital E had no critical error causing file/episode rejections.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Challenges

Hospitals typically wait until later in the year to upload their data to the product. Ideally, we would like to have more hospitals participate in the early submissions and the RWT. Towards this effort, we sent multiple communications to the clients reminding them and encouraging them to participate in the early submissions which would allow RWT of the data in advance of the final CMS submission deadlines.

Measurement/Metric 2

Track the number of QRDA CAT I files successfully exported and submitted to the CMS Hospital Quality Reporting (HQR) system per client.

This metric allows us to verify that the system is exporting the QRDA CAT I files for reporting to CMS as expected.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures - record and <mark>export</mark>.

Outcomes

Verified for each of the hospitals that the system can export QRDA CAT I files for one and multiple patients. Verified that the count of the QRDA CAT I files exported from the product and submitted to CMS for each quarter matched the count of files received and accepted by CMS. There were no rejections.

The successful acceptance of all the QRDA CAT I files by CMS allows us to validate that the product can export the QRDA CAT I files in the format required by CMS and defined as part of certification.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snapshot	Report Type	Report	Report Period	EOC Count	EOC Count (IPP	XML File Coun
1stNov2022Extracts20221103Q1Test	11/03/2022 08:09:09 AM				COMPLETE		CY2022A	CMS QRDA Cat1 Report	2022 - (	Q1 2022	13010	808	721
1stNov2022Extracts20221114Q2Test	11/14/2022 12:12:18 PM				COMPLETE		CY2022A	CMS QRDA Cat1 Report	2022 - (	Q2 2022	13715	834	760
1stNov2022Extracts20221114Q3Test	11/14/2022 12:19:35 PM				COMPLETE		CY2022A	CMS QRDA Cat1 Report	2022 - (	Q3 2022	14708	830	761

Q1 – 721 files exported and reported to CMS matches file count received and accepted by CMS.

Q2 – 760 files exported and reported to CMS matches file count received and accepted by CMS.

Q3 – 761 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital B

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP (	XML File Coun
1stDecEarlyExtracts20221205Q1	12/05/2022 02:07:54 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q1 2022	12128	657	611
1stDecEarlyExtracts20221205Q2	12/05/2022 02:10:25 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q2 2022	12855	672	627
1stDecEarlyExtracts20221205Q3	12/05/2022 02:14:42 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q3 2022	13239	682	623

Q1 – 611 files exported and reported to CMS matches file count received and accepted by CMS.

Q2 – 627 files exported and reported to CMS matches file count received and accepted by CMS.

Q3 – 623 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital C

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP (	XML File Coun
1stDecEarlyExtracts20221205Q1	12/05/2022 02:07:54 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q1 2022	9516	365	337
1stDecEarlyExtracts20221205Q2	12/05/2022 02:10:25 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q2 2022	11960	470	433
1stDecEarlyExtracts20221205Q3	12/05/2022 02:14:42 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q3 2022	13142	535	496

Q1 – 337 files exported and reported to CMS matches file count received and accepted by CMS.

Q2 – 433 files exported and reported to CMS matches file count received and accepted by CMS.

Q3 - 496 files exported and reported to CMS matches file count received and accepted by CMS.

In the first round of file submissions to CMS for all 3 quarters, all files were rejected with the error – "Submitter (J036908) is not authorized to submit for this provider (XXXXXX) (CONF:CMS_0067)."

We followed up with the client to ensure they have provided us access to the CMS HQR system to submit files on their behalf. Once the client provided us access, we resubmitted the files and all were accepted.

Hospital D

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP (	XML File Coun
1stDecEarlyExtracts20221205Q1	12/05/2022 02:07:54 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q1 2022	1442	84	67
1stDecEarlyExtracts20221205Q2	12/05/2022 02:10:25 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q2 2022	1492	58	49
1stDecEarlyExtracts20221205Q3	12/05/2022 02:14:42 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q3 2022	1596	51	42

Q1 – 67 files exported and reported to CMS matches file count received and accepted by CMS.

Q2 – 49 files exported and reported to CMS matches file count received and accepted by CMS.

Q3 – 42 files exported and reported to CMS matches file count received and accepted by CMS.

Hospital E

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP (	XML File Coun
FirstJan1Q22Extracts20230111	01/11/2023 12:38:00 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q1 2022	2302	2302	2122
FirstJan2Q22Extracts2023011	01/11/2023 06:05:41 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q2 2022	2365	2365	2168
FirstJan3Q22Extracts20230111	01/11/2023 01:27:11 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q3 2022	2657	2657	2438

Q1 – 2122 files exported and reported to CMS matches file count received and accepted by CMS.

Q2 – 2168 files exported and reported to CMS matches file count received and accepted by CMS.

Q3 – 2438 files exported and reported to CMS matches file count received and accepted by CMS.

Challenges

Th challenge we ran across during this testing was related to access. One hospital had not provided us with access to report on their behalf to CMS which caused rejection of all their files. To prevent this issue, we are validating that clients have provided us access to upload data on their behalf to the CMS HQR system before we upload data to CMS on their behalf.

Measurement/Metric 3

Count of the # of episodes uploaded by the client and the # of episodes imported into the system.

This metric allows us to verify that all data is being imported into the product as expected.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures - import and calculate.

Outcomes

Since the only way to record data into the product is through upload of files with patient data (no manual data entry is allowed in the product) this metric is similar to the metric for recording of data under the criteria 170.315(c)(1)—Clinical Quality Measures – record. Clients use the third party product MOVEIt (which is integrated with the product) to import patient data files into the product.

Using logs and data quality reports, we verified that all the files/episodes uploaded by the hospitals (and not rejected) were successfully imported into the system. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Hospital A uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022) to the product.

41478 – total episodes uploaded.

45 - episodes rejected.

We reviewed the logs of the data uploads in the data quality reports for the types of errors causing rejections. We validated that the rejections were as expected based on the data submitted. Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable. The following were the categories of errors for the rejections -

- Start date after end date.
- Invalid format for date.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital B

Hospital B uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022) to the product.

39879 – total episodes uploaded.

0- episodes rejected.

Hospital B had no critical error causing episode rejections.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital C

Hospital C uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022) to the product.

37061 – total episodes uploaded.

2443 - episodes rejected.

We reviewed the data quality reports for the types of errors causing rejections and validated that the rejections were as expected based on the data uploaded in the data file. Clients have access to data quality reports which provides them with the opportunity to review and correct errors and resubmit as applicable. The following were the categories of errors for the rejections -

- ED admission or discharge date/time provided without a valid ED encounter code.

- ED Admission date is after the ED discharge date.
- Problem with format of date.
- EOC must have exactly one principal diagnosis.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital D

Hospital D uploaded 3 quarters of data (Q1, Q2 and Q3, 2022) to the product.

4530 – total episodes uploaded.

0- episodes rejected.

Hospital D had no critical error causing episode rejections.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Hospital E

Hospital E uploaded 3 quarters of data for CY2022 (Q1, Q2 and Q3, 2022).

6728 – total files uploaded.

0 – files rejected.

Hospital E had no critical errors causing file/episode rejections.

We verified in the log files and other reports that all the episodes were accepted as expected. This allowed us to validate that the product is successfully importing and recording the data submitted by the clients.

Challenges

We did not have any specific challenges importing the data. The main challenge is to get hospitals to begin reporting their data earlier in the reporting cycle and participate in the early submissions to CMS.

Measurement/Metric 4

Track the number of episodes by eCQM by quarter where the measure outcomes match/do not match the measure outcomes generated by the CMS HQR system.

This metric allows us to validate the accuracy of the eCQM calculations within the product.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures - import and calculate.

Outcomes

We had a 100% match between the outcomes calculated by the product and those calculated by the CMS HQR system for all the eCQMs reported to CMS. This is across all 3 quarters of CY2022 for all 5 hospitals reported. This allowed us to validate the accuracy of the calculation of the eCQMs within the product.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Verified 100% match for all the 4 eCQMs (OPI-1, STK-2, 5, 6 selected for reporting by the hospital) between the measure outcomes generated by the product and the CMS HQR system. This allowed us to validate the accuracy of the calculation of the eCQMs within the product.

eCQM performance for Q1,2022 are provided as a reference.

For OPI-1, there were 766 episodes in the initial population with an overall performance of 14.5%.

For STK-2, there were 53 episodes in the initial population with an overall performance of 97.4%.

For STK-5, there were 53 episodes in the initial population with an overall performance of 94.6%.

For STK-6, there were 53 episodes in the initial population with an overall performance of 89.7%.

Note – CMS HQR reports round the performance, so 14.5% is rounded down to 14.0%, 94.6% is rounded up to 97% and so on. The product does not perform this rounding.

Hospital B

Verified 100% match for all the 5 eCQMs (OPI-1, STK-2,3, 5, 6 selected for reporting by the client) between the measure outcomes generated by the product and the CMS HQR system. This allowed us to validate the accuracy of the calculation of the eCQMs within the product.

eCQM performance for Q1,2022 are provided as a reference.

For OPI-1, there were 614 episodes in the initial population with an overall performance of 14.7%.

For STK-2, there were 51 episodes in the initial population with an overall performance of 87.8%.

For STK-3, there were 51 episodes in the initial population with an overall performance of 66.7%.

For STK-5, there were 51 episodes in the initial population with an overall performance of 93.8%.

For STK-6, there were 51 episodes in the initial population with an overall performance of 86.5.

Hospital C

Verified 100% match for all the 4 eCQMs (OPI-1, STK-2, 5, 6 selected for reporting by the client) between the measure outcomes generated by the product and the CMS HQR system. This validates the accuracy of the calculation of the eCQMs within the product.

eCQM performance for Q1,2022 are provided as a reference.

For OPI-1, there were 335 episodes in the initial population with an overall performance of 12.0%.

For STK-2, there were 35 episodes in the initial population with an overall performance of 96.6%.

For STK-5, there were 35 episodes in the initial population with an overall performance of 57.1%.

For STK-6, there were 35 episodes in the initial population with an overall performance of 92.9%.

Hospital D

Verified 100% match for all the eCQMs (OPI-1, VTE-1, VTE-2 selected for reporting by the client) between the measure outcomes generated by the product and the CMS HQR system. This allowed us to validate the accuracy of the calculation of the eCQMs within the product.

eCQM performance for Q1,2022 are provided as a reference.

For OPI-1, there were 8 episodes in the initial population with an overall performance of 16.7%.

For VTE-1, there were 84 episodes in the initial population with an overall performance of 93.4%.

For VTE-2, there were 84 episodes in the initial population with an overall performance of N/A.

The hospital completed a zero denominator declaration for one other eCQM and has met the CMS submission requirements for reporting 4 eCQMs.

Hospital E

Verified 100% match for all the 4 eCQMs (OPI-1, STK-2,3,6 selected for reporting by the client) between the measure outcomes generated by the product and the CMS HQR system. This allowed us to validate the accuracy of the calculation of the eCQMs within the product.

eCQM performance for Q1,2022 are provided as a reference.

For OPI-1, there were 2218 episodes in the initial population with an overall performance of 13.3%.

For STK-2, there were 100 episodes in the initial population with an overall performance of 100%.

For STK-3, there were 100 episodes in the initial population with an overall performance of 91.7.

For STK-6, there were 100 episodes in the initial population with an overall performance of 95.

Challenges

This is an extremely useful step to verify the accuracy of the calculation of the eCQM algorithms, however it can be time consuming. In case there are discrepancies, we download various reports provided by the CMS HQR system to try and understand the root cause. If we cannot identify the root cause, we create a ticket with the CMS HQR Product Support and provide the details of the discrepancy. This can take time. We therefore encourage more hospitals to participate in the early submissions, allowing us to address any issues with eCQM calculations earlier in the reporting life cycle.

Measurement/Metric 5

Track the number of QRDA CAT I files exported from the product per quarter per client and verify they are successfully reported to CMS.

This metric allows us to verify that the product can export and report the QRDA CAT I files in the format required by CMS and defined as part of certification.

Associated Criterion(a)

170.315(c)(1)— Clinical Quality Measures – <mark>report</mark>.

Outcomes

Verified that 100% of the QRDA CAT I files exported from the product and reported to CMS for each quarter were accepted by CMS. The successful acceptance of all the QRDA CAT I files by CMS allows us to validate that the product can export and report the QRDA CAT I files in the format required by CMS and defined as part of certification.

Details of the data collected and analyzed for this metric is provided below.

Hospital A

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snapshot	Report Type	Report	Report Period	EOC Count	EOC Count (IPP	XML File Coun
1stNov2022Extracts20221103Q1Test	11/03/2022 08:09:09 AM				COMPLETE		CY2022A	CMS QRDA Cat1 Report	2022 - (	Q1 2022	13010	808	721
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1stNov2022Extracts20221114Q3Test	11/14/2022 12:19:35 PM				COMPLETE		CY2022A	CMS QRDA Cat1 Report	2022 - (	Q3 2022	14708	830	761

Q1 – 721 files exported and reported to CMS matches count received and accepted by CMS.

Q2 – 760 files exported and reported to CMS matches count received and accepted by CMS.

Q3 – 761 files exported and reported to CMS matches count received and accepted by CMS.

Hospital B

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP	XML File Coun
1stDecEarlyExtracts20221205Q1	12/05/2022 02:07:54 PM				COMPLETE		CY202	CMS QRDA Cat1 Report	2022 -	Q1 2022	12128	657	611
1stDecEarlyExtracts20221205Q2	12/05/2022 02:10:25 PM				COMPLETE		CY202	CMS QRDA Cat1 Report	2022 -	Q2 2022	12855	672	627
1stDecEarlyExtracts20221205Q3	12/05/2022 02:14:42 PM				COMPLETE		CY202	CMS QRDA Cat1 Report	2022 -	Q3 2022	13239	682	623

Q1 – 611 files exported and reported to CMS matches count received and accepted by CMS.

Q2 – 627 files exported and reported to CMS matches count received and accepted by CMS.

Q3 – 623 files exported and reported to CMS matches count received and accepted by CMS.

Hospital C

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1stDecEarlyExtracts20221205Q3	12/05/2022 02:14:42 PM				COMPLETE		CY202	CMS QRDA Cat1 Report	2022 -	Q3 2022	13142	535	496

Q1 – 337 files exported and reported to CMS matches count received and accepted by CMS.

Q2 – 433 files exported and reported to CMS matches count received and accepted by CMS.

Q3 – 496 files exported and reported to CMS matches count received and accepted by CMS.

In the first round of file submissions to CMS for all 3 quarters, all files were rejected with the error – "Submitter (J036908) is not authorized to submit for this provider (XXXXXX) (CONF:CMS_0067)."

We followed up with the client to ensure they have provided us access to the CMS HQR system to submit files on their behalf. Once the client provided us with access, we resubmitted the files and all were accepted.

Hospital D

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP (	XML File Coun
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1stDecEarlyExtracts20221205Q2	12/05/2022 02:10:25 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q2 2022	1492	58	49
1stDecEarlyExtracts20221205Q3	12/05/2022 02:14:42 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q3 2022	1596	51	42

Q1 – 67 files exported and reported to CMS matches count received and accepted by CMS.

Q2 – 49 files exported and reported to CMS matches count received and accepted by CMS.

Q3 – 42 files exported and reported to CMS matches count received and accepted by CMS.

Hospital E

Report Name	Create Date	Facility	HCOID	CCN	Status	Facility	Snaps	Report Type	Report	Report Period	EOC Count	EOC Count (IPP (	XML File Coun
FirstJan1Q22Extracts20230111	01/11/2023 12:38:00 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q1 2022	2302	2302	2122
FirstJan2Q22Extracts2023011	01/11/2023 06:05:41 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q2 2022	2365	2365	2168
FirstJan3Q22Extracts20230111	01/11/2023 01:27:11 PM				COMPLETE			CY202 CMS QRDA Cat1 Report	2022 -	Q3 2022	2657	2657	2438

Q1 – 2122 files exported and reported to CMS matches file count received and accepted by CMS.

Q2 – 2168 files exported and reported to CMS matches file count received and accepted by CMS.

Q3 – 2438 files exported and reported to CMS matches file count received and accepted by CMS.

Challenges

The challenge we ran across during this testing was related to access. One hospital had not provided us with access to report on their behalf to CMS which caused rejection of all their files. To prevent this issue, we are validating that clients have provided us access to upload data on their behalf to the CMS HQR system before we upload data to CMS on their behalf.

Metrics and Outcomes Summary

Measurement/Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
Count of the # of episodes uploaded by the client and the # of episodes recorded in the system	**170.315(c)(1)— record and export.**	MOVEit Transfer	100% of the records (129685) uploaded across 5 hospitals for 3 quarters in 2022 were recorded by the system.	A smaller number of hospitals participating in the early submissions (RWT) than expected.
Track the number of QRDA CAT I files	**170.315(c)(1)— record and export.**		100% of the files (12,255) exported	

			and reported to CMS across 5 hospitals for 3 quarters in 2022 matched the count of files received and accepted by CMS.	
successfully exported and submitted to the CMS Hospital Quality Reporting (HQR) system per client				
Track the count of episodes uploaded in the files against the count of episodes imported (accepted/rejected) in the system.	170.315(c)(2)— ==import== and calculate.	MOVEit Transfer	100% of the records (129685) uploaded across 5 hospitals for 3 quarters in 2022 were imported by the system.	A smaller number of hospitals participating in the early submissions (RWT) than expected.
Track the number of episodes by eCQM by quarter where the measure outcomes match/do not match the measure outcomes generated by the CMS HQR system.	170.315(c)(2)— import and ==calculate==.		We had a 100% match between the outcomes calculated by the product and those calculated by the CMS HQR system for all the eCQMs reported to CMS. This is across all 3 quarters of CY2022 for all 5 hospitals reported.	
Track the number of QRDA CAT I files exported from the product per quarter per client and verify they are successfully reported to CMS.	170.315(c)(3)— ==report==.		100% of the files (12,255) exported and reported to CMS across 5 hospitals for 3 quarters in 2022 matched the count of files received and accepted by CMS.	Th challenge we ran across during this testing was related to access. One hospital had not provided us with access to report on their behalf to CMS which caused rejection of all their files. To prevent this issue, we are

				validating that clients have provided us access to upload data on their behalf to the CMS HQR system before we upload data to CMS on their behalf.

Key Milestones

Key Milestones are as follows -

Key Milestone	Care Setting	Date/Timeframe
Communication for participation in first early submission to CMS	Inpatient	September 2022
Data Collection and analysis for first early submission to CMS	Inpatient	October – November 2022
First early submission to CMS	Inpatient	November 2022
Communication for participation in the second early submission to CMS	Inpatient	November 2022
Data collection and analysis for the second early submission to CMS	Inpatient	November 2022 – January 2023
Second early Submission to CMS	Inpatient	December 2022 / January 2023
RWT Results Report creation	Inpatient	January 2023
Submission of the RWT Results Report to Drummond	Inpatient	January 2023

Although we are reviewing data being uploaded to the product on an ongoing basis, we started formal RWT testing in September 2022.

Communication

Communication for participation in the first early submissions to CMS (to be performed in November 2022) was sent to the clients on September 30, 2022.

Communication for participation in the second early submissions to CMS (to be performed in December 2022) was sent to the clients on November 11, 2022.

Clients were encouraged to upload their data to the product as early as possible and participate in the early submissions to CMS. This would allow us access to more data to complete all the steps for the RWT.

Data Collection

Five hospitals uploaded and approved data for submissions to CMS during the early submissions. Data collection for RWT for these hospitals started in October 2022 and continued through January 2023.

Analysis

Measures for RWT were implemented and the collected data was analyzed from October 2022 through January 2023.

RWT Results Report Creation

Data from the RWT Analysis fed the results report which was prepared and finalized in January 2023.

Submission of the RWT Results Report to Drummond

RWT Results Report for Measurement Year 2022 was submitted to Drummond in January 2023 before the submission deadline.